

**DIGITAL ART THERAPY AND TRAUMA: A PSYCHO-EDUCATIONAL
PERSPECTIVE**

by

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submitted in accordance with the requirements for
the degree of

Master of Education with specialisation in Guidance and Counselling

at the

University of South Africa

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November 2013

DECLARATION

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I declare that **DIGITAL ART THERAPY AND TRAUMA: A PSYCHO-EDUCATIONAL PERSPECTIVE** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

SIGNATURE
Ms. Marna Swanepoel

DATE

ACKNOWLEDGEMENTS

I wish to acknowledge and express my sincere gratitude to the following people who significantly contributed to the completion of this research study:

God Almighty, for helping me throughout the whole journey, especially during the challenging times.

All the special people in my life, including family, friends and acquaintances, for their interest, understanding and support in the completion of this work.

Professor Deidré Krüger my supervisor, for her constant encouragement, professionalism, expert guidance, constructive feedback and belief in me. I could not have asked for a more dedicated, inspiring and insightful mentor.

Drian Saunders, for his unconditional love, support, patience and constant reassurance throughout this whole process.

My parents, Cassie and Liset, for their enthusiasm, support and unwavering interest shown in my progress.

Greta van der Merwe, for taking on the tedious task of editing this dissertation. Thank you for enthusiasm and professional work ethics.

My warm and genuine appreciation goes to all the participants who enthusiastically and willingly took part in this research project. They all inspired me by letting me share in their life journeys.

SUMMARY

This study explores the possible use of digital media as an effective psychotherapeutic aid in art psychotherapy, specifically in addressing the effects of trauma experienced by adolescents.

A literature review provides evidence on what exactly can be understood under the concepts 'art psychotherapy' and 'digital media'. The literature study further investigates trauma, its treatment and how art psychotherapy can be used as a psychotherapeutic tool with adolescents who have been exposed to trauma.

An empirical study including six participants, chosen through a specific sampling process, and whose background information regulates the appropriate methods of intervention demonstrates the practicality of digital media in art psychotherapy. Data gathered from pre-assessment activities, art psychotherapy sessions and post-assessment activities are analysed, interpreted, and reduced through a systematic process. The empirical findings are then presented in a detailed, concise manner

From the empirical investigation, it is determined that digital media can be used as a successful tool in art psychotherapy, specifically with adolescents who have experienced trauma. The researcher gained experience in the implementation of digital media in art psychotherapy and was able to provide valuable information about this practice, specifically for professionals interested in the field of art psychotherapy. The researcher was also able to identify limitations and further areas for research in this field.

Keywords

Art, art practices, art psychotherapy, art psychotherapist, digital art, digital media, computer programmes, adolescents, trauma, trauma symptoms, trauma treatment.

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CHAPTER 1

INTRODUCTORY ORIENTATION, STATEMENT OF THE PROBLEM, AIM OF THE STUDY AND CLARIFICATION OF CONCEPTS

1.1 INTRODUCTION

Art is an integral part of human existence, instinct and an internal need for the appreciation of beauty, harmony and balance. Art can also be a means of exploration and self-discovery, to experience the true self in relation to the rest of the universe. The researcher is of the opinion that, through visual art an individual may express their imagination and feelings in ways not tied to the formal spoken or written language, giving the artist a wider range of freedom than some of the other art forms. Visual arts have a wide range of functions, including decorative, communication, entertainment, propaganda, and social inquiry, among others. The aspect of art that is important for this study however, is the use of visual art for psychological and healing purposes. This takes place through a practice termed art psychotherapy.

Art therapy encourages people to display and understand emotions through artistic expression and through the creative process. According to the British Art Therapy Association, therapy through art concerns the therapeutic use of art making, within a professional relationship, by people who experience illness, trauma, challenges in living, or who seek personal development (BAAT 2011). Judith Rubin, a leading art therapy expert, states that through creating art and reflecting on the art products and processes, people can increase awareness of self and others, cope with certain symptoms, lessen stress, work through traumatic experiences, enhance cognitive abilities, and enjoy the life-affirming pleasures of making art (Rubin 2010:1-122). The concept therefore refers to using art as psychotherapy, and for all purposes in this study will be referred to as art psychotherapy.

Art psychotherapy can help clients in dealing with a number of stressors including trauma, loss, bereavement and stress. It can also assist clients in expressing and identifying feelings that might be difficult to express, increase self-esteem and confidence, lead to emotional expression, and even growth. It may also serve as an avenue for communication through the use of simple art materials (Rubin 2010:1-122). Art psychotherapy provides the client-artist with critical insight into emotions, thoughts, and behavioural patterns. The researcher therefore concludes

that it can be considered as a therapeutic medium to keep in mind when working with various clients especially those who have been exposed to trauma.

1.2 ANALYSIS OF PROBLEM

1.2.1 Initial awareness

Initial awareness came from the researcher's specific experiences with visual arts, its inherent qualities and emotionally soothing potential. The researcher comes from a visual arts background, and first became acquainted with the notion of art psychotherapy while completing a degree in Fine Arts. The healing qualities of art was witnessed by the researcher in various settings, but became especially evident while working at special educational needs schools, catering for learners with multiple to profound learning difficulties. On a personal level, the use of art making as a means of expression has also helped the researcher in coping with a number of traumatic events. These experiences all contributed to the awareness that led to this specific research study.

The American Art Therapy Association states that art psychotherapy became established as a mental health profession in the 1940's and is now practiced with various approaches in a range of settings and institutions. It mainly involves the application of a variety of art modalities including drawing, painting, clay, and sculpture (AATA 2010). This type of psychotherapy enables the expression of inner thoughts or feelings when verbalisation is difficult or not possible for the client. Principles of art psychotherapy can be used in both the assessment of a client's problems as well as their treatment. The aesthetic facet of the creation of art is thought to lift one's mood, boost self-awareness, and improve self-esteem (Gilroy & McNeilly 2000:7-15). According to Cathy Malchiodi, a leading expert and writer in the field of art psychotherapy, the practice of art psychotherapy allows for the opportunity to exercise the eyes and hands, improve eye-hand coordination and stimulate/strengthen motor skills (2012:5-35).

Psychotherapeutic art is most often used in the treatment of mental and emotional problems such as anxiety, depression, substance abuse, family and relationship issues, emotional and physical abuse, and coping with medical illnesses. It may also aid in stress reduction and relaxation and lead to spiritual growth and insight.

Art psychotherapy may take place individually, with an art psychotherapist, or in a group setting. It may be conducted as a single session or as a series of sessions. The creation of art is itself considered therapeutic as a form of self-expression (Riley 1999:17-27). Andrea Gilroy is of the

opinion that the formal use of art psychotherapy usually involves discussion and interpretation of the meaning of what the person has created with an art psychotherapist, and possibly with peers in a group situation. Such discussion may foster helpful insights into what the work might reveal about the person's life, goals, aspirations, feelings, or needs (Gilroy 2006:30-46).

This study will mostly focus on the use of art psychotherapy in assisting adolescents who have been exposed to trauma or is suffering from the after effects of a traumatic experience. Art expression has proven to be a very important part of the recovery process for children or adolescents who have survived traumatic events (Chandra 2012). With guidance and support, art psychotherapy can help traumatised children and adolescents to make sense of their experiences, communicate grief and loss, and become active participants in their own process of healing. Reznick (2009) states that the use of art in trauma recovery involves both non-structured and structured activities. Non-structured activities are those that encourage children and adolescent to create from their imagination — in other words, to draw, paint, model, or build anything they would like. Many children and adolescents already have ideas about what they would like to make in art and if they do, allow them to experiment freely with materials in a safe, structured environment and enjoy the soothing and rewarding experience of creative expression (Riley 1999:15-78). Some may need more structured activities in which they are given instructions and assistance if required.

The researcher is aware that art psychotherapy has mainly been concerned with traditional materials of 20th century visual arts such as drawing, painting, sculpture, and collage or mixed media and has wondered whether digital media has been included into art therapy practices. Since digital technology has become more accessible and straightforward, practitioners of art psychotherapy have gradually started to include digital media as a means for client self-expression (Gilroy 2006:30-46).

What exactly does digital media in art involves? According to Vaidyanathan (2013) on the website Digital Art for All, an internet site concerned with the use of creative technology in education, digital art describes any art making by using technological tools rather than just the more traditional materials. The researcher thus understands the concept as any art that is made with the use of a computer. It can include drawings made on paper that are scanned and altered in any way on the computer, photographs that are modified, 3D characters created using a computer and so forth. The term digital art includes the following: graphic illustrations,

illustrations, 3D models in animations, movies, video games, digital photo artwork to create posters, advertisements, digital painting, web sites and computer generated images.

1.2.2 Rationale of the study

Modern day children and adolescents have grown up with technology at their fingertips. It therefore cannot be ignored as a powerful medium to use and communicate with adolescents. New media seem to be more than tools to help and fasten communication/information transfer. On the contrary, they are a very important social device to contact usual friends, to expand relationships, to communicate identity and sometimes, to support the need to share experiences among peers. This is especially evident in adolescents' interactions and constructions of social realities. New media, especially the internet and social networks, are settings that work together with "real" life; they do not appear as a separate world for adolescents. In blogs, messenger programmes, Facebook or other social networks, young people tend to expand their physical networks. And since it forms such an integral part of an adolescent's experience of life and the world, it would be safe to assume that it must be incorporated in psychotherapy as well, in order to address adolescents on their level, and in terms of their experiences. It can therefore be deemed necessary to gain information about the effectiveness of using art making software for computers in the psychotherapeutic process.

The empirical research of this study will benefit participants as they will gain tools on how to express their emotions through the creative process, using a medium that they know and understand. The average adolescent is inclined to express their creativity in various ways on their social networking profiles and blogs, therefore it can be deduced that digital art psychotherapy may be useful to adolescents who do not necessarily consider themselves 'artists' or have specific artistic skills.

1.3 EXPLORATION OF RESEARCH FIELD

Computers have been installed into various settings to help educate and entertain children since the 1980's. Although these computers' primary goal was not to make art, the simple introduction of computer games and activities already facilitated children's relationship with technology. According to Kleiman and Humphrey (1984:96-101) computers also facilitate peer relationships and increase the child's self-esteem and attention span. Art creativity software was developed and gradually incorporated in art education systems. However, computer art met with resistance in the art education and art psychotherapy fields. The worth of digital art

and its creative value was questioned and there were also doubts about the costs involved in developing a platform for computer art (Ansano 2013). On the other hand, creativity is recognised by the characteristics of fluency, flexibility, elaboration, and originality. By these definitions, the time clients invest in exploring choices and problem-solving within today's image making software, qualifies as demonstrations of creativity (McLeod 1999). Furthermore, artistic value may be defined by what is considered creative and personally meaningful for the artist, implying that art can be created by using any preferred materials or methods, including digital media.

Reading about digital art brings the following to the researcher's mind. How does the shift from using one's hands to hold a brush, pencil, or manipulate other materials, to using digital devices impact the outcome and benefits of art psychotherapy in practice? The researcher has experienced the soothing and expressive qualities of using our hands to create meaningful images or objects and is aware that this is as a result of stimulating specific parts of the brain simultaneously. As Malchiodi (2009) states, the decree (research) is not in yet about the impact of digital media on emotions or overall mental health when used in therapy. Creating art with digital media is a completely different experience from traditional art-making as the hands are no longer in contact with the medium, but rather with a keyboard and digital tablet which then transfers the digital images to a further media: the computer or tablet screen. So the question that comes to mind is: what is the impact of art making through digital images on the therapeutic value of art psychotherapy?

There are only a few noncommittal comments in research from art psychotherapists themselves, but there are a small number of studies from outside the field that underscore some of the benefits of computer based media. Malchiodi uses the Project Sketch-Up/Project Spectrum as one such program that has been researched for use with children with autism in the United States of America (Project Spectrum 2007). In the programme, autistic children use the computer program Sketch-Up, in order to improve expression and socialisation. Malchiodi noted the following: "The results of Sketch-Up is impressive because they not only underscore that people with autism tend to respond through visual and/or spatial intelligence, but also that using a computer drawing program is actually much more gratifying than a pencil on paper for most participants. In fact, many of the children reported that, "drawing was painful" and clearly not pleasurable" (Malchiodi 2009).

Another benefit of the Sketch-Up program was the skills it apparently imparted on the children;

they learned how to perform and excel at tasks that could form a foundation for more advanced computer skills at a later stage (Malchiodi 2009).

There are a number of art psychotherapists who have started to use visual elements and technology in their practices. The researcher has heard from psychotherapists who use webcams (cameras built into computers) and for instance the communication programme Skype with individuals in rural or remote locations. Malchiodi (2009) also noted that some art therapists received artworks from clients via electronic means such as email or even Facebook and use digital art making programs to stimulate creative exploration. Thus, psychotherapists have started to use technology in the practical and administration parts of their practices.

However, Malchiodi (2009) also states that large majorities of art psychotherapists have been hesitant to even recognise photography as an important medium in treatment and intervention; these therapists tend to remain loyal to traditional materials and methods, even when those traditions are not necessarily the best practices. Meanwhile, younger generations have grown up with technology and digital and social multimedia. This generation of children and adolescents are sometimes even more familiar and comfortable with digital media and its uses than with pencil or paintbrush. Adolescents today are undeniably linked with digital media. They construct their social, educational and personal life worlds in digital media and use it for the majority of their time. They understand, learn from, enjoy and depend on it. It is therefore of utmost concern to explore the impact of digital medium in therapy in general, and art therapy specifically. According to Barbara Parker-Bell (1999:180-185) this field of therapy needs to reconsider its best practices with this population; drawing or painting may prove simply not to be the ideal strategy for everyone.

How will the exponential growth of digital art platforms and social media impact on self-expression and visual creativity in therapy? Parker-Bell (2009) is of the opinion that the field of art psychotherapy will have to acknowledge the fast-moving changes in digital and social media and evaluate the benefits of these media together with the hands-on activities such as drawing, painting, modeling, constructing, and assembling.

Art is not about the tools used to create it. It is about the vision, message, or emotion of the artist. It is also about the creative merit of expressing oneself through whatever means preferred by the individual. Similarly, a computer can be seen as just another medium or tool through which an artist can express his/her vision of line, form, color, composition and rhythm.

This is echoed in Malchiodi's (2009) view that when the digital artist gains mastery over the tools and technologies, including the software and equipment used, they can go beyond merely constructing a digital picture or applying an effect to an existing image, and create original art – a creative expression of individual vision.

The researcher will adapt existing art psychotherapeutic techniques to incorporate digital media and implement it in the empirical research process. The theoretical framework used in the empirical research will be a post-traumatic psychotherapeutic approach which will focus on the client's emotions, thoughts and behaviours.

1.4 PROBLEM STATEMENT

Considering the integral part that technology and digital media plays in the average adolescent's life, it is essential to investigate its potential usage in the psychotherapeutic setting. This research study will attempt to look into the concept of digital media and its use as a therapeutic tool, which leads to the following research question:

Can digital media be used as a successful tool in art psychotherapy, specifically with adolescents who have experienced trauma?

1.5 RESEARCH AIMS

1.5.1 General aim

The purpose of this study is to investigate the use of digital media in art psychotherapy and whether it can be considered as a useful psychotherapeutic tool with adolescents who have experienced trauma.

1.5.2 Specific aims

Research in the form of a literature study will be conducted in order to gain a complete understanding of art psychotherapy and digital media and the reason why it can be considered in the psychotherapeutic process. This idea will then be tested by conducting intensive case studies with a number of adolescents. The participants of the study will be interviewed and partake in a number of psychotherapeutic sessions in order to collect data.

The viability of the idea will then be tested by conducting a situational analysis of trauma signs of the participants, thus investigating the potential of digital art psychotherapy to support clients

with signs of trauma. The method used, the process, and outcomes will then be described in later chapters of the study.

1.5.2.1 Research questions

- What exactly constitutes as digital media and art and how can it be implemented in the therapeutic process?
- Did some of the trauma signs exhibited by the participants change during and after the therapeutic sessions?

1.6 DELIMINATION OF RESEARCH FIELD

The demarcation of the study includes that only adolescents ranging from the ages of 13 to 17 years will be chosen to participate. It will focus specifically on participants who have experienced traumatic event(s) or exhibits signs of trauma. The participants will also require a basic knowledge of technology. Although the participants do not need knowledge of art making programmes specifically, they will need to be familiar with computer operations and other digital equipment such as a camera. The study will be conducted in Pretoria in two different settings, specifically with female adolescents from various, differing cultural and socioeconomic backgrounds.

1.7 CLARIFICATION OF CONCEPTS

- Art psychotherapy: According to the British Association of Art Therapy it can be described as the psychotherapeutic use of art making, within a professional relationship, by people who experience illness, trauma or challenges in living, and by people who seek personal development. Through creating art and reflecting on the art products and processes, people can increase awareness of self and others, cope with symptoms, stress and traumatic experiences, enhance cognitive abilities, and enjoy the life-affirming pleasures of making art (BAAT 2011).
- Digital media: Digital media is a form of electronic media where data is stored in digital (as opposed to analog) form. It can refer to the technical aspect of storage and transmission (e.g. hard disk drives or computer networking) of information or to the "end product", such as digital video, augmented reality, digital signage, digital audio, or digital art (Vaidyanathan 2013).

- Digital art: Digital art is a general term for a range of artistic works and practices that use digital technology as an essential part of the creative and/or presentation process. Since the 1970s, various names have been used to describe the process including computer art and multimedia art, and digital art is itself placed under the larger umbrella term new media art (Vaidyanathan 2013).
- Computer programmes: A computer programme is a sequence of instructions written to perform a specified task with a computer. A computer requires programs to function and perform certain tasks.
- Trauma: An event, situation or emotional wound or shock that causes distress and creates substantial, lasting damage to the psychological development of a person.

1.8 RESEARCH METHODOLOGY AND DESIGN

The research paradigm will be anti-positivism, and as such, a naturalistic inquiry into human behaviour, thoughts and feelings. It will concern an investigation into the effects of trauma and a situational analysis of trauma signs of the chosen participants. Numerous data collection strategies will be applied in order to determine whether these signs improved, decreased or disappeared after participation in the art psychotherapy sessions using digital media.

The research design indicates that it will consist of a qualitative research study, thus a context sensitive investigation into a naturally occurring phenomenon. It will focus on a specific sample/target: female adolescents who have experienced trauma and suffers from its after effects. Suitable information-rich candidates will be chosen by purposeful selection, after selection, the necessary consent will be obtained and each participant's experience of trauma and subsequent trauma symptoms will be investigated and assessed. The course of the psychotherapeutic intervention programme will range over 6-10 sessions with each participant, depending on the individual progress and needs. The participants must also have basic knowledge of technology and digital media. Although they do not need to know the appropriate computer software in detail, they do need to have basic skills in working with various technologies (for instance a digital camera, the mouse, keyboard and so forth). Instructions and guidance will be provided to assist them in gaining a better understanding and becoming adept at using the specific digital media. Knowledge and skill will be imparted by the researcher in order to improve the participants' technological skills with the selected programmes and tools.

Support will be provided throughout in order to avoid frustration which may be caused by the use of the digital media – for instance not knowing or understanding all the properties of a specific programme, or not achieving the desired effects.

The researcher will provide all the equipment needed including a laptop, digital camera, digital sketch pad, printer/scanner and various software programmes to suit all art making fields (video, photos, image manipulation, drawing and 3D modeling). An external hard drive will also be used to backup and save each client's work which will be protected by passwords to ensure confidentiality. Every effort will be made to ensure the safety of the equipment and to protect the anonymity of each client's work.

The researcher will focus on using a post-traumatic framework which will focus on each participant's emotions, thoughts and behaviour in the psychotherapeutic process. The research design will consist of conducting intensive case studies with six specifically selected participants. At the start of the empirical research, each participant will complete the Trauma-100 Questionnaire, in order to assess the depth of their trauma, symptoms, consequences and ego defense mechanisms they might experience because of it. Semi-structured interviews will be conducted with the participants to gain background information, to discuss the responses to the questionnaire and to start building a rapport with the adolescent. In a following psychotherapeutic session projective mediums will also be administered to gain more information about each participant's emotional state and frame of reference. The following sessions will then commence in which digital visual artworks will be created and the trauma symptoms will be addressed. The sessions will be documented to assess the outcomes. Data collected will be continuously analysed to determine the progression of the psychotherapeutic session and to decide which interventions must be implemented. After it is deemed suitable to terminate therapy, an exit interview will be conducted with each participant. In this interview they will be asked to complete the Trauma-100 Questionnaire again in order to assess whether the symptoms experienced because of the trauma has improved or not. A projective medium will also be administered to assess whether changes took place in the participant's frame of reference.

The qualitative data will be evaluated by recording the data, reducing and coding it and then analysing and synthesising it in order to reach conclusions. Themes will be identified, investigated and tested against the theories in order to interpret the data. The data will then be

presented in a concise, logical manner which will be analysed and reviewed by another independent reviewer to ensure that it is correctly interpreted and trustworthy.

1.9 PLAN OF STUDY

- Chapter 1: Introductory orientation, statement of the problem, aim of the study and clarification of concepts.
- Chapter 2: Literature study: Research on the concepts art, art therapy, digital media and trauma.
- Chapter 3: Research design.
- Chapter 4: Empirical study: Descriptions, finding and conclusions of case studies and other information gained from research design.
- Chapter 5: Summary and conclusion.

1.10 IN CONCLUSION

At this point in time, digital art making is used and accepted in most art making practices. The question is therefore not concerned about the artistic value of digital media. The emphasis is now on the psychotherapeutic value of technology. Thus, 'Is it therapeutic?' It is acknowledged that digital technology has its place in the art world and in art education. It is also influential in the social constructs of humans' real life world and in their construction of connections and relationship. However, can digital media be effectively used as a therapeutic tool especially in the creation of healing art in art therapy? This study will attempt to investigate and answer this trend and question.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

Can art change the world? This is a question that has been asked through the ages. Tsouros (2013) states, in answer, that art can change the perception of the world, it can make us reflect on our journey and where we want our paths to take us. It has the power to leave a mark on the individual as well as society in general. It can impact what we see, how we interpret it, and how we experience the world. It provides a neutral forum for communication, dialogue and an exchange of opinions, views and experiences.

Art can be seen as essential to human existence, an integral part of the human adventure. Anyone who has been part of a creative process will have experienced the powerful medium of expression that is art (cf. 1.1). It gives the creator an opportunity to express feelings, thoughts and experience into a tangible object of pattern and shape (Barnes & Peter 2002:157-183). For the creator, art can become a meeting place for their inner world and outer reality (Rubin 2010:93). People create in order to give form to their internal thoughts and feelings; it becomes a platform for expressing emotions, desires and fears. It can transform ordinary experiences to something extraordinary and unforgettable (Rubin 2010:93). It provides an escape from the everyday reality of facts, routine and organisation to someplace where imagination is the only limit (Wise to art 2009). Art can be seen as a journey of self-expression and a search for that which is beautiful in a sometimes mundane world.

The practice of art can be seen as forming a triad between the artist, the art product and the audience. It initiates new forms of expression and invites the viewer to share in the experience and generate their own personal meaning and understanding of the artwork. The audience of artworks are invited to feel with the artist, to engage in the symbolic form to create their own meaning and significance. The artist, the artwork and the viewer then come together in creating meaning and sharing an aspect of human experience. It can then be said that, "Art has the potential to encapsulate experience and make it accessible to others" (Barnes & Peter 2002:157-183).

This may bring to mind the question of why art can be seen as such a powerful medium throughout human existence. It can be argued that art is a fundamental way of knowing and thinking, as it forms part of every child's development. Children react to sounds and

movements before they can respond to spoken words or are able to speak. They express themselves through actions before they attribute specific meanings to sounds. Children also draw and form meanings from images before they learn the meaning of letters or specific symbols (Wise to art 2009). It is an inherent part of human nature and development; therefore it is intrinsically part of every human being. Art can also be seen as something that is universal and culture specific at the same time. It has the power to transcend boundaries but still convey essential cultural awareness. Through art we can gain a greater understanding of ourselves, different cultural heritages and the larger world community.

There are many different reasons way people create art. It can be a planned, mindful action, or a more integral, unconscious process. These reasons can be best understood when taking into consideration the context in which the art was created (Esaak 2008). The various functions of art making can be deeply personal or a more intentional statement about various matters. Art not for a specific external purpose can be created according to internal appreciation and instinct for beauty, rhythm, harmony and balance. Therefore, it can be a personal search and expression of these elements as perceived by the creator. It may also be created as a statement of the personal understanding of the self in relation to others and the mysteries of the universe. Intrinsic components of art making also include creating to express the imagination or the self. It may also be that the artist only strived to create an aesthetically pleasing work for others to perceive. Esaak (2008) mentions that art can also be produced for ritualistic or symbolic purposes and used in religious, cultural or other meaningful settings. These meaningful uses of symbolic forms or traditions are mainly passed down from generation to generation.

More overt functions of art include art as communication, for entertainment or even for commercialism or advertisements. Artists can also use artworks for social inquiry, subversion, propaganda or expression of political/ideological causes. Another use of art is to generate awareness for social causes in an attempt to create an environment of empathy (Smith & Marsh 2009). All these functions have many cognitive and emotional benefits and it may overlap and complement each other. It is clear however, that for whatever reason art is created, it is a very powerful medium that is present in ourselves and in the world all around us.

This study is concerned with another very significant aspect of art: art for healing and therapeutic purposes. Art is used as a medium for healing through expression in a number of related fields, but this study focuses exclusively on the practice of using art as part of

therapeutic treatment, namely art psychotherapy. This research will mainly attempt to define art psychotherapy and investigate the psychotherapeutic value of using digital media as a tool in art psychotherapy, specifically with adolescents who have been exposed to trauma.

2.2 ART PSYCHOTHERAPY

2.2.1. What constitutes as art psychotherapy

Artist Pablo Picasso once said the following words after viewing African masks: "Men had made those masks and other objects for a sacred purpose, a magic purpose, as a kind of mediation between themselves and unknown hostile forces that surrounded them, in order to overcome their fear and horror by giving it a form and an image" (Appleton 2001:6-13).

These words encompasses the power of finding emotional gratification in the controlled process of shaping forms as an expression of inner turmoil. Rubin (1984:5-20) states that art can be seen as a source of natural beauty and the power of aesthetic can be seen as healing. Creating comes natural to humans and by touching and shaping materials in art-making the client experiences their impact on the world, they are made aware of their very existence. Art uses the visible language of line, space, shape and composition to create symbolic images that contain ideas, emotions and memories. The symbolic image has multiple levels of meanings and is at the core of the healing process. Reznick (2009) confirms this healing power of art and the symbol by stating that art creates brain wave patters than enhance the nervous system, the hormonal balance and brain neurotransmitters. Thus, through expressive art, the body's physiology shifts from stressed to tranquil (Reznick 2009).

The description of the healing qualities of art in the previous two paragraphs describes the basis on which art psychotherapy operates. Art psychotherapy can be defined in many ways, but Avrahami (2006:5-38) sums it up effectually as the psychotherapeutic process that involves natural creative expression using various art materials and techniques. Rubin (2010:1-10) emphasised that the essence of art psychotherapy is a combination of the expressive activity followed by attentive reflection, either verbal, non-verbal or written on the process and accompanying emotions or thoughts (cf. 1.2.1). The art psychotherapist functions as a facilitator in both the creative as well as reflective journey.

The contemporary field of art psychotherapy emerged from psychiatry in the first half of the 20th century and can be seen as a hybrid between psychotherapy and art making (Malchiodi 2012:1-5). It can be seen as an active and engaged form of therapy that is concerned with making

images that externalises inner thoughts, depict experiences and reframe emotions. It engages the client visually, tactilely, kinetically and aurally in tasks that utilise ideas, feelings and physical sensations (Moon 2000:15-35). It operates from the premise that images reflect and transcend and assist the individual to redefine their self-awareness and acceptance of their life world. According to Moon (2000:15-35) the creation of an artwork and the personification of images may transform the clients' viewpoints of the world and their individual place in it.

In art psychotherapy there exist a triad relationship between the psychotherapist, the client and the artwork. The artwork exists as a concrete product that documents the psychotherapeutic process and assists the client to enter into a personal dialogue and to reconnect and integrate with their true self (Avrahami 2008:5-38). It reflects unconscious processes and may show changes in the clients' inner and external reality. The artwork can be both diagnostic and therapeutic and can be seen as a non-threatening object over which the therapist and client can converse. The choice of art materials can also be very significant and reflect the client's place in the therapeutic process. For example, easily controlled media - including clay and acrylic paint - is commonly selected at the beginning when the client fears a loss of control, whereas not easily manageable material, like water paint and ink, is usually selected later on, when the client feels more at ease and confident (Avrahami 2006:5-38).

2.2.2 The role of the art psychotherapist

What exactly is the role of the art psychotherapist? Edith Kramer, one of the founding members of the field of art psychotherapy describes the art psychotherapist as a "specialist who combines the qualification of being a competent artist with specialised skills in the field of psychotherapy and education" (Rubin 2010:69). The art psychotherapist can be seen as the facilitator in the natural creative process of the client and needs knowledge of a number of different fields in order to utilise the full potential of the psychotherapeutic art process. Rubin (2010:69-72) emphasised the following roles and qualities that the art psychotherapist needs to master: first of all, the psychotherapist needs thorough expertise in art making materials, processes and products. It is essential that the psychotherapist knows the unique properties of each material and how to utilise it best in each process. Secondly, the art psychotherapist needs to have extensive knowledge and training in psychodynamics, pathology and new psychological developments. Understanding about treatment planning, the therapeutic relationship and processes of change in psychotherapy is also vital (Rubin 2010:69-72). And lastly, the art psychotherapist needs to be able to create an appropriate environment conducive to art making

as well as therapy. This includes a suitable physical setting as well as an atmosphere of support and encouraging psychological conditions.

2.2.3 The worth of art psychotherapy

Why can art psychotherapy be considered as a worthwhile method of therapy? Some of the reasons included by Rubin (2010:85) states that it can be considered an effective process as it involves the whole person and all the senses. Much of our thinking and perceptions are visual which makes it easier to express oneself in a visual format. Some memories or feelings may also be preverbal and forbidden to the client, and it may be easier to express it through art than through traditional verbal therapy. Thus, art psychotherapy allows unique possibilities for expressing oneself in a safe environment by providing the opportunity to experience freedom within the discipline and allowing for the discharge of tension (Rubin 2010:27-47). The art product can also act as a bridge between the psychotherapist and the client, a transitional and transactional object that may assist in reducing self-consciousness and enhance self-reflection as it normalises psychotherapy (Rubin 2010:85). It is also a flexible and versatile medium and can be adapted to the setting and the client's specific needs. It is suitable for clients from diverse backgrounds and all ages and environments as it engages in an intrinsically, universal language (Rubin 2004).

The client also feels empowered through the process of creating something new and unique, it becomes a space in which they can assert and hold on to their own identity. As stated in Judith Rubin's DVD, *Art Therapy Has Many Faces* (2004), "In work that is both art and therapy people are helped to find, know and accept the true self which may be hidden within and behind the masks you wear".

There are also downsides to the practice of art psychotherapy which must be considered. The roots of art psychotherapy lie in psychoanalysis and therefore rely heavily on interpretation of the presented content. The disadvantage here includes that the psychotherapist is vulnerable to the misinterpretation of content and specific care must be taken not to make rapid or misguided interpretations. The psychotherapist must allow the client to make their own discoveries and understandings about the meaning of the work. The approach used by each psychotherapist can also vary as there is not such a definite approach as in other modalities and therefore the results yielded during the psychotherapeutic process may also differ, pointing to a lack of consistency (Manfredi 2010).

Caroline Case and Tessa Dalley (2006:60-85) also highlights other disadvantages which include that the use of art in psychotherapy can be a time consuming process and may require a longer period of time to reach goals than other types of therapy. The materials used during the artistic activities can be expensive and must be properly managed to get optimal usage out of it. It may also require a specific setting, suited for art-making, especially when using more fluid or 'messy' mediums, for instance paint or clay. Some clients may also resist the idea of using art in psychotherapy; they may view it as irrelevant or unconnected to their views of what therapy should include. Clients may also feel intimidated by being asked to create art, especially if they are not naturally creative or expressive. In these cases the psychotherapist must adjust the approach and techniques used to accommodate the client.

The researcher is of the opinion that every client's personal narrative, frame of reference and needs must be assessed before deciding on the approach that will be used. Art may not prove to be effective with certain clients, and in this case the psychotherapist must review and adjust the goals and techniques employed. It is important to keep in mind that the psychotherapist has an ethical duty towards the client to provide professional services in order to assist the client in the psychotherapeutic process. A preference for a certain method, in this case the use of art techniques, may not influence the psychotherapist's decisions about what will be best for each specific client.

2.2.4. Art psychotherapy and adolescents

Working with adolescents in psychotherapy can be challenging and the psychotherapist can be met with resistance and reluctance to cooperate. Adolescence is a time of rapid physiological change that involves disorganised feelings, mood shifts and concern over identity and body image (Rubin 2010:1-100). According to Riley (2001:54-57) they are exposed to societal, economic, family and peer pressures to fit into a certain mould of behaviour. This stage of development is characterised by internal stress, absorption with themselves, dependency on peers and withdrawal from parents and other authority figures. They may not be willing to enter into a therapeutic relationship as they are concerned about their image, they do not want to be seen as 'abnormal' and they may not trust adults.

Art psychotherapy can be considered as a useful type of therapy as adolescence can be a very creative developmental stage and art may provide a safe vehicle for self-expression (Appleton 2001:6-13). This type of psychotherapy allows for a non-threatening form of self-definition through use of specific materials, and it also allows for the development of a personal style that

is very important to adolescents (Rubin 2010:24-100). It also uses imagery which the client is acquainted with and the adolescent may prefer using art as a language rather than verbal questioning which might be seen as pervasive. In art psychotherapy the adolescent may also feel in charge of the process and will allow how much they share about their created meaning and symbols. Art allows the adolescent to distance themselves from their dilemma until they are willing to reflect and deal with some of the issues. The images also provide boundaries and structure within which the teenager can vent emotions and thoughts in a safe environment (Riley 2001:54-57).

The art psychotherapist facilitates the process by first just offering the adolescent a choice of materials and media, and allowing the teenager to work through their own creative process. This stance of neutrality gives the therapeutic relationship a chance to develop and for the adolescent to build trust in the art psychotherapist. Appleton (2001:6-13) noted that the adolescent may be reluctant for fear of having their artwork evaluated, insecurity or inexperience with the media. The psychotherapist can guide the teenager then by explaining the use of art, building an acquaintance with the media and providing support throughout the process. Expressive tasks can also be introduced to show respect for the adolescent's way of creating and reinventing meaning. The psychotherapist must also view each adolescent as unique and take into account their interests and needs and involve subject matter which is significant to the teen (Riley 1999:1-27). This will assist in building a therapeutic relationship of trust and to keep the adolescent interested and involved in the project. As the image becomes tangible, the psychotherapist may stimulate metaphorical conversations that will increase possibilities of communication that is non-threatening to the adolescent. It is important that the psychotherapist does not assume knowledge of the meanings, but rather let the adolescent be the guide and use the imagery or metaphor to circumvent disclosure (Riley 1999:1-27). Providing art psychotherapy to adolescents may prove challenging and complicated but providing a supportive environment with genuine interest it may offer the youth a vehicle for communication and expression that was otherwise not possible.

As stated earlier in the study, art may not always prove to yield the best results with each client, in this case every adolescent. It is the psychotherapist's duty to review each client and decide on the most appropriate course of action to follow.

2.3 THE USE OF DIGITAL MEDIA IN ART PRACTICES (DIGITAL ART)

Traditional art making was concerned with only using tools that can be touched and manipulated to the desired effect. In visual arts this includes painting, sculpting, printmaking and drawing using paint, pens, clay, ink and so forth. As technology began to infiltrate other fields, the art world also began experimenting with new digital mediums. It is difficult to ascertain the exact history of digital art as it consists of many convergent threads, which wove together in different ways at different times. Artists have been experimenting with computers at least since the 1970's and as in the evolution of photography and video art, this new medium was often considered a threat to traditional art forms (Miller 2011).

Some of the resistance towards computer art was concerned with issues of authenticity. This was rooted in the belief that art is mainly a human communication rooted in human experience and emotions. Assumptions about art used to include the following: art is created by a human agency, it is grounded in emotions, it communicates experience and is unique and rare (Boden 2007:3-10). In 2013 however, this is no longer an issue or concern. Technology has permeated into every area of our functioning, and visual art is no exception. It is believed today that the use of digital processes is just like any other art form. Art can be seen as imagination, vision and emotion meeting material in the effort to bring something invisible into the tangible world (Parker-Bell 1999:180-185). As such, a computer is just a medium or tool through which an artist can express line, form, colour, composition and rhythm. And as with any other processes, if the electronic properties of the medium can challenge and benefit the user to achieve creative goals, it can be classified as art (Parker-Bell 1999:180-185).

Digital art can then be defined as art created with one or more digital processes or technologies (cf. 1.2.1). Such art can include digital images, sound, animation, video, CD-ROM, DVD-ROM, videogame, web site, performance or gallery installation created by using various digital techniques. There are also a range of programmes which can achieve different results, these ranges from drawing, image altering/enhancing, video editing and manipulation to multimedia, 3D drawing and architectural sketch applications. Many traditional disciplines are now integrating digital technologies and, as a result, the lines between traditional works of art and new media works created using computers has been blurred. Considering the widespread application of digital media in all art processes it can be concluded that digital art is now fully accepted as a legitimate art form. Given the acceptance of digital media in art processes, the next critical step would be to study the possible value of digital technology in art therapy.

2.4. DIGITAL MEDIA IN ART PSYCHOTHERAPY

2.4.1. The uses of digital media in art psychotherapy

There still rages a debate about the use of digital media in art psychotherapy with its avid supporters and opponents. A very important question to consider in society is the impact of technology on creative processes and emotional life. Art psychotherapy is in the position to investigate and offer a unique perspective on the relationship between technology and creativity (Austin 2009:83-85). The main question that the profession of art psychotherapy is concerned within our techno-digital culture is the following: "How can art therapy respond effectively to clients whose most important emotional experiences are influenced by the interactive, networked and virtual social worlds where they live?" (Kapitan 2009:50-51).

Austin (2009:83-85) states the main themes that underlie this debate includes the impact of machine (technology) on magic, hand and creativity. Magic refers to the human's capacity to access the imagination and to find inspiration in the mystic. Is technology over-determining our lives, therefore leading to external growth but internal emotional and original regression? The theme of hand versus machine refers to the bodily relationship there is to the artworks we create and the tools used in the process. Will the creative process become overly complicated when removing the use of senses in the artistic practice and lead to the creation of disembodied designs? (Austin 2009:83-85). And lastly, will the control and precision of computer programmes lead to a decline in creativity and spontaneous expression?

2.4.1.1 *Technology versus magic*

The concern raised here questions whether technology plays too an important role in our lives, and whether it negatively affects the ability to use our imaginings to create art. This concern was echoed in a study conducted to determine art psychotherapists' emotional response to technology. Many practitioners said they feel out of control, as if the machine has taken over (Kapitan 2009:50-51). This can be ascribed to an anxiety or underlying fear of dependent attachment to technological machines. Younger generations have easy and constant access to technology, the internet, and instant information which may influence them negatively. Kapitan (2009:50-51) discusses that this instant access to mass media prompts children and adolescents to expect that all aspects of life should be assessed, retrieved and resolved with the same speed and effectiveness. Klorer in Kapitan (2009:50-51) states that she experiences this in her younger clients who insist on multitasking in the psychotherapeutic sessions, plugging in their iPods or cell phones while conversing with her. The emphasis here is that

younger clients are not necessarily willing to invest their time and energy into interacting with the psychotherapist and the creative process, rather looking for instant solutions as experienced with technological media. This might explain some art psychotherapists' reluctance to accept digital media, they find technology as distracting their client from the real purpose of creation and expression in psychotherapy. Therefore, they emphasise the significance of face-to-face, non-synthetic and humanising interactions with their clients, while they create using traditional hands-on materials (Kapitan 2009:50-51).

On the other side of the debate Parker-Bell (1999:180-185) states that art lacking in meaning and symbols can be created using any medium; it is not specific to technological tools. It solely depends on the intent of the artist. In art psychotherapy the client can be viewed as the artist with intent to create something. Shaun McNiff (1999:197-200) emphasises this point stating that materials are only limited by the vision of possibilities of the artist. The nature of the medium does not necessarily determine the quality of the art psychotherapeutic experience (McNiff 1999:197-200). The creative imagination and art process is not necessarily dependent on the materials used but more on the transformative and healing energies which take place during the course of the art psychotherapy sessions (cf. 1.3).

The researcher reasons that rather than to resist the influx of digital media art, psychotherapists may look for avenues to successfully employ it in the sessions without distracting from the psychotherapeutic process. This may pique the child or adolescent's interests and appeal to their sensibilities, therefore engaging them in the psychotherapeutic process. The art psychotherapist will need to guide and facilitate the digital media and process so that it is not distracting the child or adolescent from the real issues at hand. As is stated in this quote by computer revolutionary Bill Gates: "I think it's fair to say that personal computers have become the most empowering tool we've ever created. They're tools of communication, they're tools of creativity, and they can be shaped by their user" (Guevin 2006). This states the powerful presence of computers in our lives, and also stresses that its 'shaped' by the user. Thus, it yields to the user's intent and if that intent is creating meaningful visual artworks, it is possible.

2.4.1.2 Technology versus hand

What is the impact of removing the hand and traditional tools as primary mediums of art, and replacing it with technological tools on the creative process? This raises another significant point to consider. Thong (2007:52-58) argues that it is necessary to redefine the tools of art psychotherapy, as children and adolescents are experienced in the creative use of computers.

Many younger clients may be more familiar with computer tools than other art tools and the psychotherapist can use this expertise to motivate and involve the client fully in artistic expressions (cf. 1.2.2). Therefore, it is essential for the art psychotherapist to have knowledge of the applicable hard and software, and to adequately match the client's needs to the appropriate media (Parker-Bell 1999:180-185). Before psychotherapy sessions commence the psychotherapist needs to consider the client's age, interests and capabilities when choosing a program or task. The art psychotherapist then needs to familiarise the client with the options available and demonstrate the different digital techniques and tools that can be used (Thong 2007:52-58). Traditional and digital media might be used in a mixed-media approach according to the specific task that the psychotherapist planned. The art psychotherapist can also decide on the degree of structure by deciding whether to set specific tasks with specific goals or following a freer approach by letting the client choose the materials and process they want to pursue.

The use of digital media in psychotherapy can also be ideal for clients with certain cognitive and developmental limits for example those who are overwhelmed by tactile sensations or struggle with social interactions (Alders, Beck, Allen & Mosinski 2011:165-170). The wide range of digital creative activities allow for almost anyone, regardless of their artistic abilities, to partake and achieve success in the process.

According to McNiff (1999:197-200) there are also uniquely tactile and kinaesthetic qualities present in the use of digital media. By touching and moving the mouse, digital pen or other tools the client are still creatively interacting with the tools and artwork as with traditional materials. Clarke in Austin (2009:83-85) states that when using new equipment the mind makes use of transformative restructuring to incorporate the new tool into existing thinking and acting systems. When becoming experienced with the technological tool, it will later become an extension of the creative mind, meaning it will be used without constant consideration. This can be compared to the use of a pencil when drawing or writing, it becomes an extension of the hand and the mind is not constantly aware that it is using the pencil to create. With enough experience the same can be said of the use of a computer mouse, graphics tablet or other digital tools.

McNiff (1999:197-200) however, stresses the importance of not using programmes where the computer produces the art and not the client. This leads to so called "computer art" and defies the whole purpose of channelling the client's creative efforts into a therapeutic art form.

2.4.1.3 Technology versus creativity

Linda Naiman defines creativity as follows: “Creativity is the act of turning new and imaginative ideas into reality. Creativity involves two processes: thinking, then producing. Innovation is the production or implementation of an idea. If you have ideas, but don’t act on them, you are imaginative but not creative” (Naiman 2011). Creativity has always been an integral part of the creation of art. Creativity is a great motivator as it can make people fascinated and involved in what they are doing. Creativity gives hope that there can be a worthwhile idea and the opportunity of some sort of achievement to everyone. It is into this belief that art psychotherapy taps, using the client’s inborn creativity to create an artwork which they can see as an expression, and extension, of themselves. It may also add a sense of achievement for the client who may not be used to using their creativity in making something concrete.

Some people might believe that only artistic, right-brain dominated people can be creative. The researcher, however, is of the opinion that every person has the capability to be creative whether they realise it or not (cf. 1.3). Creativity is something that can be learnt and developed by experimenting, exploring, questioning assumptions, using imagination and synthesising information. For some this might be easier than others, but the researcher is of the belief that with the right guidance every client will be able to create and thus be creative. The researcher also sees the aim of art psychotherapy to explore each individual’s creativity and channel the energy derived from the creative process for psychotherapeutic purposes.

As discussed above under the headings, Technology versus magic and Technology versus hand, the expression of creativity is not only limited to traditional art making materials and processes. Therefore, it can be deducted that the client will be able to express their creativity just as aptly by using digital tools as in using traditional art tools. However, the researcher is not certain at this point if the use of digital media might impact spontaneous expression in the creative process. When using traditional materials like paint and clay the media can be instantly manipulated and transformed on a whim of the creator. This may lead to greater spontaneity, more interesting results and a freer expression of emotions. The researcher views the digital creation process as more clinical and precise, each action is thought about and can be reversed or edited. Thong (2007:52-58) states that this leads to a more experimental approach by the creator, as one can undo and reverse all actions so that one does not become too particular about the artwork which then hinders expression. The researcher however will attempt to investigate this concept in the empirical research to determine whether the precise nature of

digital media hinders spontaneous expression and therefore influences the psychotherapeutic value of art psychotherapy.

2.4.1.4 Other aspects involved in using digital media in art psychotherapy

Another aspect of art psychotherapy is highlighted by McNiff (1999:197-200) and concerns the new dimension into which the computer takes the triadic relationship of client, psychotherapist and image/artwork (cf. 2.2.1). McNiff (1999:197-200) experienced that often when the client is creating an artwork on a horizontal surface or on an easel they tend to move physically closer and often obscures the image from the therapist's vision through the process of creation. This might lead to a buffer in the triad relationship and make it more difficult for the psychotherapist to observe the art making process. In using digital media however the image stands apart, connected to its maker through the movements of the mouse but yet standing alone as an independent presence. The spatial separation of the image on the screen and the tools used to create (mouse, keyboard and digital pen) may lead to different possibilities in the interaction of client, psychotherapist and image. The image/artwork is now easily accessible and visible to both client and therapist and lends a more fluid flow to the proceedings and the interactions between the client and psychotherapist (cf. 1.3)

Although McNiff (1999:197-200) states this as a positive quality, it brings to the researcher's mind the question of what can be considered the impact of this spatial separation on the psychotherapeutic process? Does it make the interactions between the client and therapist less personal and does the use of a computer distract from the issues at hand? Meaning, will the client become so caught up in using digital tools that some of the psychotherapeutic aspects of the progress will be ignored?

Throughout the literature review process the same benefits of using digital media came to light. These advantages include that quick changes can be made to the artwork without destroying the original. This apparently leads to a more experimental approach as the client will be more comfortable to change the artwork and explore different avenues, seeing that the original artwork can be saved and reused continuously. Computer programmes also offer an extremely wide variety of effects from line density, different colours, and zooming in that may lead to inventive creations otherwise not possible (Thong 2007:52-58).

Disadvantages include limitations on tactile stimulation, meaning that you are not physically able to touch the artwork, which may diminish emotional expression and limit spontaneous actions of

expression. It also may not suit all needs and situations; it depends on the clients abilities and needs (Parker-Bell 1999:180-185). Other limits are the cost of the hardware and software needed which many clients and therapist may not be able to afford (Peterson, Stovall, Elkins & Parker-Bell 2005:139-149). This is very true in South Africa where not all of the population have access to technology. This limits the client demographic in which digital media can be successfully used. Another interesting aspect to note is that there are no specific programmes designed and tailored specifically for the needs of art therapy. Therefore Art Therapists may be reluctant to use programmes designed for graphic designers in a therapeutic setting (Peterson et al 2005:139-149).

The use of digital technology in a psychotherapeutic setting also brings to mind a number of ethical concerns which the art psychotherapist needs to be familiar with.

2.4.2. Ethical considerations in art psychotherapy and digital media

Art psychotherapists must adhere to all ethical rules of conduct that applies to the profession of psychology as set out in the Health Professions Act (Republic of South Africa 2006). There are also additional ethical topics specific to art psychotherapy and the use of digital media. The most significant concern involves client vulnerabilities. The client needs to be informed of the benefits and limitations of using technology in psychotherapy and the psychotherapist need to assess the client's emotional and technical limits when using digital media in psychotherapy. To some clients the use of digital media may prove frustrating, due to a lack of technological skills or it may prove too intimidating which hampers the psychotherapeutic process. Therefore the art psychotherapist is ethically required to assess the needs and employ other methods if necessary.

Another ethical consideration is that of the use or interpretation of the artwork. As a therapeutic product the artwork is a concrete product which depicts the psychotherapeutic process. Standards which guide the ethics of interpretation need to be maintained, meaning that careful and appropriate interpretations must be made by the psychotherapist to guide and inform interventions. The ownership of the artwork must also be considered. Although the client can in most situations be considered as the owner, the psychotherapist has a responsibility to guide the client in the display or use of the artwork (Moon 2000:57-61). The psychotherapist also needs to inform the client and obtain the necessary consent if the artwork is to be used in an exhibition or research.

This leads to another very important concern that needs to be emphasised and discussed with the client namely, posting art works online. In this technological age people share videos and images on the internet as part of socialisation and this is specifically true of adolescents (Alders et al 2011:165-170). The client may be so proud of their creations that they forget the emotional and psychological revealing nature of their work. This may lead to drastic repercussions as the reactions from viewers may range from optimistic to destructive which can be very harmful for the client's psychological wellbeing and detrimental to progress made in therapy. It may even lead to cyber bullying, especially if the identity of the client is revealed which will have a very negative effect on the client. All these issues need to be considered and taken into account by the psychotherapist when setting therapeutic/clinical goals before and during the psychotherapeutic process. The risks associated with posting work online will be discussed in detail with each client before and during the commencement of the psychotherapy sessions.

Moon (2000:84-93) also highlights an additional boundary point to consider in art psychotherapy which is touching the client's artwork. As the client is so involved in the artwork the physical touch become a symbolic touch and may seem intrusive and disturbing to the client. This refers more to art making with traditional media, for instance touching the client's actual painting/drawing or sculpture may feel too invasive for the client's personal psychological space. The researcher is not sure at this point if this also relates to digital media in art psychotherapy; touching the computer screen or other digital media may not have the same effect as touching a tangible artwork (cf. 2.4.1.4).

When the psychotherapist's equipment is used, the psychotherapist needs to follow certain procedures to protect the client's confidentiality. Meaning work must be backed up and password protected (Alders et al 2011:165-170). If the computer is stolen or broken, privacy may be compromised and the client needs to be informed of these risks (cf. 1.8). As the researcher's equipment will be used in this study the clients will be informed of the associated risk with regards to the confidentiality of their artworks.

As the research field regarding the use of digital media is still relatively underdeveloped and the psychotherapist needs to pay attention to other associated ethical implications it might have. The art psychotherapist must focus specifically on technical and practical questions with regards to the use of technology in art psychotherapy (Alders et al 2011:165-170). As stated by the American Art Therapy Association in Alders et al. (2011:168): "Art therapy by electronic means is a new and evolving application of art therapy...it presents opportunities for service as well as

ethical dilemmas not encountered in the past. Art therapists are advised to use caution as the ethical ramifications of providing art therapy services via the internet and other electronic means emerge.”

2.5 TRAUMA IN ART PSYCHOTHERAPY

2.5.1. Discussion of trauma

2.5.1.1 Definition, causes and symptoms of trauma

Psychological and physical trauma can be described as the occurrence of serious threat of violent death and bodily injury to the person's physical body or psychological wellbeing (Rankin & Taucher 2003:138-147). It occurs when a sudden or unexpected incident takes place which compromises the bodily integrity and is a threat to survival and adaptation. It is accompanied by the association of intense fear, horror, and/or helplessness and it violates the person's belief and expectations about the world and self (Cohen, Mannarino & Deblinger 2006:1-10). It can be seen as an inescapable stressful event which overwhelms the person's coping mechanisms. Two types of trauma can be distinguished; event trauma which is a sudden, unexpected, limited occurrence, and process trauma which is repeated and long-lasting (Eckes & Radanovich 2007). Examples of event trauma can include car accidents, natural disasters, violence or death of a loved one, whereas examples of process trauma can be domestic violence, sexual abuse, illness and war. Trauma can be described as a typical reaction to an extreme event.

The type and severity of the trauma does not necessarily predict the response of the trauma survivor. Responses can have emotional, psychological or/and neurological components and depends on the person's life experience, surroundings, support system, personality and coping style (Eckes & Radanovich 2007). Eckes & Radanovich (2007) state that it is important to note that the response is not always about the traumatic event itself but often concerned with the thoughts, feelings, beliefs and experience of the event. Trauma responses may affect normal interactions and daily routines, it can be characterised by fear, anxiety, sleep disturbances, antisocial behaviour, anger and fear of separation. It may lead to depression, dissociation, negative self-image and Post-Traumatic Stress Disorder (PTSD). If these responses and symptoms are left unaddressed it may lead to unresolved issues which will influence the person's psychological well-being (Cohen et al 2006:2-25). Not every person who experiences trauma will develop Post-Traumatic Stress Disorder and it is advisable to be on the lookout for symptoms which may indicate that the person suffers from PTSD.

Taking into consideration the society in which the study will be conducted, it is necessary to note that South Africa is a country marked by violence and crime. Modern day South Africans live in fear of violent crimes ranging from hijackings, house break-ins and muggings/robberies. It further extends into gender violence that includes rape, sexual abuse and domestic violence. South Africa was named by Interpol as the world's rape capital, and mentioned that women were more likely to be raped than educated (Naidu-Hoffmeester & Kamal 2013). A Medical Research Council study from 2009 found that one in four South African men confessed to raping a woman (Naidu-Hoffmeester & Kamal 2013). According to further crime statistic 5900 crimes are reported to the South African Police Service every day and more than 2 million crimes were reported by the SAPS for the 24 months between 2010/2012 (Crime Statistics SA 2013). Murder occurs on a daily basis. Over 43 people are murdered on average every day which is 36.5 per 100 000 people in South Africa. The world average for murder is 7.6 per 100 000 people which indicates how high the South African numbers are. Over 161 000 people have been murdered in South Africa since 2004 and nearly 16 000 of these were in the twelve months between 2011/2012 (Crime Statistics SA 2013). When taking this into consideration, it is likely that trauma will affect many average South Africans. Working as an educational psychologist in South Africa it is probable that many clients will have been exposed to a traumatic event and will most likely suffer from trauma after effects. It is therefore essential to have knowledge about the symptoms and treatment process of trauma.

2.5.1.2 Treatment of trauma

Goals of trauma treatment include an effort to decrease the intensity of the negative after effects in order to improve functioning and to increase positive life experiences and well-being (Rankin & Taucher 2003:138-147). Cohen et al. (2006:20-35) state that the treatment programme will need to address the trauma issues first, which include evaluating and assessing the client's cognitive, maladaptive thinking patterns and affective state. The psychotherapist also needs to evaluate the clients' relationships, social skills, family functioning and overall support system. Somatic symptoms including psychological hyper arousal and sleep difficulties as well as traumatic behavioural symptoms like avoidance, sexualised actions, aggression and oppositional unsafe behaviour also need to be investigated (Cohen et al 2006:20-35). The intervention will thus mainly focus on the individual's responses and how the trauma influenced their functioning.

It has been found that a psychotherapeutic approach concerned with exposure and desensitisation is especially successful when used in trauma counselling. The psychotherapeutic approach that will be used in this study involves examining and addressing the client's emotions, cognitive processes and behaviours in an interrelated, holistic approach using goal orientated techniques (Cohen et al 2006:16-25). Core values that the empirical research will be based on include unconditional respect for the individual, culture and family. Emphasis will be placed on the importance of a therapeutic relationship of trust between the therapist and client. If possible, family involvement will be utilised during the psychotherapeutic sessions in order to build on the strengths of the client and his/her family system. Where the client is not part of a family structure, other support systems will be identified or possibly developed to support the client. In the empirical research process the researcher will strive to empower the clients by emphasising the significance of self-efficacy and self-regulation by imparting life skills and the client's strengths to improve functioning (Cohen et al 2006:16-25). All these values will be implemented and utilised in the empirical research of this study when working with adolescents who have experienced trauma in an attempt to achieve psychological growth for each client.

Psychological growth refers to adaptation to the trauma that may lead the individual to arrive at a new level of meaning and greater appreciation of life, which may include the construction of a new self and world perspective (Rankin & Taucher 2003:138-147). According to Alia Sheikh (2008:85-97) post-traumatic psychological growth can be enhanced by engaging with the client in attempting to find meaning by searching for the value associated with coping with the event. In the empirical research of this study this can be done through focusing on the adolescent's role of survivor; finding particular personal strengths, successful coping strategies and acknowledging positive changes. The researcher will enhance the likelihood of growth by focusing on listening to the adolescent's narrative, noticing and calling attention to growth as it emerges. The researcher will be sensitive in doing this and will emphasise that the adolescent's positive growth is not from the trauma itself but from coping with the trauma (Sheikh 2008:85-97).

Therefore, the researcher will implement basic trauma intervention principles which involve re-exposure to the traumatic memories, developing a trauma narrative and cognitive reframing (Malchiodi 2012:139-151). A framework of post-traumatic psychotherapy which focuses on the clients' emotions, thoughts and behaviours will be implemented. The researcher will use

conventional art psychotherapeutic techniques which will be adapted to a digital format using technological tools instead of traditional art materials.

2.5.2. The effects of trauma on adolescents

As mentioned earlier in this study, adolescence is a vulnerable life stage marked by active changes and development (cf. 2.2.4). Adolescence is a time of emotional and social development and can be a period of increased risky behaviours. It places adolescents at high risks for exposure to traumatic stressors. Significant trauma in this life stage can influence psychological and emotional growth; it may have long lasting impact which may shape the adolescent's perspective and identity (Eckes & Radanovich 2007). It may lead to social isolation, poor school performance, behavioural issues and anxiety and fear disorders which will affect quality of life. According to Kenneth Fletcher (2011:339-360) feelings of shame and anger might be experienced which may influence the emotional equilibrium and self-worth of the adolescent. As adolescents tend to think egocentrically they might see themselves as the cause of the event and may experience extreme guilt. This can lead to a cycle of negative self-blame which can lead to depression and dissociation.

The experience of trauma may also lead to the development Post Traumatic Stress Disorder (PTSD). The criteria by which to classify PTSD as set out by the DSM-IV-TR include: exposure to a traumatic event that posed a threat to the physical integrity of self or others and evoke feelings of fear, helplessness and/or horror. Further criteria involves the re-experiencing of the event, through recurrent and intrusive recollections, distressing dreams or night terrors, a sense of reliving the event, psychological distress and physiological reactivity in response to external or internal triggers related to the trauma. Persistent avoidance of stimuli associated with the trauma is also another criterion of PTSD. This includes avoidance of thoughts, feelings, people and situations that cause recollections of the trauma as well as feelings of detachment and a shortened view of the future. PTSD is also characterised by increased arousal which may influence sleeping patterns, the control of anger and concentration. This may also include the appearance of hyper vigilance and exaggerated startle responses. PTSD can be diagnosed when the symptoms discussed above occur for more than a month following the traumatic event and if it causes significant distress or impairment in social, professional, or other areas of functioning (American Psychiatric Association 2000:429-484).

Not everyone will develop PTSD but predictors might include the level of violence of the event or unexpected death of a loved one. PTSD and trauma influences memory and learning which

will negatively influence the adolescent's ability to function. Since adolescence is a challenging life stage marked by certain behaviours it is sometimes difficult to notice and identify trauma symptoms (Eckes & Radanovich 2007). Adolescents might not seek for help as their feelings might be experienced as a threat to their self-image and they might be afraid of stigmatisation (Fletcher 2011:339-360). Therefore, parents and educators need to have knowledge of trauma and PTSD symptoms and be able to refer an adolescent for intervention when necessary.

If an adolescent has been referred for intervention it is necessary to reassure him/her that needing help is not an indicator of weakness or incompetence. As is the case with all therapeutic practices a relationship of trust must be built when the adolescent commences with individual counselling in an environment that is supportive and safe.

The theoretical framework for the empirical research of this study can be described as post-trauma psychotherapy which will focus on the client's cognitive, affective and behavioural domains. The framework emerged upon conceptualisation or unpacking of art psychotherapy with reference to adolescents, the use of digital media in art practices (digital art), digital media in art psychotherapy, trauma in art psychotherapy with specific reference to adolescents, and addressing trauma in art psychotherapy with the use of digital media. The researcher will make use of psycho-education to normalise the responses and give the client information about trauma, the reactions and how to manage symptoms (Cohen et al 2006:152). This information will help to empower the adolescent and assist them in taking back control over the situation, their feelings and thought patterns. Re-exposure to the traumatic memories is used as part of trauma counselling in order to review and process the memories. The researcher will determine when, if ever, this activity is appropriate during the psychotherapy sessions as it might be too traumatising to the adolescent to recount these memories. If necessary the researcher will focus on conveying relaxation skills to the adolescent that will help when coping with overwhelming emotional and physical reactions linked to the traumatic experience. The adolescent will help with choosing effective relaxation skills by offering their specific likes and other ideas; this will help to make the adolescent feel active and a part of the process.

Affective expression and modulation skills can also be taught to assist in managing emotions and to increase positive self-talk. The researcher will discuss the importance of managing emotions and the different techniques which the adolescent can employ to take control of her affective state. The significance of positive self-talk will also be emphasised and possible

homework tasks will be given for the adolescent to engage in and experience the power of positive self-talk.

Cognitive coping and processing can help the adolescent to make sense of the traumatic experience and to explore internal dialogues. This will be done in order to explore the adolescent's thought patterns and where changes can be made in order to improve the adolescent's overall psychological functioning. The researcher will attempt to use the projective and expressive qualities of the creative process as a catalyst to help the adolescent understand how thoughts, feelings and behaviour influence each other (Cohen et al 2006:152). One of the goals of the empirical study is to empower the client through the use of art psychotherapy in order to realise the connectedness of her affective, cognitive and behavioural states and hopefully find solutions in changing patterns which may be harmful or dysfunctional.

Another essential aspect specific to trauma intervention involves constructing a trauma narrative. In post-trauma psychotherapy this may assist the adolescent to separate thoughts of the events from overwhelming negative emotions to more manageable feelings which will lead to cognitive coping and processing. In the empirical research process the adolescent will be asked to create a personal narrative when the researcher thinks the adolescent is capable of doing so without experiencing re-traumatising. This will be done mostly through creating a visual artwork which may lead to communication on a verbal level. The researcher will guide the adolescent through this process and will be alert for signs which indicate that the adolescent is becoming too distressed. The visual narrative will be created in order to assist the adolescent with cognitively processing the trauma memories which is essential in the recovery process.

Lastly, a mastery of the trauma reminders, triggers that remind the client of the specific trauma, is necessary in order for the adolescent to overcome the fear and be able to function properly. During the process of mastery over the trauma reminders, it is essential not to desensitise the teenager to such an extent that they can't react properly when in another traumatic event (Cohen et al 2006:152). For example when taking South African crime levels into consideration the client may experience another traumatic event in which they must be able to react appropriately. In the empirical research of this study there will be a specific focus on the adolescents' specific trauma reminders in order to help them overcome the most of their fear. However, it will be kept in mind that some of the girls in the study might be exposed to trauma again, specifically the same type of trauma which they have experienced. This will be discussed, if necessary, with each individual girl. Separately, in conjunction with the care-giver

(guardian/parent/housemother) concerned, a plan of action with the necessary survival skill will be devised and imparted to the specific girl. Assent will be obtained prior to devising a plan of action.

The goal of the psychotherapy will be to externalise the story and make use of the cognitive reframing of the experience in order for it to be manageable for the client. There are a number of methods and approaches that can be used in art psychotherapy in order to obtain this goal which will be discussed below.

2.5.3. Addressing trauma in art psychotherapy

Appleton (2001:6-13) states that trauma is stored in the memory as imagery, thus as a visual representation, and for that reason expressive art has proven as a very effective method in trauma treatment. It allows for the traumatic experience to be expressed and processed in its own 'language', the visual form. Art psychotherapy provides an integrative and unique approach to trauma treatment by processing trauma memories through symbol integration in a process that is controlled (Avrahami 2006:5-38). The process of creating art in the presence of a psychotherapist provides a safe haven for the client to explore overwhelming material that may be intensely personal, and it can lead to the resolution of trauma (Appleton 2001:6-13). It allows the client to retell the story, thus creating a trauma narrative, without having to verbalise it, which may prove too difficult for some clients. Art psychotherapy also enables the client to contain the chaos associated with the trauma within structured borders of the art product and to regain a sense of control over the past and present emotions, thoughts and behaviours. Morgan and Johnson (Avrahami 2006:5-38) has found that artistic therapies may prove more effective with greater long term effects in emotional changes and integration than other verbal therapies because of the above mentioned specifics.

Avrahami (2006:5-38) explains that trauma memories is not integrated with other 'normal' memories through the usual process of associative connections. It is rather sorted as isolated fragments of sensory observations and emotional states of visual images. The creation of personal trauma narrative is necessary to translate and integrate the trauma memories. The personal narrative, however, needs to be created without causing unnecessary trauma or pain to the client. The retelling of the personal narrative involves a controlled re-experiencing of the trauma experience in a caring, stable environment, which proves to assist in the healing process of the emotional, psychological injury caused by the trauma. This may not always be possible as some client may find retelling the exact traumatic experience as too overwhelming and may

become distressed. As is stated by Babette Rothschild (2000:78) "A client is most at risk for becoming overwhelmed, possibly re-traumatized, as a result of treatment when the therapy process accelerates faster than he/she can contain" This may lead to the client regressing to maladaptive responses for dealing with the initial trauma. The psychotherapist is responsible for managing the exposure to traumatic stimuli at a pace which is suited to each client's specific needs. The psychotherapist must also be aware of the level of emotional stimulation in the session and guide the client through a use of systematic desensitisation to increase their tolerance of re-experiencing the trauma. The client will also need to learn new ways of non-verbal and non-dissociative coping, and herein lays art psychotherapy's unique approach to trauma.

Art psychotherapy can be used as a diagnostic and therapeutic tool in trauma treatment. Art psychotherapists work with trauma in diverse ways and it usually consists of a mix of expressive, narrative, explorative, management and integrative techniques (Rankin & Taucher 2003:138-147). As the client creates a visual expression of the experience the shapes, colours and sensations provides a way to re-expose the traumatic emotion and to communicate and integrate the trauma memories in the language that it was stored. The creative process allows dissociated memories to reach consciousness and be expressed in a concrete form which allows for connections to be made between memories and feelings (Avrahami 2006:5-38). In art psychotherapy the use of art materials and the art product allows for the emotions to be discovered and defences to break down in a controlled manner; the client is in control of the creative process and how much they want to reveal. The art psychotherapist must act as a facilitator in the process and guide and contain the process so that the client does not get overwhelmed.

Trauma can be seen as a symbol which is neither linear nor verbal. Art is part of the symbolic space that mediates between the internal and external world of the individual and the symbolic image is at the core of the healing process. When the client interacts with the symbolic image it can lead to the integration and reconstruction of a personal narrative. The symbol allows the client to create distance from the trauma and to regain a sense of control through changing the symbol. This is helpful in gaining more power over the traumatic experiences and to begin with the process of healing (Avrahami 2006:5-38).

Another important characteristic of art psychotherapy which is useful in trauma treatment is containment. The visual art materials and art product is concrete and tangible with set

boundaries. The distress caused by trauma is given form and contained within its range of association within the boundaries of the symbol. This containment once again helps the client to express internal thoughts and emotions while keeping a distance, thus externalising internal aspects in an organised process (Avrahami 2006:5-38).

Avrahami (2006:5-38) highlights two concepts to be aware of when addressing trauma in psychotherapy, transference and countertransference. A traumatic experience is characterised by feelings of intense terror and helplessness. These feelings may be transferred to the therapist who can be either viewed with distrust or as a saviour which will both hinder the therapeutic process. The client may not be willing to cooperate when viewing the therapist with suspicion. On the other hand, when idealising the therapist as a saviour it defeats the goal of empowering the client and may lead to transgression of ethical boundaries. Art psychotherapy has an advantage in restricting the occurrence of transference, as the artwork functions as a mediating element between the therapist and client. Countertransference occurs when the therapist transfers personal issues and feelings onto the therapeutic process. When the therapist has also been exposed to trauma the chance of countertransference influencing the therapeutic process is greater. It is essential for the psychotherapist to address their own personal issues in order to mediate the therapeutic process effectively (Avrahami 2006:5-38). The researcher will be aware of this when conducting the empirical study and will attempt to limit all occurrences of transference and countertransference.

There is also the risk of secondary trauma, which refers to the stress experienced by the psychotherapist (or other care worker) who works directly with the trauma client. The art psychotherapist is directly engaged in the client's visual as well as oral evidence concerning the trauma and therefore needs to be aware of the occurrence of secondary trauma and find personal ways of coping or expressing this stress (Canfield 2008:81-101).

When treating trauma in art psychotherapy the psychotherapist must assess the needs of the client and choose appropriate tasks to suit these needs and still achieve the goals of the treatment. Although the materials and techniques may differ the format of each session will remain relatively the same. The researcher will attempt to follow the following format and structure in each session of the empirical research; each session will be started with welcoming the client and conversing about the art materials and techniques that will be used in that session. If the client brought any contents with, for example photographs or drawings, these can be discussed and brainstormed about possible uses in the art product. The client will then

commence on working on the art product and may choose to talk or remain silent. Conversation may emerge from the artwork itself and reflections, connections, experiences and other expressions can take place (Avrahami 2006:5-38). The psychotherapist will also facilitate therapeutic essentials and draw awareness to the client's interaction between thoughts, feelings and behaviours. The goals include generating confidence and control in the client, to assist in processing traumatic memories, to work on emotions and in the end to enable the client to re-join the world by functioning optimally.

Art psychotherapy provides a context which enable clients to contain and assimilate their memories and experiences without being overwhelmed. These memories are reconstructed and find form in a safe environment with clear boundaries in a mode of expression which is beneficial to the recovery from trauma. Leading the client from trauma victim to trauma survivor through the use of art as psychotherapy.

2.5.4. Addressing trauma in art psychotherapy with the use of digital media

The use of technology in mental health professions is still a relatively new field and research about the subject is just starting to emerge. There are a number of research studies that indicate the effective use of virtual reality computer programmes with trauma and PTSD victims. This involves using a programme which simulates reality to re-expose the victim to the trauma memories in a controlled environment. Most of these studies focused specifically on using virtual reality programmes to assist war veterans struggling with PTSD (Rizzo, Pair, Graap, Manson, McNerney, Wiederhold, Wiederhold & Spira 2006). Similarly, scientists at Oxford University in Britain have proven that the digital game, Tetris, which involves manipulating building blocks, can reduce the symptoms of PTSD. Apparently it has been found that dropping the blocks positively alters the way negative thoughts are created following a trauma (Hellerstein 2012). These computer programmes are worth mentioning as an example of the use of technology with trauma survivors but a detailed description is not in the scope of this research study however.

Conversely, since it is such a new research field, the researcher could find no research studies that investigated the use of digital art making in art psychotherapy in order to address trauma. Therefore the literature was explored deductively, by investigating the use of art as psychotherapy and then the use of digital media in art psychotherapy. This was followed by an investigation into literature sources about the concept of trauma and its effective treatment by using art psychotherapy. Thus, by following a procedure of making inferential conclusions the

researcher proposes that digital media might be considered as therapeutic tool which might be utilised in the art psychotherapeutic treatment of trauma clients. The focus of the empirical study will thus be to find an answer to this statement.

2.6 IN CONCLUSION

Art is a primal part of human nature and an integral form of expression. It plays a role in human development as children discover their world through sound, images and movement before they can express themselves through verbal and written words. Artist Pablo Picasso once said: "Every child is an artist. The problem is how to remain an artist once he grows up and to realise that everything you imagine is real" (Art and healing network 2010). This quote highlights the significance of staying in touch or reconnecting with the creative energy that resides in every individual. It is also a powerful tool for communication, to make that which is incomprehensible otherwise understood. This is the basis for the healing power in the practice of art as psychotherapy.

In art psychotherapy the creative process can be seen as the healer, and the art therapist as the facilitator of this healing process. Art psychotherapy has so far mainly been concerned with traditional art making tools and materials. In a technological age where our daily functioning is accentuated by a number of technological devices the possible use of digital media in therapy cannot be ignored. However, there is still an on-going debate about the usefulness, practicality and therapeutic value of digital media.

Art psychotherapy has been proven as a successful approach in trauma intervention as the client can integrate and control traumatic memories through artistic expression so that normal functioning is possible once again. A number of different techniques and approaches can be utilised when working with a client who has experienced trauma, the goals and intervention will be chosen to suit the individual's specific needs.

Currently, there are no specific research articles concerned with the use of digital media in art psychotherapy with clients who have experienced trauma. It is the goal of this study to investigate the probability of utilising technological art tools in a psychotherapeutically effective manner, specifically with adolescents who has experienced trauma. Digital media might just prove to be a very significant tool to add to the therapist's skills and it may prove to revitalise and improve the practice of using art in psychotherapy.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous two chapters have attempted to provide an overview and create an understanding of the significance of art as a medium of expression of all aspects that are inherent to human nature. It also provided insights into the practice of art psychotherapy specifically with clients who have experienced trauma. It further investigated the potential use of digital media in art psychotherapy. Local as well as international literature sources were used as the basis of this research which attempted to address the question of whether digital media can be implemented in art psychotherapy, specifically with adolescents who have been exposed to traumatic events.

This chapter therefore aims to describe the empirical investigation which will be used to address this subject. This research process can be described as the systematic process of collecting and analysing data to attempt to answer the research problem (cf. 1.4), concerning the use of digital media in art psychotherapy with traumatised adolescents. This chapter will thus focus on detailing the research methodology that will be used in this study.

Research methodology refers to the systematic methods used in the process of collecting information and data to investigate a specific research problem (McMillan & Schumacher 2010:6-9). It is a collective term that refers to the research design, selection of participants, the role of the researcher, time and length of the study, and the data collection and analysis strategies. Methodology evaluates and proposes the specific methods which will be used to produce and acquire data and information reliably and validly (McMillan & Schumacher 2010:1-29). McMillan and Schumacher (2010:1-29) defines research methods as procedures used to collect and analyse data objectively through various procedures including measurement techniques, interviews, observations and documents. The specific focus of this chapter includes: the purpose of the study, research design, research method, data analysis and ethical considerations. The empirical investigation will connect meaningfully with the information collected and statements made in the previous chapter's literature study.

3.2 PURPOSE OF THE STUDY

The purpose of this study is to investigate the use of digital media in art psychotherapy and whether it can be considered as a useful psychotherapeutic tool with adolescents who have experienced trauma (cf. 1.5.1).

Regarding the general purpose of the study whether digital media can be used as a successful tool in art psychotherapy, specifically with adolescents who have experienced trauma, two separate research questions were posed namely (cf. 1.5.2.1):

- What exactly constitutes as digital media and art, and how can it be implemented in the therapeutic process?
- Did some of the trauma signs exhibited by the participants change during and after the therapeutic sessions?

3.3 RESEARCH DESIGN

3.3.1 Definition of research design

A research design can be described as the general plan of how the research will be conducted. According to Mouton (2001:56-57) it focuses on the end product and uses the research problem as the departure point to determine which evidence is necessary to address the research questions. The purpose of the research design is to specify the strategies for generating empirical data and evidence in order to answer the research questions. Its aim is to use methods that will result in trustworthy, rigorous and quality conclusions about the research topic. The research design also highlights the limitations in the interventions and interpreting of certain results and specifies exactly how the data should be evaluated (McMillan & Schumacher 2010:20-30).

3.3.2 Research paradigm

Paradigm can be seen as the interpretive framework of values, beliefs and perspectives about the world and how it can be investigated and understood. Thomas Kuhn (Dash 2005) defined the research paradigm as “the underlying assumptions and intellectual structure upon which research and development in a field of enquiry is based”. The research paradigm provides structure to the study and determines which questions will be asked and which methodologies will be used. In this study an anti-positivism paradigm will be used which can be understood as

a naturalistic enquiry into human reality and behaviour. This approach acknowledges that reality is subjective and multi-layered and that there can exist many explanations for social reality (Dash 2005). An anti-positivist paradigm emphasises human interactions with phenomena in their daily lives and suggests a qualitative approach to research. Accordingly, this study will implement a qualitative research design.

3.3.3 Qualitative approach

Cohen and Swerdlik (2005:222-225) describes qualitative methods as techniques of data gathering and analysis that relies primarily on verbal rather than mathematical or statistical procedures. It is process orientated and based on detailed descriptions of what is observed in a particular context. It can be just as systematic as statistical studies and emphasises naturally occurring phenomena. Qualitative research occurs in natural settings as it studies behavior as it occurs naturally. Therefore an understanding of the situational context is essential as it is context sensitive. The researcher also has direct interaction with the setting and participants in order to collect data directly (McMillan & Schumacher 2010:320-325).

Inductive reasoning is then used when analysing and synthesising the data in order to generate themes about the research topic. A researcher using qualitative research will also be concerned about the qualities, perspectives and characteristics of the participants and the particular context, and will attempt to examine it to gain a better understanding of a phenomenon or reality (Henning 2004:1-10). The researcher remains objective by entering the field of study without preconceptions and paying attention to the participants' meaning, experience and insights of certain social situations or behavior. McMillan and Schumacher (2010:323) also state that it is a flexible research design that may change as the study progresses and more information becomes available.

Qualitative research produces descriptions of people's thoughts, actions, beliefs and perceptions, and is mainly concerned with understanding the phenomena from the participants' perspective (McMillan & Schumacher 2010:395-392). The essence of qualitative research is summed up superbly in the following words by James Spradley in Hatch (2002:91): "I want to understand the world from your point of view. I want to know what you know in the way you know it. I want to understand the meaning of your experience, to walk in your shoes, to feel things as you feel them, to explain things as you explain them. Will you become my teacher and help me understand?"

This study will make use of words and descriptions to create an understanding and assessment of the use of digital media in psychotherapy from the participants' specific perceptions. Therefore, it will be classified as a descriptive study.

Interactive case studies will be used in order to gain information and understanding of the therapeutic value of digital media for those involved in the study. Case studies are mostly qualitative in nature and aim to provide in-depth descriptions and insights into a single entity or bounded system (Mouton 2001:149-150). It is grounded in a theory approach and makes use of multiple sources of data found in the context setting to make analytic inductions. The strengths of case studies lie in high construct validity, in-depth insights and the establishment of rapport with the research participants. For this research a group of 6 participants will be selected and case studies will be conducted in order to gain an understanding from their perspective. Detailed accounts and analyses of the data will be used to gain knowledge and understanding of the effectiveness of using digital media in art psychotherapy with adolescents who have been exposed to trauma.

3.4 RESEARCH METHODS AND TECHNIQUES

3.4.1 Selection of the site and sample and other logistics

3.4.1.1 Site selection

Site selection involves choosing a location according to certain criteria, which is best suited to locate information rich participants and which is suitable to the particular study and research design (McMillan & Schumacher 2010:326-327). According to McMillan and Schumacher (2010:351) the site must also suit the investigation of the research problem and be practical in terms of the researcher's resources, time, mobility and skills. Two sites have been chosen for this study, an independent school for girls and a house of safety program both situated in Gauteng.

The first venue is a private school for girls which will be referred to as School A. The school has learners ranging from grade 0 to grade 12. The school has extensive facilities, prides itself on smaller class sizes and has a wide range of activities available for the learners. The children at School A can be seen as coming from privileged socio-economic circumstances. This modern knowledge centre has an extensive range of computers and software that provides learners with knowledge and equips them with technological skills. Additional clusters of computers and personal laptops linked via wireless to the intranet allow these facilities to form an integral part

of the academic programme. Every learner in grade 8 to 12 is required to have a laptop which is used for academic as well as social purposes. The learners thus have constant exposure and ample access to technology and digital media.

The second site, which will be referred to as House B, is a house of safekeeping for abused girls aged 2 to 17 based in Gauteng and run by a registered charity organisation. House B aims to focus primarily on the needs of young victims of physical, emotional and sexual abuse and it can accommodate 15 girls as well as 3 housemothers. There are currently 10 girls residing in the house which focus on the restoration of well-being of the girls. The project was founded and run by a woman who is a registered counsellor for juvenile survivors of abuse, and she is also the guardian of the girls. She is mainly concerned with administrative duties and fundraising and the girls do not receive psychotherapy apart from the initial debriefing when they arrive at the house.

The site selection may lead to additional findings as the two sites differ significantly in many aspects. School A can be seen as a very technologically advanced setting catering for those from a privileged socio-economic background, whereas House B receives very little funding and relies heavily on fundraising and contributions from the public and businesses to be able to provide for the girls placed in their care.

3.4.1.2 Sampling

Sampling can be defined as the participants or subjects chosen to participate in the study and to collect data from. It refers to the method used in selecting the participants (sample) from a population group, the sample and data collected from it will then represent the population group (McMillan & Schumacher 2010:129-139). In this case the population is female adolescents who have experienced traumatic event(s). The researcher will attempt to find participants and contexts that will augment the research study by yielding information that may lead to an explanation and understanding of the phenomena that is studied. In this study the method of purposeful sampling will be used. McMillan and Schumacher (2010:138) define purposeful sampling as the researcher intentionally selecting particular features or a certain population that may act as representatives of the topic being studied. The participants are chosen specifically as to their ability to provide information and insights that serves the purpose of the research. Therefore, purposeful sampling allows the researcher to choose case studies from a population that can prove to be information rich about the specific research topic. The Trauma-100 Questionnaire (cf. 3.4.4.1) that will be administered prior to the first interview will serve as a

selection medium to determine information rich participants. Participants who predominantly indicate the “not that severe” or “to a lesser degree” options will not be included in the sample for this study although they will receive psychotherapy in compliance with professional ethics. (Since they have been identified and assented to psychotherapy, they have specific needs which should be attended to.) Overall six participants will be selected for this study.

The criteria by which the participants from both sites will be selected include the following:

- They have to have been exposed to some type of trauma which limits their coping skills or functioning to full potential.
- They must be adolescents aged between 13 and 17.
- They must have basic knowledge of how to use computers and technology.
- Although art making skills is not a prerequisite, basic skills in using the tools (for instance pen, pencil, and paintbrush) will be necessary.
- They must not currently undergo other forms of psychotherapy which will interfere with the study's trustworthiness.

At School A the participants will all have been exposed to the use of digital media in their daily interactions in academic as well as social activities and resources provided at the school.

Trauma intervention is another aspect of this study and participants will be chosen according to whether they have experienced trauma which may include the following; divorce, bullying, abuse, rape, domestic violence, car accidents, muggings, house break-ins or death of a loved one. The researcher will make use of the word-of-mouth technique which will create the opportunity for girls with a need for trauma therapy to volunteer to participate. The school also has a multi-disciplinary pastoral team including the Chaplain, Educational Psychologist, Careers Specialist, Tutors and Grade heads who will be able to identify and refer girls who may be in need of psychotherapy. Two participants will be selected from School A.

The girls residing at House B have all been exposed to trauma of various types and severities - mostly sexual, emotional and physical abuse. They have also been exposed to art making as well as computers at House B, so the girls can be seen as somewhat skilled in technology and traditional art practices. The girls who may benefit from participating in the research study will be identified by the guardian, the social worker involved in the project, as well as the housemothers who reside in the house with the girls. Four participants will be selected from House B.

As mentioned with the site selection the participants from the two sites will differ significantly. The girls from School A are very well skilled in all technological processes and use advanced computer programmes in school projects and for entertainment on a daily basis. They are also to a certain extent very well supported by the school system and if a traumatic event occurs that the school personnel are aware of, they are usually immediately referred and taken care of.

The girls at House B come from less privileged backgrounds. Most of them are placed at the house by court orders and brought to the house by the social worker or the police service to be placed under protection. As it is a house of safety the girls are not to leave the house at all unless escorted by a housemother as well as another adult as required by law. Thus, their world of experience and living becomes very small and condensed into a small space. As such the participants from House B will be able to perform basic tasks on the computer but may need a lot of guidance with certain aspects of the media used.

3.4.1.3 Logistics

At School A the initial interviews as well as psychotherapy sessions will be conducted in the therapy room at the school's counselling centre. At House B the sessions will be conducted in a room provided for the sessions which may be the office or activity room. All sessions will be on an individual basis. Sessions will be conducted on a weekly basis in the afternoons and will last from 45 minutes to one hour each. The number of sessions will vary from six to ten, depending on the individual client's needs and therapeutic progress. The researcher's personal equipment will be used including a laptop, digital camera, digital sketch pad, printer/scanner and various software programmes to suit all art making fields (video, photos, image manipulation, drawing and 3D modelling). An external hard drive will also be used to backup and save each client's work which will be protected by passwords to ensure confidentiality (cf. 1.8).

3.4.2 Data collection

The data collection of the study depends mainly on the research problem and is an important factor in providing information that is essential to understanding the processes behind the observed results. Qualitative studies mostly make use of multiple methods of data collection and corroboration in order to provide in-depth extension information about the research phenomena.

According to McMillan and Schumacher (2010:319-341) the methods used in qualitative research usually have the following characteristics:

- The techniques are more open-ended and less structured with specific protocols and definite answers.
- Researchers may choose to change the strategies of collecting data as the research progresses by adding, refining or leaving certain techniques or participants in order to fulfil the purpose of the study.
- The techniques tend to be more interactive – the researcher interacts with the participants and subject matter in order to come to a better understanding and ensuring the reliability of the data.
- Triangulation is used in order to increase the trustworthiness of the data collected and the findings. Multiple data collection is used for this purpose.
- Mostly the findings of the research are not used to generalise a specific population. Each case study may be seen as a part of evidence that strives to find general patterns among various studies about the same topics/issue.

In qualitative research the different phases of data collection often overlap and are linked with each other. The five stages are briefly outlined below:

- Phase 1: Planning the strategies of data collection including the site selection and sampling procedures. In this research the problem statement was analysed and for the purpose of the study the two sites School A and House B were selected for their information rich properties.
- Phase 2: This phase involves beginning the data collection. In this study it would involve meeting the participants and establishing a relationship of rapport and trust (McMillan & Schumacher 2010:329). Research was done through the literature study to orientate and equip the researcher with knowledge about the specific field of enquiry. Prior to entry into the research field, further data will be gathered to become more familiarised with the specific site and participants. Official documents will be obtained and studied to gain additional background information and during the visit to obtain these documents the suitability of the psychotherapeutic site will be evaluated. Consent and assent will also be obtained during this phase.
- Phase 3: This third phase implicates actual data collection when the individual psychotherapy sessions take place. The researcher will continue to observe, interact and record data, tentative analysis will be made and strategies will be adjusted as necessary (McMillan & Schumacher 2010:329-330).

- Phase 4: Closing data collection refers to the fourth phase where the researcher assesses whether she can leave the field. Last sessions and interviews are conducted in order to terminate the therapeutic sessions. Specific attention will be given to ascertain whether it is appropriate to terminate the session and verifications about the interpretations of the data will be made.
- Phase 5: This phase includes the completion of active data collecting and formal data analysis will take place (McMillan & Schumacher 2010:329-330). However, data analysis is discussed in the next section.

This study will implement the following data collection strategies: the Trauma-100 Questionnaire, interviewing, projective media (which is not necessarily digital art, although adaptation is possible), observation and field notes, documents and artefact collection, and visual digital artworks which will be reflected upon during and after each session to determine the direction of the psychotherapy.

The data collection strategies will be implemented according to the following tentative outline of the envisaged psychotherapy sessions. However, these sessions may be adapted according to the client's needs and the researcher's judgement upon reflection during or after a session. Observation and field notes will be applied throughout these sessions. The Trauma-100 Questionnaire will be given and explained to each participant before the onset of the psychotherapy sessions. The responses will then be studied before the commencement of the sessions.

- Session 1: Semi-structured interview following the responses to the questionnaire and according to the interview schedule.
- Session 2: Initial collage (which may be digitally adapted), Draw-A-Person (DAP) and metaphor.
- Sessions 3 to approximately 8: Visual digital artworks which will include a follow-up collage and artefact collection. During these sessions the researcher will make use of psycho-education to normalise the responses of sessions 1 to 2, and give the client information about trauma, the reactions and how to manage symptoms. Relaxation techniques, affective expression and modulation skills, positive self-talk, constructing a trauma narrative and mastery of the trauma reminders will be applied among others (cf. 2.5.2).

- Sessions 9 and possibly 10: Follow-up Trauma-100 Questionnaire combined with a semi-structured exit interview following the responses to the questionnaire and according to the interview schedule.

3.4.2.1 Questionnaire

McMillan and Schumacher (2010:423-450) describes questionnaires as a research instrument consisting of a list of questions or statements that people are asked in order to collect information about a specific topic. Questionnaires can be conducted to obtain information about the participants' attitudes, experiences, beliefs, values and perspectives among other things.

A questionnaire will be used in this study to determine the depth of each individual's trauma, the symptoms, consequences and ego defense mechanisms they might experience because of it. The questionnaire will be presented prior to the first interview and last exit interview with each participant. The responses numbered with a 1 of the completed questionnaire will be used as a basis to guide the first and exit interview. The results obtained from each questionnaire will be compared in order to assess whether the depth of trauma, the symptoms, consequences and ego defense mechanisms have changed.

The Trauma-100 Questionnaire (cf. Addendum A) will be used as a measuring instrument to indicate how the trauma has impacted each individual personally. The questionnaire was designed to elicit responses which provide information about the following: typical reactions of the traumatised person, negative consequences of the trauma, implications of the negative consequences, positive consequences of the trauma, implications of the positive consequences and ego-defense mechanisms. The questionnaire consist of 100 statements and require the participant to mark according to intensity a 1 or 2, to indicate in negative statements, severe or not that severe, or in positive statements, definitely or to a lesser degree. The researcher will further verify the information gained from the questionnaire by asking questions about the specific responses to gain a better understanding of the participants' experiences and perspectives. This data will then be combined with information obtained from other strategies in order to gain a fuller understanding of the participant and assist in planning the course and techniques of the psychotherapeutic sessions.

Although the questionnaire might create the impression of a psychometric test, it is qualitatively interpreted and still aligned with qualitative research and not a mixed method approach.

3.4.2.2 Interviews

Cohen and Swerdlik (2006:423-434) defines interviews as a means of collecting data by asking questions and noting the clients' responses. It is usually conducted face-to-face and the interviewer gains information from what the interviewee says, how they convey it and how they present themselves during the whole process. It is important that the interviewer distinguish between content (what is being said) and process (noting the behaviour and unsaid meanings) of the interviewee. This ties in with collecting data through observation as discussed below (cf. 3.4.2.4). The interview will often guide the researcher on further actions to be taken and how to proceed with the research process. It is especially useful as it accesses a depth of information and may elicit responses which otherwise would not have been voiced (McMillan & Schumacher 2010:355-361). The interviewer endeavours to create a positive climate of acceptance and understanding (Cohen et al 2006:424).

There are different types of interviews, but for this study semi-structured interviews will be used. A semi-structured interview is commonly used in qualitative research and characterised by a flexible, fluid structure in which the interviewer does not follow a formal list of questions but rather allows a two-way communication. It is organised around a list of topics, themes and areas that needs to be covered and is then tailored to the specific interviewee. The process is then shaped by the interviewee's own understanding and experiences and the researcher will guide the process (Greef 2005:290-300). Questions are asked in order to gain detailed information about the participants' experiences, behaviour, opinions, values, feelings, knowledge, sensory perceptions and background.

A semi-structured interview will be conducted after the completion of the Trauma-100 Questionnaire with each participant to gain the necessary information before the commencement of the art psychotherapy sessions. Since the Trauma-100 Questionnaire is already organised into relevant topics and themes, it will serve as the interview schedule. The interviews will serve as a platform to collect data, convey data to the participant and to build rapport between the researcher and participant. The participants' verbal as well as non-verbal responses will be observed (cf. 3.4.2.4). In this study the general themes and questions will include the traumatic experiences that the participant has been exposed to. Therefore the participant will be asked to recount traumatic experiences and there will be a focus on the facts, emotions, sensory perceptions, thoughts and symptoms connected to the traumatic event as exposed by their responses (numbered as 1) on the Trauma-100 Questionnaire. Based on the

information that is gained from the interview, further intervention will be planned according to the needs of each individual.

An exit interview at the end of the psychotherapy sessions will be conducted to assess the participants' cognitive, affective and behavioural state and to determine whether any changes occurred in the participants' frame of reference and psychological wellbeing after completion of a follow-up Trauma-100 Questionnaire. The completed questionnaire will serve once again as the interview schedule.

In total two interviews will be conducted with each participant. These interviews will be audio recorded and transcribed (cf. Addendum I-N & Z-AE). Field notes regarding observation will also be included in these transcriptions.

3.4.2.3 Projective media

Projective techniques are often used in therapy as a means to gain more insight into the clients' unconscious needs, emotions and thoughts which are often protected by various defense mechanisms. According to Waiswol (1995:244-259) it sheds light on the clients' perceptions and psychodynamic processes in order to assess ego strength and the clients' ability to face this unconscious content. It is mostly unstructured or semi-structured and may be used as a diagnostic and/or therapeutic tool. As is stated by Miri (2006:519-535): "Their strength lies in the fact that they enable researchers to penetrate to the roots of issues that go beyond manifest cognition or the rational explanations provided by subjects regarding their desires, emotions, or behaviour".

a) Collage

Collage involves the process of taking different existing images and assembling these found images into a new composition in order to create a new whole. Psychotherapists often use collages, specifically with magazine pictures as a projective technique, as a means to motivate an individual to tell a story or give voice to their perception in response to visual stimuli (Malchiodi 2010a). It tends to be a less daunting task to the client who may feel overwhelmed by other art materials and insecure about their 'artistic' abilities. The collage is not only a means of expression and projection, it also serves to create a visual narrative that may lead to dialogue and better communication between the client and therapist.

The images used in a collage mostly have multiple layers of meaning, it depicts the generally known symbol or meaning as well as the clients' personal experiences and frame of reference. Collages can be used to explore any area or topic and the therapist can guide it by giving a certain task for instance telling the client to create a collage depicting their emotions, identity, reality or even hopes and dreams. Malchiodi (2010a) also states that it can be easily be implemented into digital art psychotherapy where the images can be cut, paste and rearranged as the client embarks on a journey of self-discovery.

In this study collage will be used in the second session with each client. It will serve as a projective technique to assess the clients' reality and overall emotional state. The researcher will pre-select and cut out, to save time, an extensive number of images and words/phrases which will be presented to the client along with an A3 white paper, glue and scissors. Each client will be asked to create a collage depicting their present reality and emotions. This will hopefully allow the researcher to gain some insight into the clients' affective and cognitive states. The collage can also be incorporated in further artistic digital activities by scanning in the images and reworking it in a computer programme. Nearing the completion of the therapy sessions another collage will be created (either manually or digitally) and it will be used in order to assess if any changes or progress occurred in the clients' overall psychological functioning.

b) Drawing

Expressive techniques such as drawing can serve as a method of communication that will express the individuals' affective and cognitive states. It may also depict a construction of the individuals' perceptions of their self and their environment (Dollinger, Kazmierczak & Storkerso 2001:202-219). Drawings used in therapy is based on the assumption that the formal elements, for instance line quality, shading, shapes and placement of the drawing is just as important as the subject matter (Rubin 2010:122-128). When working with projective drawings the therapist is required to note the visual components, how the client drew the picture and what meaning they are trying to convey. However, the psychotherapist may not come to any definite interpretations about the meaning; it must rather lead to communication with the client which may lead to a better understanding of the client's life world and frame of reference.

In trauma intervention it is customary to instruct the client to draw a picture of the traumatic event. However, when the client has been exposed to sexual or physical abuse it may be too traumatising, not appropriate, and the child's needs and safety needs to be taken into account (Malchiodi 2010b). For this reason the researcher rather decided to use the Draw-A-Person

(DAP) technique in which the client is asked to draw a person, the researcher will then ask questions about the picture which may lead to valuable insights. The DAP will serve as a means to build rapport, opening communication channels and tentative insights. According to the planning of the psychotherapeutic sessions the DAP will be done during the second session with each participant.

c) Metaphor

A metaphor can be described as an imaginative way of drawing comparisons (often paradoxical) and regularly occur in daily verbal interaction to express emotionally charged content. It can be used in therapy as a way to express perceptions of past, current, or future life situations. Therapists may also utilise it to assist a client in the process of personal transformation, healing, and growth. The therapeutic metaphor functions by describing aspects, characteristics or situations indirectly to give them meaning which is often multi-layered. It is used in order to investigate the client's perceptions of their own life world and experience and for the therapist to gain a holistic view of the client's situation (Moon 2007:7-16).

As explained by Mommsen (2010): "The use of the metaphor is one of the ways of establishing images which can be accepted and understood by both the psychologist and the patient". The therapeutic value of the metaphor in a therapeutic context reaches across a wide spectrum as it creates an uncomplicated cognitive image/view of the patient's individual situation. Because the image is uncomplicated, it can easily be remembered and used as a vantage point or frame of reference whenever necessary. This creative energy is then channeled into helping the client search for possible solutions to some of the client's inner struggles. Helping patients bring their metaphoric images back to life stimulates them to further develop these plans of action and eventually to implement them (Witztum, Van der Hart & Friedman 1985:270-290).

The metaphor will be used during the second therapeutic session of this study as a method to gain a holistic view of the client and apply it in searching for ways in which to improve the participants' functioning. It may be used in further sessions in the creation of digital visual artworks.

3.4.2.4 Observations and field notes

Observation involves the researcher noting the relevant happenings during the session, thus what is seen and heard and occurring naturally in the session. By observing the participants' natural behavior, reactions and non-verbal cues the researcher is able obtain even more

comprehensive information (McMillan & Schumacher 2010:350). Observation is continuous throughout the process and notes anything that may prove to be significant and may lead to a deeper understanding. The researcher will follow an observation schedule (cf. Addendum B) and record field notes of what is seen and heard which will be analysed and used to reflect on the process that is taking place. In this study, observation will take place continuously throughout each session and the field notes will be added as an addendum which will be referred to in later chapters (cf. Addendum R).

3.4.2.5 Documents and artefact collection

According to McMillan and Schumacher (2010:360-362) documents and artefact collection involve a non-interactive method of collecting information, the researcher does not extract the evidence but will analyse it to draw certain conclusions. The artefact can be defined as tangible objects which may shed light on the people's experiences, emotions, thoughts and values. It may be classified according to official and personal documents, both of which will be used in this study.

- Official documents consist of more formal papers and may be used for external communication. Institutions keep individual records on each individual and it may be used to gain additional background or demographic data from a different perspective.
- Personal documents include documents that describe the individual's thoughts, feelings and experiences as a first-person account. It may include journals, letters, drawings or other documents that may surface during the research process. This will help to gain an in-depth understanding of the individual and their life world and perceptions.

In this study official documents will be used in the form of case or personal files and minutes of staff meetings where the client was discussed. Other reports regarding the participant may also be submitted and used. Personal documents will be used when the participant chooses to share them with the researcher or where the researcher will ask specifically if they might see these artefacts (cf. 2.5.3).

3.4.2.6 Reflection on art psychotherapy sessions and digital visual artworks

The content of each session will be reflected on in order to form a comprehensive understanding of what occurred in each session. This will include the start of the session which will be concerned with welcoming the client, feedback about the client's well-being and what is expected from the session. Then the session will commence with an activity, in this study

mainly an art activity which will be described in detail. The implementation of the digital media and specific techniques used will also be described and the outcome of the specific techniques will be analysed. The end of the session will include reflecting on what was achieved during the session and dealing with emotions and thoughts that transpired during the course of the session. The artworks created in the process will also be discussed in detail, including the choice of materials, the client's reactions and work method during the creation process and the end product. The whole process will be audio recorded and analysed and interpretations about the artworks will be verified with the client. Copies or photos of the artworks will be included in the addenda and the researcher will refer to it in later chapters when reporting the findings of the research study.

3.5 DATA ANALYSIS AND INTERPRETATION

In a qualitative investigation consensus is sought by triangulation; different data collection strategies and various sources are used in order to lead to trustworthy and credible interpretations (Sullivan 2005:42-46). In the research process the trustworthiness of the data findings will be assessed by determining whether they are meaningful. As stated by Sullivan (2005:42-49), the purpose of qualitative research is to reach understanding rather than explanations, and meanings are assembled in this process.

For this study an inductive process of organising data will be used, meaning that the researcher will start with specific data, make meaning from it and then end with finding patterns and themes. The aim of the researcher will be to attempt to identify, describe and understand these patterns that emerge. Inductive analysis of data from various sources allows for general themes and conclusions to emerge from the data collected (McMillan & Schumacher 2010:377-390). Content analysis will be done during the research process and will influence some of the data collection strategies.

The data will be interpreted in order to attempt to answer the specific research questions of this study namely:

- What exactly constitutes as digital media and art and how can it be implemented in the therapeutic process?
- Did some of the trauma signs exhibited by the participants change during and after the therapeutic sessions?

This will be done by comparing the participants' questionnaires, projective media and general affective states from the first interview to the last exit interview. The content of each session and the artworks created in it will also be reflected on in order to determine the successfulness of the therapeutic techniques implemented.

Each data collection strategy will be analysed as follows:

- The Trauma-100 Questionnaire: The questionnaire's responses (rating of 1 or 2) will be analysed to determine the severity of the impact of the trauma, subsequent symptoms and the effect on general functioning of each participant. These responses will provide information on each participant's reactions to the trauma, positive or negative consequences and ego defence mechanisms.
- Interviews: In the interview the responses from the questionnaire as well as verbal and non-verbal reactions of the participant will be analysed in order to identify the participant's current affective, cognitive and behavioural state.
- Collage: The collage will be analysed interpretively to gain insights into the participant's frame of reference and current affective state.
- DAP: The draw a person of each participant will be analysed according to the following criteria: According to Wakefield and Underwager (1998:176-195) distress and trauma is reflected in drawings that include such signs as large heads, large empty eyes, abundant hair, large hands, large pointed teeth, abnormally tiny eyes, eyes without pupils, crossed eyes, excessive details, box-shaped bodies, poorly integrated body parts, lack of gender differentiation, hair that is long at the sides or thinning at the crown, extraneous circles, and large smoke trails coming out of the chimney (Wakefield & Underwager 1998:176-195). Further interpretations can be made by the researcher and verified by the participant. This will only serve as a guide as nothing is standardised or definite about projective drawings, the participant's comments and explanations will also be noted.
- Metaphor: The metaphor will be analysed according to the specific imagery, the specific language and the characteristics that the participant attach to the metaphor. These will all be analysed in order to form an interpretation of the layers of meaning attached to participant's metaphor.
- Observations and field notes: These will be analysed in order to identify certain themes that arise from the psychotherapy sessions.
- Document and artefact collection: Official documents will be analysed in order to obtain additional background information about each participant. Personal documents and

artefacts will be analysed to gain an in-depth understanding of the participant and their psychological functioning.

- Reflection on art psychotherapy sessions and digital visual artworks: The content of each session and the process of creating digital visual artworks will be reflected on in order to identify themes and important psychotherapeutic elements which may occur.

The data will then be displayed in a logical concise manner in the next chapter from which conclusions can then be drawn with the intent to gain a unique understanding of the themes and events from the study.

3.6 ETHICAL CONSIDERATIONS

According to McMillan and Schumacher (2010:338-340) qualitative research tends to be more personally intrusive than other research designs, therefore there are several extensive ethical guidelines to consider. Qualitative researchers make use of discussions and negotiations with all concerned by the study in order to reach a consensus on all these matters. Ethics depends on the code of ethics of the profession, research ethics as well as the researcher's own personal standpoint. The following ethical consideration will be taken into account during the whole empirical process:

- *Informed consent and assent as dialogue*: Informed consent and assent will be obtained from all institutes and participants involved in the study. Informed consent involves having a dialogue with all involved in which the study's purpose, procedures, expectations and risks are explained. During this process the participant or head of each institute will be invited to ask questions and all queries will be addressed (McMillan & Schumacher 2010:339). Prior to the empirical study the researcher will gain consent from the principal of School A, the Independent School Association of South Africa (ISASA) and the director of House B (cf. Addendum C & D). Consent will also be obtained from the participants' parents or guardians (cf. Addendum E) and assent from the participants (cf. Addendum F) themselves. During the dialogue all involved will be informed of the following factors:
 - The purpose and procedures of the study, this includes the logistic settings, time frames and so forth. It also includes all details about the researcher, the study's supervisor and the research institute.

- Their rights as research subjects which include that they will remain anonymous and all findings will be handled with confidentiality.
 - The participants can withdraw from the study at any giving time.
 - Any possible risks or discomforts that may occur during the sessions, for instance becoming distressed while reliving the trauma memories.
 - Possible benefits, in this study it includes exposure to new techniques of expression and overcoming many of the after affects due to trauma.
- *Confidentiality and Anonymity:* The setting and participants are usually assured of their confidentiality and anonymity and the researcher will usually disguise the names, locations and setting of the participants and sites. It is the researcher's duty to protect the participants' confidentiality from others in the same setting as well as from the general reading public (McMillan & Schumacher 2010:339).
 - *Privacy and Empowerment:* The study will aim not to betray the participants' trust or privacies. This involves informing the clients about all aspects of the research so that they do not feel betrayed upon reading the research findings. The aim of this research study is also to assist trauma survivors and give them new ways of expression their inner thoughts and feelings. The aim is to give each participant a sense of empowerment as they realise they have control over the process and problem solving involved in each session (McMillan & Schumacher 2010:339).
 - *Caring and Fairness and Protection against harm:* A sense of caring and fairness must form part of the researcher's thinking patterns and actions (McMillan & Schumacher 2010:339). Although the participants may experience some discomfort by reliving personal memories, every effort will be made to handle it in a professional and compassionate manner. The researcher will strive for integrity and follow all ethical guidelines to assure that each participant will be protected from harm. Re-traumatisation and protection from harm has been extensively discussed in chapters 2 and 3 (cf. 2.5.3 & 3.4.2.3). The researcher will compile a checklist for symptoms that might indicate re-traumatisation as set out in the DSM-IV-TR (American Psychiatric Association 2000:429-484) which will be referred to during the psychotherapy sessions (cf. Addendum H).

- *Credibility and Transferability*: Credibility involves the researcher's faith in the findings of the study as determined by the research design and methods. The research findings must contain accurate descriptions of the experience or phenomena studied. The multiple data collection strategies also add to the credibility of the study. Whether the findings of the study can be generalized to larger populations is known as the study's transferability. Sufficient data must be presented before it can be compared to other data or findings. For transferability the researcher chose to conduct prolonged intensive case studies with six participants in two very different settings, but who have all experienced some form of trauma.

3.7 IN CONCLUSION

This chapter attempted to define and outline the empirical phase of the study focusing on all aspects of the research process. This included describing the qualitative research design and interactive case studies that will be used. A detailed report of the site selection, sampling procedures, data collection techniques and data interpretation followed in order to provide a clear framework from which the researcher will work. Important ethical consideration that has to be kept into account was also investigated and reported in this chapter. The following chapter will present the findings of the empirical investigation in detail.

CHAPTER 4

EMPIRICAL RESEARCH

4.1 INTRODUCTION

The previous chapters have attempted to create an understanding of how digital media may be considered as an effective psychotherapeutic tool with adolescents who have experienced trauma. This chapter focuses specifically on determining the value of employing digital media in art psychotherapy techniques by presenting and discussing the results of the empirical research with each participant.

The data will be interpreted in order to attempt to answer the specific research questions of this study namely:

- What exactly constitutes as digital media and art and how can it be implemented in the therapeutic process?
- Did some of the trauma signs exhibited by the participants change during and after the therapeutic sessions?

The chapter begins with a summary of the research sample, thus providing background information on each of the six participants and highlighting traumatic events which they experienced. A short description of the data reduction will follow to explain the process followed to interpret the data. The results from the pre-psychotherapy assessments will then be discussed followed by a detailed description of the goal, activity and outcomes of each session. The findings of the art psychotherapy sessions in which digital media art making tools and techniques were employed and the results of the post-psychotherapy assessment will then be discussed.

The data will then be interpreted and summarised by comparing the participants' questionnaires, projective media (collage) and general affective states from the first interview to the last exit interview in order to determine whether their symptoms caused by trauma changed.

4.2 BACKGROUND INFORMATION OF PARTICIPANTS

The sampling and data collection took place at the sites; School A and House B as discussed in chapter three (cf. 3.4.1.1). The selection of the participants took place according to the procedure discussed in chapter three (cf. 3.4.1.2). At School A the participants were identified by word-of-mouth. The participants at House B were selected by the guardian as the four girls

most exposed to trauma and most likely to benefit from the psychotherapy process. Of the six participants, two were from School A and four were from House B.

The sample is summarised as follows: (Pseudonyms are used to ensure anonymity and maintain confidentiality of each participant.)

Participant	Age	Site
Michelle	17 years	School A
Claire	17 years	School A
Fiona	15 years	House B
Sabina	13 years	House B
Kelly	14 years	House B
Natasha	13 years	House B

Table 1: Summary of research sample

4.2.1 Michelle

Michelle is a 17 years old French national who lived with her younger brother, mother and stepfather in the Democratic Republic of Congo. Her parents divorced when she was younger because her biological father physically, emotionally and sexually abused her mother and the children. He repeatedly threatened to kill them and therefore Michelle's mother decided to flee France with the children and go into hiding in another country.

Her mother remarried again when Michelle was 12. On her 16th birthday Michelle revealed to her family that her stepfather has continuously sexually abused her from the age of 13. She was hospitalised when she tried to commit suicide after her mother refused to believe her claims. After this incident it was decided that Michelle will become a boarder at School A and will have no further contact with her stepfather until she is 18 years old.

4.2.2 Claire

Claire is 17 years old, the eldest of three children and lived with both her parents up to the end of 2012. She has attended various boarding schools since the age of 12 and came to School A at the beginning of 2013. Claire is extremely overweight and has experienced constant bullying about her appearance throughout her life. The bullying and social alienation led to Claire experiencing continuous trauma and as a result she has an extremely low self-esteem and

weak ego strength. Her parents also recently got divorced which added to her emotional trauma and distress.

4.2.3 Fiona

Fiona is 15 years old and has been living in House B for two years. Little is known about her past and her family structure. Fiona's mother abandoned her when she was younger, leaving her with family members who then took her to live with her grandmother. Her case was referred to social services when neighbours of her grandmother reported instances of abuse and neglect. She was removed from the grandmother's care due to an alleged incident where her grandmother poured petrol over Fiona, threatening to light her on fire. Fiona does not really divulge any further information about her past and traumatic experiences.

4.2.4 Sabina

Sabina is 13 years old and the fourth of five children. Her family is in South Africa on refugee status from their home country Burundi, which they fled due to civil war. The family has moved around extensively in South Africa and Sabina has not attended school since grade two when she was 7 years old. There have been sporadic reports from social services which alleged that there were instances of domestic violence, physical abuse and neglect of the children by the parents (cf. Addendum G). Sabina's mother passed away approximately two years ago from cancer. Since then the children have mainly fended for themselves trying to sell various goods on the street. Sabina's older brother started abusing illegal substances and became involved in criminal activities. He is currently serving a prison sentence. Her older sister's whereabouts is unknown. Sabina came to House B in February 2013 after she and her younger sister were found to be living on the street. Sabina's father comes to visit the children sporadically; he is also currently homeless and thought to be involved in drug-related criminalities.

4.2.5 Kelly

Kelly is 14 years old and has been living in House B for approximately 18 months. Before that she lived with her mother until her mother disappeared one day and never returned home. Kelly was found to be wandering the streets; it is unknown what exactly happened in that period as Kelly is not able to, or refuses to, divulge any details of her experience. A medical doctor however found that she was not sexually abused. Currently Kelly's mother is still missing and no additional information has been forthcoming.

4.2.6 Natasha

Natasha is 13 years old and the elder of two children. She and her sister have been living in House B for roughly a year. Previously the two children lived with their mother and her long-time boyfriend in an apartment. The two children was removed from the home by a court order when it was found that they have been severely sexually abused by the mother's boyfriend and some of his friends over a period of time. The mother apparently worked very long hours away from home and was unaware of the situation. The abuse was reported by the school that the girls attended at that stage. The abuser was taken into custody and later convicted; he is currently serving a prison sentence.

4.3 DATA REDUCTION AND DISPLAY

Data was gathered with numerous data collection strategies from various sources and qualitative analysis of this data was employed to interpret the data meaningfully (cf. 3.4.2). An inductive process of organising and reducing data was then used, where the researcher started with specific data, made meaning from it, and then attempted to find patterns and themes (cf. 3.5). The aim of reducing the data was to identify, understand and explain patterns and themes related to the use of digital media in psychotherapy, specifically with adolescents who have experienced trauma.

The data collected was then reduced in the following methods:

- Background information was displayed in data summaries.
- The data analysis of the pre and post- psychotherapy assessment of the Trauma-100 Questionnaire was displayed in graphical form to present results clearly for interpretation.
- Data gained from the interviews regarding the responses of the Trauma-100 Questionnaire was reduced by content analysis to identify each participant's effects from trauma.
- The data obtained from the projective media used in the pre and post-psychotherapy assessment were analysed interpretively and summarised for comparison and interpretation.
- The data obtained from the observations and field notes were also summarised.

- The data gained from reflection on the art psychotherapy sessions and digital visual artworks was also content analysed and summarised in order to identify themes and important psychotherapeutic elements.

The reduced data is displayed in a logical, concise manner using tables, figures, themes and summaries to enhance comparability and interpretation, from which conclusions can be drawn to gain a unique understanding of the themes and events from the study.

4.4 PRE-PSYCHOTHERAPY ASSESSMENT (SESSIONS ONE AND TWO)

4.4.1 Michelle

4.4.1.1 Questionnaire and interview

Pre-psychotherapy responses to Trauma-100 Questionnaire					
	Number of responses of participant	Number of possible responses		Number of responses of participant	Number of possible responses
<i>Types of reactions</i>	23	42	<i>Positive consequences</i>	2	6
<i>Negative consequences</i>	9	13	<i>Implications of positive consequences</i>	0	3
<i>Implications of negative consequences</i>	3	5	<i>Ego defence mechanisms</i>	7	34

Table 2: Summary of Michelle's pre-psychotherapy responses to the questionnaire

Michelle's responses to the questionnaire indicated that she experienced a high number of typical reactions to trauma (cf. Addendum AF). She also indicated the presence of negative consequences and the implications thereof. She also experienced a couple of positive consequences and made use of ego defence mechanisms in her daily functioning.

In the interview Michelle confirmed that she experienced the following reactions severely or often: sleeping problems, loss of appetite, gastro-intestinal problems, chest pains, dizziness, weariness, lower back pains, flashbacks, avoidance behaviour, no hope for the future, suicidal thoughts, tearfulness, irritability, anxiety, feelings of guilt, shame, depression, alcohol abuse, expectation of more disasters or traumas, violent thoughts, mood swings, feelings of hopelessness and repetition of thoughts. Negative consequences included: feelings of unhappiness and anger, quality of life is negatively affected, problems with family members and indifference to the community. She also conveyed in the interview that the implication of these consequences were changes in personality and lingering feelings of guilt and shame. The only

positive consequence was that she has formed new relationships in her new environment and she experienced no positive implications at this point. She also made use of, or still uses ego defence mechanisms in her daily functioning including dissociation, suppression and sometimes avoidance.

It is evident that Michelle experienced the post traumatic situation severely and that her general functioning was affected.

4.4.1.2 Projective media

a) Collage

In her collage, Michelle combined a number of black and white and colour images (cf. Addendum Q). The black and white images depict respectively; hands pressed against a window, a woman screaming in rage, birds sitting on a branch and two little girls looking lost – one smoking a cigarette. The colour images include a clock, a feather, hands in prayer position, a hand switching off a light switch, a cup shaped like a hand grenade and a house with the word memories pasted over it. Other words include: 'It didn't have to happen', 'daddy damage', 'strength' and 'power'. The collage portrayed feelings of frustration, isolation, loss of innocence and rage. However, there was also a sense of hope and resolve to overcome difficulties as conveyed by the words power and strength and the images of birds, a feather and the clock. This interpretation was confirmed by Michelle.

b) Drawing (DAP)

Michelle's Draw A Person depicted a large-headed, female stick figure with large empty eyes, distinct hair and no hands or feet (cf. Addendum O). Michelle's DAP exhibited some of the criteria that is associated with trauma in projective drawings. The large head, empty, pupil-less eyes and abundant hair may all reflect towards signs of experienced trauma or distress (Wakefield & Underwager 1998:175-195). Hands in projective drawings may also signify the ability to control the environment, to deal directly with the self and experience. The lack of hands in this drawing might have signified Michelle's anxiety over her inability to control her environment and emotions (Leibowitz 1999:74-99). When questioned about the drawing Michelle only commented that it was a girl with no feet or hands because she was not whole. This might have indicated that Michelle felt incomplete, anxious, and was affected by trauma.

c) Metaphor

Michelle chose an armchair for a metaphor depicting herself and/or her life (cf. Addendum P). She described the armchair as dirty, broken and lopsided, having been used and discarded. She stated that the armchair was part of different families who didn't look after the armchair, even actively taking part in destroying the armchair. She then described that the armchair was dumped on a garbage heap and is of no use to anyone. The imagery presented by Michelle through the metaphor indicated feelings of abandonment and unhappiness preluded by acts of aggression or neglect. Her general affective state as depicted by the metaphor indicated distress and a general hopelessness.

4.4.1.3 Observations

Michelle came into the sessions subdued and quite nervous. She became more relaxed as the sessions progressed and made good eye contact. She spoke more freely as she became calmer and was able to engage openly with the researcher. It was clear that Michelle had trouble coping with her affective state (cf. Addendum R).

4.4.2 Claire

4.4.2.1 Questionnaire and interview

Pre-psychotherapy responses to Trauma-100 Questionnaire					
	Number of responses of participant	Number of possible responses		Number of responses of participant	Number of possible responses
<i>Types of reactions</i>	17	42	<i>Positive consequences</i>	2	6
<i>Negative consequences</i>	8	13	<i>Implications of positive consequences</i>	1	3
<i>Implications of negative consequences</i>	4	5	<i>Ego defence mechanisms</i>	13	34

Table 3: Summary of Claire's pre-psychotherapy responses to the questionnaire

Claire's responses on the questionnaire indicated a high number of reactions to trauma, a high number of negative consequences and its implications and also the use of a number of ego defence mechanisms (cf. Addendum AF). She indicated some positive consequences and its implications.

In the interview Claire confirmed that she experienced the following types of reaction: insomnia, nightmares, motor (movement) problems, a feeling of "this is too much", weariness, avoidance behaviour, no hope for the future, tearfulness, irritability, anxiety, shame, depression,

expectation of more disasters or traumas, mood swings, feelings of hopelessness, lack of strength and repetition of thoughts. She also described the negative consequences she experienced as: feelings of unhappiness and aggression, occupational life is negatively affected, her relationship with family members suffer, stigmatisation and subjection to judgmental remarks, social alienation, indifference of the community and people feel uneasy when the topic of the trauma is raised. The implications included that she felt socially alienated and that her personality was affected. Positive consequences and implications that Claire experienced was the development of positive characteristics – she had developed sensitivity towards other people and their life situations. Claire made use of the ego defence mechanisms apathy, dissociation, avoidance and suppression to cope in her daily life.

Claire's responses in the questionnaire and the interview indicated that she struggled with the effects of continuous trauma throughout her life which influenced her emotional well-being and functioning.

4.4.2.2 Projective media

a) Collage

Claire compiled her collage using the following images: a women in front of a mirror, an army tank, two figures running with suitcases, sweets, food, birds flying, a barbie doll buried in sand, lightning in the sky, a cross (typical to those found on graves) next to a road (cf. Addendum Q). She also pasted the words; 'love your perfect horror body', 'lonely', 'embarrassing', 'women' and 'change'. The collage emphasised her obsessions and severe inferiority concerning her body and appearance. It also highlighted her loneliness, due to social alienation and an overall downhearted emotional state. The birds, highway and figures running away indicated her need to escape or her desire for drastic change in her cognitive state. The collage reflected Claire's feelings of overall loneliness, desperation and inner turmoil.

b) Drawing (DAP)

Claire drew a tiny women figure in heavy dark strokes (cf. Addendum O). The figure had empty eyes, long hair, no hands or feet and wore a detailed dress and jewellery. Claire remarked that she resembles the perfect woman with the perfect hair, skin and figure. According to Wakefield and Underwager (1998:175-195) trauma might be indicated by the empty eyes without pupils and the lavish hair. Claire's emphasis on the contrast between herself and this 'perfect woman figure' might have showed her lack of self-esteem and low ego strength. The lack of hands

might have indicated feeling out of control or anxiety and the lack of feet might have indicated insecurity experienced by Claire (Leibowitz 1999:74-99).

c) Metaphor

Claire chose music, specifically music notes that can be sung as her metaphor (cf. Addendum P). She described the notes as the music of life which can range from uplifting to heart wrenching melodies. She noted that at the moment she felt like a deep, black note that sings of misery and nothing else. She remarked there is nothing good to sing about. This may have indicated a degree of unhappiness and hopelessness that Claire might experience.

4.4.2.3 Observations

Claire entered the sessions seemingly apprehensive, anxious and seemed very tired. She presented as timid, shy, withdrawn and initially avoided eye contact. At first she was hesitant to engage with the researcher, but after a short period of time she opened up and seemed almost desperate to engage in conversation. She was very reluctant to leave after each assessment session, seemingly craving the interaction (cf. Addendum R).

4.4.3 Fiona

4.4.3.1 Questionnaire and interview

Pre-psychotherapy responses to Trauma-100 Questionnaire					
	Number of responses of participant	Number of possible responses		Number of responses of participant	Number of possible responses
<i>Types of reactions</i>	11	42	<i>Positive consequences</i>	2	6
<i>Negative consequences</i>	4	13	<i>Implications of positive consequences</i>	1	3
<i>Implications of negative consequences</i>	2	5	<i>Ego defence mechanisms</i>	8	34

Table 4: Summary of Fiona’s pre-psychotherapy responses to the questionnaire

According to her responses on the questionnaire, Fiona experienced a number of reactions to trauma, negative consequences and implications of these negative consequences (cf. Addendum AF). She also experienced some positive consequences and its implications. Fiona also marked on the questionnaire that she made use of certain ego defence mechanisms.

In the interview she confirmed that she experienced the following reactions: poor concentration, movement problems, weariness, no hope for the future, irritability, expectation of more trauma, disbelief, mood swings and repetition of thoughts. She experienced negative consequences such as feelings of anger and unhappiness, problems with friends and social interaction. The implications thereof were that her social interaction was affected, she sometimes felt isolated and her personality was affected. Positive consequences and its implications included that she made a few new relationships and has gained a new perspective on life. Fiona made use of ego defence mechanism namely apathy, dissociation, suppression and projection.

The questionnaire and interview confirmed that Fiona experienced some effects of trauma after her traumatic experiences.

4.4.3.2 Projective media

a) Collage

Fiona used black and white as well as colour images in her collage (cf. Addendum Q). The images depicted two woman fighting, a mother-type figure hugging a daughter-type figure, two warm-bottles with the words love, a watch, two coffee cups, gumboots with water, two hands forming a heart, a packet with a poison skull on it and a drawn portrait of a woman's face. It also contains the words 'sorrow' and 'daughter'. Fiona explained that the poison skull and the women fighting show the conflict between the girls in the house which was a very negative aspect for her. The warm bottles with the word *love* and the hands that form a heart showed that she wants love. The mother and daughter figure showed that she desires a family. The researcher interpreted the collage as showing a need for recognition, love, security and stability.

b) Drawing (DAP)

Fiona drew a very detailed sketch of a person which she described as a girl (cf. Addendum O). The body and head was well-proportioned with all features present and no obvious omissions or additions. The only details that might point to trauma were the lack of gender individuation of the figure and the excessive details in the drawing (Wakefield & Underwager 1998:175-195). Fiona's responses specified no apparent indicators towards trauma and the researcher was reluctant to draw specific conclusions from this drawing.

c) Metaphor

Fiona described and made a colourful bird, specifically a fish eagle, as her metaphor (cf. Addendum P). She stated that she chose a bird because she would like to be able to fly and be free. She also specified that the fish eagle lived alone in its nest on the ground where other predators, like lions, can get to it. When questioned she said that maybe one day the fish eagle will build a safer nest higher up. Her statement about the nest indicates a certain degree of vulnerability and insecurity to the researcher. It might have indicated that she feels not yet strong enough in her own capabilities to function independently with confidence. It may however also be interpreted positively that the fish eagle can fly freely and that there is a possibility for the nest to be built higher and safer.

4.4.3.3 Observations

Fiona presented as a quiet, reserved girl who appears shy and withdrawn. Her arms were drawn in for most of the sessions and she struggled to make eye contact. She gradually became more relaxed and was able to speak her mind although she appeared closed off emotionally (cf. Addendum R).

4.4.4 Sabina

4.4.4.1 Questionnaire and interview

Pre-psychotherapy responses to Trauma-100 Questionnaire					
	Number of responses of participant	Number of possible responses		Number of responses of participant	Number of possible responses
<i>Types of reactions</i>	14	42	<i>Positive consequences</i>	0	6
<i>Negative consequences</i>	5	13	<i>Implications of positive consequences</i>	0	3
<i>Implications of negative consequences</i>	2	5	<i>Ego defence mechanisms</i>	7	34

Table 5: Summary of Sabina's pre-psychotherapy responses to the questionnaire

Sabina's responses on the questionnaire indicated a number of reactions to trauma, the experience of negative consequences and its implications and also the use of a number of ego defence mechanisms (cf. Addendum AF). She indicated that she did not experience positive consequences and its implications.

The reactions that Sabina experienced were confirmed in the interview and consisted of the following: nightmares, loss of appetite, poor concentration, memory problems, movement

problems, dizziness, tiredness, tearfulness, irritability, aggression, mood swings and disbelief. Negative consequences that she experienced were feelings of anger and unhappiness, problems with friends and feelings of stigmatisation by community. The implications involved showed that her personality and social interaction were affected. Ego defence mechanisms that Sabina employed included a degree of dissociation and suppression, aggression and projection.

The questionnaire and interview indicated that Sabina experienced various effects of trauma after her traumatic experiences.

4.4.4.2 Projective media

a) Collage

Sabina chose a variety of images to make her up pre-psychotherapy collage (cf. Addendum Q). The images include happy-looking people on a couch, children walking in a field, a child soldier, a footprint, children on a toy car, an interior with chair and pillows and a maze leading a girl to a house. A black and grey image of a small boy holding his head in despair and the words 'crazy', 'cherish', 'death', 'changed forever' and 'worry' were also included. The collage illustrated the turbulence, uncertainty and loss experienced by Sabina. There was also a more positive side to the collage as depicted by the happy-looking people, the house interior, the sun and the word 'cherish'. It could have also showed Sabina's need or desire for a home, family and stability.

b) Drawing (DAP)

Sabina drew a rounded, curvy woman wearing a dress and jewellery (cf. Addendum O). She also drew all the facial features and hair of the figure. According to Wakefield and Underwager (1998:175-195) distress or trauma may be evident in the crossed eyes and the almost square box-shaped shoulder form.

c) Metaphor

Sabina chose and made a flower as her metaphor (cf. Addendum P). She described her flower as colourful and growing in a pot in a house. She said that the flower sometimes did not get enough water and then seemed wilted but it can be fixed when somebody gives it water. She added that the flower is not sure whether it should be in the pot or in a field but it didn't have a choice in the matter. This might have shown that Sabina feels powerless when it comes to her conditions. She has had no control over her conditions and what she has been exposed to –

only being able to rely on others to provide the much needed water. The water might also indicate her need for recognition, love and support.

4.4.4.3 Observations

Sabina was friendly and talkative throughout the sessions. She was able to establish a warm rapport and good eye contact was maintained. She displayed a good sense and humour and opened up easily. She was very co-operative and interacted well during the assessment (cf. Addendum R).

4.4.5 Kelly

4.4.5.1 Questionnaire and interview

Pre-psychotherapy responses to Trauma-100 Questionnaire					
	Number of responses of participant	Number of possible responses		Number of responses of participant	Number of possible responses
<i>Types of reactions</i>	14	42	<i>Positive consequences</i>	3	6
<i>Negative consequences</i>	7	13	<i>Implications of positive consequences</i>	3	3
<i>Implications of negative consequences</i>	1	5	<i>Ego defence mechanisms</i>	5	34

Table 6: Summary of Kelly's pre-psychotherapy responses to the questionnaire

According to her responses on the questionnaire, Kelly experienced a number of reactions to trauma, negative consequences and implications of these negative consequences (cf. Addendum AF). She also experienced some positive consequences and its implications. Kelly also marked on the questionnaire that she made use of certain ego defence mechanisms.

In the interview Kelly confirmed that she experienced the following reactions to trauma: loss of appetite, poor concentration, tiredness, depression, relief, irritability, impulsive behaviour, realisation of the fragility of human beings, expectations of more trauma, affected religion, mood swings, feelings of hopelessness, disbelief and repetition of thoughts. The negative consequences included: feelings of unhappiness and anger, occupational life is negatively affected, problems with friends, feelings of stigmatisation by the community, unease when the topic of the trauma is raised and indifference of the community. The implications indicated that she feels her personality has been affected. Positive consequences include that she developed positive characteristics, formed new friendships and experienced a feelings of group cohesion.

The implications indicated that she now uses positive feelings to counteract negative feelings, she felt like a stronger person and she sometimes considered her losses less than others' which makes dealing with the trauma easier. Ego defence mechanisms she employed include apathy, a degree of dissociation and suppression.

Kelly's responses on the questionnaire and in the interview confirmed that she experienced effects of trauma.

4.4.5.2 Projective media

a) Collage

Kelly's collage displayed various images including; a happy couple, rings, an apple tree, a woman smiling, a woman crying with another comforting her, a child hugging a woman, a man relaxing on the couch, a bed, food and a backpack. It also showed the words 'love is...' and 'tears' (cf. Addendum Q). The image of the woman crying might indicate feelings of sadness or frustration. The image of the couple and the child hugging a woman might show Kelly's need for stable relationships and/or to connect with her mother again. The tree, man on the couch, the bed and the food might show a need for a stable environment. And the backpack on the other hand may have indicated instability, or that Kelly realised there is still a way for her to travel in her life's journey.

b) Drawing (DAP)

Kelly drew a female figure with a fairly large head, small facial features, large hair and a proportionate body (cf. Addendum O). The hands were quite emphasised and large, it almost looked like gloves. When questioned about the hands Kelly said she forgot to draw them and had to add it, therefore it looks out of place. Using Wakefield and Underwager's (1998:175-195) trauma criteria Kelly's figure displayed the following trauma indicators: a large head, small eyes, empty pupil-less eyes, box-shaped body which was evident in the shoulders and large hands. Her emphasises on the hands might also have signified difficulties with the ability to control the environment or to deal directly with the self, experience and feelings (Leibowitz 1999:74-99).

c) Metaphor

Kelly described and made a cheetah for her metaphor stating that she chose it because it can run fast (cf. Addendum P). When prompted she decided that the cheetah lives in the bush with

other cheetahs. It was interesting however to note that when Kelly made a clay replica of her metaphor, she made it very flat and lying on its side; an almost immobilised cheetah. This could have indicated that she felt powerless in herself or her functioning.

4.4.5.3 Observations

Kelly entered into the sessions seeming uncertain and apprehensive, but settled down and appeared more relaxed during the assessment. She came across as a very polite, friendly and quiet young girl. She was able to interact appropriately and made eye contact throughout the assessment (cf. Addendum R).

4.4.6 Natasha

4.4.6.1 Questionnaire and interview

Pre-psychotherapy responses to Trauma-100 Questionnaire					
	Number of responses of participant	Number of possible responses		Number of responses of participant	Number of possible responses
<i>Types of reactions</i>	19	42	<i>Positive consequences</i>	3	6
<i>Negative consequences</i>	6	13	<i>Implications of positive consequences</i>	2	3
<i>Implications of negative consequences</i>	1	5	<i>Ego defence mechanisms</i>	10	34

Table 7: Summary of Natasha's pre-psychotherapy responses to the questionnaire

Natasha's responses on the questionnaire indicated a high number of reactions to trauma, a high number of negative consequences and its implications and also the use of a number of ego defence mechanisms (cf. Addendum AF). She indicated some positive consequences and its implications.

Natasha experienced the following reactions to trauma: insomnia, loss of appetite, poor concentration, dizziness, weariness, avoidance behaviour, suicidal thoughts, depression, relief, feelings of hopelessness, irritability, anxiety, feelings of guilt, shame, fear, realisation of the fragile nature of human beings, expectation of more disasters or traumas, and violent thoughts. Natasha's negative consequences included feelings of unhappiness and anger, occupational life is negatively affected, suffering of family members, feelings of stigmatisation and indifference of and by the community. The implications involved that feelings of guilt can be amplified and that

Natasha may feel isolated. Natasha's positive consequences included that she has formed new friendships and that positive characteristics are reinforced or developed. The positive implications were that she used positive feelings to counteract negative feelings and she sometimes considered her losses less than others which made dealing with the trauma easier. Ego defence mechanisms that were present in Natasha's functioning in various degrees are apathy, a degree of dissociation, aggression, suppression, and compensation.

It is evident that Natasha experienced effects from the traumatic situation severely and that her general functioning was affected.

4.4.6.2 Projective media

a) Collage

Natasha's chose the following images for her collage: people standing around a table with food – some with hands in prayer position, a girl in a school uniform, a child hiding in a garden full of plants, picture frames with heart drawings and a child with a mother figure (cf. Addendum Q). She also used the words 'my life', 'heart', 'pray' and 'mommy'. When questioned, Natasha said the girl in the plants was playing, the child and woman depicted herself and her mother, the girls smiling in the uniform shows herself and the people around the table showed the occupants of House B. The researcher is of the opinion that it depicted an idealised world of what Natasha wants in her life. Some of the images, for instance the daughter and mother, and herself in a school uniform (she is being home-schooled at the moment) indicated needs and wants rather than reflect her current situation.

b) Drawing (DAP)

Natasha's DAP showed a female figure with hair, facial features and a body with short arms and fingers and no feet (Cf. Addendum O). The body looked disproportioned, for instance the arms were too short and went directly into fingers. The crossed eyes, box-shaped shoulders and poorly integrated body parts might have indicated trauma as determined by Wakefield and Underwager (1998:175-195). The lack of feet might once again have indicated feelings of insecurity, imbalance or lack of control in her personal experiences and environment.

c) Metaphor

Natasha chose and made a python as her metaphor (cf. Addendum P). She stated that she decided on a python because then she can kill all her enemies and nobody can hurt her. When

asked who her enemies are she replied that all the other animals are. The researcher enquired where the python lived and whether it had any family or friends. Natasha said that the python lives in the forest and does not really have any other python friends or family but that it is okay. This metaphor might have shown Natasha's need to be in control and have power over her own actions as well as that of others. Her remark about killing all the enemies could have indicated anger and aggression at those who have wronged her during her life. The lack of family and friends might also have indicated that Natasha feels alone and as if she has nobody to rely upon.

4.4.6.3 Observations

Natasha was quiet and apprehensive at the beginning of the session, avoiding eye contact and answering questions in short responses. She presented as immature for her chronological age. She relaxed more as the sessions progressed and was able to engage fully in the activities (cf. Addendum R).

4.4.7 Summary of findings in pre-psychotherapy assessment

The findings of the pre-psychotherapy assessments discussed in detail above were summarised in order to identify common themes in the data.

4.4.7.1 Summary of questionnaires

The responses of all the participants to each individual item in the questionnaire was summarised in table format in order to determine the most experienced reactions, consequences and ego defence mechanism (cf. Addendum AF). From this table it was concluded that the majority of the participants experience the following: loss of appetite, poor concentration, tiredness/weariness, irritability, feelings of unhappiness and anger, change in personality, feelings of stigmatisation, feelings of hopelessness and social isolation. The most used ego defence mechanisms are dissociation and suppression.

4.4.7.2 Summary of collages

Common themes found in the individual description of each participants' collage include feelings such as loneliness, frustration, unhappiness and a need for acceptance. The collage also portrays the shared theme of a need for control, love, security and stability. The themes are then based in emotional and security wants and needs.

4.4.7.3 Summary of DAP

The participants' drawings mostly exhibited the following indicators of trauma: large heads, empty eyes, box-shaped bodies and exuberant hair. The lack of hands or feet, or emphasised hands found in a number of drawings, indicate anxiety over inability to control the environment or emotions, insecurity or feelings of incompleteness. This echoes the themes of negative feelings which indicate emotional difficulties. Security needs are reflected in the anxiety over lack of control or insecurity in the drawings.

4.4.7.4 Summary of metaphors

The main qualities that came out in the participants' metaphors were that of feelings of powerlessness, loneliness, anger, hopelessness, unhappiness, insecurity and a need for support. The experience of these emotions support the themes of emotional difficulties and security needs as reflected in the other assessment media.

4.5 OUTLINE OF ART PSYCHOTHERAPY SESSIONS

Each psychotherapy session followed the format as set out in chapter 3 (cf. 3.4.2.6) and included welcoming the participant, receiving feedback about the participant's emotional state, discussing the activity of the session, creating or continuing with a digital artwork while conversation take place and ending with a reflection on the activity, and thoughts and feelings which the participants might have experienced. The overall goal of each session was to provide trauma intervention by addressing the after effects of trauma as experienced by each participant (cf. 2.5.1.2). The specific goals, activity, and outcomes of each session are discussed below and will be followed by a content description of each participant's individual sessions.

4.5.1 Session three

- *Goals:* Establishing a relationship of trust and building rapport with the participant. Introduction and exploration of the various digital media that will be used. Addressing emotions that might have arisen from the pre-psychotherapy assessment sessions.
- *Activity:* The researcher demonstrated the various functions and tools of the digital media art programmes and the participant was given the opportunity to experiment with the media. The researcher then asked each participant to just relax, think of their life and try to create an artwork. Questions about the digital media were addressed and the researcher also asked questions about the participants' artwork, thoughts and feelings.

- *Outcomes:* To become comfortable with the properties of digital media tools and to normalise the responses of the pre-psychotherapy assessment activities.

4.5.2 Session four

- *Goal:* To re-expose the participant to trauma memories that may lead to the expression of emotions, underlying issues and repressed feelings. To become further acquainted with the qualities and possible uses of digital media and artistic expression.
- *Activity:* The researcher asked each participant to think of their past, specific traumatic memories and the feelings that accompany it and to depict it in an artwork. If the participant struggled to depict their emotions or experiences abstractly the researcher displayed a range of images depicting various emotions and the participant could choose which image they wished to work with.
- *Outcomes:* To give the participant an opportunity to express thoughts and feelings associated with traumatic experiences and to provide information about trauma, the reactions to it, and how to manage symptoms.

4.5.3 Session five

- *Goal:* To investigate perceptions of own life world and experience and indirectly creating a trauma narrative. Depiction of the emotions, thoughts and behaviors associated with the traumatic experiences.
- *Activity:* The researcher asked each participant to create an artwork using their metaphor as described in the pre-psychotherapy assessment. The participant could use the photos of their clay depictions or any other images they wished to use and had to express their feelings associated with the metaphor in the artwork.
- *Outcomes:* To explore traumatic memories, the thoughts and feelings evoked by it and to explore the trauma symptoms experienced by each participant. To start the process of cognitively processing the trauma memories and to enable affective expression.

4.5.4 Session six

- *Goal:* Constructing a trauma narrative that is non-threatening to each participant but which will enable expression of thoughts, feelings and behaviour. To make sense of the traumatic experience and to explore internal dialogues. Relaxation techniques, affective expression and modulation skills will also be implemented if necessary.
- *Activity:* The researcher asked each participant to create a monster which represents their traumatic experiences. Through making use of a monster instead of a realistic

trauma depiction, the researcher limited the possibility of the participant becoming too distressed and minimised the risk of re-traumatisation.

- *Outcomes:* To separate thoughts of the events from overwhelming negative emotions to more manageable feelings, this will lead to cognitive coping and processing.

4.5.5 Session seven

- *Goal:* To assist the participant in cognitively processing the trauma memories through systematic desensitisation to increase their tolerance of re-experiencing the trauma.
- *Activity:* The researcher asked each participant to re-work their monster artwork by taking control of the monster and finding ways to render the monster harmless. Thereby asserting their personal dominance and mastery over the monster.
- *Outcomes:* To promote mastery of the trauma reminders and to improve coping skills over emotional, cognitive and behavioural symptoms associated with trauma.

4.5.6 Session eight

- *Goal:* To enhance cognitive reframing so that the participant is able to cope with the after effects and memories of the trauma and to improve overall functioning. To promote positive self-talk and highlight personal progress and strengths.
- *Activity:* The researcher instructed each participant to depict themselves and their life as it is currently or how they envision the future. Depictions of progress made during the previous sessions and personal strengths were emphasised. The researcher suggested that the participants can use their metaphors if they wished.
- *Outcomes:* To generate confidence and control in the participant in mastery over the traumatic experiences and symptoms. To enhance positive self-talk and regulation strategies over emotions, thoughts and behaviours in order to enable the participant to increase emotional well-being and function optimally.

4.6 REFLECTION ON THE ART PSYCHOTHERAPY SESSIONS AND DIGITAL VISUAL ARTWORKS (SESSIONS THREE TO EIGHT)

As detailed in chapter three (cf. 3.4.2.6) the content of each participant's sessions including the process of creating digital visual artworks will now be reflected on and analysed in order to identify themes and important psychotherapeutic elements:

4.6.1 Michelle

Michelle's artworks created during the sessions and referred to below, are attached as Addendum S.

4.6.1.1 Session three

The session started with the researcher demonstrating the art computer programme ArtRage and all its different capabilities and options to Michelle. Michelle was eager to learn more about the programme and started with her artwork enthusiastically. Talking as she created she assured the researcher that she has not experienced additional negative effects after or from the two pre-psychotherapy assessment sessions. She stated that she was looking forward to the future sessions and expressing herself through art. Michelle experimented with various tools and created a colourful, chaotic artwork. She then reminded herself that the artwork must depict her life and selected a paint-tube tool. She then proceeded to squeeze black paint over the colours, smudging it into the rest of the artwork. She seemed to become more subdued during this and then stated that she is finished. When questioned, she explained by saying the blackness in her life cover all the colours but that she knew it was there underneath all the black. I asked her if she sees mainly black or other colours in her life to which she replied at the moment it is mostly black but there are colours as well. Overall it was a productive session with Michelle becoming acquainted with the digital media and the process of expressing herself through this medium.

4.6.1.2 Session four

Michelle started the session quietly and seemed preoccupied and withdrawn. When asked to depict some elements of her past and her connected feelings she immediately began to work without speaking a lot. She used dark colours and violent strokes to create a black mass on a dark grey background. She continued to use harsh movements and lines in order to create an image reminiscent of a fire or gaping hole. She proceeded to put yellow flame-like shapes onto the black, shaded white around the black shape, outlined the whole shape with a red line, and changed the background colour to a light brownish/grey. Next to the shape she smudged brown and black paint almost aggressively and then announced that she was finished. Michelle was not in a talkative mood and when questioned about the artwork she said it shows her emotions and the darkness that is her life. She stated that it shows all her angry, frustrated, unhappy and guilty feelings surrounding the events which happened. The researcher discussed the various

feelings with her and explored different ways of coping with overwhelming emotions and thoughts.

4.6.1.3 Session five

At the start of the session the researcher enquired after Michelle's emotional state to ensure that Michelle is not experiencing re-traumatisation (cf. Addendum H). She stated that she feels okay and in control of her emotions, thoughts and behaviour. She stated that she looks forward to the sessions and although it can be upsetting to think about all the traumatic events she feels it is necessary to continue. The researcher then asked her to create an artwork using her metaphor to show her life world and, if she wants, elements of her traumatic experiences. Michelle selected three images of broken, old armchairs and positioned them on the blank artwork. She then selected dark colours once again and covered the background with harsh, deliberate strokes. She then smudged red, black and brown around each armchair respectively and added white to the bottom of the artwork which she smudged upwards creating a cloud-like shape. Michelle then selected a pen tool and proceeded to methodically draw hard black lines over the three images. Michelle elected not to talk during the process but afterwards stated that that is how he (her stepfather) 'drew' black lines all over her until she could not see herself anymore. When prompted, she further said the colours represent her emotions and the white symbolises that there might still be hope although it is very slim and overshadowed by the dark. Michelle also noted that creating the artwork felt like a release to her, like getting rid of all the negative things she has experienced and felt. She left the session in an upbeat mood.

4.6.1.4 Session six

Michelle came to the session with personal writing describing her thoughts and feelings related to her traumatic experiences. The researcher stated that the activity of the session involves creating an abstract depiction of her trauma, maybe in the form of a monster or anything else she felt like doing. She chose to use her writing, scanning in the pages and selecting four passages to use in her artwork. She then started filling the background with dark grey and red blotches of colour. She worked deliberately without displaying overt emotions. She then added white and light grey using a tool that made the colours flow over the others, creating splotchy patterns. She stated that the red and grey is all her bad feelings and the events that has happened, but she is starting to feel other things as well. She then stated that it is still very difficult for her to think of everything and that it becomes overwhelming sometimes. The researcher discussed relaxation and affective expression skills to help Michelle cope with her

overwhelming emotions regarding the trauma. Michelle agreed to explore some of the skills and left the session on a positive note.

4.6.1.5 Session seven

Michelle arrived at the session visibly upset and emotional over incidents at the school. It took her a while to settle down and she seemed agitated. After she calmed down the researcher explained the activity which evolved into a discussion about Michelle's traumatic experiences. She feels like she is slowly starting to deal with the past and is able to better control her thoughts and feelings in some aspects. The researcher made her aware of her progress in the psychotherapeutic process and she acknowledged that growth is taking place. Michelle then started to re-work her previous artwork by adding white over the writing and grey and red areas. She then wrote in yellow the words: 'You can't hurt me anymore'. She explained that she realises now she is out of his reach physically and she must start letting go of the hold he and his past actions have on her life. This showed tremendous progress from her initial emotional state and thought patterns and she left the session in a reflective but decidedly more optimistic mood.

4.6.1.7 Session eight

The session started with a discussion of Michelle's emotional state, focusing specifically on the feelings she experiences and the matter in which she is coping with it. She remarked that she still has bad days where she struggles to cope with her feelings but on other days she enjoys her life and being here at School A. We also addressed the theme of security and feeling in control. Michelle stated that she still feels out of control over certain aspects, for instance her brother who is still living at home, but on a personal level she feels more in control over herself and her own destiny. The researcher then asked her to make an artwork depicting how she feels currently about her life, suggesting that she can use her metaphor again if she wants. She started with the outlines of the armchair and then proceeded to colour the background in dark colours once again. She worked swiftly and surely and drew a definite line horizontally across the artwork. She proceeded to colour the top half in various tones of yellow and white. The bottom half she left in dark colours. She then coloured the chair green and wrote the words 'growing' and 'hope'. She stated that the dark bottom colours represent her past, and the yellow her hope that is growing, slowly but surely. When asked if the armchair is still broken and discarded she replied that the armchair found a new home and is being repaired. This indicated

a huge shift in the imagery of the metaphor and shows that Michelle is experiencing emotional and personal transformations, healing and growth (cf. 3.4.2.3.c).

4.6.2 Claire

Claire's artworks created during the sessions and referred to below, are attached as Addendum T.

4.6.2.1 Session three

Claire came to the session very tired and downhearted. The researcher asked about her state of mind and discussed various coping skills which she can implement to improve her emotional and cognitive state. The properties of the programme ArtRage were then demonstrated and Claire began to experiment with the programme. She aimlessly tried out the different tools and colours each time undoing her actions so that she re-starts with a clean screen. In the end she chose a dark red which she applied with a watercolour tool over most of the artwork. She then chose a fine toothbrush and a dark, almost black colour and drew a stick-figure and an emphasised circle shape with a stick-figure inside. She stated that the figure is herself looking at a mirror. When questioned she said that she does not like what she sees and hates looking at herself, it is her biggest fear and all she can think about sometimes. The session ended with the researcher again discussing coping skills to assist Claire when her emotions feel overwhelming.

4.6.2.2 Session four

Claire came to the session still seemingly tired and exhibiting feelings of depression. The researcher explained the activity to her, asking her to depict aspects of her past or specific traumatic memories or feelings. Claire started by drawing a female figure, which she describes as the perfect female, with the word perfect above her. She then searched for images of masks and placed the picture on her artwork – stating that she constantly had to wear a mask throughout her past and that she still feels ostracised despite the masks. She chose a dirty pink colour and purple for the background, using a smudge tool to blend the images into the colours. She then chose a spray-paint tool and sprayed black tendrils around the masks and her drawing, stating that it shows all the poison in her life. The researcher then discussed all these various thoughts and feelings with her and provided information about the influence of traumatic experiences as an explanation for her reactions. The session ended with a discussion of personal ways to try and manage the symptoms.

4.6.2.3 Session five

Claire seemed slightly more confident and positive at the beginning of the session. She brought extracts of her diary in digital format in order to give more information to the researcher about her emotional state. It was decided that she will use some of the writing combined with images of her metaphor in her artwork. She chose an image of a sepia-coloured music sheet which she placed on a white wall-textured background. She re-typed some of her diary sentences in white and red letters. She then chose the water-colour tool and splashed brown around the music sheet and words. She enjoyed the activity and said it makes her feel better to use her words and to express herself in this way. She stated that although it is not good feelings at least it is her own without an attempt to hide it or wear a mask. Claire left the session in a calm state of mind.

4.6.2.4 Session six

Claire came to the session in a pensive mood. She did tell the researcher that she is starting to feel more positive, she started exercising and trying to follow a diet which makes her feel better and in control. The researcher then explained the activity and asked Claire to create a monster as her trauma narrative. Claire decided to use her diary excerpt again, pasting it on the artwork. She then proceeded by using the paint tool to apply gold and dark brown paint all over the artwork. She then drew her monster with a huge mouth with big teeth and a speech bubble with her words inside. She then smudged the colours in rough strokes. She seemed contemplative throughout the activity and was not really talkative. She only stated that her monster is a huge ugly 'blob' and his strength lies in words which destroy others. The researcher then focused on Claire's feelings surrounding the monster and specific events; Claire has started to show progress in coping with the negative emotions and started implementing effective expression skills.

4.6.2.5 Session seven

Claire seemed agitated at the beginning of the session and just explained that she is tired and irritated. The researcher then continued by explaining the session's activity, asking her to find ways to render the monster harmless or overcome his threat. Claire drew the same shape for her monster as well as another mirror with a monster inside. She then chose to search for images and inserted sharp teeth over the monster, a mask over the monster in the mirror's face and various masks over the body of the monster. She stated that in order to make the monster harmless she must wear a lot of masks all the time and pretend to be and feel something she is not. She also smudged purple, white and brown over the background and edges of the other

images. This artwork almost seemed like Claire is regressing and reverting back to her initial emotional state. During the reflective conversation Claire revealed that as she makes artworks and think about everything, a lot of emotions come up and she tried to express it in the artwork. She said, although it is hard and upsetting, it feels like she is perhaps making progress. She stated that she has made a friend who she can talk to, indicating social progress.

4.6.2.6 Session eight

The session started with Claire smiling and excited about a holiday trip she is planning with friends, showing a big improvement in her feelings of hopelessness and social alienation. She also stated that writing and drawing her feelings and thoughts have been really helping her process her experiences and making sense of it. This indicated that she is implementing coping skills to help her overcome her emotional, cognitive and behavioural difficulties. The researcher asked Claire to depict her life and her future. She selected another sepia-coloured music sheet which she placed on the background. She then copied her figure from her second artwork and superimposed it as well as black and white music notes over the initial image. She used the paint tool to add white, yellow and light pink over and around the images. She made another speech bubble around the music notes from the woman figure's mouth. When reflecting on the artwork she remarked that she feels better about herself and more like that woman. She also said that her life's music is not so dark anymore; it's more of a lively melody now. This change in metaphor shows growth in positive self-talk and tentative mastery over the symptoms experienced from traumatic incidents.

4.6.3 Fiona

Fiona's artworks created during the sessions and referred to below are attached as Addendum U.

4.6.3.1 Session three

Fiona seemed very shy and withdrawn during the most of the session. The researcher decided to begin with a more basic art programme, Microsoft Paint, and started by demonstrating its various functions to Fiona. Fiona then started creating an artwork, working independently and undoing unwanted effects with ease. Her artwork depicted a cluster of homes, the front house with its door open. In the background she drew and coloured grass, a fruit tree, clouds and a sun with a smiling face. Fiona seemed to enjoy the activity and built confidence as she progressed. She still did not really make eye contact with the researcher and stayed mostly quiet throughout the session. When questioned about the artwork, she said it is houses, which

is safe and nice and that she would like to live there. This imagery ties in with the theme concerned with needs for nurturing, security and stability.

4.6.3.2 Session four

At the start of the session, the researcher questioned Fiona about her emotions, thoughts and behaviour and if she experiencing any distressing symptoms since the first three sessions. Fiona stated that she is fine, and everything is the same as when she answered the questionnaire. The researcher then asked Fiona to depict aspects of her past and any feeling connected to it. At the top of the artwork, Fiona drew a woman's face with a downturned mouth, a sad face on the left and a broken heart in the middle of the artwork. She coloured the background grey. When asked about the artwork she replied that her past sometimes makes her feel sad like the two faces and her heart hurts. The researcher discussed different skills that she can employ when the sad feelings become too much and Fiona seemed more relaxed than in any of the previous sessions.

4.6.3.3 Session five

Fiona entered the session seemingly much more comfortable than in previous sessions. She seems to get along better with the other girls and that she does not experience as much conflict as before. Questioned whether this could be a change in herself rather than the other girls or situation, she hesitantly decided that it could be a change in herself. The researcher then introduced Fiona to the more complicated ArtRage programme and asked her to use her metaphor in an artwork. Fiona liked experimenting with the new programme and tried out various tools. She placed an image of a fish eagle in the centre of the artwork, coloured the background green and then proceeded to use various colours to circle and decorate the picture. She also made shapes alongside the image. She became bolder and started to make lines over the image and then used the smudging tool to blur parts of the image. The researcher could detect underlying signs of frustration and anger as Fiona worked over and obscured the image. Fiona said the eagle is struggling to fly now, indicating feelings of powerlessness or anxiety over not feelings in control.

4.6.3.4 Session six

The researcher explained the monster/trauma narrative activity to Fiona and she seemed keen to start. She selected a silver tin foil background and selected a water paint tool to create a green snake/dragon type monster with big teeth, a red eye and yellow stripe on its tail. She

stated that it is a scary monster that hurts people. When asked how it hurts people she just said it hurts their bodies. Fiona did not elaborate and did not want to discuss anything further.

4.6.3.5 Session seven

At the start of the session Fiona told the researcher that it's going good and that no emotions or other issues are bothering her. The researcher explained the activity, and Fiona chose to superimpose an image of her metaphor, a fish eagle, over her monster with the word 'power' and exclamation marks. She drew a red circle around the eagle as well as blue water at the bottom, insinuating that the eagle is hunting. She then wrote the words 'kill kill' and explained that the eagle is killing the monster so that it can't hurt anyone ever again. The researcher interprets and confirmed the artwork as empowering; Fiona's deciding that her metaphor can overcome the monster, indicating that she is getting emotionally strong enough to overcome her trauma symptoms.

4.6.3.6 Session eight

The researcher explained to Fiona the activity which involves depicting her future or her current feelings. Fiona was enthusiastic and used the paint tool to create an artwork reminiscent of a rainbow with stripes of colours, ranging from dark to lighter at the top. She then used the water paint tool to make an additional, almost transparent layer of grey over some of the bottom layers. She explained this as the bad things that has happened in her life; that made the colours less bright and darker. She further stated that her future is light and colourful, she has hope. She wrote the words 'My life' in white over the layers of colour. Fiona's emotional state seems to have improved and she exhibits a hopeful attitude concerning her own future.

4.6.4 Sabina

Sabina's artworks created during the sessions and referred to below are attached as Addendum V.

4.6.4.1 Session three

The researcher firstly required about Sabina's emotional well-being and whether any emotions arose from the previous two sessions that she would like to discuss. Sabina said that she experiences no overwhelming emotions and is fine. The researcher then showed the basic Microsoft Paint programme and all its functions to Sabina. She started exploring the tools of the programme, constantly erasing and re-starting. The researcher guessed that she may feel uncertain or insecure and assisted her in mastering the tools. Sabina used the paint tool to

create a woman/girl figure in the centre of the artwork, a sun in the corner and grass at the bottom. She then used the spray-paint tool to make eyes and a mouth with a tongue as well as heart and circle shapes. When asked questions about the artwork Sabina stated it was herself in the picture and that she was just playing around with the rest. She was very talkative during the session and left in a cheerful mood.

4.6.4.2 Session four

Sabina was once again in a joyful mood and was making jokes with the researcher. She stated that she enjoys doing art on the computer and was eager to start the activity of depicting her past and/or traumatic experience. Once again Sabina continuously erased everything she attempted on the artwork. The researcher had to urge Sabina to stop erasing constantly and to try and create something lasting. She then used the paint and pen tool to create a girl/woman figure that was crying and said that it was her at some time in her past and even now sometimes. When questioned, she said she felt like that when her mother died. At the end of the session she stated that she is looking forward to the next session and that it is fun for her.

4.6.4.3 Session five

Sabina was a bit quieter during this session; she seemed to be in a more reflective mood. The researcher decided to introduce the ArtRage programme which Sabina seemed to find stimulating. She seemed to become more comfortable with the properties of digital art making and ceased erasing all her moves. When the activity was explained she opted to choose her metaphor from a range of images. She settled on a black and white photo of a flower losing its petals. She then used the paint tool to circle the image in blue and added yellow and additional blue strokes. She also used the pen tool to scribble red lines over the artwork; using short, forceful and heavy movements. Lastly, she employed the smudge tool and smeared some of the colours and the image, rendering it almost unrecognisable. Sabina was not as talkative during this process and just stated that she feels grey like this flower. The researcher deduced that Sabina's perceptions of her own life world seem bleak and that she is struggling with underlying emotions and thought connected to her trauma experiences.

4.6.4.4 Session six

Sabina came to the session in an angry and irritated mood. Something was clearly bothering her but she refused to share it with the researcher. The researcher explained the activity of creating a monster, however Sabina insisted on using one of her scanned family photos of her

mother, herself and two sisters. She sat and stared at the image quietly for a long time then chose the roller tool and rolled black lines over the photo. She undid this and again sat and looked at the image without saying anything. She again selected the roller tool and then for a second time covered the image in angry, almost aggressive strokes. She covered everyone's faces except her own which the researcher blurred in order to maintain confidentiality. In the end Sabina did create a trauma narrative, demonstrating how she lost her family members and how angry/dejected she feels about it. The researcher observed that Sabina's little face looks almost lost within the black mass that covers the rest of the photo. Sabina did not want to discuss her work but the researcher relayed some skills which Sabina can use if her feelings or thoughts become overwhelming.

4.6.4.5 Session seven

Sabina seemed in a better mood during this session and was once again talkative. She chose to create a monster during this session. Sabina used the paint tool to create her monster artwork. She used short, accentuated strokes to form a blue spiky head with red eyes and mouth and black strokes to portray a body. The monster's shape is reminiscent of a spider. Questioned over the artwork she just said it is a scary monster that can eat you. When asked if the monster is a threat she replied not really, only when you are on the street at night. So, unconsciously Sabina depicted the trauma and fears she experienced when living on the street. She continued by saying she is fine and happy now; she is learning hard at school and making the most of everything, thereby enhancing her own positive self-talk and regulating her emotions and thoughts.

4.6.4.6 Session eight

Sabina came to the session with her report she received from the school. She was evidently very proud of her achievements and the researcher praised her progress. The activity of depicting your future was explained and Sabina selected the same black and white flower metaphor image as before. This time however she selected the paint tool and coloured the petals in a variety of bright colours. She made the background yellow and continued to add various shapes including flowers with the spray-paint tool. She declared that the artwork makes her happy and that is how she feels now. This indicates notable progress from the earlier sessions and Sabina seems to be functioning well.

4.6.5 Kelly

Kelly's artworks created during the sessions and referred to below, are attached as Addendum W.

4.6.5.1 Session three

The researcher started the session by enquiring after Kelly's well-being and whether she is experiencing any overwhelming emotions from the previous two sessions. Kelly replied that she is fine and the researcher then proceeded to demonstrate the basic Microsoft Paint programme and asked Kelly to play around and try to create something. Kelly made a colourful artwork depicting a house with an open door and steps, a blue sky, grass, an apple tree and a fence. She said that she would like to live there, it looks happy and safe. This echoes the theme of the participant's need for stability and security.

4.6.5.2 Session four

At the start of the session the researcher asked about Kelly's emotional state and she replied that she is fine and everything is okay. The researcher showed Kelly the ArtRage programme's functions and asked her to depict the aspects of her past and some of her emotions. Kelly struggled with the concept of depicting it abstractly and chose an image of a girl sitting faced-down on a swing to use in her artwork. She wrote the words: 'I think of a very dark blue or black colour when I am sad like this girl'. She added two sad faces on either side with the words: 'stay away I am very sad' and 'very sad'. She used the spray paint tool to add flowers and also drew a stick-figure on the swing next to the girl with the words: 'can I join you!' When questioned, she said that there have been instances in her life when she felt like this but not so much anymore. When asked how she feels when she thinks about it now, she replied sad.

4.6.5.3 Session five

Although Kelly seems to be quite shy, the researcher noted that she entered the session more confidently than before. The researcher then asked her to create an artwork using her metaphor. Kelly was uncertain whether she will be able to create a cheetah and then elected to use her clay depiction of this metaphor. She used the glitter tool to add green grass. She then selected the paint-bucket tool and coloured the background brown, where it overlapped with the cheetah image the tool made an interesting texture spreading from white to brown. She also circled the cheetah in brown and added black spots with the paint tool. She said the cheetah is

lying down because it is tired, and she sometimes feels like that as well. This could indicate some of the symptoms that Kelly experiences as a result of traumatic events.

4.6.5.4 Session six

At the start of the session Kelly said it is going well with her and she is not experiencing negative emotions. When asked to create her monster artwork she used the pen tool to draw a black monster trying to catch three little pink and purple girls. She used the spray-paint tool to give the monster a body resembling black and grey bubbles. She then filled the sky in a metallic yellow colour and added the words: 'Monster eats children'. She wrote the words as well making as additional spots on the ground with different settings of the spray-paint tool. Kelly seemed much more comfortable with the properties of the media and was able to use it very creatively. When questioned about the artwork Kelly just said it is a monster that catches children. The researcher thinks the artwork may depict some aspects of Kelly's traumatic experiences, especially the time when she was alone on the street. It seems, though, as if Kelly is still cut off from the experience (numb) or not ready to relive or tell the details.

4.6.5.5 Session seven

Kelly entered the session like all previous sessions – calm and very polite. The researcher explained the activity of finding ways to render the monster harmless. Kelly very significantly reworked her artwork by firstly adding a house over the three little girls, placing them safely inside. She erased the words, 'monster eats children' and added clouds instead. She also then used the paint and spray-paint tool to cover and hide the monster behind multi-coloured flowers. When asked about it she told the researcher that the monster can't hurt the girls in the house and that he is gone now anyway because there are flowers over him. The researcher asked if Kelly is one of the girls and she replied maybe. The researcher further required if she feels safe and secure now and she replied that she does, she just misses her mom. This once again shows the theme of security and safety which Kelly may have found in House B. The researcher is of the opinion that although Kelly feels safe she still could feel a bit insecure and she most likely longs for her mother, which could be why she only covered the monster and did not obliterate it completely.

4.6.5.6 Session eight

Kelly entered the session confidently and was more talkative than in previous sessions. When asked to depict her future and/or feelings Kelly chose to use her metaphor and selected an

image of a standing, fierce looking cheetah. She surrounded the image with heart shapes in various bright colours. She also added colourful glitter around the image and over the heart and coloured the background in a light turquoise. She stated that the cheetah is strong and proud and ready to run. This shows progress from her previous depiction of a cheetah lying flat on its side. When asked about her future, Kelly said that she feels excited and happy for it.

4.6.6 Natasha

Natasha's artworks created during the sessions and referred to below are attached as Addendum X.

4.6.6.1 Session three

The researcher started the session by enquiring about Natasha's well-being which she said is good, nothing is bothering her. The researcher then demonstrated the properties and functions of the basic Microsoft Paint programme and Natasha was eager to start. She painstakingly drew two figures which she proclaimed as Cyclops (mythical giants with only one eye in the middle of the forehead). Asked why she chose to draw this, she replied that she reads stories about them and they are interesting. She proceeded to add a skyline, ground, grass and clouds with the spray-paint tool. When asked about the artwork she said she likes it. Natasha is still withdrawn to a certain degree and only reply to direct questions.

4.6.6.2 Session four

The researcher decided to introduce the ArtRage programme as it contains a lot more functions which enable a wide range of techniques and effects. The researcher explained the activity, and Natasha found the concept of depicting her past and emotions abstractly difficult. She opted to choose an image that reflects it and chose a picture of a little girl crying. She made the background a deep purple and then used the paint tool to paint a thick pink border around the picture. She added blue tears to the image and stated that she often feels like that. She experimented a bit more with various tools before adding a range of houses with the spray-paint tool and further spraying grey doodles over parts of the images. Lastly, she selected the water-paint tool and added an almost translucent black circle around the image and over the houses. Natasha said she felt like that when the bad things were happening and currently she only sometimes feels like that when she thinks of negative things. The researcher thinks the artwork is an expression of Natasha's thoughts and feelings about her traumatic experiences.

4.6.6.3 Session five

Natasha seemed to be more expressive during this session and engaged actively with the researcher, asking a lot of questions about various topics. She was keen to start with the activity and selected a picture of a curled-up python. She started to draw shapes around the python with the paint tool. She then however chose the roller tool, maximised its size and proceeded to cover most of the artwork and part of the snake with blue strokes. When questioned she stated that she doesn't like it and wants to cover it up. The researcher is of the opinion that the artwork might have triggered some of Natasha underlying feelings and thoughts and that is why she chose to just cover it up.

4.6.6.4 Session six

Natasha entered the session in an upbeat mood, firstly telling the researcher all about her dance recital. She stated that she feels happy and excited overall. The researcher asked Natasha to depict her past bad experiences through a monster. She elected to draw a Cyclops again which she coloured mostly green. She continued to colour his eye brown and his mouth red. She then used the spray-paint tool to add a grey ground level that looks like mist. When questioned about the artwork she just said it looks scary. The researcher thinks that Natasha did not fully connect to the activity, and the monster cannot really be seen as a trauma narrative. The session was still constructive as Natasha is beginning to express her thoughts and emotions more freely.

4.6.6.5 Session seven

The researcher decided to continue with the monster activity and of finding a way to render the monster harmless. Natasha asked if she can work in the basic Microsoft Paint programme again, she prefers it to the more complex programme. She imported the artwork of her monster into the programme and then added thick, straight lines horizontally and vertically to create a type of fence. She corrected the researcher by stating it is a cage, not a fence, from which the monster could never escape. She also used the spray-paint tool to add black swirls and dots. She said it is all his badness that is now caught in the cage with him. The researcher feels like Natasha connected this artwork more to her traumatic experiences. The cage reminds of Natasha's abuser who is now in prison. The researcher is of the opinion that the session could have helped Natasha in processing her trauma memories, leading to mastery over the trauma reminders.

4.6.6.6 Session eight

Natasha entered the session noticeably more confident than at the start of the sessions and also seems much more talkative and expressive. The researcher explained the session's activity of depicting her life or future and emotions now and asked whether Natasha wanted to use her metaphor. She agreed but stated that she wanted to change her metaphor from a python to a bird. She chose to work in the Microsoft Paint programme again and created a colourful artwork of a bird perched on a ledge with a nest filled with four eggs. The researcher found it significant that Natasha changed her metaphor and the shift from python who wants to kill all its enemies to a nurturing bird with a nest and eggs, is remarkable. The researcher feels like it demonstrates Natasha's psychological growth and overall increase in emotional well-being.

4.6.7 Summary of findings in the art psychotherapy sessions

Taking all the participants' sessions into consideration the researcher feels like overall growth and change took place in each participant's well-being. They all enjoyed the digital media activities and it was found to be a noteworthy medium of meaningful expression. It was clear that the participants found the digital artworks a means of expression that is non-threatening and the gain of additional technological skills were self-empowering for most. The creation of the artwork on the screen was also easily visible to the researcher, who was able to monitor the process which led to flow in the proceedings, and psychotherapeutic moments were easily introduced during or after the creation process.

4.7. POST-PSYCHOTHERAPY ASSESSMENT (SESSIONS NINE AND TEN)

4.7.1 Michelle

4.7.1.1 Questionnaire and interview

Below is a summary of Michelle's responses to the Trauma-100 Questionnaire. For comparison, her pre-psychotherapy responses are entered on the left in italics and her post-psychotherapy responses are on the right in bold font.

Pre and post-psychotherapy responses to Trauma-100 Questionnaire							
	Number of responses of participant		Number of possible responses		Number of responses of participant		Number of possible responses
	Pre-scores	Post-scores			Pre-scores	Post-scores	
<i>Types of reactions</i>	23	12	42	<i>Positive consequences</i>	2	3	6
<i>Negative consequences</i>	9	7	13	<i>Implications of positive consequences</i>	0	1	3
<i>Implications of negative consequences</i>	3	1	5	<i>Ego defence mechanisms</i>	7	3	34

Table 8: Summary of Michelle's responses to Trauma-100 questionnaire

Michelle's responses to the Trauma-100 questionnaire after the psychotherapy sessions indicate a significant decline in the reactions, negative consequences and implications of negative consequences she experiences because of the trauma. Her responses also indicate a decline in the use of ego defence mechanisms and an increase in positive consequences and its implications. In the interview she stated that her overall emotional well-being and coping skills have improved (cf. Addendum Z). A detailed summary of Michelle's responses is attached in Addendum AF.

4.7.1.2 Projective media: Collage

Michelle's collage (cf. Addendum Y) contain the following pictures: birds flying, two people embracing, eggs, a woman lying in a stream, a person holding her/his eyes closed as if crying and a detailed drawing of confusing objects forming into one pencil. She also pasted the words: 'Every little bit helps', 'triumphs', 'power to heal' and 'power'. The general mood of the collage is hopeful and positive. It also acknowledges that there is still a path to walk; as symbolised by the person crying and the words, every little bit helps, but it displays resilience and a belief in overcoming the difficulties. This interpretation was confirmed by Michelle.

4.7.1.3 Observations

Michelle seems much more confident and engaged openly with the researcher. She made good eye contact, seemed relaxed and was in a positive mood.

4.7.2 Claire

4.7.2.1 Questionnaire and interview

Below is a summary of Claire's responses to the Trauma-100 Questionnaire. For comparison, her pre-psychotherapy responses are entered on the left in italics and her post-psychotherapy responses are on the right in bold font.

Pre and post-psychotherapy responses to Trauma-100 Questionnaire							
	Number of responses of participant		Number of possible responses		Number of responses of participant		Number of possible responses
	Pre-scores	Post-scores			Pre-scores	Post-scores	
<i>Types of reactions</i>	17	10	42	<i>Positive consequences</i>	2	3	6
<i>Negative consequences</i>	8	5	13	<i>Implications of positive consequences</i>	1	2	3
<i>Implications of negative consequences</i>	4	2	5	<i>Ego defence mechanisms</i>	13	8	34

Table 9: Summary of Claire's responses to Trauma-100 questionnaire

Claire's responses to the questionnaire after the completion of the art psychotherapy sessions show that she experiences fewer reactions, negative consequences and its implications than before the advent of the sessions. She also makes less use of ego defence mechanisms than before. Claire also showed an increase in positive consequences and the implications thereof. In the interview she told the researcher that she feels more positive about herself and her life and her overall functioning has improved (cf. Addendum AA). A detailed summary of Michelle's responses is attached in Addendum AF.

4.7.2.2 Projective media: Collage

Claire's collage (cf. Addendum Y) shows a vast improvement in mood when compared to her initial collage. She used the following images in her collage: a woman exercising, a woman showing her arm muscles, high heels climbing a ladder, a package with a feather drifting in water and an apple with a heart-shaped bite. She also used the words: 'confidence', 'big' and 'my potential'. The collage reflects the changes that Claire has made and the growth that has taken place in her overall functioning. The overall mood indicates hope, optimism and enthusiasm. Claire confirmed that she feels some of these changes within herself.

4.7.2.3 Observations

Claire seems much less anxious than during the initial sessions. She maintained good eye contact and conversed freely with the researcher. She has built more confidence and does not seem as withdrawn as before.

4.7.3 Fiona

4.7.3.1 Questionnaire and interview

Below is a summary of Fiona's responses to the Trauma-100 Questionnaire. For comparison, her pre-psychotherapy responses are entered on the left in italics and her post-psychotherapy responses are on the right in bold font.

Pre and post-psychotherapy responses to Trauma-100 Questionnaire							
	Number of responses of participant		Number of possible responses		Number of responses of participant		Number of possible responses
	Pre-scores	Post-scores			Pre-scores	Post-scores	
<i>Types of reactions</i>	11	5	42	<i>Positive consequences</i>	2	1	6
<i>Negative consequences</i>	4	4	13	<i>Implications of positive consequences</i>	1	1	3
<i>Implications of negative consequences</i>	2	1	5	<i>Ego defence mechanisms</i>	8	4	34

Table 10: Summary of Fiona's responses to Trauma-100 questionnaire

Fiona's responses to the Trauma-100 questionnaire after the psychotherapy sessions indicate that she experiences the same number of negative consequences but less reactions and implications of negative consequences connected to trauma. Her responses also indicate a decline in the use of ego defence mechanisms. She also indicated that she experiences less positive consequences but its implications stayed the same. In the interview Fiona ascertain that she feels better in some aspects of her life and experience less effects/symptoms from trauma (cf. Addendum AB). A detailed summary of Fiona's responses is attached in Addendum AF.

4.7.3.2 Projective media: Collage

Fiona's collage (cf. Addendum Y) contained a lot of images of smiling faces, beautiful objects and overall happy people. It also has the words, 'cool, super, hot, I'm just big and dreams come

true' on it. Overall the collage portrays hopefulness and positivity. Claire said that she only wanted the good and nice things in it because that is what she wants from her life. This indicates progress in her emotional well-being.

4.7.3.3 Observations

Fiona still appears shy and to some degree withdrawn but she has made progress in her general interactions. She makes eye-contact more regularly although she won't speak her mind freely.

4.7.4 Sabina

4.7.4.1 Questionnaire and interview

Below is a summary of Sabina's responses to the Trauma-100 Questionnaire. For comparison her pre-psychotherapy responses are entered on the left in italics and her post-psychotherapy responses are on the right in bold font.

Pre and post-psychotherapy responses to Trauma-100 Questionnaire							
	Number of responses of participant		Number of possible responses		Number of responses of participant		Number of possible responses
	Pre-scores	Post-scores			Pre-scores	Post-scores	
<i>Types of reactions</i>	14	10	42	<i>Positive consequences</i>	0	0	6
<i>Negative consequences</i>	5	5	13	<i>Implications of positive consequences</i>	0	2	3
<i>Implications of negative consequences</i>	2	0	5	<i>Ego defence mechanisms</i>	7	3	34

Table 11: Summary of Sabina's responses to Trauma-100 questionnaire

Sabina's responses to the questionnaire after the conclusion of the art psychotherapy sessions demonstrate that she experiences slightly fewer reactions due to trauma. Her experience of negative consequences remained the same although its consequences lowered to zero. She indicated that she still experiences no positive consequences but showed an increase in the implications of positive consequences. She also uses less ego defence mechanisms than before. In the interview she stated that although she still experiences some of the effect of trauma she has found ways of expression and coping that makes her feel better overall (cf. Addendum AC). A detailed summary of Sabina's responses is attached in Addendum AF.

4.7.4.2 Projective media: Collage

Sabina's collage (cf. Addendum Y) also comprised of smiling people, a wedding couple, clouds, flowers and so forth. She added the words, 'magic', 'real' and 'more reliable'. There are also pictures of eyes and a woman crying. Sabina explained that she feels good, however, she still sometimes feel like crying. She also pointed to the woman and baby picture and said that is her mother, indicating that she still feels the loss constantly. The researcher wondered whether the words 'more reliable' could show that her life is now more stable, which she agreed with.

4.7.4.3 Observations

The researcher observed Sabina as a cheerful, bright girl who engages freely with others. She maintained good eye contact and her body language is open and relaxed.

4.7.5 Kelly

4.7.5.1 Questionnaire and interview

Below is a summary of Kelly's responses to the Trauma-100 Questionnaire. For comparison, her pre-psychotherapy responses are entered on the left in italics and her post-psychotherapy responses are on the right in bold font.

Pre and post-psychotherapy responses to Trauma-100 Questionnaire							
	Number of responses of participant		Number of possible responses		Number of responses of participant		Number of possible responses
	Pre-scores	Post-scores			Pre-scores	Post-scores	
<i>Types of reactions</i>	14	7	42	<i>Positive consequences</i>	3	3	6
<i>Negative consequences</i>	7	1	13	<i>Implications of positive consequences</i>	3	3	3
<i>Implications of negative consequences</i>	1	1	5	<i>Ego defence mechanisms</i>	5	2	34

Table 12: Summary of Kelly's responses to Trauma-100 questionnaire

Kelly's responses to the questionnaire after the art psychotherapy sessions indicates that she experiences fewer reactions, negative consequences and its implications stayed the same than before the start of the sessions. She also makes less use of ego defence mechanisms than before. Kelly's experience of positive consequences and its implications remained the same. In the interview she told the researcher that she feels she experiences less negative emotions or

symptoms and she feels good about her overall functioning (cf. Addendum AD). A detailed summary of Kelly's responses is attached in Addendum AF.

4.7.5.2 Projective media: Collage

Kelly's collage (cf. Addendum Y) shows scenes from nature, smiling people, a woman dancing and other desirable objects for instance money, cameras and phones. She also pasted the words, 'cool', 'free', 'win', 'love story' and 'dream'. The collage seems joyful and Kelly confirmed that it shows everything she wants in her life.

4.7.5.3 Observations

Kelly seemed positive and relaxed, she maintained eye contact and appeared more confident although she is soft spoken and restrained.

4.7.6 Natasha

4.7.6.1 Questionnaire and interview

Below is a summary of Natasha's responses to the Trauma-100 Questionnaire. For comparison, her pre-psychotherapy responses are entered on the left in italics and her post-psychotherapy responses are on the right in bold font.

Pre and post-psychotherapy responses to Trauma-100 Questionnaire							
	Number of responses of participant		Number of possible responses		Number of responses of participant		Number of possible responses
	Pre-scores	Post-scores			Pre-scores	Post-scores	
<i>Types of reactions</i>	19	7	42	<i>Positive consequences</i>	3	2	6
<i>Negative consequences</i>	6	5	13	<i>Implications of positive consequences</i>	2	1	3
<i>Implications of negative consequences</i>	1	1	5	<i>Ego defence mechanisms</i>	10	6	34

Table 13: Summary of Natasha's responses to Trauma-100 questionnaire

Natasha's responses to the questionnaire after the completion of the art psychotherapy sessions show that she experiences significantly fewer reactions to trauma. She also experience less negative consequences and its implications and makes less use of ego defence mechanisms than before. Natasha showed a slight decrease in positive consequences and the

implications thereof. In the interview she told the researcher that she feels more optimistic and she thinks her emotional state has improved (See Addendum AE). A detailed summary of Natasha’s responses is attached in Addendum AF.

4.7.6.2 Projective media: Collage

Natasha’s collage (cf. Addendum Y) depicts two pictures of a mother and daughter, a wedding couple, a school girl and a professional woman. It also shows desirable items including money, a car, a phone and sunglasses. Included words are; ‘future’, ‘family’, ‘love’, ‘problem’, ‘feelings’, ‘young’, ‘get right into it’ and ‘enjoy the ride’. Although it seems mostly optimistic the researcher detected a longing for a mother relationship and a family bond. Natasha confirmed this and stated that she wanted the other things for her future – displaying hope.

4.7.6.3 Observations

Natasha seems more energetic and less anxious than at the start of the sessions. She still seems immature for her age but not so much as to be concerned about. She was able to make eye contact and interacts openly with the researcher.

4.8 DATA INTERPRETATION AND CONCLUSION

4.8.1 Michelle

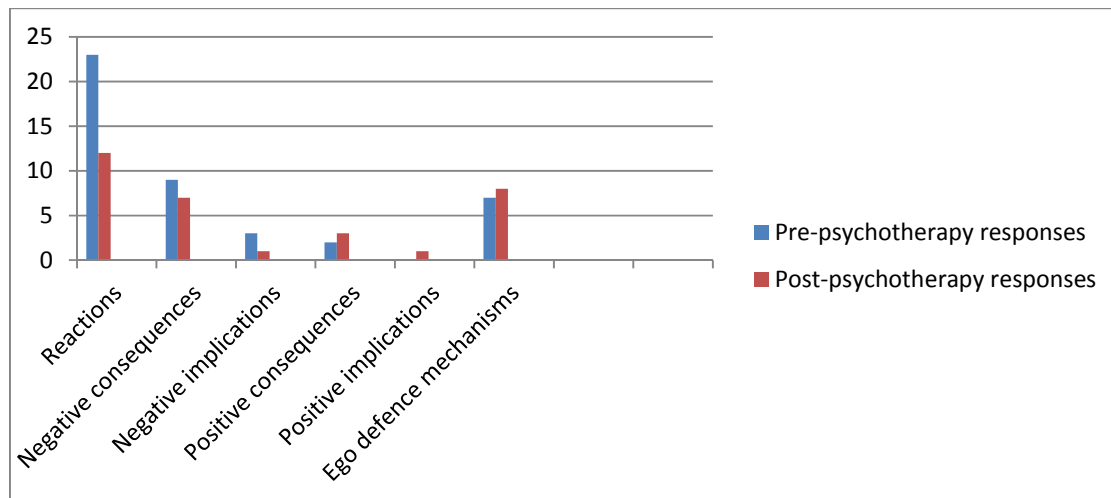


Table 14: Michelle’s progress as determined by the Trauma-100 Questionnaire

- As discussed under the previous heading (cf. 4.7.1) and as can be seen in the table above, Michelle’s trauma signs significantly lowered after the completion of the art psychotherapy sessions.
- Upon reflection of the art psychotherapy sessions it is clear that Michelle addressed her emotions, thoughts and behaviour underlying her exposure to trauma. She constructed a trauma narrative and gained relative mastery over her trauma reminders and memories.
- Her collage also evolved from depicting frustration and isolation to showing hope.
- Her metaphor developed during the creation of digital artworks from a broken, abandoned armchair to a mended and sheltered chair.
- Observations by the researcher include that Michelle is less anxious and more confident; her general affective state has improved greatly.
- Concerning the identified themes of emotional and security wants and needs, it seems as if Michelle has made progress in fulfilling both those needs, although there is still areas for growth.

4.8.2 Claire

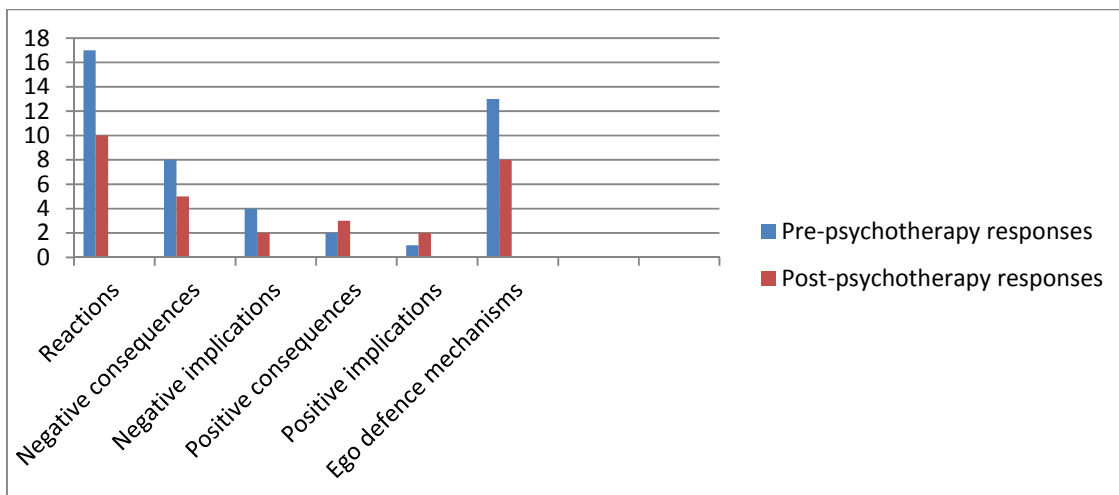


Table 15: Claire’s progress as determined by the Trauma-100 Questionnaire

- As discussed under the previous heading (cf. 4.7.2) and as can be seen in the table above Claire’s trauma signs lowered after the completion of the art psychotherapy sessions.

- Reflection on the art psychotherapy sessions indicates that Claire has enhanced her positive self-talk and has begun towards mastery over her traumatic experiences and symptoms. She has also started to employ regulation strategies over her emotions, thoughts and behaviour.
- Her collage evolved from depicting loneliness, isolation and desperation to showing optimism and hopefulness.
- Claire’s metaphor also grew from dark, sad music notes to a lively melody.
- Observations by the researcher include that Claire is less withdrawn and anxious.
- With regard to the identified themes of emotional and security needs it appears that Claire is making steady progress in changing the needs positively.

4.8.3 Fiona

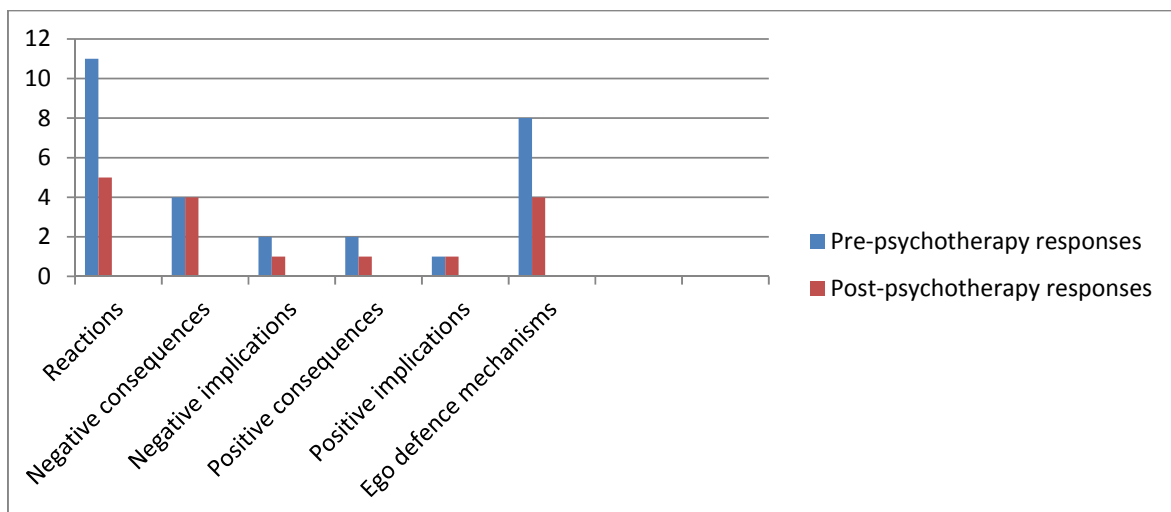


Table 16: Fiona’s progress as determined by the Trauma-100 Questionnaire

- As discussed under the previous heading (cf. 4.7.3) and as can be seen in the table above Fiona’s trauma signs lowered after the completion of the art psychotherapy sessions.
- Reflection on the art psychotherapy sessions shows that Fiona showed emotional progress and exhibited mastery over her trauma symptoms.
- Her collage also changed from a longing for recognition, love and security to showing hope of finding it in the future.
- Fiona’s metaphor stayed relatively the same, although it grew stronger, metaphorically being able to kill her monster and thus, her fears.

- The researcher observed that Fiona is less withdrawn and better able to interact than before.
- With reference to the identified themes of emotional and security needs it appears that Fiona’s emotional needs are better fulfilled but her need for security and stability can still be given attention to.

4.8.4 Sabina

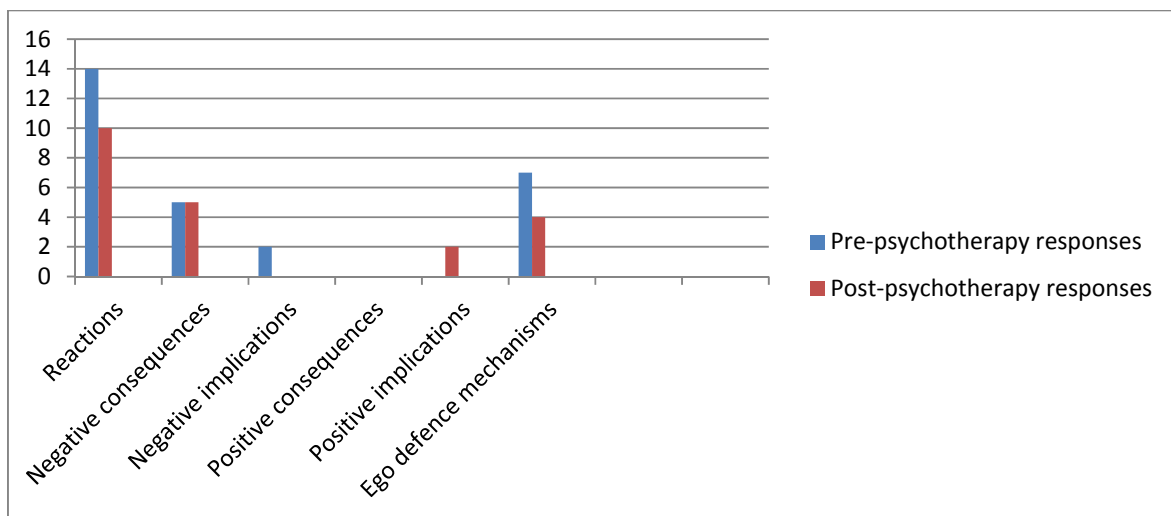


Table 17: Sabina’s progress as determined by the Trauma-100 Questionnaire

- As discussed under the previous heading (cf. 4.7.4) and as can be seen in the table above Sabina’s trauma signs lowered after the completion of the art psychotherapy sessions.
- Reflection on the art psychotherapy sessions shows that Sabina is learning regulation skills over her thoughts and feelings and beginning the process of cognitive reframing.
- Her collages show that she still experiences her loss acutely, although she feels more stable currently.
- Sabina’s metaphor transformed during her digital artwork from a grey petal-losing flower, to a colourful one showing growth and hope.
- The researcher observed that Sabina's overall functioning and emotional state has improved.
- With the identified themes of emotional as well as security needs, it appears that Sabina’s emotional needs are improving but her need for security and stability can be addressed and improved.

4.8.5 Kelly

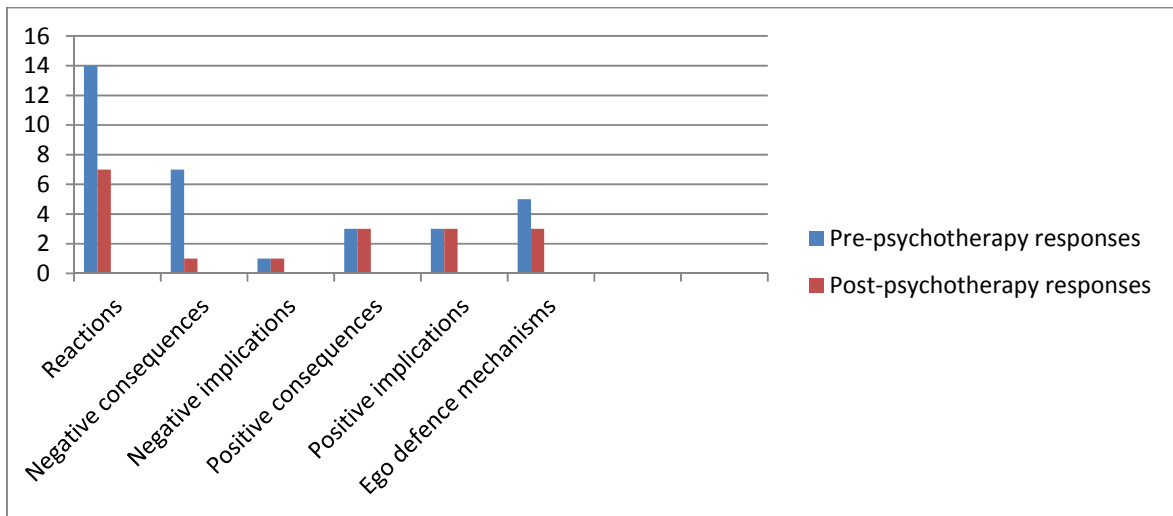


Table 18: Kelly's progress as determined by the Trauma-100 Questionnaire

- As discussed under the previous heading (cf. 4.7.5) and as can be seen in the table above, Kelly's trauma signs significantly lowered after the completion of the art psychotherapy sessions.
- Upon reflection of the art psychotherapy sessions it can be deduced that Kelly started to address her emotions, thoughts and behaviour underlying her exposure to trauma and engaged in positive self-talk.
- Her collages show a longing for love, specifically her mother and security but also depicted joy and hope for the future.
- Her metaphor also developed from a cheetah lying flat on its side to a cheetah standing upright and proud, ready to run.
- Observations by the researcher include that Kelly seems more confident and relaxed.
- Concerning the identified themes of emotional and security wants and needs it seems as if Kelly has made progress in fulfilling her emotional needs but still longs for greater stability.

4.8.6 Natasha

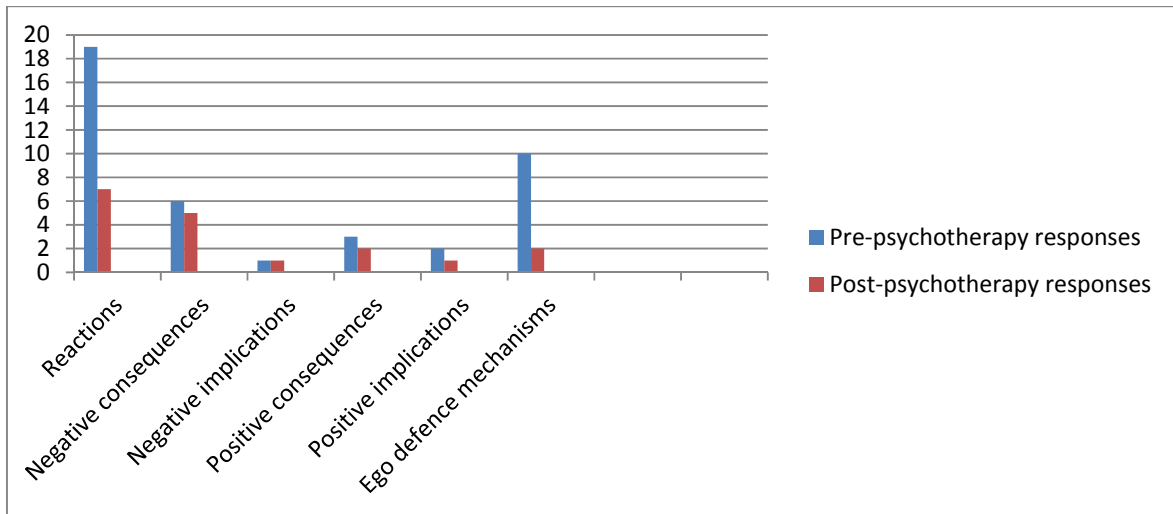


Table 19: Natasha's progress as determined by the Trauma-100 Questionnaire

- As discussed under the previous heading (cf. 4.7.6) and as can be seen in the table above, Natasha's trauma signs significantly lowered after the completion of the art psychotherapy sessions.
- Upon reflection of the art psychotherapy sessions it can be deduced that Natasha started to address her emotions, thoughts and behaviour underlying her exposure to trauma and has begun the process of coping with traumatic memories and effects.
- Her collages both depict a longing for love, specifically her mothers, and the stability of a home, but it also depicted feelings of happiness and optimism.
- Her metaphor changed from a python who wanted to be able to kill all its enemies to a colourful bird with a nest, showing emotional growth from aggression to calmer, nurturing qualities.
- Observations by the researcher include that Natasha seems less anxious and able to express herself better.
- With reference to the identified themes of emotional and security wants and needs it seems as if Natasha has made some progress in improving her emotional needs but still longs for greater stability and family love.

4.9. IN CONCLUSION

This chapter discussed the empirical investigation, the process as well as its results and interpretations. The selected participants were first pre-assessed to determine the extent and nature of their symptoms experienced because of trauma. This was followed by individual art psychotherapy sessions in which the participant dealt with the effects from trauma by creating various digital artworks. After the completion of the sessions the participants were again assessed to determine whether any changes occurred in their experienced trauma symptoms. The pre- and post-psychotherapy assessment results were compared and interpreted to assess whether the use of digital art psychotherapy can be considered as a successful tool to assist adolescents who have experienced trauma. All six the participants showed change and progress in various degrees.

From this empirical study it can be determined that the use of digital media can be used as a successful psychotherapeutic tool, specifically with adolescents who have been exposed to trauma. The next chapter will focus on findings, limitations, recommendation and conclusions based on inferences made from the literature and the empirical study.

CHAPTER 5

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter focuses on the findings from the empirical study as presented in chapter four which ensued from the literature study in chapter two and the research methodology in chapter three. The finding will be conferred and interpreted with regards to the literature study and the empirical research study. This will be followed by a discussion of the limitations of the study and recommendations for further studies. Finally, a conclusion will be drawn and presented at the end of this chapter.

5.2 PURPOSE OF THE RESEARCH

The purpose of this study is to investigate the use of digital media in art psychotherapy and whether it can be considered as a useful psychotherapeutic tool with adolescents who have experienced trauma (cf. 1.5.1).

Regarding the general purpose of the study whether digital media can be used as a successful tool in art psychotherapy, specifically with adolescents who have experienced trauma, two separate research questions were posed namely (cf. 1.5.2.1):

- What exactly constitutes as digital media and art, and how can it be implemented in the therapeutic process?
- Did some of the trauma signs exhibited by the participants change during and after the therapeutic sessions?

5.3 FINDINGS WITH REGARD TO THE LITERATURE STUDY

The literature study, as presented in chapter two, focused on the concepts of art psychotherapy and its value, digital art, digital media in art psychotherapy and the ethical considerations thereof. This study also involved a detailed investigation into trauma, its definition, causes and treatment, as well as the use of art psychotherapy in the treatment of trauma. It also concentrated on using art psychotherapy and trauma treatment specifically with adolescents. The literature study was conducted with the objective of finding solutions to the research questions mentioned above.

The paragraphs below aim to summarise the key conclusions from the literature study and the integration thereof in the empirical study:

5.3.1 Art psychotherapy and its value

It was stated that art psychotherapy can be defined as the psychotherapeutic process that involves natural creative expression using various art materials and techniques (Avrahami 2008:5-38). The art psychotherapist functions as a facilitator in both the creative as well as reflective journey and the artwork can be seen as a concrete product that illustrates the psychotherapeutic process (Avrahami 2006:5-38).

It was also found that art psychotherapy enables the expression of inner thoughts or feelings when verbalisation is challenging or not possible for the client. Much of our thinking and perceptions are visual which makes it sometimes easier to express oneself in a graphical format. Some memories or feelings may also be preverbal and inaccessible to the client; expressing these memories/feelings through art might prove easier than conversing verbally as in traditional psychotherapy. These findings convinced the researcher that it can be considered an effective intervention tool to assist in trauma treatment.

It was also found that art psychotherapy can be considered as a useful type of psychotherapy for adolescents as it can be seen as a creative developmental stage and art may also prove a safe means for self-expression (Appleton 2001:6-13). These findings confirmed that the use art psychotherapy can be implemented with the selected sample of adolescents who have experienced trauma.

5.3.2 Digital media in art psychotherapy

The premise for this study resides in the notion that art psychotherapy has mainly been concerned with traditional materials of 20th century visual arts and as digital technology has become more accessible, practitioners of art psychotherapy have to consider digital media as a method and means for client self-expression (Gilroy 2006:30-46).

When conducting the literature study the researcher found the main themes in the debate over the use of digital media to include the impact of technology on magic, hand and creativity.

With the theme of magic, referring to inspiration, it was found that nature of the medium does not necessarily determine the quality of the art psychotherapeutic experience and that it depends on the client's intent and creative imagination (cf. 2.4.1.1). The researcher then

planned to guide the digital media and psychotherapeutic process so that it doesn't distract the adolescent from the real purpose of the psychotherapeutic sessions.

With the theme of hand, which is concerned with the tools used, it was found that there are unique tactile and kinaesthetic qualities present in the use of digital media and the client is still creatively interacting with the tools and artwork as with traditional materials (cf. 2.4.1.2). The researcher planned to confirm this concept and to further investigate whether the limits on tactile stimulation will inhibit emotional expression in the empirical research of this study.

The theme concerned with the impact of digital media on creativity found that creativity is not limited by specific tools and processes and that it can be expressed freely with digital media (cf. 2.4.1.3). During the literature study the researcher was not convinced that the spontaneous expression inherent in traditional art-making will be the same for digital art-making and planned to investigate this in the empirical research.

Other findings of the literature study involved the relationship between the client, the artwork and the psychotherapist (cf. 2.4.1.4). It was found that the spatial separation of the image on the screen and the tools used to create it, leads to the image/artwork being accessible to both client and psychotherapist and will lend a more fluid flow to the proceedings (McNiff 1999:197-200). The researcher planned to investigate the impact of this spatial separation on the therapeutic process and whether the client will become so absorbed in using digital tools that some of the psychotherapeutic aspects of the progress will be lost?

The researcher planned to incorporate activities and techniques in the empirical research study that will attempt to address and answer the questions raised by the literature study.

5.3.3 Trauma: definition, causes and treatment

From the literature study it was found that trauma can be described as either psychological or physical trauma, caused by the occurrence of serious threat of violent death and bodily injury to the person's physical body or psychological wellbeing (Rankin & Taucher 2003:138-147). Two types of trauma can be distinguished namely, event trauma which is sudden and unexpected, and process trauma which is repeated over a period of time (Eckes & Radanovich 2007). In this study the participants have mostly been exposed to process trauma.

The researcher also found that the type and severity of the trauma does not necessarily predict the responses of the trauma survivor. Responses can have emotional, psychological or/and

neurological components and depends on the person's life experience, surroundings, support system, personality and coping style (Eckes & Radanovich 2007).

Goals of trauma treatment founded in the literature study which was then included in the empirical research, involved an effort to decrease the intensity of the negative after effects in order to improve functioning and to increase positive life experiences and well-being (Rankin & Taucher 2003:138-147). The intervention was thus planned to mainly focus on the individuals' responses and their overall functioning (cf. 2.5.1). The psychotherapeutic approach then used in this study involved examining and addressing the clients' emotions, cognitive processes and behaviours in an interrelated, holistic approach using goal orientated techniques (Cohen et al 2006:16-25). The researcher decided to implement basic trauma intervention principles into art psychotherapy techniques, which involve re-exposure to the traumatic memories, developing a trauma narrative and cognitive reframing (Malchiodi 2012:139-151).

The literature study also highlighted that adolescence is a time of emotional and social development and can be a period of increased risky behaviours and it places adolescents at high risks for exposure to traumatic stressors. Significant trauma in this life stage can influence psychological and emotional growth; it may have long lasting impact which may shape the adolescent's perspective and identity (Eckes & Radanovich 2006). Therefore, the empirical study was aimed at minimising the effects of trauma on the overall well-being and functioning of the participants.

Flowing from the literature study the researcher employed a theoretical framework of post-trauma psychotherapy which focused on the client's cognitive, affective and behavioural domains in the empirical research. It was determined that the goal of the psychotherapy will be to externalise the story and make use of the cognitive reframing of the experience in order for it to be manageable for the client through the use of digital art psychotherapy practices.

5.3.4 Addressing trauma with art psychotherapy

Appleton (2001:6-13) states that trauma is stored in the memory as imagery, thus as a visual representation, and for that reason expressive art has proven as a very effective method in trauma treatment (cf. 2.5.3). It allows for the traumatic experience to be expressed and processed in its own 'language', the visual form. The literature study confirmed that art psychotherapy provides an integrative approach to trauma treatment by processing trauma memories through symbol integration in a process that is controlled (Avrahami 2006:5-38). It

allows the client to create a trauma narrative, without having to verbalise it, which may prove too problematic for some clients. It was also found that art psychotherapy proved to enable the client to contain the chaos associated with the trauma within structured borders of the art product, and to regain a sense of control over the past and present emotions, thoughts and behaviours. As the client creates a visual expression of the experience, the shapes, colours and sensations provide a way to re-expose the traumatic emotion, and to communicate and integrate the trauma memories in the language that it was stored

5.3.5 Psychotherapeutic activities and goals flowing from the literature study

In conclusion of the literature study in chapter two, the researcher was able to establish a definition of the use of digital media in art psychotherapy, thereby partly answering the first research question. The researcher was also able to formulate goals on how to implement digital media in psychotherapy; specifically focusing on trauma intervention.

These goals included that the researcher will facilitate the psychotherapeutic process and draw awareness to the clients' interaction between thoughts, feelings and behaviours in order to deal with their trauma symptoms. It also included generating confidence and control in the client, to assist in processing traumatic memories, to work on emotions and in the end to enable the client to re-join the world by functioning optimally.

The researcher focused specifically on the following: to give the client information about trauma, the reactions and how to manage symptoms; to rely on relaxation techniques, affective expression and modulation skills; to focus on positive self-talk; constructing a trauma narrative; and to attempt mastery over the trauma reminders.

These goals were combined with the researcher's personal knowledge and experience with the art making processes and digital art programmes in order to attempt to answer the research questions fully. These answers are contained in the section below.

5.4 FINDINGS WITH REGARD TO THE EMPIRICAL RESEARCH

Following the literature study the researcher planned the research design and structure of the empirical study. The selected six participants were firstly pre-assessed in two sessions to determine the nature and extent of their trauma and symptoms experienced because of it. The following activities formed part of the pre-assessment: a trauma questionnaire, interviews, projection media (drawing, collage, metaphor) and observations. In the pre-assessment

sessions it was found that all of the participants suffer from various symptoms caused by trauma and that it is affecting their daily or emotional functioning. The information gained from the pre-assessments, the documents and artefacts collection as well as from each participant's background circumstances, was incorporated in order to plan the psychotherapeutic sessions.

The psychotherapeutic sessions consisted of six sessions and the content and artworks were carefully analysed in order to draw significant conclusions (cf. 4.6). The participants were all eager to take part in the psychotherapeutic sessions and to create art digitally. Generally, they co-operated very well and the researcher was able to structure the sessions in a safe psychotherapeutic environment.

The third session of the empirical study focused on addressing emotions that might have arisen from the pre-psychotherapy assessment sessions and to familiarise the participants with the digital media. The sessions went smoothly and all the participants were able to cope with their emotions and use the computer programmes to create art.

The fourth session aimed to re-expose the participant to trauma memories that may lead to the expression of emotions, underlying issues and repressed feelings. Mostly the participants participated actively in the activity and were able to examine trauma memories and express the associated emotions.

The fifth session was used to investigate each participant's perception of their own life world and experience and to indirectly create a trauma narrative. The session was also used to give each participant the opportunity to depict their emotions, thoughts and behaviours associated with the traumatic experiences. The participants once again engaged fully in the activity and the researcher noted that changes were starting to take place in the participants overall emotions and thought patterns.

The sixth session focused on the construction of a trauma narrative and attempt to make sense of the traumatic experience as well as explore internal dialogues. Where necessary, the researcher relayed relaxation techniques, affective expression and modulation skills to the participants to assist with their coping and overall functioning skills. Most of the participants were able to create a meaningful trauma narrative and start the process of processing their trauma memories.

The seventh session aimed to assist each participant in cognitively processing the trauma memories through systematic desensitisation, and increase their tolerance of re-experiencing

the trauma. Once again each participant participated fully in the activity and it was evident that the participants' overall coping skills with emotional, cognitive and behavioural symptoms associated with the trauma, has started to improve. It became clear that the participants could express themselves significantly through the media of digital art making and although the psychotherapeutic process could be challenging at times, they still enjoyed the act of creating digital art.

The eighth session was aimed to enhance cognitive reframing so that the participant is able to cope with the after effects and memories of the trauma and to improve general functioning. It also focused on positive self-talk and emphasised personal progress and strengths. The participants once again partook enthusiastically and it was evident that some form of cognitive reframing occurred within each participant. Every participant also noticed some changes in their overall emotional well-being and the researcher observed definite improvements in their general functioning.

Considering the topics that emerged during the literature study the researcher was able to reach satisfactory conclusions about all of the raised queries (cf. 5.3.2). The researcher observed that each participant was able to fully engage with the digital media and with their intent being to create personal artworks of expression; they were able to display inspiration and creative imaginations. The media also did not actually distract from the psychotherapeutic elements of the session and each participant was able to create and engage in psychotherapeutic moments when appropriate. The use of digital tools also came almost naturally to the participants and the researcher is of the opinion that it did not limit tactile stimulation or emotional expression. The researcher observed that the effects of using either traditional or digital tools were almost the same in the participants' ability to create and express art in a psychotherapeutic setting. Meaning, the participants used both types of tools with equal proficiency to express themselves fully.

The impact of digital media on spontaneous expressivity was evident in some but not all instances; in other words, it varied from sessions and participants. In some cases the participants worked very methodically and strategically and in others they freely experimented and created art without over thinking the process. The researcher is of the opinion that it depended on each participant's personality, mood and mental state. The researcher also observed that digital media proved a very effective method for expressing emotions and thoughts, despite whether the participant worked systematically or loosely.

The researcher also found that the spatial separation between the client, the artwork and the researcher indeed gave a flow to the proceedings and all of the participants were able to interact and engage with the researcher while creating an artwork on the screen.

After the psychotherapeutic sessions, the participants were once again assessed to determine whether changes took place from before the commencement of the art psychotherapy sessions. The post-psychotherapy assessment included the questionnaire, interviews, projective collages and observations. The responses from the questionnaire indicated that significant changes took place in each of the six participants' experience of trauma symptoms. This was confirmed in the interviews and the collages. The researcher also observed general changes in each participant's functioning and overall emotional well-being.

5.5 LIMITATIONS OF THIS STUDY

- For the reason that the study is of qualitative nature, the findings are specific to the sample group that was studied and it therefore cannot be generalised to a larger population. A bigger sample size would give a more comprehensive view about the generalisation of the research findings.
- The sample of the study consisted entirely of female participants, which limit the findings to one gender. Males could have been included to determine the effectiveness of the study on both genders.
- The study used case studies and focused mainly on the adolescent age range (13-17 years), a wider age range could have been used to generalise the study to a further extent.
- The participants' interests, personalities and aptitudes were also not taken into consideration when they were selected for the study.
- The participants came from exceptionally different socio-economic and cultural backgrounds. The study did not focus on or take these factors into consideration when conducting the research study.
- The psychotherapy sessions were limited to a certain number; more sessions could have been implemented to further determine the overall influence on the participants.
- The sessions were also limited to a certain time period, which could have been extended to determine the long-term effects on each participant.
- The digital methods used were limited to the use of two art programmes that imitate mainly fine arts processes like drawing and painting.

- This type of psychotherapy may also not be suitable for all people; individuals experiencing physical handicaps or issues with motor co-ordination may experience difficulty with the activities.
- As the study focused mainly on treating trauma, the use of digital media in art psychotherapy to address other issues were not investigated or determined.
- Other professionals may not be skilled in the methods used in this study, thereby limiting the use of this psychotherapeutic intervention. The tools used may also not be easily accessible to all others, again limiting the application of this study.

5.6 RECOMMENDATIONS WITH FURTHER STUDY

The study's findings indicate that there might be scope for further research studies in South Africa and the following recommendations are made:

- Further studies can be conducted in order to determine the effectiveness of using digital media in art psychotherapy over a longer period of time and to determine whether the effects from the intervention is temporary or long-term.
- A further research study can investigate the use of digital media in art psychotherapy with both genders and other age ranges than used in this study.
- The influence of the participants' interests, personality and aptitude on the effectiveness of using digital media in art psychotherapy can also be investigated in further studies.
- Further studies can investigate the effectiveness of using other digital media, for instance video-making or 3D modelling, for psychotherapeutic purposes.
- This study focused specifically on addressing the effects of trauma with the use of digital media in art psychotherapy. A further study can investigate the use of these techniques and tools in order to address other areas of difficulties or functionality.
- Further studies can also focus on investigating the differences between participants from various socio-economic and cultural backgrounds and whether there is a variance in the effects from implementing digital art psychotherapy.
- Additional research can explore whether this type of intervention can be adapted and used successfully with an individual who experiences physical handicaps or problems with motor co-ordination.
- The knowledge and attitudes of other professionals about and towards the use of digital media in psychotherapy can also be researched in order to determine whether it will be applied in the professional field of psychotherapy. A further study can also be conducted

to determine how accessible and user-friendly these methods and media is to the general population.

5.7 CONCLUSION

This chapter brought the research study to its culmination. The main findings from the literature review, as well as the empirical study, were presented and summarised in order to draw significant conclusions.

The research study was undertaken with the purpose to investigate the use of digital media in art psychotherapy and whether it can be considered as a useful psychotherapeutic tool with adolescents who have experienced trauma. It therefore determined that digital media can be considered as a successful tool in art psychotherapy, specifically with adolescents who have experienced trauma. The research questions stated in chapter one has been fully investigated and the aims set for this study were met.

The limitations of the research study were also discussed and recommendations for future research gathered from the literature study as well as the empirical investigation were made.

The researcher found this study very meaningful and demonstrative of the healing power of art. It is effectively worded in the following quote: "At the deepest level, the creative process and the healing process arise from a single source. When you are an artist, you are a healer; a wordless trust of the same mystery is the foundation of your work and its integrity." Rachel Naomi Remen (Art and healing network 2010).

Bibliography

- Alders, A, Beck, L, Allen, P & Mosinski, B. 2011. Technology in art therapy: ethical challenges. *Art Therapy: Journal of the American Art Therapy Association* 28:4, 165-170. Available: <http://dx.doi.org/10.1080/07421656.2011.622683> [4 February 2013].
- American Art Therapy Association. 2010. *Frequently asked questions about art therapy*. Available: <http://www.arttherapy-co.org/ataco/documents/whatis/AATA%20-%20Frequently%20Asked%20Questions%20about%20Art%20Therapy.pdf> [31 November 2012].
- American Psychiatric Association. 2000. *Diagnostic and statistical manual of mental disorders: (DSM-IV-TR)*. 4th Ed. Washington: American Psychiatric Association.
- Ansano, S. 2013. *The history & development of computer art therapy*. Available: <http://www.computerarttherapy.com/about/> [6 July 2012].
- Appleton, V. 2001. Avenues of hope: art therapy and the resolution of trauma. *Art Therapy: Journal of the American Art Therapy Association* 18:1, 6-13. Available: <http://dx.doi.org/10.1080/07421656.2001.10129454> [4 June 2012].
- Art and healing network. 2010. *Art and healing quotes*. Available: http://www.artheals.org/inspiration/Art_Healing_Quotes.html [15 August 2013].
- Austin, B. 2009. Renewing the debate: digital technology in art therapy and the creative process. *Art Therapy: Journal of the American Art Therapy Association* 26:2, 83-85. Available: <http://dx.doi.org/10.1080/07421656.2009.10129745> [4 March 2013].
- Avrahami, D. 2006. Visual art therapy's unique contribution in the treatment of post-traumatic stress disorders. *Journal of Trauma & Dissociation* 6:4, 5-38. Available: http://dx.doi.org/10.1300/J229v06n04_02 [3 March 2013].
- Barnes, H & Peters, D. 2002. Translating trauma: using arts therapies with survivors of violence. *South African Theatre Journal* 16:1, 157-183. Available: <http://dx.doi.org/10.1080/10137548.2002.9687747> [15 January 2013].
- Boden, MA. 2007. Authenticity and computer art. *Digital Creativity* 18:1, 3-10. Available: <http://www.cogs.susx.ac.uk/courses/creative-systems/papers/maggie/authenticity.pdf> [13 January 2013].
- BAAT. 2011. *What is art therapy?* Available: http://www.baat.org/art_therapy.html [4 February 2013].
- Canfield, J. 2008. Secondary traumatization, burnout, and vicarious traumatization. *Smith College Studies in Social Work* 75:2, 81-101. Available: http://0-www.tandfonline.com.oasis.unisa.ac.za/doi/pdf/10.1300/J497v75n02_06 [13 January 2013].
- Case, C & Dalley, T. 2006. *The handbook of art therapy*. New York: Routledge Taylor & Francis Group.

- Chandra, R. 2012. *Healing trauma through art*. Available: <http://www.psychologytoday.com/blog/the-pacific-heart/201211/healing-trauma-through-art> [6 July 2012].
- Cohen, RJ & Swerdlik, ME. 2005. *Psychological testing and assessment, an introduction to tests and measurement*. 6th Ed. New York: McGraw-Hill.
- Cohen, J, Mannarino, A & Deblinger, E. 2006. *Treating trauma and traumatic grief in children and adolescents*. New York: The Guilford Press.
- Crime Statistics SA. 2013. *Crime stats simplified*. Available: <http://www.crimestatssa.com/> [12 March 2013].
- Dash, NK. 2005. *Selection of the research paradigm and methodology*. Available: http://www.celt.mmu.ac.uk/researchmethods/Modules/Selection_of_methodology/ [10 April 2013].
- Dollinger, SJ, Kazmierczak, E & Storkerso, PK. 2001. Creativity and self-exploration in projective drawings of abused women: evaluating the Inside Me–Outside Me workshop. *Journal of Creativity in Mental Health* 6:3, 202-219. Available: http://www.academia.edu/1196103/Creativity_and_Self_Exploration_in_Projective_Drawings_of_abused_Women_Evaluating_the_Inside_Me_Outside_Me_Workshop_published_in_JCMH_2011 [1 May 2013].
- Eckes, A & Radanovich, HL. 2007. *Trauma and adolescents*. Available: <http://edis.ifas.ufl.edu/fy1004> [13 January 2013].
- Esaak, S. 2008. *What are the functions of art?* Available: <http://arthistory.about.com/cs/foreducators/f/functions.htm> [12 March 2013].
- Fletcher, KE. 2011. Understanding and assessing traumatic responses of guilt, shame and anger among children, adolescents and young adults. *Journal of Child & Adolescent Trauma* 4:4, 339-360. Available: <http://www.tandfonline.com/doi/pdf/10.1080/19361521.2011.623146> [13 January 2013].
- Gilroy, A & McNeilly, G. 2000. Introduction to art therapy. In: Gilroy, A & McNeilly, G (Eds). 2000. *The Changing shape of art therapy: new developments in theory and practice*. London Philadelphia: Jessica Kingsley.
- Gilroy, A. 2006. *Art therapy, research and evidence based design*. London: Sage.
- Greeff, M. 2005. Information collection: Interviewing in De Vos, AS, Strydom, H, Fouché, CB. & Delpont, CSL. (Eds). *Research at Grassroots: For the Social Sciences and Human Service Professions*. 3rd Ed. Pretoria: Van Schaik Publishers.
- Guevin, J. 2006. *Say what? A look back at Gates' pearls of wisdom*. Available: http://news.cnet.com/Say-what-A-look-back-at-Gates-pearls-of-wisdom/2100-1014_3-6084505.html [30 May 2013].
- Hatch, JA. 2002. *Doing qualitative research in education settings*. Albany: State University of

New York Press.

- Hellerstein, DJ. 2012. *Can Tetris Prevent PTSD: Is it possible to prevent the brain from remembering trauma?* Available: <http://www.psychologytoday.com/blog/heal-your-brain/201203/can-tetris-prevent-ptsd-0> [29 May 2013].
- Henning, E. 2005. *Finding your way in qualitative research*. Pretoria: Van Schaik Publishers.
- Kapitan, L. 2009. Introduction to the special issue on art therapy's response to techno-digital culture. *Art Therapy: Journal of the American Art Therapy Association* 26:2, 50-51. Available: <http://www.tandfonline.com.oasis.unisa.ac.za/doi/pdf/10.1080/07421656.2009.10129737> [4 May 2013].
- Kleiman, GM & Humphrey, MM. 1984. Computers make special education more effective and fun. *Creative Computing* 10:10. Available: http://www.atarimagazines.com/creative/v10n10/96_Computers_make_special_ed.php [24 February 2013].
- Leibowitz, M. 1999. *Interpreting projective drawings – a self-psychological approach*. London: Brunner/Mazel.
- Malchiodi, CA. 2012. *Handbook of art therapy*. 2nd Ed. New York: Guilford Press.
- Malchiodi, CA. 2009. *Art therapy meets digital art and social media*. Available: <http://www.psychologytoday.com/blog/the-healing-arts/200911/art-therapy-meets-digital-art-and-social-multimedia> [6 May 2012].
- Malchiodi, CA. 2010a. *Cool art therapy intervention #10: Magazine Photo Collage: That magazine picture is saying something to you*. Available: <http://www.psychologytoday.com/blog/the-healing-arts/201002/cool-art-therapy-intervention-10-magazine-photo-collage> [6 May 2012].
- Malchiodi, CA. 2010b. *Using drawing as intervention with traumatised children*. Trauma and Loss: Research and Interventions 1(1). Available: <http://www.tlcinst.org/drawingintervention.html> [4 June 2012].
- Manfredi, T. 2010. *Art therapy explained*. Available: <http://www.healthguidance.org/entry/15875/1/Art-Therapy-Explained.html> [27 May 2013].
- McLeod, C. 1999. Empowering creativity with computer-assisted art therapy: an introduction to available programs and techniques. *Art Therapy: Journal of the American Art Therapy Association* 16:4, 201-205. Available: <http://www.arttherapy.org/upload/arttherapybibliographyselectstudiesarticlespublications.pdf> [4 June 2012].
- McMillan, JH & Schumacher, S. 2010. *Research in Education; Evidence-based inquiry*. 7th Ed. New Jersey: Pearson Education Inc.
- McNiff, S. 1999. The virtual art therapy studio. *Art Therapy: Journal of the American Art Therapy*

- Association* 16:4, 197-200. Available: <http://dx.doi.org/10.1080/07421656.1999.10129484> [14 January 2013].
- Miller, I. 2011. *The history of digital art 101*. Available: <http://digitalarthistory.iwarp.com/> [20 January 2013].
- Miri, L. 2006. Using projective techniques in the evaluation of groups for children of rehabilitating drug addicts. *Mental Health Nursing* 27:5, 519-535. Available: http://www.levin-rozalis.com/image/users/137364/ftp/my_files/Publications2/proj-techniques%20drug%20addicts.pdf [13 April 2013].
- Mommsen, C. 2010. *Metaphors for selected psychological concepts: Some perspectives and impressionistic vignettes*. Available: http://www.psychotherapy.co.za/GeckoLinks_show.asp?TYP=7&EntryID=963 [13 April 2013].
- Moon, BL. 2000. *Ethical issues in art therapy*. Springfield, Ill: Charles C Thomas.
- Moon, BL. 2007. *The role of metaphor in art therapy: theory, method, and experience*. Springfield, Ill: Charles C. Thomas.
- Mouton, J. 2001. *How to succeed in your Master's and Doctoral studies: A South African guide and resource book*. Pretoria: Van Schaik Publishers.
- Naidu-Hoffmeester, R & Kamal, R. 2013. *South Africa, the world's rape capital*. Available: <http://www.unisa.ac.za/news/index.php/2013/02/south-africa-the-worlds-rape-capital/> [12 March 2013].
- Naiman, L. 2011. *Creativity at work*. Available: <http://www.creativityatwork.com/what-is-creativity/#.UaeHC9iW9aB> [20 May 2013].
- Parker-Bell, B.1999. Embracing a future with computers and art therapy. *Art Therapy: Journal of the American Art Therapy Association* 16:4, 180-185. Available: <http://www.arttherapy.org/upload/arttherapybibliographyselectstudiesarticlespublications.pdf> [4 June 2012].
- Peterson, BC, Stovall, K, Elkins, DE & Parker-Bell, B. 2005. *Art therapists and computer technology*. *Art Therapy: Journal of the American Art Therapy Association* 22:3, 139-149. Available: <http://dx.doi.org/10.1080/07421656.2005.10129489> [14 January 2013].
- Project Spectrum. 2007. *Project Spectrum - Strengths of autism shine through in 3D*. Available: <http://www.sketchup.com/intl/en/spectrum.html> & <http://www.youtube.com/watch?v=k7PlwSnKq7E> [16 September 2012].
- Rankin, AB & Taucher, LC. 2003. A Task-oriented approach to art therapy in trauma treatment. *Art Therapy: Journal of the American Art Therapy Association* 20:3, 138-147. Available: <http://dx.doi.org/10.1080/07421656.2005.10129489> [14 January 2013].
- Reznick, C. 2009. *Healing power of children's art*. Available: <http://www.psychologytoday.com/blog/the-power-imagination/200911/the-healing-power-childrens-art> [13 January 2013].

- Republic of South Africa (RSA). 2006. Health professions act: Ethical rules of conduct for practitioners registered under the health professions act. *Government Gazette no 29079. Cape Town: Office of the president 717*. Available: <http://www.info.gov.za/view/DownloadFileAction?id=62434> [2 March 2013].
- Riley, S. 1999. *Contemporary art therapy with adolescents*. London Philadelphia: Jessica Kingsley.
- Riley, S. 2001. Art therapy with adolescents. *Western Journal of Medicine* 175:1, 54-57. Available: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1071468/> [10 January 2013].
- Rizzo, A, Pair, J, Graap, K, Manson, B, McNERNEY, P, WIEDERHOLD, B, WIEDERHOLD, M & SPIRA, J. 2006. *A virtual reality exposure therapy application for Iraq War Military Personnel with Post-Traumatic Stress Disorder: From Training to Toy to Treatment*. Available: <http://ict.usc.edu/pubs/A%20Virtual%20Reality%20Exposure%20Therapy%20Application%20for%20Iraq%20War%20Military%20Personnel%20with%20Post%20Traumatic%20Stress%20Disorder-%20From%20Training%20to%20Toy%20to%20Treatment.pdf> [30 May 2013].
- Rothschild, B. 2000. *The body remembers: The psychophysiology of trauma and trauma treatment*. New York: W.W. Norton & Co.
- Rubin, JA. 2010. *Introduction to art therapy: sources and resources*. New York: Routledge.
- Rubin, JA. 1984. *Child art therapy: Understanding and helping children grow through art*. New York: Van Nostrand Reinhold.
- Rubin, JA. 2004. *Art therapy has many faces* [DVD]. Pittsburgh PA: Expressive Media.
- Sheikh, AI. 2008. Posttraumatic growth in trauma survivors: Implication for practice. *Counselling Psychology Quarterly* 21:1, 85-97. Available: <http://0-www.tandfonline.com.oasis.unisa.ac.za/doi/pdf/10.1080/09515070801896186> [27 May 2013].
- Smith, J & Marsh, J. 2009. Why we make art. Available: http://greatergood.berkeley.edu/article/item/why_we_make_art [13 March 2013].
- Sullivan, G. 2005. *Art practice as research: inquiry in the visual arts*. Thousand Oaks: Sage Publications.
- Thong, SA. 2007. Redefining the tools of art therapy. *Art Therapy: Journal of the American Art Therapy Association* 24:2, 52-58. Available: <http://www.arttherapy.org/upload/arttherapybibliographyselectstudiesarticlespublications.pdf> [4 June 2012].
- Tsouros, K. 2013. *The power of art*. Available: <http://www.artfetch.com/edition/36/the-power-of-art/> [01 March 2013].
- Vaidyanathan, S. 2013. *Digital Art for all: Creative technology education using free and open*

- source tools*. Available: <http://www.digitalartforall.com/about/> [01 March 2013].
- Waiswol, N. 1995. Projective techniques in psychotherapy. *American Journal of Psychotherapy* 49:2, 244-259. Available: <http://www.ncbi.nlm.nih.gov/pubmed/7677204> [14 March 2013].
- Wakefield, H & Underwager, R. 1998. The application of images in child abuse investigations. In: Prosser, J (Ed). *Image-based Research: A Sourcebook for Qualitative Researchers*. London: Falmer Press.
- Witztum, E, Van der Hart, O & Friedman, B. 1985. The Use of metaphors in psychotherapy. *Journal of Contemporary Psychotherapy* 18:4, 270-290. Available: http://bscw.rediris.es/pub/bscw.cgi/d4464597/Witztum-Use_metaphors_psychotherapy.pdf [16 March 2013].
- Wise to art. 2009. *The intrinsic qualities of art*. Available: <http://brugesfineart.com/wisetoart/2009/01/06/on-the-intrinsic-qualities-of-art/> [10 April 2013].

ADDENDUM A: TRAUMA-100 QUESTIONNAIRE

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THE TRAUMA-100-QUESTIONNAIRE

NAME	DATE
AGE	GRADE

INSTRUCTIONS:

Indicate which of the following statements apply to your personal situation or your emotional life AFTER you have experienced the trauma. If the statement has no relevance, ignore it by drawing a line through the block. Say for instance you have a lifelong problem with insomnia, the first statement (no 1) will be ignored.

Positive answers to the statements must be indicated according to intensity, using the following scale:

1 = Severe / Definitely

2 = Not that severe / To a lesser degree

- 1 I have sleeping problems. (I have problems falling asleep / I wake up in the middle of the night and cannot go back to sleep again / I wake up early in the morning.)
- 2 I have nightmares.
- 3 I have lost my appetite.
- 4 I have problems with stomach ache / stomach cramps / bloatedness / diarrhoea / constipation.
- 5 I find it hard to concentrate.
- 6 I have difficulty in remembering things.
- 7 I do things slower than usual. (Previously I was able to function effectively, now things take longer to be completed with the result that less is completed.)
- 8 I walk slower than I used to.
- 9 I am not concerned about my posture. (I could not care less whether I walk up straight or whether my tummy is tucked in.)
- 10 I get chest pains.
- 11 I am dizzy from time to time.
- 12 I am tired.
- 13 I get lower back pains.
- 14 I get flash backs of the terrible events.

- 15 I try to organise my life in such a way that I will never find myself in a similar position or situation.
- 16 I do not have any hope for the future. (It feels as if there is no future.)
- 17 I think about suicide.
- 18 I am depressed.
- 19 I am relieved that everything is over and done with.
- 20 I am tearful.
- 21 I am irritated.
- 22 I am scared. (It is difficult to say what I am actually scared of, but I have this fearful feeling.)
- 23 I feel guilty.
- 24 I am unhappy.
- 25 It feels as if I have been cheated.
- 26 I feel incomplete as if I have lost something.
- 27 I am angry.
- 28 I feel ashamed.
- 29 I act on impulse. (E.g. I will buy something without thinking twice.)
- 30 I take too much alcohol. (It helps me to forget and to feel better.)
- 31 I am not interested in the opposite sex any more.
- 32 I am without a will of my own. (It feels as if I am not in charge of my life. Things are just happening to me.)
- 33 I am without a personality. (My "usual self" is gone.)
- 34 I cannot continue on my own.
- 35 My school work is negatively affected.
- 36 My family suffers as a result of this.
- 37 The quality of my life has lowered.
- 38 My personality has changed.
- 39 My social life is ruined.

- 40 I have engaged in new relationships.
- 41 I like to associate with people who have had similar experiences.
- 42 I have learned to find new solutions.
- 43 I have gained valuable life experience.
- 44 I use positive feelings to counteract negative feelings.
- 45 I feel a stronger and richer person.
- 46 I am aware of the fragile nature of human beings and that they can easily get hurt.
- 47 I am expecting the next disaster. It is just a matter of when and where. (I am wondering what the next thing will be that will go wrong.)
- 48 I have changed my outlook on life. (Things that used to be important, are not important any more.)
- 49 I have problems with my friends after this trauma.
- 50 I have problems with my family members after this trauma.
- 51 I get violent thoughts. (E.g. I fantasise how I am going to repay this person who put me through this hell.)
- 52 My religious life has reached an all-time low.
- 53 I lose track of time. (E.g. at one stage it is still morning and the next thing that I am aware of is that it is already late in the afternoon. I cannot recall the time in between.)
- 54 People tell me about things that I have done or said which is very unlike me and which I cannot remember.
- 55 I get confused about things which I think I have already done, but in the meantime I have dreamt about it or I was still busy planning it.
- 56 I find myself sometimes in places without knowing how I got there.
- 57 Sometimes my body feels as if it is not my body.
- 58 Sometimes it feels as if I am only watching my body from a distance and that I am not part of my body. (I am not inside my own body.)
- 59 I get the feeling that the world does not really exist.
- 60 It feels sometimes as if I am in a thick mist.
- 61 I sit and think for hours.

- 62 I think about nothing.
- 63 I shut myself off from the outside world.
- 64 I am able to shut myself off from painful experiences.
- 65 I am in a trans sometimes.
- 66 I feel nothing. (I feel feathers. I do not feel good or bad.)
- 67 I withdraw myself from the outside world. (I do not go out and visit my friends anymore.)
- 68 I feel hostile towards the world around me.
- 69 I act aggressively.
- 70 I try to suppress my feelings.
- 71 I throw objects around.
- 72 I do not care about my belongings anymore.
- 73 I try to compensate for what has happened. (E.g. I try to be very good.)
- 74 I try to conceal the truth from other people.
- 75 When I enter a room where people are talking, it feels as if they are talking about me.
- 76 The community has labelled me. (They are not concerned about the facts - they judge me.)
- 77 I have mood swings. (At times I feel good, other times I feel aggressive, or tearful, or depressed, or irritable.)
- 78 I feel hopeless. (I cannot help myself.)
- 79 I do not have any strength.
- 80 I do not experience any particular emotions. (I get the impression that I am supposed to be cross or sad, or whatever, but I do not feel that way.)
- 81 I take too many tablets.
- 82 I watch television for hours on end.
- 83 I read excessively.
- 84 I entertain people with exaggerated joking.
- 85 The community is unaware of what I am going through.

- 86 Nobody wants to discuss the events with me. (They feel uneasy about the topic and prefer to avoid it.)
- 87 I become irritated when people encourage me to continue my life as usual.
- 88 The community blames me for what has happened.
- 89 I cannot believe that this has happened to me. (It always feels as if it happens to somebody else.)
- 90 I ask myself constantly if I could not have done more to prevent it.
- 91 It feels as if I am being punished for something that I have done wrong.
- 92 I wonder why me?
- 93 I try to keep things as they used to be. (I try to continue with my life as I did before.)
- 94 I try to keep myself occupied all the time in order to prevent myself from thinking.
- 95 I consider it a mission to prevent other people from going through the same hell.
- 96 I am not concerned about the past, I am rather concerned about my health. (I tend to get all kinds of pains in my body.)
- 97 I feel better when I hear about others and their sufferings because then my situation is not that bad.
- 98 I have developed more sensitivity towards other people.
- 99 I feel broken.
- 100 Write down any comment / experience / emotion that does not appear in this questionnaire
-

ADDENDUM B: OBSERVATION SCHEDULE

Observation checklist

Name: _____

Date: _____

The checklist below will be ticked in the event that behaviour that is not considered to be normal (or appropriate) occurs.

				Other
General mood				
positive	Negative	anxious	disengaged	
Facial expression				
neutral	Smiling	frowning	uncertain	
Eye contact				
open/appropriate	Avoidance	sustained(staring)	rapid movement	
Mouth				
upturned	down-turned	clenched	slack	
Head				
inclined	Shaking	nodding	cradled in arms	
Arms				
drawn in	spread wide	folded	lolling	
Hands				
fidgiting	Relaxed	clenched	touching face	
Fingers				
pointing	laced together	tapping	stroking/rubbing	
Legs				
crossed	Tapping	stretched out	swinging/tapping	
Movement				
calm/relaxed	Controlled	tense/rigid	fast/jerky	
Posture				
upright	Slouching	open/relaxed	closed/rigid	
Tone				
friendly/calm	aggressive/loud	unsure/nervous	bored/uninvolved	
Change in skin colour				
blotchy	Darkening	reddening	becoming pale	
Positioning and orientation				
close to researcher	far from researcher	body turned towards researcher	away from researcher	
Any other incongruence between verbal and non-verbal messages				
Any other relevant comments or observations:				

ADDENDUM C: PERMISSION LETTER TO ASSOCIATION OF INDEPENDENT SCHOOLS (ISASA)

Request for Permission to Conduct Research at an ISASA registered independent school

Dear ISASA Regional Director

My name is Marna Swanepoel, and I am currently enrolled in the Master's Degree of Education Programme with specialisation in Guidance and Counselling. As a requirement of my studies, I am engaged in an empirical research study entitled "Digital Art Therapy and Trauma: A psycho-educational perspective". This study aims to gain an in-depth understanding of how digital media can be utilised as a psychotherapeutic tool, specifically with adolescents who have experienced trauma.

Trauma can be defined as a critical situation that a person has to deal with that evokes extreme strong emotional reactions and which have the potential to influence normal functioning on the spot or at a later stage. Examples of traumatic events are bullying, divorce, assault, house break-ins, hijackings, car accidents, rape, abuse, suicide, death of a loved one, and natural disasters.

Art psychotherapy encourages people to express and understand emotions through artistic expression and through the creative process, this has proven to be a very important part of the recovery process for children who have survived traumatic events. With guidance and support, art psychotherapy can help traumatised children to make sense of their experiences, communicate grief and loss, and become active participants in their own process of healing. They can begin the process of seeing themselves as "survivors" rather than "victims".

Traditionally art has been concerned with the use of traditional art materials and tools. As technology advances and becomes part of everyday life it is necessary to consider its impact on psychotherapy as well. Considering the integral part that technology and digital media plays in the average adolescent's life it is essential to investigate its potential usage in the psychotherapeutic setting. The study will attempt to look into the concept of digital media and its use as a psychotherapeutic tool.

I hereby ask your permission to perform the research at ISASA registered School A.

Through using the sampling technique of word-of mouth, girls who have experienced trauma and feel the need for counselling will be identified as possible participants. Each girl will complete the Trauma-100 Questionnaire in order to assess the depth of their trauma and symptoms they might experience because of it. Two girls will be asked for possible participation and individual interviews will be held with each girl which will focus on gaining background information specifically concerning traumatic experiences and how it is affecting current affective, cognitive and behavioural processes. Projective media including a collage, metaphor and drawings will be used during a following session. Thereafter, I will meet twice weekly with each girl for the span of six to ten sessions, depending on the individual needs of each girl. After the psychotherapeutic intervention sessions have been completed, a termination interview will be held to assess each girl's changes in functioning and overall well-being. The Trauma-100 Questionnaire will be completed again and projective media may be used again during this final interview in order to assess whether the trauma symptoms experienced by each girl has changed. The study will be conducted from the end of July throughout August.

The sharing of some personal and confidential information may let the girls feel uncomfortable and/or may trigger a feeling of re-traumatisation. It is important to know that the girls only have to share information that they feel comfortable with. As an Intern Educational Psychologist, I will be able to support each individual girl to debrief and to handle threatening feelings.

Research will be conducted with the ethical approval of the University of South Africa (UNISA) under the supervision of Professor D. Krüger. My final report on this data will be submitted as a dissertation of limited scope for my Master's degree in Guidance and Counselling.

The purposes of this research study is thus to explore the concept of digital media and art and whether it can be considered as a successful therapeutic tool in art therapy, specifically with adolescents who have experienced trauma. The benefits include empowering the participant by assisting them in processing traumatic memories. It will also expose the participants to new techniques of expression through digital art-making.

I hereby confirm that I will adhere to the following conditions:

- The information collected will be handled with confidentiality, the participants' real names will not be used at any point during information collection, or in the final write up of the data.
- Only I, as the researcher, and my supervisor will have access to the raw data. I will not disclose any information about a client without her assent. In exceptional situations, however, legal or professional rules may force me to disclose information about a client. This will include: emergency situations, statutory duty or court orders.
- The participants' interviews and sessions will be recorded for research purposes only.
- The participants' involvement in this research is voluntary. She has the right to withdraw at any point during the study, for any reason, and without any prejudice.
- No reimbursements or gifts will be presented to the participants.

You are welcome to ask questions at any time about the nature of the study and the methods that will be used. Your suggestions and concerns are important to me; please contact me at any time at the telephone number listed below.

Researcher obtaining consent:

Marna Swanepoel

Cell: 082 5084916

Date: _____

ADDENDUM D: PERMISSION LETTER TO HEAD OF INSTITUTION (SCHOOL A AND HOUSE B)

Request for Permission to Conduct Research

Dear Headmaster and Members of the School Governing Body

My name is Marna Swanepoel, and I am currently enrolled in the Master's Degree of Education Programme with specialisation in Guidance and Counselling. As a requirement of my studies, I am engaged in an empirical research study entitled "Digital Art Therapy and Trauma: A psycho-educational perspective". This study aims to gain an in-depth understanding of how digital media can be utilised as a psychotherapeutic tool, specifically with adolescents who have experienced trauma.

I hereby ask your permission to perform the research at School A.

Through using the sampling technique of word-of mouth, girls who have experienced trauma and feel the need for counselling will be identified as possible participants. Each girl will complete the Trauma-100 Questionnaire in order to access the depth of their trauma and symptoms they might experience because of it. Two girls will be asked for possible participation and individual interviews will be held with each girl which will focus on gaining background information specifically concerning traumatic experiences and how it is affecting current affective, cognitive and behavioural processes. Projective media including a collage, metaphor and drawings will be used during a following session. Thereafter, I will meet twice weekly with each girl for the span of six to ten sessions, depending on the individual needs of each girl. After the psychotherapeutic intervention sessions have been completed, a termination interview will be held to assess each girl's changes in functioning and overall well-being. The Trauma-100 Questionnaire will be completed again and projective media may be used again during this final interview in order to assess whether the trauma symptoms experienced by each girl has changed. The study will be conducted from the end of July throughout August.

Risks associated with the study include the sharing of some personal and confidential information which may let the girls feel uncomfortable and/or may trigger a feeling of re-traumatisation. It is important to know that the girls only have to share information that they feel comfortable with. As an Intern Educational Psychologist, I will be able to support each individual girl to debrief and to handle threatening feelings.

Research will be conducted with the ethical approval of the University of South Africa (UNISA) under the supervision of Professor D. Krüger. My final report on this data will be submitted as a dissertation of limited scope for my Master's degree in Guidance and

Counselling.

The purposes of this research study is thus to explore the concept of digital media and art and whether it can be considered as a successful therapeutic tool in art therapy, specifically with adolescents who have experienced trauma. The benefits include empowering the participant by assisting them in processing traumatic memories. It will also expose the participants to new techniques of expression through digital art-making.

I hereby confirm that I will adhere to the following conditions:

- The information collected will be handled with confidentiality, the participants' real names will not be used at any point during information collection, or in the final write up of the data.
- Only I, as the researcher and my supervisor, will have access to the raw data. I will not disclose any information about a client without her assent. In exceptional situations, however, legal or professional rules may force me to disclose information about a client. This will include: emergency situations, statutory duty or court orders.
- The participants' interviews and sessions will be recorded for research purposes only.
- The participants' involvement in this research is voluntary. She has the right to withdraw at any point during the study, for any reason, and without any prejudice.
- No reimbursements or gifts will be presented to the participants.

You are encouraged to questions at any time about the nature of the study and the methods that will be used. Your suggestions and concerns are important to me; please contact me at any time at the telephone number listed below.

Researcher obtaining consent:

Marna Swanepoel

Cell: 082 5084916

Date: _____

Consent granted:

Headmaster

Head of School: School A

Date: _____

Request for Permission to Conduct Research

Dear Director

My name is Marna Swanepoel, and I am currently enrolled in the Master's Degree of Education Programme with specialisation in Guidance and Counselling. As a requirement of my studies, I am engaged in an empirical research study entitled "Digital Art Therapy and Trauma: A psycho-educational perspective". This study aims to gain an in-depth understanding of how digital media can be utilised as a psychotherapeutic tool, specifically with adolescents who have experienced trauma.

I hereby ask your permission to perform the research at House B.

I will ask you to select 4 girls currently residing at the house which may benefit from the study. Each girl will complete the Trauma-100 Questionnaire in order to access the depth of their trauma and symptoms they might experience because of it. Semi-structured individual interviews will be held with each girl which will focus on gaining background information specifically concerning traumatic experiences and how it is affecting current affective, cognitive and behavioural processes. Projective media including a collage, metaphor and drawings will be used during a following session. Thereafter, I will meet twice weekly with each girl for the span of six to ten sessions, depending on the individual needs of each girl. After the psychotherapeutic intervention sessions have been completed, a termination interview will be held to assess each girl's changes in functioning and overall well-being. The Trauma-100 Questionnaire will be completed again and projective media may be used again during this final interview in order to assess whether the trauma symptoms experienced by each girl has changed. The study will be conducted from the end of July throughout August.

Risks associated with the study include the sharing of some personal and confidential information which may let the girls feel uncomfortable and/or may trigger a feeling of re-traumatisation. It is important to know that the girls only have to share information that they feel comfortable with. As an Intern Educational Psychologist, I will be able to support each individual girl to debrief and to handle threatening feelings.

Research will be conducted with the ethical approval of the University of South Africa (UNISA) under the supervision of Professor D. Krüger. My final report on this data will be submitted as a dissertation of limited scope for my Master's degree in Guidance and Counselling.

The purposes of this research study is thus to explore the concept of digital media and art

and whether it can be considered as a successful psychotherapeutic tool in art therapy, specifically with adolescents who have experienced trauma. The benefits include empowering the participant by assisting them in processing traumatic memories. It will also expose the participants to new techniques of expression through digital art-making.

I hereby confirm that I will adhere to the following conditions:

- The information collected will be handled with confidentiality; the participants' real names will not be used at any point during information collection, or in the final write up of the data.
- Only I, as the researcher and my supervisor, will have access to the raw data. I will not disclose any information about a client without her assent. In exceptional situations, however, legal or professional rules may force me to disclose information about a client. This will include: emergency situations, statutory duty or court orders.
- The participants' interviews and sessions will be recorded for research purposes only.
- The participants' involvement in this research is voluntary. She has the right to withdraw at any point during the study, for any reason, and without any prejudice.
- No reimbursements or gifts will be presented to the participants.

You are encouraged to ask questions at any time about the nature of the study and the methods that will be used. Your suggestions and concerns are important to me; please contact me at any time at the telephone number listed below.

Researcher obtaining consent:

Marna Swanepoel

Cell: 082 5084916

Date: _____

Consent granted:

Director

Director: House B

Date: _____

ADDENDUM E: CONSENT LETTER TO PARENT OR GUARDIAN

Informed consent to parent

Informed Consent Form

Research study by Marna Swanepoel, titled “Digital Art Therapy and Trauma: A Psycho-Educational perspective”.

I, _____, (name and surname of parent/guardian) the parent / guardian of _____ (name and surname of child), hereby grant consent for my child to participate in the above mentioned research study.

Your child will participate in six to ten psychotherapeutic sessions depending on her specific needs. The 45-60 minute sessions will be scheduled after school hours and held at the counselling centre at the school. Individual pre- and post-interviews, questionnaires and projective media will form part of the study. I will provide all media used during the sessions. Files stored on my personal computer and external hard-drive will be password protected in order to optimise confidentiality.

Each psychotherapeutic session will provide your child with the opportunity to work through traumatic memories in a safe, therapeutic environment. Goals of the treatment include: an effort to decrease the intensity of the negative after effects in order to improve functioning, to generate confidence and control and to increase positive life experiences and well-being. I will also facilitate psychotherapeutic elements and draw awareness to your child’s interaction between thoughts, feelings and behaviours. The benefits include empowering your child, to assist her in processing traumatic memories. It will also attempt to expose your child to new techniques of expression through digital art-making.

The sharing of some personal and confidential information with me may let your child feel uncomfortable and/or may trigger a feeling of re-traumatisation at some point during the therapeutic process. Therefore, all possible measures will be taken to ensure that your child receives the necessary psychological assistance if required.

Your child’s participation in this research study is completely voluntary. In addition to your consent, your child will also be asked if she would like to participate in this study. You are free to withdraw your consent at any time and for any reason without penalty. There are no costs involved and no compensation will be given to participating individuals in this research study.

Any and all personal and private information, which may be regarded as sensitive, including but not limited to names and locations will be treated with the utmost confidentiality and anonymity throughout and subsequent to the study.

You are encouraged to ask questions at any time about the nature of the study and the methods that will be used. Your suggestions and concerns are important to me; please contact me at any time at the telephone number listed below. Thank you for granting consent for your child to participate in this research study.

Signature parent/guardian

Date

Researcher obtaining consent:

Marna Swanepoel
Cell: 082 508 4916

Date

Informed consent to guardian

Informed Consent Form

Research study by Marna Swanepoel, titled “Digital Art Therapy and Trauma: A Psycho-Educational perspective”

Dear Guardian

Adolescents from the centre House B has been identified as well suited for participation in the research study aimed at helping adolescents who have experienced trauma, specifically through the use of art psychotherapy and digital media in a psychotherapeutic setting.

_____ has been identified as an adolescent who will benefit from these sessions and your consent for her participation is hereby requested. The adolescent will participate in six to ten, 45-60 minute psychotherapeutic sessions depending on each individual’s specific needs. The sessions will be scheduled after school hours and held at House B. Individual pre- and post-interviews, questionnaires and projective media will form part of the study. I will provide all media used during the sessions. Files stored on my personal computer and external hard-drive will be password protected in order to optimise confidentiality.

Each psychotherapeutic session will provide the adolescent with the opportunity to work through traumatic memories in a safe, therapeutic environment. Goals of the treatment include; an effort to decrease the intensity of the negative after effects in order to improve functioning, to generate confidence and control and to increase positive life experiences and well-being. I will also facilitate psychotherapeutic elements and draw awareness to the adolescents’ interaction between thoughts, feelings and behaviours.

The sharing of some personal and confidential information with me may let the adolescent feel uncomfortable and/or may trigger a feeling of re-traumatisation at some point during the therapeutic process. Therefore all possible measures will be taken to ensure that the adolescent receives the necessary psychological assistance if required.

The adolescent’s participation in this research study is completely voluntary. In addition to your consent, the adolescent will also be asked if she would like to take part in this study. You are free to withdraw your consent at any time and for any reason without penalty. There are no costs involved and no compensation will be given to participating individuals in this research study.

Any and all personal and private information, which may be regarded as sensitive, including but not limited to names and locations will be treated with the utmost confidentiality and anonymity throughout and subsequent to the study.

Thank you for granting permission for the child to participate in this research study. If you have any questions, please feel free to contact me.

Director House B

Date

Researcher obtaining consent:

Marna Swanepoel
Cell: 082 5084916

Date

ADDENDUM F: ASSENT LETTER TO PARTICIPANT

Informed Assent From

Dear _____

Thank you for agreeing to participate in this study which will take place in July/August 2013. The purpose of this study is to gain understanding of how digital media can be used as a psychotherapeutic tool, specifically with adolescents who have experienced trauma. This form outlines the description of your involvement and rights as a participant.

If you agree to be part of the study I will ask you to complete a questionnaire in which you have to answer questions about your thoughts, feelings and some other symptoms which you might experience. Then you will meet with me for an hour long session where we will talk about your answers and explore any other experiences you have had, including some of the more traumatic happenings. After this we will meet for about six to ten, 45-60 minute sessions in which we are going to do art activities (a number of them on the computer), and we will chat during all the art-making. At the end of all the sessions I will ask you to complete the questionnaire again followed by another talk about your responses.

During these sessions you will share some personal and confidential information with me which might let you feel uncomfortable, anxious or distressed. It is important to know that you only have to share information you feel comfortable with. If you start experiencing upsetting emotions, I will be able to support you and help you handle the threatening feelings. At the end of the sessions I hope that you will feel better equipped to cope with your past traumatic experiences. You will also gain new ways of expression and obtain new skills by working with certain computer programmes, technological tools as well as various art making processes.

You are encouraged to ask questions at any time about the nature of the study and the methods that I am using.

Your real name will not be used at any point during information collection, or in the final write up of the data. All information that you tell me will be treated with confidentiality except in cases where you want to harm yourself or somebody else. I may also request you to include some of your artworks in my final report.

Your participation in this research is voluntary. You have the right to withdraw at any point of the study, for any reason, and without any prejudice – nobody will be angry or blame you.

You will receive no gifts or money for your participation in this study.

My personal equipment will be used to create your personal artworks. I will save your work and back it up on an external hard-drive. I will do everything in my power to protect the confidentiality of your work but there may be instances where it can be compromised, for example in the event of computer or hard-drive theft. To minimise the risk of breaching your confidentiality I will password protect all your work.

Make sure you discuss your participation in this study with your parents or guardian before signing this form. You will be given a copy of this form that you can keep with you. Your parents/guardian will also be asked to sign and keep a copy of a form granting consent that you may participate in this study.

Please do not sign this form if you do not understand the scope and nature of the research study.

Researcher obtaining assent:

Marna Swanepoel

Date

Cell: 082 5084916

I hereby agree to the above terms and confirm that this research project has been explained to me. I also understand what is going to be done, and why.

Name and surname of participant _____

Signature of participant _____

Date _____

ADDENDUM G: DOCUMENT AND ARTEFACT COLLECTION

REPUBLIC OF SOUTH AFRICA
DEPARTMENT: HOME AFFAIRS

BI-1693

REFUGEES ACT, 1998 (ACT 130 OF 1998)



PTD00363203



R

FORMAL RECOGNITION OF REFUGEE STATUS IN THE RSA

PARTICULARS OF RECOGNISED REFUGEE IN THE RSA

NAME AND SURNAME : ██████████
GENDER : Female
DATE OF BIRTH : ██████████
COUNTRY OF BIRTH : Burundi
NATIONALITY : Burundi
MARITAL STATUS : Single

It is hereby certified that the person whose particulars appear above has, in terms of section 24 (3) (a) of the Refugees Act 1998 (Act 130 of 1998), been recognised as a refugee in the Republic of South Africa (RSA) from 15/03/2013 to 14/03/2017 on condition that this formal recognition shall become null if he/she departs permanently from the Republic. The Refugee shall within 14 days of receipt hereof apply for a Refugee Identity Document in the RSA. The holder of this certificate is entitled to Socio-economic rights as provided for in Chapter 2 of the Constitution including work and study in RSA.

DEPT. OF HOME AFFAIRS
REFUGEE RECEPTION OFFICE
SATELITE
TIRRO 2013 -03- 15
ISSUING OFFICE: SIGNATURE
RSDO 36

R
p.p. DIRECTOR-GENERAL
DATE : 15/03/2013
DEPARTMENT OF HOME AFFAIRS

PLACE: TIRRO	DATE:	PRINTED BY	FINGER IMPRESSION
REFUGEE RECEPTION OFFICIAL	CAPTURED BY		
NAME: ██████████	██████████	██████████	
APPOINTMENT/FORCE NO: 22069216	22067124	22067124	
DATE: 28/07/2009	Johannesburg	15/03/2013	
PLACE: Johannesburg	Johannesburg	TIRRO	
ORIGINALLY ISSUED IN: Johannesburg		NUMBER OF EXTENSIONS 1	
RSDO SIGNATURE: <i>██████████</i>		PERMIT HOLDER SIGNATURE:	



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ISSUED WITHOUT ANY ALTERATIONS OR ERASURES

Department of Social Development
Cc Child Welfare: Midity

To whom it may concern

We would like to bring the following urgent matter to your attention:

A family of five children is currently staying in the basement of Schubart Park B-block. They are living there without any adult supervision (Their parents are staying in Sunnyside).

The conditions in the basement of this building are highly unfavorable. There is no adequate sanitation; it is dark and very unhygienic. It is also not a safe environment for the children to stay.

It seems as if the children largely have to fend for themselves, as there seem to be no constant means of support for them. The possibility of prostitution being a factor cannot be ruled out, although nothing to this effect can at this stage be proven.

As most of the children have been involved in various of PEN's ministries at different stages (since 2005), we can confirm that the children have lived under dubious conditions for an extensive time.

The family has also been reported during 2008. (See attached letter).

The children have not been attending school since June 2009.

The family name / surname of this family is [REDACTED], although some children might use other family names from time to time according to their cultural traditions.

The children are:
[REDACTED] - 7 years old (female)
[REDACTED] - 9 years old (male)
[REDACTED] - 10 years old (female)
[REDACTED] - 11 years old (male)
[REDACTED] - 13 years old (female)

An investigation into this matter, and the necessary interventions as deemed appropriate by the investigation, will be highly appreciated.

Please feel free to contact us for any further information.

[REDACTED]
Social Worker
PEN

Hettie
Dankie vir die inligting. Ons probeer hard om die ouens te huisves, maar dit is maar n stryd.

Ek wil graag hoor of daar al werk gemaak kan word van die 5 kinders wat ons verwyder wil he van die ouers. Hierdie gesin is al jare bekend aan PEN en die omstandighede is haaglik. Wat my kinders is dat die pa die dogter van 11 [REDACTED] en n seun [REDACTED] gebruik om in die nagte nannies op die straat te verkoop. Die kinders is dikwels tot 2 uur in die oggende op die straat. n Ouers seun [REDACTED] het jare gelede dieselfde moes doen. Die vaader is ook al in die tronk gesmyt omdat hy hierdie ouer so seer geboen het dat n onderwyser dit by die polisie aangemeld het. Hierdie pa is glad nie instaat om die kinders te versorg nie. Die moeder nog minder. Die dogter van 11 aanmoedig die versorging doen. Die ander kinders is baie onversorg. Hulle word nooit gebel nie. Op hierdie stadium is daar nog 2 kinders wat doeke dra. Hulle ruik sleg na uriene. Dit wil ek ook, maar nie te veel om in die stonde tot laat op die straat te wees nie-blykbaar om verkondig te by te woon. Ek kan plek by Precious Pearls kry vir die kinders. Ek het die [REDACTED] van die ouers genoem om die kinders te neem maar hulle wil nie toegee nie. Eersalre het my nog nie gebel nie. Kan ons asseblief werk maak hiervan.

Ouers
Mv
Mv
Kinders
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] is nie hier in die saal nie maar wel al die ander kinders.

Vriendelike groete
[REDACTED]

From: Middy childwelfare [mailto:middy@childwelfare.co.za]
Sent: 30 Julie 2008 11:43
To: [REDACTED]
Subject:

Soos bespreek
[REDACTED]

valid for only 3 months, children to be out in 3 months

REFERENCE: 14/14-598/2012

PLACEMENT IN TEMPORARY SAFE CARE ORDER BY CHILDRENS COURT
(Regulations 54(1)(a), 87(1) and sections 46(1)(a)(iii) read with 151(2) or 155(6) of the Children's Act 38 of 2005)

REPUBLIC OF SOUTH AFRICA

IN THE CHILDREN'S COURT FOR THE DISTRICT OF PRETORIA
HELD AT PRETORIA

TO: [REDACTED]

(place where child is to be placed in temporary safe care)

YOU ARE HEREBY ORDERED "to admit to receive to continue to receive the child/children mentioned below in terms of section 47(3) 151(2) or 155(6) of the Children's Court Act, 2005 pending finalization (date) or until an order or release or variation is issued earlier by court"

Name(s) of children	Gender	Disability	Date of birth/estimated age	Date of admission
1. [REDACTED]	FEMALE		[REDACTED]	01/06/2012
2. [REDACTED]	FEMALE		[REDACTED]	01/06/2012
3. [REDACTED]				
4. [REDACTED]				

The interim authority for placement (form 36) dated 01/06/2012 is confirmed

- SPECIAL REQUIREMENTS determined by Court:
 - N/A

NOTE
Release order is required for removal of the child/children from the aforesaid placement

Given at PRETORIA this 04 day of JUNE 2012

[Signature] Presiding officer:

Copy to: Designated Social Worker: [REDACTED]
Organization: CHILD WELFARE

O Hamba Nami



Phone / Fax / Email: 012 323 9698
 012 323 9189
 o.hambanami@nsw.org.za

Street Address: 171 Beaumont Street
 Pretoria
 0001

Postal Address: P.O. Box 419
 Pretoria
 0001

Catholic Women's League
Sunnyside
Pretoria

was in CMR's work area

4 January 2011

To whom it may concern,

RE: [REDACTED] Children

We would like to bring the following urgent matter to your attention.

[REDACTED], a nurse practitioner has visited our offices this morning. She came to report the dire circumstances of 6 children, who are also known to PEN.

We have been concerned about this family for a long time and have reported the matter to Child Welfare Mid City a number of times. Letters and reports concerning the children mentioned are attached. After reporting the matter on 31/8/2010, a social worker from Child Welfare tried to make contact with the children, but without success. They were living in the basement of Schubart Park at the time, and we were under the impression that the oldest child was not with the others.

The family is currently living in Totem Flats, Kotze Street, Sunnyside.

[REDACTED] has also been involved with this family for an extended time (since the youngest child was a baby), especially during Ms [REDACTED]'s various bouts of serious illness, but also helping them materially from her own pocket.

Ms [REDACTED] passed away on 24 December 2010. Mr. [REDACTED] is unemployed and will soon have to leave the flat, which was paid by the UN for 3 months. Mr. [REDACTED] refused help offered by Ms [REDACTED] to arrange a coffin etc, and her body is still in the mortuary.

The children are not attending school and all indications are that they are seriously neglected and possibly abused.

Your intervention in this matter will be highly appreciated.

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ADDENDUM H: CHECKLIST FOR SYMPTOMS THAT MIGHT INDICATE RE-TRAUMATISATION

Checklist for symptoms that might indicate re-traumatisation during psychotherapy sessions:	
Intrusion symptoms	
1. Recurrent, involuntary, and intrusive memories	
2. Traumatic nightmares	
3. Dissociative reaction which may occur on a continuum from brief episodes to complete loss of consciousness	
4. Intense or prolonged distress after exposure to traumatic reminders	
5. Marked physiologic reactivity after exposure to trauma-related stimuli	
Avoidance	
1. Avoidance of trauma-related thoughts or feelings	
2. Avoidance of trauma-related external reminders (e.g. people, places, conversations, activities, objects, or situations)	
Negative alterations in cognitions and mood	
1. Inability to recall key features of the traumatic event	
2. Persistent (and often distorted) negative beliefs and expectations about oneself or the world	
3. Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences.	
4. Persistent negative trauma-related emotions	
5. Markedly diminished interest in (pre-traumatic) significant activities	
6. Feeling alienated from others (detachment or estrangement)	
7. Constricted affect: persistent inability to experience positive emotions	
Alterations in arousal and reactivity	
1. Irritable or aggressive behaviour	
2. Self-destructive or reckless behaviour	
3. Hyper vigilance	
4. Exaggerated startle responses	
5. Problems in concentration	

6. Sleep disturbances	
Functional significance	
Significant symptom-related distress or functional impairment (e.g. social, occupational).	
Dissociative symptoms (in reaction to trauma-related stimuli)	
1. Depersonalisation: experience of being an outside observer of or detached from oneself	
2. Derealisation: experience of unreality, distance, or distortion	
Additional comments:	

ADDENDUM I: MICHELLE - TRANSCRIPTION OF PRE-PSYCHOTHERAPY INTERVIEW

Researcher: Morning Michelle, how are you?
Michelle: Hallo, I'm okay and you?
Researcher: Good. Now Michelle, you complete the Trauma-100-Questionnaire and I would like to go over your answers with you. Is that okay?
Michelle: Yeah, of course.
Researcher: We will mainly focus on the items that you marked with a 1, indicating that you experience those specific feelings or stuff happening to you.
Michelle: Okay
Researcher: You marked that you have sleeping problems and nightmares, can you tell me a bit about it?
Michelle: I want to sleep all the time. I go sleep during break, after school, at night. I just feel so tired. It's all I want to do.
Researcher: When did this start?
Michelle: I don't know. At home I didn't want to sleep at all. So, I don't know. Since I got here. Beginning of the year.
Researcher: And the nightmares? Can you tell me more about it?
Michelle: I sometimes have them. I wake up soaking wet from sweat. I dream about darkness, shadows, very scary shadows I can't get away from. I dream about him as well.
Researcher: How often do you experience these nightmares?
Michelle: Two three a week?
Researcher: Okay, when did your nightmares start?
Michelle: Long ago, I was 12/13 I think. I mean before I had scary dreams but not like these.
Researcher: You also stated here that you have lost you appetite?
Michelle: Yes, I am never hungry. I don't eat a lot now.
Researcher: When did this start?
Michelle: Also this year? Or maybe last year with my birthday, you know?
Researcher: Your birthday?
Michelle: Yes, that is when this bad things happened.
Researcher: Do you want to tell me about it?
Michelle: Maybe later.
Researcher: That is fine. You then also said you have problems with your stomach?
Michelle: Yes, I get cramps, it gets in a knot you know? When I get stressed.
Researcher: When do you get stressed?
Michelle: When I think about all the things that has happened to me.
Researcher: Do you sometimes get flashbacks of the bad things that have happened?
Michelle: Sometimes yes, I just think of it. It will just pop into my head.
Researcher: What do you do then?
Michelle: I get dizzy, hard to breath. Sometimes I faint.
Researcher: This ties in with your following two responses that you get chest pains and dizzy.
Michelle: Yes, sometimes I faint then. Especially when I feel very stressed.
Researcher: How often does this happen?
Michelle: I am not sure. It has been happening since I was maybe 13. There is a name for it. I can't remember. It happens when I feel very nervous or stressed.
Researcher: Do you feel any other symptoms when this happens?
Michelle: No, I just feel dizzy and can't breathe and then I black out, and wake up later.
Researcher: Okay, and you say it is when you feel stressed or think of bad things?
Michelle: (Nods)
Researcher: The next response you already stated earlier that you feel tired often?
Michelle: Yeah, all the time.

Researcher: And you also sometimes get back pains?

Michelle: Yes, not often just now and then. Don't know why.

Researcher: All right. The next one you said you try to organise your life in a way so that you don't find yourself in a similar situation?

Michelle: Yeah, I don't go home. I stay with my friend over the holidays. I won't go to that home again. Not while he is there.

Researcher: Any other ways you try to organise your life?

Michelle: I don't know. No I don't think so. I don't trust anyone really, so that maybe?

Researcher: Then you also said you feel like you don't have hope for the future?

Michelle: So many bad things have happened I don't know about my future. Maybe just bad things are gonna keep happen. I wanted to study but now I don't know. I don't know if there is money or what is going to happen. I can't see it getting better.

Researcher: Even when you are away from your house now?

Michelle: Yeah, because he is still there. He is still with my mom and my brother. I worry and I do not see how anything is gonna change.

Researcher: The he, is that your stepdad?

Michelle: Yeah. And because my mom would not believe me. Still, she thinks I am lying. So, until my mother sees the truth nothing is gonna change.

Researcher: Do you sometimes think about suicide?

Michelle: I have. You know about my birthday last year? Yeah, so then I did. But now not really. That is coward. Is that the word? And I can't do it to my brother he is alone now there he needs me.

Researcher: Okay, it is good that you do not feel like that anymore. But you say you are tearful and irritated often?

Michelle: Yes, sometimes I just cry without knowing why and I can't stop.

Researcher: Does it happen a lot?

Michelle: Yes. But nobody sees it.

Researcher: And irritated?

Michelle: Yes, I avoid talking to a lot of people. People just annoy me. The girls are sometimes so, what is the word, oblivious? And worry about these stupid things. I want to shake them and say; wake up! You have nothing to moan about. Stupid little girls.

Researcher: Does that affect your friendships?

Michelle: I have friends, but they know not to bother me too much. To leave me alone when I need it.

Researcher: So you need a lot of time by yourself.

Michelle: Yeah, sometimes.

Researcher: You also said here that you often feel scared without knowing why?

Michelle: It's just this constant feeling, that stuff is not right. That there is a dark presence. Do you understand?

Researcher: Yes I do. You also say that you feel guilty?

Michelle: Yeah, I feel guilty because my mom is not happy, I made her unhappy. I also feel guilty for everything that happened if I kept quite nothing would have happened. And maybe he felt I was into it, I don't know, even though I said no. I also feel guilty for leaving my brother there, now he gets everything. I am not There to protect him. Everything feels like it is my fault.

Researcher: I understand your feelings but you must know that you did nothing wrong, it was not your fault.

Michelle: *(Crying)* Interview stops for 5 minutes for Michelle to compose herself.

Researcher: We are still focusing on your emotions now, you also said in the questionnaire that you feel unhappy and almost as if you have been cheated?

Michelle: Yeah. I feel I have been cheated out of my childhood. Out of having a happy family. I have to be here now, I have been cheated out of my home. All this

makes me very unhappy.

Researcher: And for this reason you feel like you lost something?

Michelle: I have lost everything. When I was 6 I was hurt, I knew people are bad. Then things got better and now I lost my trust and home and some part of me as well.

Researcher: I understand, mmmm, you also said feel angry and ashamed?

Michelle: Yes. (*pause*). For all the same reasons. I feel angry that he did this to me and my family and that my mother can't see it and that he is still in that house. I also sometimes hate my mother, I hate that she is believing him and think I am a liar and a slut – she believes all these things he tell her. It has happened to her as well as she still does not belief. Even everybody is talking to her, telling her all the things he does, she just carries on. Even my grandparents, she listens to no one. I am very angry. And ashamed for the way I acted – trying to kill myself. I am just ashamed for everything that has happened. And my mother, I mean my father did the same thing, we are hiding from him and then she chose another one, even worse.. What is wrong with her...I don't know.

Researcher: It is very difficult, I know. Do you think you drink because of it? (*Michelle indicated that she takes too much alcohol in the questionnaire*).

Michelle: Yeah, I don't know, I drink and smoke, but everybody does it. When we go to a party or whatever.

Researcher: The next one you already semi answered, your family suffer as a result?

Michelle: Yes, like I said, I am here, my brother is alone there, my mother won't listen to anyone. I don't want anything to do with them actually, when I finish school I'll go back, get my brother and look after him. I'll find something to do or money or something.

Researcher: An then you say your personality has changed and the quality of your life has lowered?

Michelle: My personality, I don't think it has changed except I don't trust people easily I am more quiet sometimes and withdrawn. The quality of my life – yeah, I am living in boarding house in strange country to get away from everything. I feel tired all the time which makes that I don't want to do stuff. In that way yes.

Researcher: You say here that you have engaged in new relationships?

Michelle: Relationships?

Researcher: Yes, social or romantic or anything?

Michelle: Yes, I made new friends here. Maybe three I can talk to and do stuff with. And I met a boy, at the social, we have chatted on BBM, we will see. But yes, I have new people.

Researcher: Well, that is good? You also said you are expecting the next disaster though?

Michelle: Look at my life, every time something happens. I don't think it is going to get better just like that. So, yes, I am thinking some bad stuff will still happen.

Researcher: Anything specific?

Michelle: I don't know. While he is still in my life, bad stuff will always happen. I don't know, people are bad and I am not very hopeful to think it won't happen to me again.

Researcher: Is this how hour outlook has changed?

Michelle: Yeah, I used to think I am gonna study and do this and that which was very important, but now I don't know. You see he has all the money. Now I think of other stuff. I used to think people are good. Not anymore.

Researcher: What did you want to study?

Michelle: (*laughs*) Psychologist, almost like you.

Researcher: O okay, maybe you can still one day?

Michelle: We'll see.

Researcher: The next one says you have problems with family members, which I think we have discussed already?

Michelle: Yes.

Researcher: You also said you get violent thoughts?

Michelle: Not so much, only when I think of him and what he did. I want to hurt him. But yeah, I am small girl, it won't happen. Or let me say, I won't do something.

Researcher: So, it is only thoughts, you won't necessarily act on it.

Michelle: No.

Researcher: In the next one you said that sometimes it feels as if your body is not your body or you feel like you are watching it from a distance?

Michelle: Yes, sometimes things feel unreal. Like what am I and what am I doing. Like when I did that thing on my birthday? I didn't feel like my body, it felt like, you do you say – slow motion?

Researcher: Yes, almost as if it is not you doing the thing?

Michelle: Yeah, like that.

Researcher: Then you also said you think about nothing sometimes?

Michelle: Yes, like you sit and zone out? Yeah, I do that, especially when I have to study (*laughs*).

Researcher: That happens to a lot of us when we have to study! Then next one you also said you feel nothing?

Michelle: Yeah, I feel numb – is that the word? I feel like I know I am supposed to feel this way or that but I don't. Sometimes I feel just dead inside. Like nothing matters anymore.

Researcher: Mmmm, I understand. Then you also said you try to suppress your feelings?

Michelle: I don't show people how I feel. And when I get so angry I try to hide it. Like with my mother, I do not want her to know how I hate her sometimes. I still love her you know? So I try to hide. And sometimes the feelings I have is too much for me, then I push it down until I feel nothing again.

Researcher: Is it hard to do?

Michelle: Sometimes but no, now always, I just switch off.

Researcher: This ties in with some of the next questions where you said you have mood swings?

Michelle: Yeah, I will feel happy and then something happens and all these angry or guilty feelings come and I push it away, and then I feel irritated and then lonely. Yes.

Researcher: You also said you feel hopeless as if you can't help yourself?

Michelle: Well, sometimes, I feel I did what I can and then the rest I can't change or help. Like I was supposed to tell my mother but that backfire and I can't change the situation I or my brother is in. Until other people make some changes I feel hopeless.

Researcher: Do you feel that there is something you can do to help yourself?

Michelle: Sometimes, I don't know. Everything is fucked up.

Researcher: Mmmm, we will look at that in further sessions okay?

Michelle: Okay.

Researcher: You also said that you try to conceal the truth from other people?

Michelle: It's just that I won't exactly tell everyone what is going on and why I am here and don't go home for holidays. It is just something I don't talk about.

Researcher: I understand yes. You also said here you take tablets?

Michelle: I just drink a lot of headache pills. I get bad headaches.

Researcher: How often?

Michelle: Every day, and every day I drink the headache pills.

Researcher: What do you think causes the headaches?

Michelle: Maybe stress? Same as the dizzy and the fainting.

Researcher: Okay. The next two items you marked says that the community is unaware of what you are going through and that nobody wants to discuss the events with you?

Michelle: Mmmm, people do not know what I am going through because I do not talk about it or discuss with others. Those who are supposed to know about what

happened either does not believe it, like my mother, or choose to ignore it.

Researcher: Does it make it very hard for you, that people don't know or does not talk about it?

Michelle: Maybe, I am not sure. Maybe it will help if people knew more, but those that know, it didn't change anything did it?

Researcher: Except that you are here now away from him?

Michelle: Yes, but now I am away from everyone.

Researcher: Mmmm. In the next one you said that you cannot believe that this has happened to you?

Michelle: Yes, the first time with my father when I was six, it was like okay, he is very bad man, he did many horrible things and then it was fine, I saw the other psychologist and my grandparents were there and everything was okay. But for it to happen again now, after our life was good. My mother had such nice boyfriends and then to choose another bad one like this. I wonder why all the bad happened to me. You know, I told you my mother went through it as well when she was small, so why doesn't she see and protect us. I don't know.

Researcher: I see you also ask yourself what you could have done to prevent it?

Michelle: Yeah. I am angry that I didn't keep the evidence of what happened. The sms'e and other stuff, then my mother maybe would believe me. Maybe I could have kept out of his way more, I don't know. Too many maybes.

Researcher: Lastly, you said you feel broken?

Michelle: Yes, I feel like too much has happened to me. I feel like this is not what was supposed to happen to me. I feel not whole.

Researcher: Michelle, I know it was very difficult for you to talk about all of this and to describe it to me. I understand that it is not easy.

Michelle: (*Nods*) Sometimes it is difficult.

Researcher: Are there any other things or feelings you want to talk about now? Anything that bothers you or you want me to know?

Michelle: I cannot think of anything now.

Researcher: Okay, we will address all these emotions and stuff we talked about today in the therapy sessions and we will attempt to work through all the difficult experiences and emotions which you have had. Is that okay with you?

Michelle: Yeah sure.

Researcher: Thank you for talking to me Michelle and I will see you then in our next session?

Michelle: Okay, I'll see you then. Bye.

ADDENDUM J: CLAIRE - TRANSCRIPTION OF PRE-PSYCHOTHERAPY INTERVIEW

- Researcher: Hallo Claire, welcome here. You can sit. Are you well?
- Claire: Yes, thanks.
- Researcher: Good. Claire yesterday you filled in a questionnaire that concerns feelings you might experience or stuff that you might sometimes experience or the way you see things. Today we are going to talk about the answers you gave in the questionnaire. We are gonna focus specifically on the ones that you said you feel or experience regularly or often, okay?
- Claire: Okay, that is fine.
- Researcher: Let's begin; the first one you ticked is that you have experience sleeping problems?
- Claire: Yeah mam, I often can't sleep, or I fall asleep and then wake up in the night and can't go back to sleep, it is really annoying.
- Researcher: Does it happen at certain times or when certain things are happening in your life or anything like that?
- Claire: Mmmm, I am not sure. The more upset or down I am the less I sleep.
- Researcher: Do you think your head is just too busy with whatever upset you?
- Claire: Probably, I just lay and think about how screwed up my life and everything is.
- Researcher: Mmmm, and you said you experience nightmares.
- Claire: Yes, not that often but sometimes.
- Researcher: Anything that stands out from the nightmares or when it occurs?
- Claire: Not really, It is just a general feeling that I remember from having it, a complete loneliness and emptiness. I feel very down afterwards.
- Researcher: Okay I see. Then you also said you walk slower than you use to, and you are not so concerned with your posture anymore?
- Claire: Yes, why bother? And I think I do things slower because I don't see any point in having to do anything fast, the outcome is still the same. I don't know I just feel this heaviness over me, like a blanket. And it weighs me down mam.
- Researcher: So you feel an overall heaviness, emotionally?
- Claire: Yes, but physically as well. I feel just down, and no energy and very heavy.
- Researcher: And that is why you marked you are not concerned with my posture?
- Claire: (*laughs*) Mam, look at me, do I have a posture? Why should I bother.
- Researcher: Okay. And does this heaviness tie in with you feeling tired?
- Claire: Yes, I suppose. I just don't feel like doing anything most of the time. Yes, I just feel tired overall. I have no motivation I think because I feel so tired.
- Researcher: Motivation for anything specific?
- Claire: Just in general I suppose.
- Researcher: Okay, and then you said you do not have any hope for the future?
- Claire: I think at this point it is difficult to think about any kind of future.
- Researcher: Can you tell me a bit more?
- Claire: I can't see how anything is going to work out for me. I had plans that I wanted to go study in London but I don't know. At this point it is difficult for me to think about next week, never mind next year.
- Researcher: All right, all this that you are telling me now is very important and we will talk about it more in our sessions, okay? Today I just want to make sure we get through all this items.
- Claire: Okay mam.
- Researcher: The next one you said is that you are depressed, which may explain the feelings of heaviness you described.
- Claire: Yes, I maybe thought so. That is why I came to you, I just feel so very very down and tired and probably depressed.
- Researcher: I am glad you came. The next few deals with your emotions, you said you are tearful and irritated?
- Claire: Mmmm, I want to cry all the time. Without any reason, it just happens.

Researcher: And irritated?

Claire: Yes. Just at everybody. The girls here, all of them with their perfect tiny bodies, my parents, everybody. I just want to be left alone. It is very tiring to be around these people and pretend I am okay and happy. It is just too much.

Researcher: I understand, so you feel you must pretend when you are around other people?

Claire: All the time yes.

Researcher: Do you think that can be a reason why you feel tired all the time?

Claire: Maybe. Because I am acting? Yes, I suppose so, it takes a lot of effort I suppose.

Researcher: You also said you are unhappy?

Claire: Yes, I think that pretty much sums it up. I am very unhappy.

Researcher: If you could describe your unhappiness or the cause of your unhappiness?

Claire: It's just because of who I am and how people see me. People has been mean and looked down on me my entire life. I am just so tired of pretending I am okay.

Researcher: Why do you think or say that people are like that?

Claire: Because of the way I look. Look at me mam, I have the dark skin, my skin is awful, my body, people have always tease me and I understand why, when you look at the ideals of beauty I am so far from it.

Researcher: And your family? Are they also a cause from unhappiness?

Claire: Sometimes, I mean my parents are okay but they do not understand or really know me. They are never at home, they don't really talk to me. And if they do it just about superficial stuff. I just keep this front up that everything is okay. *(long pause)* But it is getting harder and harder.

Researcher: Mmmm, and why did you say you feel as if you have been cheated?

Claire: For looking the way I do. Everybody else has it so easy, if you see these other girls you understand. Everything for them is just easy, they get what they want, people are nice to them, they are never ignored or picked on. That is why I go on all these diets and try not to eat, if I can just get down to a certain weight. I just feel that I want out now. I am so tired of feeling like nothing.

Researcher: And is that why you said you feel like you cannot continue on your own?

Claire: That is why I came to you mam. I feel like I need some help to function *(cries)*. I am just so tired.

Researcher: I understand, we will do our best to help you feel a bit better okay?

Claire: Mmmm.

Researcher: Are you okay, can we go on?

Claire: Yes.

Researcher: You said your quality of life has lowered?

Claire: Mmmm, I don't want to do any of the things I used to enjoy. I don't want to go out with friends, I don't want to see anybody. I just want to be left alone. If everybody can just back off. I don't trust anybody anymore as well. Girls are such backstabbing, sorry for the word mam, but bitches.

Researcher: When do you think this started or let me say from when do you think the quality of your life has lowered?

Claire: I am not sure. I also was not happy at my last school, it was horrible, that is why I came here. It is a bit better here. I think it started when I was first teased, I mean at the beginning I ignored it but after a while you can't. And I was shut out of groups and just generally made to feel less human. I don't know, maybe when I was 12? Or there about. Before that I didn't really realise how disgusting I am. I think when I started boarding school at 12.

Researcher: Did your parents ever know or realise what you are going through?

Claire: No, I never say anything and they don't ask. They don't care anyway mam, you don't know my parents, they just dump me here so they can forget they have me.

Researcher: Mmmm, I see. So, is that the reason why you said your social life is in ruins?

Claire: Yes, whatever social life I had, I was never the pretty social butterfly but now I do not even want to see or talk to anyone. Even my old friends in Botswana, I do not want to see anyone, I just want to stay at my house or here in my room.

Researcher: Is there anyone you can talk to here or that you trust or can be friends with?

Claire: I can talk to some of the girls but others are so mean I just avoid them. I trust no one though. I won't call any of them friends.

Researcher: And how do you think your personality has changed?

Claire: Lots of ways, I haven't always been like this. I am now withdrawn, hostile, think very little of myself, down, obsessed.

Researcher: And why do you think it changed?

Claire: Because of everything that has happened over the years.

Researcher: You also then said you have changed your outlook on life?

Claire: Mmm, I don't know how exactly I just know I did. I think I used to think things will work out and people are nice. I learnt the hard way that is not true. All I care about now is to turn 18 and to have the surgeries, so that I don't have to look like I do now anymore. That is all that matters.

Researcher: Surgeries?

Claire: Yes, I am going to have plastic surgery when I turn 18, my mom already said yes for liposuction. But I want to do my face as well. I already drink skin lightening pills and use the cream as well.

Researcher: O okay. Have you though carefully about this?

Claire: It is all I think about, to change this ugly ugly everything.

Researcher: Okay. We will talk about this again later. You also said you have problems friends and family which you already discussed a bit, was there anything you wanted to add.

Claire: No, not really.

Researcher: Then you also said your religious life has reached a low point.

Claire: Yes. (*long pause*). I don't really feel like talking about it, if that is okay?

Researcher: That is fine. Let's go on then, you said that sometimes your body feels like it is not your body?

Claire: Yes, sometime it feels unreal like it should belong to someone else. I wish it did.

Researcher: Does this tie in with the next one where you said you sometimes feel like you watch your body from a distance?

Claire: Yes, sometimes it feels like that.

Researcher: Can you tell me when this happens?

Claire: I think when I am under stress or when bad things happen like the bullying. It sometimes feel unreal.

Researcher: You also said your sometimes sit and think for hours and you also think about nothing?

Claire: Mmmm, in my room I will sit and just zone or think about nothing for hours.

Researcher: Okay, and then you also shut yourself off from the outside world?

Claire: Yes, I do, like I said earlier I don't want to see or talk to anyone.

Researcher: So you withdrew yourself from the outside world?

Claire: Mmmm, I think I have been hurt to many times. I just want to be by myself. It takes a lot of energy from me to be around people.

Researcher: And you also feel hostile to the world around you?

Claire: People can be freaking horrible mom. I may feel hostile but it is not without reason. If all the people can just feel how it feels to be me for one day! I do not even think they will want to last one day.

Researcher: Do you feel like this about all people? Or mainly at school and your previous school?

Claire: It started getting really bad in school, but I don't like going out in public as well.

People look at me, some stare and say things. I know what they think. Do you know how hard it is for someone to walk to you and you think maybe just maybe they want to talk to me, but it is always the friend next to you. You are ignored or belittled or...whatever.

Researcher: Mmmm (*pause*). Can we continue, are you okay?

Claire: Yes, I am okay.

Researcher: You also said you feel nothing?

Claire: Yes, I feel numb. I feel like I wear a mask with a happy face but under that I feel nothing.

Researcher: And so you also try to suppress your feelings?

Claire: Yes mam. I don't want to feel it anymore. I can't anymore.

Researcher: I understand. Then you also said you try to conceal the truth from people?

Claire: Just how I feel and how they affect me and can hurt me.

Researcher: Okay, and when you enter a room and people are talking you will think they are talking about you?

Claire: Mostly they are. I have caught people many times, gossiping saying nasty things. I know they are talking about me.

Researcher: And you also say you feel like the community has labelled you?

Claire: Certainly. They don't care who I am. People see you as less than human we look like I do. They see this fat dark girl and immediately make assumptions about how much I eat or that I am a greedy sloth and they judge you. For sure.

Researcher: And you have mood swings?

Claire: Mmm, I feel okay and with the tiniest thing I will feel depressed or irritated or like I want to cry. Or I will feel happy and then I will just switch off.

Researcher: All right. And in the next one you said you feel hopeless as if you cannot help yourself?

Claire: Well, with my parents I feel hopeless, because I can't change them or how they see me. Which is sad to me. I would have liked to have a relationship with them both you know. The same with other people I can't change it. I am however trying to help myself my monitoring my eating. Right now I am on this purity diet. I think I can try and lose maybe 10kgs will doing that. So that is helping myself.

Researcher: Okay. I think we will talk about this again in our later sessions. Now when you talked about the community that has labelled you, does that also tie in here where you said they are unaware of what you are going through?

Claire: Yes, people don't have a clue.

Researcher: I see. Anything else you want to add?

Claire: No, not really.

Researcher: That's fine. And then you also watch television and read excessively?

Claire: Yeah, actually I want to add there listen to music. I will just lay on my bed and listen to music for hours. Or watch mindless movies, it is like an escape from reality.

Researcher: Is there any times when you do it more than others?

Claire: Uhm, I don't know. I pretty much do it a lot.

Researcher: All right. You also said you feel like you are being punished for something that you have done wrong?

Claire: Uhm mam, I feel like that yes. But I also don't really want to go into it right now, it goes with my religion stuff as well.

Researcher: Okay, let's move one, you wonder why me?

Claire: Every day, I wonder why I am in this body, why I have this face, why I can't just look like other girls or even my sister. Why can't everything just be easy for me, why do everyone pick on me. Yes..mmm, I think that explains it.

Researcher: You also said you feel broken?

Claire: Yes, like I am not a complete human, I feel less than others, I feel like something in me is broken (*starts crying*).

Claire takes a few minutes to compose herself and the interview continues.

Researcher: We are almost done, the last one says that sometimes you feel better when you hear about others and their suffering because then your situation is not that bad?

Claire: Mmmm, I realise there are people out there who have it far worse than me, it doesn't make me feel better about myself, but I do know it could probably be worse.

Researcher: And therefore you said you have more sensitivity towards other people?

Claire: People who are treated unfairly or meanly or goes through the same as me, yeah, I am sensitive for that.

Researcher: Okay and that is it, we covered all the items that you marked.

Claire: O okay, that wasn't too bad. Sjoe!

Researcher: No, it wasn't bad ne? Okay Claire, I will see you later this week for our next session. All this information you gave met today, we will look at it again during some of the sessions and look for ways in which we can help you feel better.

Claire: All right Mam. See you then.

Researcher: Bye Bye, have a nice day!

Claire: You too mam.

ADDENDUM K: FIONA - TRANSCRIPTION OF PRE-PSYCHOTHERAPY INTERVIEW

Researcher: Morning Fiona, are you well?

Fiona: Yes, thanks.

Researcher: Now, Fiona today we are going to talk about those questions that you answered yesterday, we are gonna look at the ones you said that you feel or do and I am going to ask you to tell me a bit more about them. Is that okay?

Fiona: Yes.

Researcher: You said you find it hard to concentrate sometimes, meaning you struggle to focus or pay attention to something?

Fiona: Yes.

Researcher: How often does this happen or when exactly to you find it hard to pay attention?

Fiona: A lot. In school, here at the house. When the other girls are fighting I just zone out.

Researcher: And when you have to do something specific?

Fiona: Yes, I sometimes forget what I was busy doing or to do something then I can get into trouble.

Researcher: Okay, I see, do you feel you do things slower than usual?

Fiona: Yes, I don't see why I must do it faster, what is the point.

Researcher: So, was it always like this?

Fiona: No

Researcher: When did it start do you thing, doing things slower and struggle to concentrate?

Fiona: I am not sure. Maybe when I got to this house.

Researcher: Why do you think it started happening here?

Fiona: I am not sure.

Researcher: All right. Do you feel tired often?

Fiona: Sometimes, I feel very tired yes.

Researcher: During the day as well?

Fiona: Yes, then I don't want to do anything. I just want to lay on the bed.

Researcher: I see. Fiona, your teacher said you fall asleep often, during class? And the housemother also said you sleep a lot during the day?

Fiona: Sometimes I do. Maybe when it is hot, or something is boring I sleep.

Researcher: Do you get enough sleep at night? Do you go to bed early enough?

Fiona: Yes, I sleep at night. I sleep a lot.

Researcher: Do you ever wake up at night or have bad dreams or anything?

Fiona: No.

Researcher: So, that is not the reason for falling asleep in the day?

Fiona: No, I don't think so. I just fall asleep.

Researcher: Will it be anyplace? For instance your desk in the school room?

Fiona: Yes, but I don't know why. It just happens.

Researcher: Okay that is fine. Then you also said you feel there is no hope for the future:

Fiona: Yes.

Researcher: Can you tell me a bit more?

Fiona: I feel like, I don't know what is going to happen to me. I am not that smart, I don't know a lot of things. I don't know what I will do when I get out of here. And my family cannot help me. I don't know.

Researcher: That is a scary feeling ne?

Fiona: Yes.

Researcher: You still have a few years here ne? How old are you?

Fiona: 15.

Researcher: Okay, so a lot can still happen before you leave here?

Fiona: Yes.

Researcher: We will look at this again in the next sessions okay?

Fiona: Okay.

Researcher: And then you said you often feel irritated or unhappy?
 Fiona: Yes.
 Researcher: Why do you think you feel that way?
 Fiona: In this house, at the other girls. They are mean. They fight. I am also unhappy that I do not have a home. That I have to be here.
 Researcher: And angry?
 Fiona: Yes.
 Researcher: Is that mainly at the other girls?
 Fiona: Sometimes.
 Researcher: Are there other reasons or people that you feel this feelings for? Angry, unhappy?
 Fiona: Yes. For my mother. She didn't want me. Then I had to live with my aunt. She hates me. It was not very nice. I am also angry at them. But most for my mother. All my life, is her fault.
 Researcher: So, do you feel more angry when you think about that?
 Fiona: Yes. I try not to but when I do I get angry.
 Researcher: Okay, I understand.
 Fiona: Mmm, yes.
 Researcher: The next one you said you feel that you do not have a personality? That the way you were has changed.
 Fiona: Yes, my personality is not like it was anymore. It changed.
 Researcher: In what ways?
 Fiona: That people don't like me. I think if I could change my personality life would be better. Now I don't talk a lot, I just keep to myself. I am unsure.
 Researcher: So, it was not always like this?
 Fiona: No I don't think so. I changed when I got here.
 Researcher: Can you tell me a bit more?
 Fiona: I am not sure. I just don't feel like me, like I always felt.
 Researcher: Okay, is that also why you said your social life is not that good?
 Fiona: Yes, I do not feel like talking to others. Only some.
 Researcher: And those some, is that the friends you have here?
 Fiona: Yes, Kelly and Natasha.
 Researcher: And are those two friends what you meant when you said you have made new friendships?
 Fiona: Yes.
 Researcher: I see, and then you also said you like to spend time with people who have had the same experience as you? Have gone through the same stuff as you?
 Fiona: Yes, because they understand. People who went through the same as you maybe they just understand you better because they also went through the same stuff or situation.
 Researcher: Do you talk to them about it?
 Fiona: Not really but I feel I can if I want to.
 Researcher: Are you often afraid and you are not sure why, you just feel scared?
 Fiona: Sometimes, I am not sure why.
 Researcher: Okay, and do you often think what will be next thing that will go wrong?
 Fiona: No, I don't even want to think. I just don't think about it.
 Researcher: So, you do not really think about it. All right. Then you said sometimes you think about what you want to do to people to get them back at what they did to you?
 Fiona: I just think when I am angry. When I am not angry I don't think like that anymore. I won't do something to someone.
 Researcher: I understand, when we are angry we will sometimes think of stuff like that ne? Then you also said sometimes people will tell you you said or did something that you can't remember? That does not seem like you?
 Fiona: O, that is very hard.

Researcher: Does it happen?
 Fiona: Yes.
 Researcher: Can you tell me a bit more, who will tell you that you did or said something?
 Fiona: A person will tell me you did this or that and then I am like, oooo, en it is very hard for me to remember what I have done and then they will be like accusing me.
 Researcher: Accusing you of what?
 Fiona: That I have done it and then just said that I can't remember, like lying about it, you know?
 Researcher: Is it bad things they tell you, like they want to fight about it or.....?
 Fiona: Not really bad things. Sometimes it is normal things, like if you borrowed something or used something, or made a promise to do something. And I can't remember. And it is hard.
 Researcher: Okay. Does it feel like you are in a dream sometimes like things are not real?
 Fiona: Sometimes I do, but not often and not for longs. Just quickly.
 Researcher: And do you sometimes sit and just think for a really long time and you do don't really think about anything? You just sit and think about nothing?
 Fiona: No, not really. Sometimes, but then I am daydreaming.
 Researcher: I see. You also said you try to suppress your feelings, like not feel or think about your feelings. You try to push it away and not notice it?
 Fiona: Not when I am happy. When I feel angry or sad or unhappy I just push it away and try and feel happy again.
 Researcher: Do you show it when you feel things feelings like unhappy or angry?
 Fiona: No, only sometimes when I am angry at the other girls it shows.
 Researcher: Do you sometimes feel frustrated? Like things are not going like you want it too or anything?
 Fiona: Only sometimes. Sometimes because I am here but there is not where else to go then I feel frustrated.
 Researcher: You also then said sometimes when you go into a room and people are talking that you feel they are talking about you?
 Fiona: Yes, that does happen. You can feel they were talking about you when you enter the room. They were talking but when you get in they will just stay quiet. And I think, the way I think is that it is bad things they are talking about.
 Researcher: Okay. Do you sometimes feel like nobody wants to talk about the stuff that has happened to you, about your past?
 Fiona: I do yes.
 Researcher: Would you like to talk about it to someone?
 Fiona: No, not really. But sometimes it feels like people will not talk about certain things because I am there. Like their mother or home or so. They avoid it.
 Researcher: Would you mind if they talked about those things?
 Fiona: No, not really. It is not my mom or house you know.
 Researcher: Yes, I see. And sometimes it is hard for you to believe that the stuff has happened to you?
 Fiona: Yes, I think why me. Why can't I also have what other people have.
 Researcher: Do you feel like maybe it happened because you did something wrong?
 Fiona: Maybe sometimes I feel like that. Like I caused it to happen. I am the reason why my mother was and did like she is you know? And my aunt and all the other stuff.
 Researcher: I understand. We will talk more about this again in the other session okay?
 Fiona: Yes.
 Researcher: And then you said you try to keep busy so as not to think about stuff?
 Fiona: Yes, when I am bored I start to think about bad stuff and then I feel angry or unhappy and I try not to you know.
 Researcher: And you said sometimes when you hear about the stuff that others have gone through makes you feel better?

Fiona: Because then I know it is not just me. And they understand as well.
Researcher: Okay. Is there anything else you want to talk about now Fiona?
Fiona: No not really, just the things that go on here, with the other girls.
Researcher: The fighting and so?
Fiona: Yes.
Researcher: What is the fighting about?
Fiona: Just, everything. They can be rude and very mean.
Researcher: Do you then have friends that you can talk to about it or what happens?
Fiona: Yes, I do, it is just difficult when they are like that.
Researcher: What do you do when they get like that?
Fiona: I just try to leave but sometimes it is difficult, because they push you or say stuff or say stuff, bad things about you.
Researcher: And the housemothers know about it?
Fiona: Yes, they know and they try.
Researcher: Okay, so we will look at ways for you to cope with that as well, okay? What do you do know to keep out of it or feel better?
Fiona: I just go and lay down and try to read a book.
Researcher: Okay, so that sounds good, if you just try and avoid it and them and do something you like, okay?
Fiona: Okay.
Researcher: But we will look at this again during our next sessions okay? Ways for you to cope and deal with okay?
Fiona: Yes.
Researcher: And I will talk to the housemothers again just so that they know. Are you okay for now?
Fiona: Yes, no I am fine.
Researcher: Okay, I will see you then soon for our next chat and then we are going to draw, work with clay and make collages. Would you like that? And we can talk some more.
Fiona: Yes, it sounds fun.
Researcher: Well, see you soon then.
Fiona: Okay then.
Researcher: Bye
Fiona: Bye

ADDENDUM L: SABINA - TRANSCRIPTION OF PRE-PSYCHOTHERAPY INTERVIEW

- Researcher: Hallo Sabina. Today we are just going to have a talk about the questions or items you answered yesterday, is that okay?
- Sabina: Yes, it's okay.
- Researcher: Good. Now, you said you have nightmares?
- Sabina: Yes, must I tell you? (*exclaims loudly*) Yoh!
- Researcher: How often do you have them?
- Sabina: How often, like?
- Researcher: Like, once a week, every night, every second night?
- Sabina: Not every night, I don't know. Some days I even forget I had them. But other times I remember or I wake up from them. It started when I came to stay in this house.
- Researcher: It started when you came here?
- Sabina: Ja.
- Researcher: What is the nightmares about mainly?
- Sabina: Mmmm?
- Researcher: Can you tell me what you dream of?
- Sabina: Some are about my mom, some about that house....others about that street some about that evil people....
- Researcher: Okay. Then you also said you find it difficult to concentrate sometimes? On what you are reading or what you are doing?
- Sabina: Mmmm.
- Researcher: Is that often, or not so often or?
- Sabina: I'd say it is often.
- Researcher: Most of the time?
- Sabina: Not all of the time but often, yes.
- Researcher: And the way you are eating? You said you eat less than you used to?
- Sabina: Mmmm, yes.
- Researcher: Why do you think that is?
- Sabina: Why I eat less is because when I look at myself I don't like. You see? And I am not hungry all the time anymore.
- Researcher: I understand. The next one you said is that you don't always remember things that well?
- Sabina: Yes, I forget things. Even when I am telling things I forget parts. And sometimes I forget stuff that has happened to me. Or I don't remember to do these things.
- Researcher: Okay, and then you also said you feel tired? Is that a lot of the time?
- Sabina: I don't understand.
- Researcher: Do you feel tired through the day, or when you have to do stuff or..?
- Sabina: Ja, I feel tired most of the time.
- Researcher: How is your sleeping, are you tired because you don't sleep enough?
- Sabina: No, I sleep a lot! I go to bed at eight o'clock after bible study.
- Researcher: So, when do you get tired when you do something specific or is it just general?
- Sabina: Even when I wake up I am tired. I just want to sit. I also feel very tired at school the whole time, then I struggle to concentrate as well.
- Researcher: Okay, and then you also said you feel like you do things slower as usual, and walk slower as usual.
- Sabina: Yes, because I am tired the whole time.
- Researcher: Then you also said you are dizzy sometimes, when does that happen?
- Sabina: At school or here at home and when I get stressed.
- Researcher: Mmmm. Then Sabina you also said you are tearful, meaning you cry or want to cry often?
- Sabina: Yes, I cry a lot. Or my eyes just have tears all the time.
- Researcher: Can you tell me when it happens most often?

Sabina: When it happens? It happens here in the house (*pause*) and sometimes at school.

Researcher: What do you think triggers the crying? Does anything happen that causes it?

Sabina: Let's say, let's say, sometimes it is because of the girls, you know how they are. They pah pah pah pah pah pah, and then when they are finished they go and lie to the housemother. Then the housemother will come, she will come into your room and shout at you. And I feel like crying.

Researcher: Is that also why you are irritated?

Sabina: Yes. I also cry when I think of my family and my mom. You know my mom is dead ne? And my father he is still living on the street – he has nothing. And my brother, the one who is on the drugs? He is now in jail, so when I think of all these bad things then I want to cry. And I get irritated with others, they go on and on about stupid little things when there is so much sadness. You know, I even think sometimes about the war in my country and all the terrible things that happened then, it all is too much sometimes.

Researcher: Yes, I understand. We will discuss this all more in your next sessions okay?

Sabina: Yes, okay.

Researcher: The next one you said that you also feel very unhappy, do you want to tell me about it?

Sabina: I feel unhappy in the house because of the choosing. The housemothers choose who they believe. And the girls choose who they are friends with. I also feel unhappy about everything that has happened to me and my family.

Researcher: Okay...

Sabina: Let me explain to you how it is here, let's say they call me, they will say 'Sabina Sabina come here' (*in shouting angry voice*), and when it is someone else they will sound like this 'come here' (*in calm reserved voice*). You see, sometimes it is very difficult being here with all these girls and then I miss my mom more. That is why I am unhappy. (*Long pause*) And they put stickers ne, there in the kitchen that say if you are neat on yourself or well-behaved, and then I look and they say I am not neat on myself, and then they get all the stickers.

Researcher: Are you unhappy or angry when you think of your past?

Sabina: Mmm, yes. Angry and unhappy both.

Researcher: Do you want to tell me a bit about those feelings?

Sabina: It is just hurting all the time.

Researcher: I understand darling. It is very difficult.

Sabina: Mmmm.

Researcher: Are you ready to carry one?

Sabina: Yes.

Researcher: You also said you feel as if your personality has changed, who you are, is not the same person that you were?

Sabina: I did change a lot yes.

Researcher: Can you think in what way?

Sabina: I don't trust people. You know like those bad people when we kids lived in that house, just us? Yeah, they taught me not to trust, to know better. I think I used to be happy and laugh and tell jokes, not so much anymore.

Researcher: Okay. Then tell me about your friendships, you said here you haven't really made new friends.

Sabina: No not really.

Researcher: Do you have friends at school Sabina?

Sabina: Not one you can trust. I have (*drifts off*)

Researcher: Can you talk to any of them?

Sabina: Ja

Researcher: Can you talk to them about important stuff that is bothering you for instance?

Sabina: No, no one

Researcher: Okay, do you ever feel like sometimes you are in a dream? When you are doing stuff, does it ever feel like you are not in real life?

Sabina: No, not really. Sometimes I forget what I have said or done, and people have to remind me.

Researcher: Okay but you never lose track of time or don't know how you got where you are?

Sabina: No, I don't think so.

Researcher: In the next one you said you shut yourself off from the outside world?

Sabina: Ja, I keep to myself. It is better that way. I don't get hurt again, you see?

Researcher: Mmmm, you also said you feel hostile, meaning angry to the world around you?

Sabina: Yes, I am angry at the world and all the people in it for all the things that has happened.

Researcher: And you act aggressively?

Sabina: Not really, I shout a lot. I shout when I get angry.

Researcher: You also said you throw stuff around?

Sabina: (*Laughs*). Not often, it is bad, but sometimes when I feel so angry or so what is the word – frustrated, then I have done it yes. But I feel bad then.

Researcher: All right. You also try to hide your feelings you said?

Sabina: Hide my feelings?

Researcher: Yes, like not show what you are feeling to other people?

Sabina: Yeah, I really don't show it. I'll just keep quiet like I told you. Go be by myself. I'll just smile but in here I'm not. You know?

Researcher: Yes. You also said when you enter a room it sometimes feel like people are talking about you?

Sabina: Yes, they are! These girls, they talk all the time! But I just say nothing.

Researcher: Do you feel like the community, people there outside, or everyone you meet thinks something about you, even though it is not maybe true? We call it labelled you?

Sabina: Yes, I feel so all the time. They think bad things because of my family, and when I was living on the street, they think I am a bad person for being there, and in nursery the children did not want to play with me always, because my clothes were not always so clean, they did not know we had no water or anything. They also think I am stupid because I have not been to school in so long. I am not stupid, I speak 5 languages you know? And I am learning Afrikaans, I can do all these things, I just did not go to school for long. I am going to learn it now.

Researcher: That is very impressive! But it feels bad ne if you think people think that?

Sabina: Yes, very.

Researcher: And then you feel like people don't know what you are going though?

Sabina: Yes, all the time. They don't have a clue.

Researcher: Mmmm, Back to the emotions, you said also you have mood swings? One minute you are happy, then sad, then angry and so?

Sabina: Ja, it just happens, I don't know why.

Researcher: You also said you wonder sometimes why me, or why this has happened to you?

Sabina: Yes, I think I did nothing wrong, why has it all happened. And I miss my mom.

Researcher: I understand, it is very hard. Then you also said you try to keep yourself busy all the time so that you don't think about bad things?

Sabina: Yes.

Researcher: What do you do then?

Sabina: Me? I like singing and I write songs in my books.

Researcher: Sabina, if you could change anything in your life what would you change?

Sabina: I would give a better life to me and my family. And that my brother is fine and

stop whatever he is doing. And to see my mother again.

Researcher: It is very hard when your mom is gone ne?

Sabina: (*cries*) At least my father is still here, other fathers will just throw you away. He still comes to see as every now and then.

Researcher: Yes, that is nice. Sabina, in the next sessions we will look at all these things you told me. And I know some of it is very hard, but we will look at it and try to make it a bit better, okay?

Sabina: Yes, it sounds good.

Researcher: Okay, see you next time.

ADDENDUM M: KELLY - TRANSCRIPTION OF PRE-PSYCHOTHERAPY INTERVIEW

- Researcher: So Kelly, remember when you did all of this and answered the questions about how you feel or do stuff. Now today we are just going to have a look at what you answered and I am going to ask you a few questions about it, and we will just have a chat.
- Kelly: Okay, that is fine.
- Researcher: You said you don't have any sleeping problems or nightmares or anything like that?
- Kelly: No, I don't.
- Researcher: You did tick here that you have lost your appetite a bit? Do you eat less than you used to or?
- Kelly: Just sometimes I eat less.
- Researcher: Do you know why or when it happened?
- Kelly: No, I don't know.
- Researcher: In the next one you said you sometimes find it hard to concentrate or focus on something?
- Kelly: Yes.
- Researcher: When does that happen, can you tell me a bit more?
- Kelly: In school it happens.
- Researcher: Any other times?
- Kelly: No not really. Or maybe when I am doing something that is hard.
- Researcher: Okay. You also sometimes feel very tired?
- Kelly: Yes.
- Researcher: When mostly, during the day, other times?
- Kelly: Mostly at night but sometimes during the day yes.
- Researcher: Do you ever feel so tired during the day that you don't feel like doing anything?
- Kelly: No, not really.
- Researcher: All right, and you said you feel very down, sad, the word they used here is depressed? Do you feel very down sometimes?
- Kelly: Yes, I do. Very down sometimes.
- Researcher: And feelings of unhappiness?
- Kelly: Yes, I feel unhappy sometimes.
- Researcher: Can you tell me a bit more of when you feel like this? Does something specific happen or is it in general?
- Kelly: Mostly in general, I don't know where it comes from it just does. Then I feel very unhappy.
- Researcher: Do you think about something specific then or before you get sad?
- Kelly: No, it just happens. Maybe when I think of missing my mom but other times I don't know.
- Researcher: You also ticked that you are relieved that everything is over and done with. Do you want to tell me a bit more about this?
- Kelly: I am glad I am here and not on the street anymore. I am glad it is done and that nobody is hurting me and that I have a place to live and go to school.
- Researcher: Yes, that is a lot to be glad about. You also sometimes feel irritated?
- Kelly: Just sometimes. When something happen I don't like.
- Researcher: Like what for example?
- Kelly: Like someone taking my things or something.
- Researcher: Okay. The next one is that you feel unhappy, you did talk about it just now but is there anything you want to add?
- Kelly: I feel unhappy when I think of my mom and....I don't know.
- Researcher: That's fine. You also said you feel like you have lost something?
- Kelly: Yes, I lost my things. And my mom and the flat we lived in long ago.
- Researcher: I see, and does that make you angry or what makes you angry?
- Kelly: Yes, it makes me angry when I think of it.

Researcher: Then you also said you act on impulsive? You don't always think before you do something?

Kelly: Yes, I will just do it and sometimes I think I shouldn't have.

Researcher: Can you give me example?

Kelly: Just things I do or say.

Researcher: All right. You also ticked that you feel your usual self is gone? Or that you are without a personality?

Kelly: I just sometimes feel like I do not have anything to say. I don't really think I am gone. Maybe just quieter.

Researcher: Quieter than you used to be?

Kelly: Yes.

Researcher: Is that why you also said your personality has changed?

Kelly: Yes, I am more quiet.

Researcher: You also have made new friendships?

Kelly: Yes, I have new friends. I did not have friends at some point, but now I do.

Researcher: Do you like having made new friends?

Kelly: Yeah, it is nice.

Researcher: Do you like to be with people who have been through the same stuff as you?

Kelly: Yes, sometimes because then you can talk to them about it.

Researcher: Do you talk to them about your past or stuff that has happened?

Kelly: Yes, I do.

Researcher: You also said that if you think about bad or negative stuff or feelings you use good or positive feelings to get rid of the bad ones?

Kelly: Yes, when I think of the bad stuff I try to think of good stuff.

Researcher: What do you do when you feel unhappy or think of bad feelings?

Kelly: I write. It makes me feel better again. Or I listen to music.

Researcher: O, that is good. You also feel like you are now a stronger person than you were.

Kelly: Yes, I, what is that word, I survived living on the street without anyone. I think I am stronger because I know how to look after myself.

Researcher: I understand. But you also said you are aware that humans can easily get hurt?

Kelly: Yes, I have seen it. And I can also easily get hurt.

Researcher: Mmm. And do you sometimes think or wonder when the next bad thing will happen?

Kelly: I used to but I am okay for now. I think nothing bad will happen for a while.

Researcher: O okay, that is good.

Kelly: Mmmm.

Researcher: In the next one you said you have problems with friends?

Kelly: No, not really. We just fight.

Researcher: Okay. You also ticked that your religious life is at a low point?

Kelly: Yes, I used to pray every day, now I don't anymore.

Researcher: Do you want to tell me a bit more about it?

Kelly: Not really. I just don't think it helps.

Researcher: All right. Then you also said you sometimes feel the world does not exist or as if you are watching your body from a distance?

Kelly: Only sometimes.

Researcher: So, it does not happen often?

Kelly: No not really. Just once or two times maybe.

Researcher: Now Kelly, you also said you feel like you are in a trans sometime? Or that think about nothing sometimes?

Kelly: I will sit and just stare at something. I do not know, sometimes I feels like I am not real.

Researcher: How often does this happen?

Kelly: Now and then.

Researcher: You also ticked that you try and push your feelings away. Like you try and hide it from yourself?

Kelly: Yes, if I feel I am starting to feel something I just push it down. I don't want to feel that way so I don't think about it or feel it.

Researcher: Is it difficult for you to do that?

Kelly: No, I just do it.

Researcher: Do you also feel like people out there, or people who know you or see you think something about you, even though it is not true.

Kelly: Yes.

Researcher: Do you want to tell me in what way you think they think about you? Or see you?

Kelly: They think badly because I don't have a mom or a home.

Researcher: Anything else?

Kelly: When I was living on the street, they thought I am bad for being there.

Researcher: Did you think that about yourself?

Kelly: No because I am not bad.

Researcher: Okay, I am glad you think that because you are not bad at all okay?

Kelly: Okay.

Researcher: In the next two you said you feel hopeless like you cannot help yourself and that you don't have strength. Why do you think you feel like that?

Kelly: I cannot help myself because I don't have money and I am still young you see. Sometimes I just feel very weak or, what is that work...I don't have any power.

Researcher: Powerless?

Kelly: Yes.

Researcher: Do you mean like stuff just happens and it is not in your power to stop or change it?

Kelly: Ja, like that. I can't do anything about it.

Researcher: I understand how you feel. But we will look at ways that you can help yourself and maybe feel a bit more powerful okay?

Kelly: Yes.

Researcher: Do you also feel like people often doesn't know or understand what you have been through or are going through?

Kelly: Yes, I often feel like that. They don't know.

Researcher: Okay, and you also said nobody wants to discuss what has happened in your past with you?

Kelly: Yes, sometimes people don't want to talk about it. It makes them feel bad. Or they don't know what to say.

Researcher: Does that bother you?

Kelly: Only sometimes. When I want to talk and they don't want to.

Researcher: You also said you cannot belief that what has happened to you? Sometimes it feels as if it happened to someone else?

Kelly: Yes, like in a movie. Sometimes it feels like a story and not my life.

Researcher: Mmmm, do you also then ask yourself if you could have done something to prevent it?

Kelly: Yes, maybe if I was a better girl.

Researcher: In what way?

Kelly: In how I behaved. And my manners.

Researcher: All right darling but I don't think you did anything to cause it or prevent it. It was not your fault, okay?

Kelly: Okay.

Researcher: We will look at that more in our next sessions, is that all right with you?

Kelly: Yes.

Researcher: You also said you feel better when you hear about others and bad stuff that happened to them because it makes you think your life is not that bad ne?

Kelly: Yes, for instance if we watch a movie I'll be glad that it is not me.

Researcher: And in real life?

Kelly: Sometimes the girls will tell something and I am glad that it did not happen to me.

Researcher: Okay, and you think you have developed or got more sensitive to other people? Like you understand them better and what they have been through?

Kelly: Yes, I don't think bad of people. I am sensitive to them I think.

Researcher: Good. Well, then that is all of them. We will talk more about all of this when I come see you again every time.

Kelly: *(Nods)*

Researcher: And next time we are going to draw, play with clay and make a collage, does that sound like something you could do?

Kelly: Yes, it sounds fun.

Researcher: Okay, so I'll see you real soon.

Kelly: Okay, bye.

ADDENDUM N: NATASHA - TRANSCRIPTION OF PRE-PSYCHOTHERAPY INTERVIEW

Researcher: Morning Natasha, so today we are just gonna have a chat about those questions that you had to answer for me last time. How does that sound, is it okay with you?

Natasha: Yes

Researcher: Was it okay for you to go through all those stuff and answer it?

Natasha: Yes

Researcher: So can we start?

Natasha: Yes

Researcher: The first one, do you sometimes have trouble sleeping at night?

Natasha: Yes, like I struggle falling asleep. But yesterday I did fall asleep, but most of the time I don't fall asleep.

Researcher: So, it is difficult for you to fall asleep?

Natasha: Mmmmmm

Researcher: Why do you think that is?

Natasha: I don't know.

Researcher: Do you think about stuff, is your head too busy, are you not tired enough?

Natasha: I think I think too much about too many stuff.

Researcher: All right, do you ever have bad dreams?

Natasha: No.

Researcher: That is good. Then you have said you lost your appetite a bit?

Natasha: Yes, I don't eat a lot, I am never hungry.

Researcher: Has it always been like that or did it change at some point?

Natasha: It changed. I used to eat all the time.

Researcher: When did it change?

Natasha: When all those bad things happened, I wasn't hungry a lot.

Researcher: I see. And then you said you sometimes find it hard to concentrate? To pay attention to something?

Natasha: Yes

Researcher: Like when or with what?

Natasha: Mostly with schoolwork, when it is hard. Or when I don't understand then I don't pay attention.

Researcher: Okay, and you also said you are tired a lot.

Natasha: Yes

Researcher: Tell me a bit more.

Natasha: I am very tired often. Like today, I feel better but other days I want to sleep.

Researcher: Do you think it is perhaps because you don't sleep enough at night because you struggle to fall asleep.

Natasha: Could be, I am not sure.

Researcher: What do you do when you feel so tired?

Natasha: I go lay down.

Researcher: Is it better then?

Natasha: Sometimes.

Researcher: You also said you feel dizzy sometimes?

Natasha: Yes, when I have a headache.

Researcher: Do you get headaches often? Like every week?

Natasha: Yes, more than every week.

Researcher: Do you think there is something that triggers it, causes it to happen?

Natasha: I don't know. I am not sure. Maybe when I am tired.

Researcher: You also said you try to never find yourself in a situation like you were in when bad stuff happened?

Natasha: Yes, that's true.

Researcher: How do you try and do that?

Natasha: I try and stay away from bad people. And men. I don't like being around men.

Here it is fine, we are all girls. Except for Nomsa (*the driver*) but he is okay.

Researcher: Okay, all the things we talk about now we will again look at in the following sessions again, okay? And I will try and help you with the things I can or the things we can change.

Natasha: Okay, that is fine.

Researcher: Now, you also said you feel depressed?

Natasha: Only sometimes, when I am unhappy and think of bad stuff.

Researcher: And I know this is difficult but you have thought about suicide, killing yourself?

Natasha: Yes, but only once, while we still lived there and that stuff was happening.

Researcher: I understand. And you are glad that everything is over. What it means there is that the bad stuff that has happened to you before is now over ne?

Natasha: Yes. That man is in prison. I am glad that is over and that I am living here now.

Researcher: You also said you sometimes feel irritated?

Natasha: Just sometimes if I don't get what I what.

Researcher: And unhappy?

Natasha: *Nods*

Researcher: When are the times when you feel unhappy?

Natasha: When I have to do stuff I don't want or like.

Researcher: And other thing or someone or time when you feel unhappy?

Natasha: Just sometimes, when I miss my mother.

Researcher: And does it feel like you have lost something, like your life is incomplete?

Natasha: Yes, I lost stuff. I lost my mother and my home.

Researcher: And angry?

Natasha: Yes, I feel angry when I think of that man. And when the other girls take my stuff.

Researcher: And guilty?

Natasha: I sometimes feel guilty for what happened, like it was my fault, and all that has happened and that we are not living together anymore.

Researcher: Mmm, I understand. Okay, do you ever feel like your personality has changed, the way you were?

Natasha: How do you mean?

Researcher: That you are no longer like you used to be your usual self is gone?

Natasha: Yes, I think I have changed.

Researcher: Can you tell me a bit more?

Natasha: I don't know.

Researcher: That is all right. Now, your family suffered from what has happened?

Natasha: Yes, we were taken away. Now I don't see my mother or sister. She is very sad. We don't live like a family anymore.

Researcher: Which is hard.

Natasha: Yes.

Researcher: Do you feel it is better here or where you used to live?

Natasha: It is better here. Nobody here hurts me.

Researcher: And you have made new relationships, friendships?

Natasha: Yes, I have made new friends with the girls here.

Researcher: Can you talk to any of them about stuff that is very important to you?

Natasha: I can talk to them but not about everything.

Researcher: Do you like to talk or hang around with some of the girls who have had the same stuff happened to them?

Natasha: No, we don't talk about it.

Researcher: Okay, what do you do when you feel sad or think about negative stuff?

Natasha: I try and think of happy stuff.

Researcher: O and you said it here you use positive feelings to make the negative feelings go away.

Natasha: Yes.

Researcher: How do you do it?

Natasha: I just thinks of happy stuff or I do something I like.

Researcher: Like?

Natasha: Playing, drawing, swimming.

Researcher: Okay, Natasha, you also ticked here that you sometimes have violent thought? You think about how you want to do something to someone?

Natasha: Only sometimes. I think I want to hurt that man for what he did.

Researcher: Sometimes we have thought like that ne? Especially if someone has hurt us. Okay. Then you also said you are aware that people can get easily hurt?

Natasha: Joe, everyday people get hurt! I know it; all the girls here have been hurt. Me as well.

Researcher: Do you ever think when is the next bad thing gonna happen?

Natasha: I used to. But then that man when to prison, no I don't anymore.

Researcher: Then you said sometimes you feel like your body is not your own body?

Natasha: Yes, that has happened.

Researcher: How or when?

Natasha: *(long pause)*

Researcher: Was it when bad stuff happened or afterwards?

Natasha: When the bad stuff was happening and little time afterwards. Now, not so much.

Researcher: You also said you will sit and think about nothing?

Natasha: Yes, I will sit for hours and when I see I just stared at the wall.

Researcher: Can you remember what you think of then?

Natasha: No not always.

Researcher: You also said you shut yourself off from the bad stuff that happened?

Natasha: Yes, I don't think about it. Or talk about it.

Researcher: I see. And then you also said here you try do not feel all your feelings, or you try to hide it?

Natasha: Only the bad feelings. I try to push it down and forget about it. I do not want to cause trouble.

Researcher: Do you sometimes know you are supposed to feel something, like you know you are supposed to feel happy or sad but you don't feel it?

Natasha: Yes, all the time. I know now I must be happy but I am not. Or we watch a sad movie or story and I know I must be sad but I am not. Or the other time one of the girls were fighting and I should be angry but I don't feel anything.

Researcher: I understand. Do you feel like people out there, the community, so all the people you have contact with or know you, do you feel like they judge you or think stuff about you that might not be true?

Natasha: Yes.

Researcher: Do you want to tell me a bit more?

Natasha: They think I am a bad girl. They think it is my fault that I am here and my mom had to go away. And maybe even they think that man is good and it's my fault he went to jail.

Researcher: But you know none of that was your fault ne?

Natasha: I do, but not everybody knows.

Researcher: As long as you remember it okay?

Natasha: Okay.

Researcher: You also said you feel scared sometimes? Even if you don't know what you are scared of?

Natasha: Yes. I am scared of being alone. I am very scared in the kitchen alone. And when it is dark outside and I can't see.

Researcher: Why do you think you are scared of being alone?

Natasha: I am scared somebody bad will come. Or there is somebody out there watching me and I can't see them.

Researcher: That I scary, I understand.

Natasha: Yes.

Researcher: Now Natasha, you also said that you don't care about your belongings anymore?

Natasha: It is not that I don't care, but it is just things you know, it is not so important.

Researcher: Mmm, you also said you try to be very good to make up for the bad that has happened?

Natasha: I just try to be a good girl.

Researcher: O, okay. Yes. Natasha, to you try and keep the truth from people?

Natasha: Yes, I don't like it everybody to know and talk about it. They don't need to know my past.

Researcher: I understand that. Will you lie to people when they ask?

Natasha: No, I just don't talk about it.

Researcher: All right. You also said you feel hopeless, like you can't help yourself?

Natasha: I was hopeless yes, I cannot help myself because I don't know how.

Researcher: Mmmm. The next one you said that people do not want to talk to you about the stuff that has happened to you?

Natasha: Yes, but it is okay because sometimes I also don't want to talk about it, then I remember it again. But sometimes when I want to talk they don't want to talk to me. Like my mom and sister, they do not want to talk about it. And my aunty as well.

Researcher: You also said you sometimes feel like you can't believe that it is happened to you?

Natasha: Yes, I say why did this happen, all these bad things.

Researcher: And you wonder if you could have done anything to maybe prevent it.

Natasha: Yes, I wonder about it.

Researcher: Natasha, I just want you to know it wasn't your fault; you did nothing to cause it and I don't think you could have done something to prevent it, okay?

Natasha: Okay.

Researcher: You also said you try to keep busy a lot of the time so that you don't think?

Natasha: Yes, sometimes. I don't want to think all the stuff that has happened.

Researcher: I understand. Then you also ticked that you sometimes feel better when you hear about other people and bad stuff that has happened to them? Then you think maybe I don't have it so bad?

Natasha: Yes, it is better to know that other people has also gone through the same as me, that I am not alone.

Researcher: Mmmm. And then the last one Natasha you said you feel broken?

Natasha: Yes, I feel broke. I feel like that man broke me.

Researcher: Do you feel like you want to tell me more? You don't have to right now if you don't want to?

Natasha: He hurt my body. He hurt me a lot. And now we are not together anymore everything is broken. I am broken.

Researcher: But you are still here, so maybe we can fix it a bit, what do you think?

Natasha: Yes.

Researcher: We are going to talk about all these stuff more in our next sessions okay? And we are going to do a lot of art, you like drawing ne?

Natasha: Yes, a lot.

Researcher: So, we are going to make art and talk and so forth okay?

Natasha: Okay, yes that is fine.

Researcher: So, I'll see you later in the week okay Natasha?

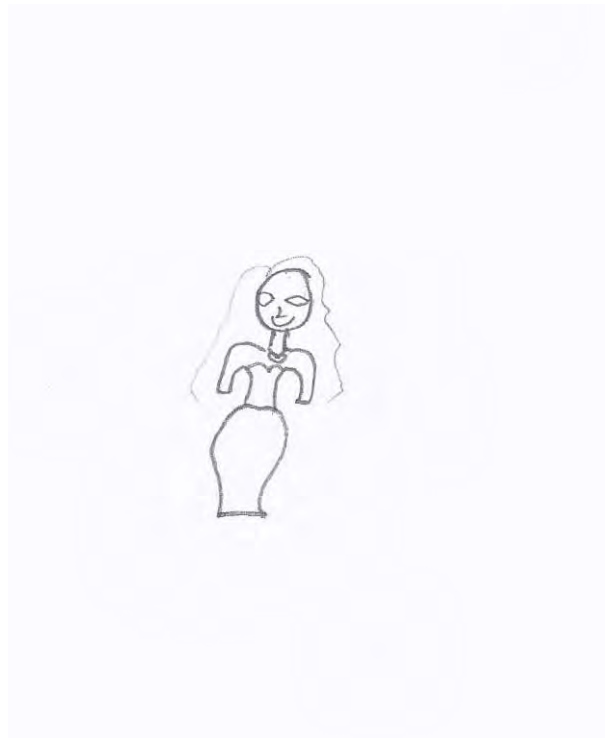
Natasha: Yes, okay bye. Thank you!

ADDENDUM O: DRAW A PERSON (DAP) DRAWINGS OF PARTICIPANTS

DAP OF MICHELLE



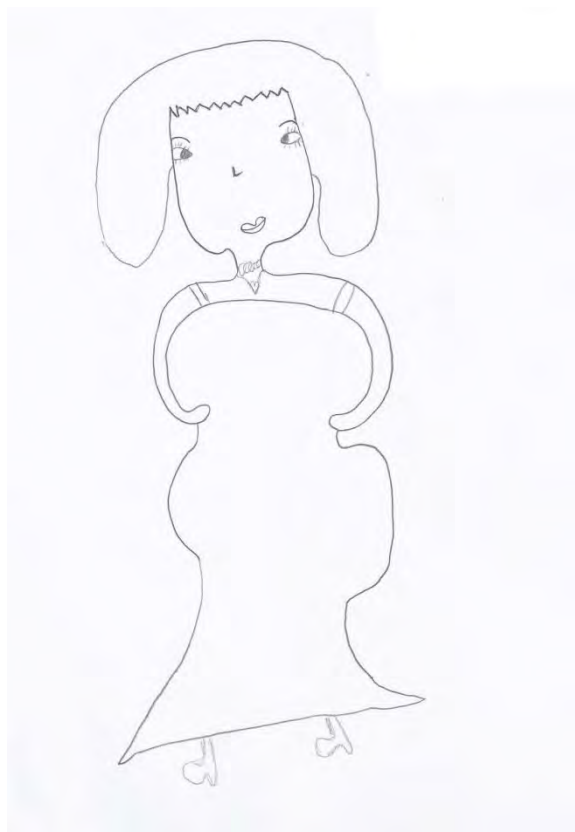
DAP OF CLAIRE



DAP OF FIONA



DAP OF SABINA



DAP OF KELLY



DAP OF NATASHA



ADDENDUM P: CLAY DEPICTIONS OF PATICIPANTS' METAPHORS

MICHELLE (ARMCHAIR)



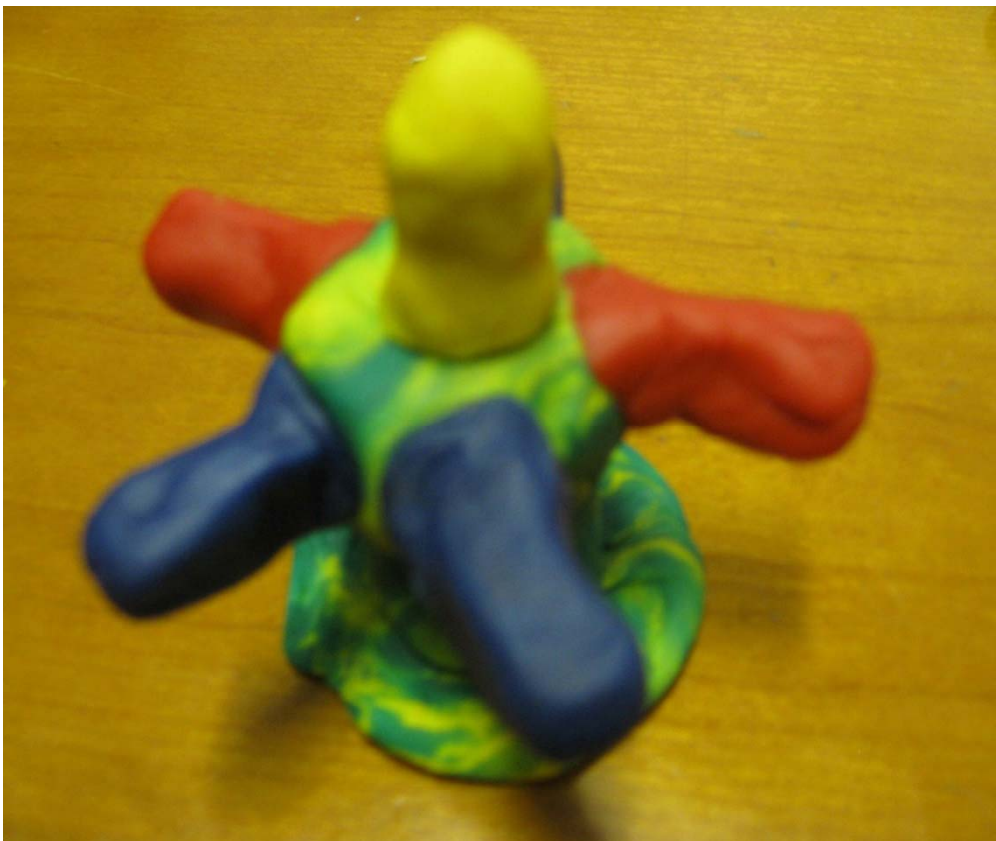
CLAIRE (MUSIC NOTES)



FIONA (BIRD – FISH EAGLE)



SABINA (FLOWERS)



KELLY (CHEETAH)



NATASHA (PYTHON)



ADDENDUM Q: PRE-PSYCHOTHERAPY COLLAGES

MICHELLE



CLAIRE



FIONA



SABINA



KELLY



NATASHA



ADDENDUM R: EXTRACT OF RESEARCHERS' OBSERVATION AND FIELD NOTES

Therapeutic Notes

Date	Information from session	What used	With whom	Next
	<p>_____ is severely depressed. Feels she must put on a mask the whole time, can't cope, anxious.</p> <ul style="list-style-type: none"> - Eating is up & down - don't eat then binge & purge. (mom vomits too, feel mom doesn't accept her body.) - Don't want parents to know just how depressed she is, they will worry, feel disappointed - Raised the point of medication (I feel it is very urgent @ this point) - _____ gave her permission to phone home but only tell her it is for anxiety - Recommended St. John Wort in the mean time. - _____ has low self-esteem, Very low ego-strength 			

Discussed w. ~~_____~~

- ① Worried she seems anxious & sad a lot of the time.
- ② General sadness (feeling down)
- ③ Sometimes feel ^{she} can't express herself.
- ④ Confused about her idea where she fits in. (General life)
- ⑤ Self-conscious about her abilities.
- ⑥ Extremely (disturbingly) dedicated/obsessed w losing weight.

Likes: exercising, shopping, taking care of herself.

Dislikes: gaining weight, not looking perfect

Scared of not being accepted into society as pretty

Wants to look at herself - looking great

Biggest fear overweight.

- Go out in society (She is the ugly thorn of friends)
- She can't wear clothes

Biggest dream: be successful in all that she does
Reach full potential.

Set future: Husband, 2 children, house,

• Loyal friends, people can rely on (everybody wants to be around)

Andre 20 yrs.

- Going to gym, taking care of himself

Investigating in body

Body so important → compensation for other lacking things

Body makes up for flaws (personality, face,)

- Arrogant, egotistic

- If he get to know them.

- Will make comments about girls (looks)

- Put himself on pedestal

Dislikes: Idealistic view of females.

He dislikes in females show real people

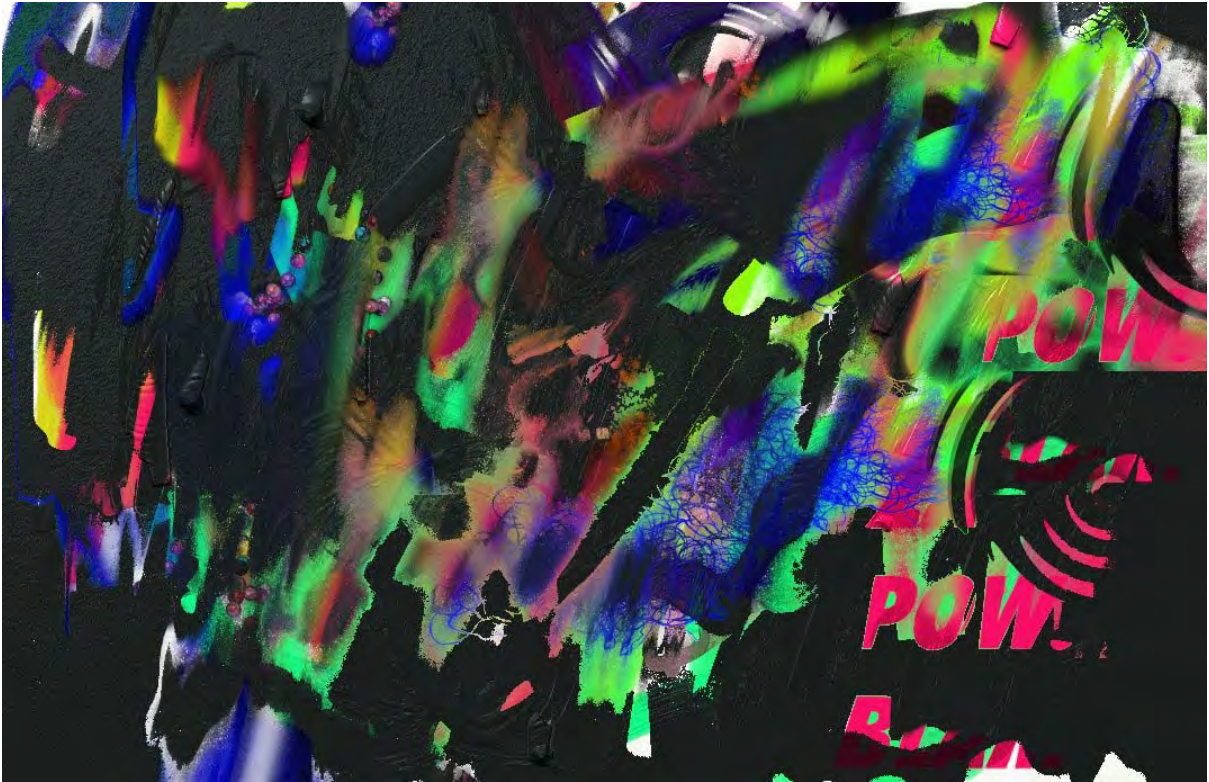
• Fear being unattractive.

- All the girls fall for him (not)

• Fear being broke -

ADDENDUM S: MICHELLE – DIGITAL ARTWORKS CREATED IN PSYCHOYHERAPY SESSIONS

SESSION 3



SESSION 4



SESSION 5



SESSION 6



It's the monster that haunts me.
The monster that hurts me...
The monster that brings me
down. The monster that
brings the pain. The monster
that causes tears to run down
these dark brown eyes.

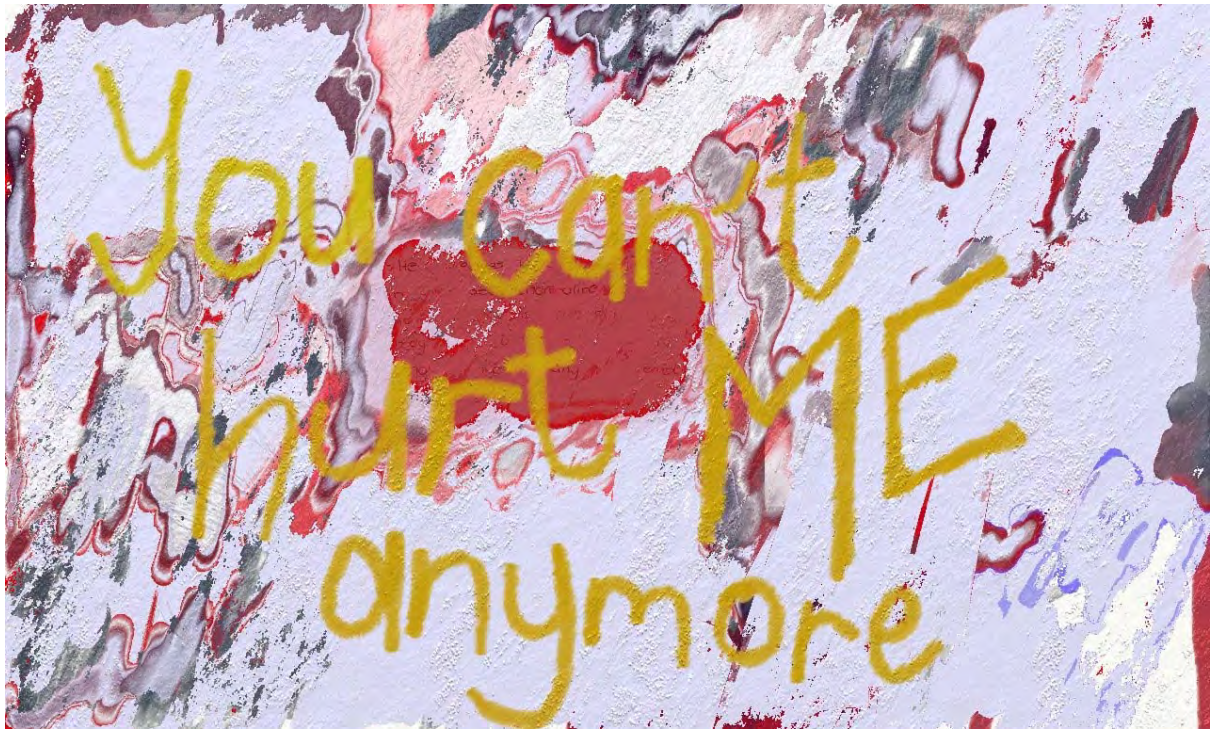
- He releases that adrenaline
in my body. Adrenaline is a
hormone that is released in your
body when it responds to fear,
anger, panic, or any other emo-
tions.

No! He's back he's coming
I can feel it.
Not again, I won't, I can't.
I promised myself I wouldn't.

Actually, I can do it, it's fine,
it's normal other people do it.

There's no more crying for mom
to save me from him. The only
hope that's left is that hand
with that sharp knife and
keeping it away from that
body.

SESSION 7



SESSION 8

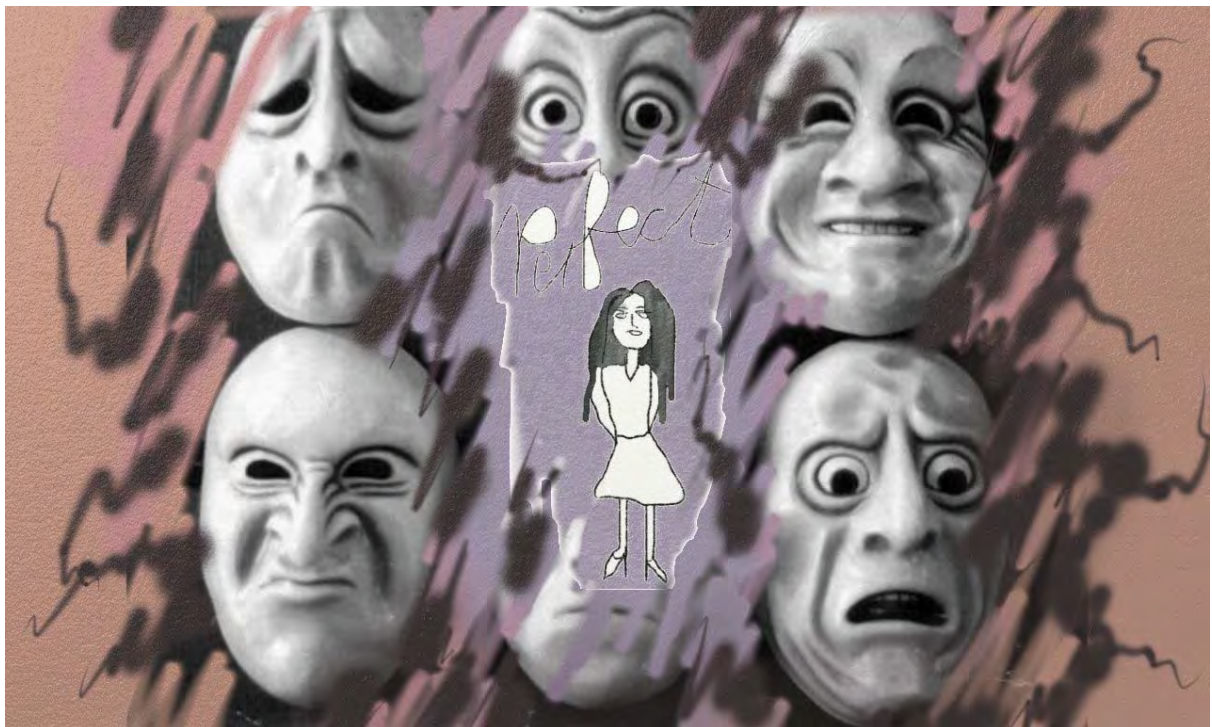


ADDENDUM T: CLAIRE – DIGITAL ARTWORKS CREATED IN PSYCHOYHERAPY SESSIONS

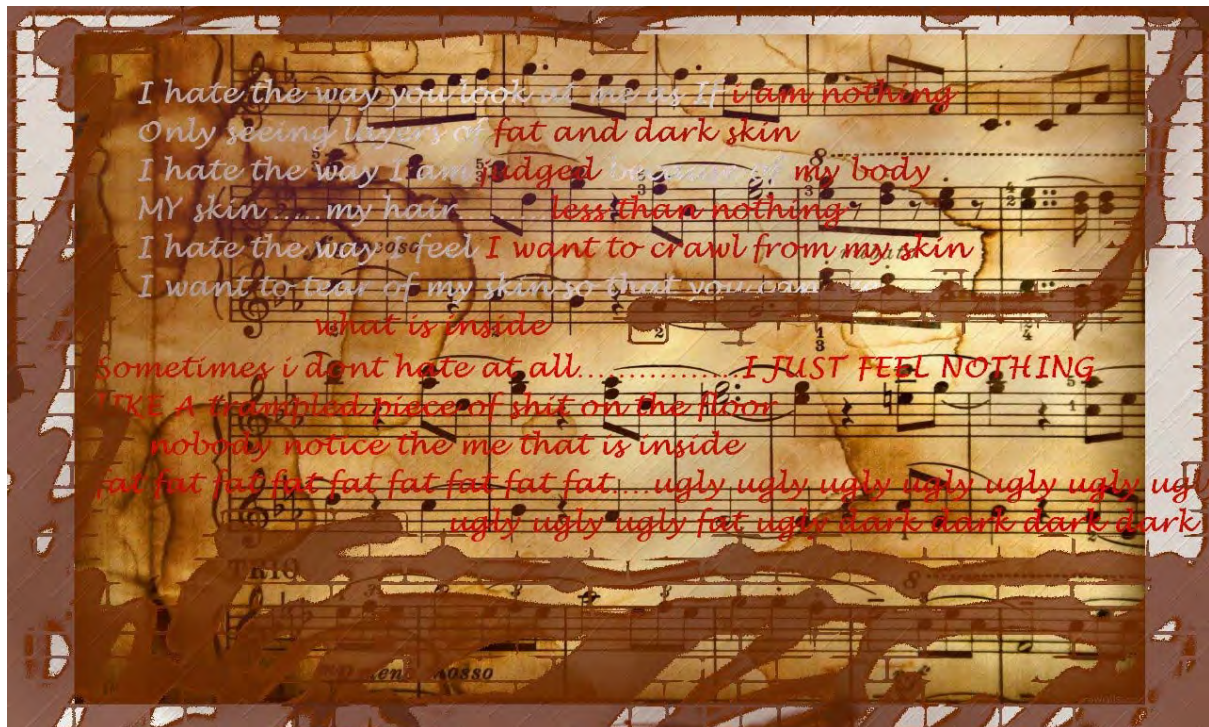
SESSION 3



SESSION 4



SESSION 5



SESSION 6



SESSION 7



SESSION 8



ADDENDUM U: FIONA – DIGITAL ARTWORKS CREATED IN PSYCHOYHERAPY SESSIONS

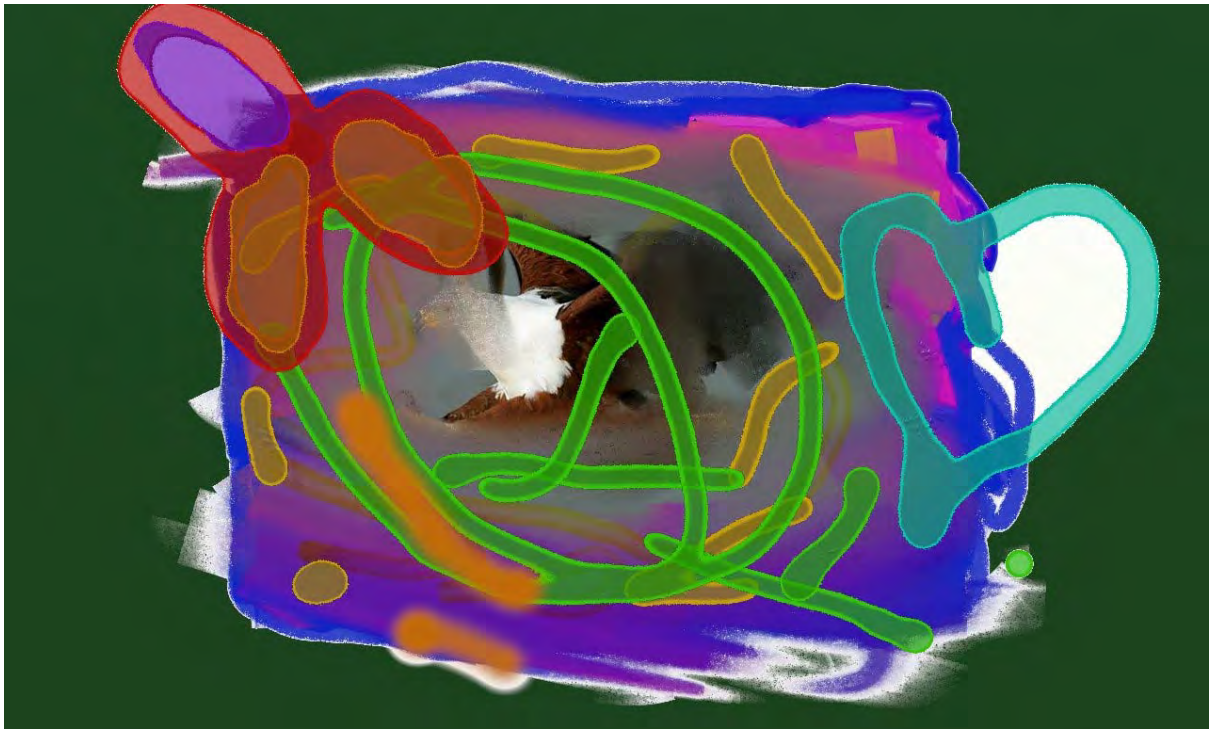
SESSION 3



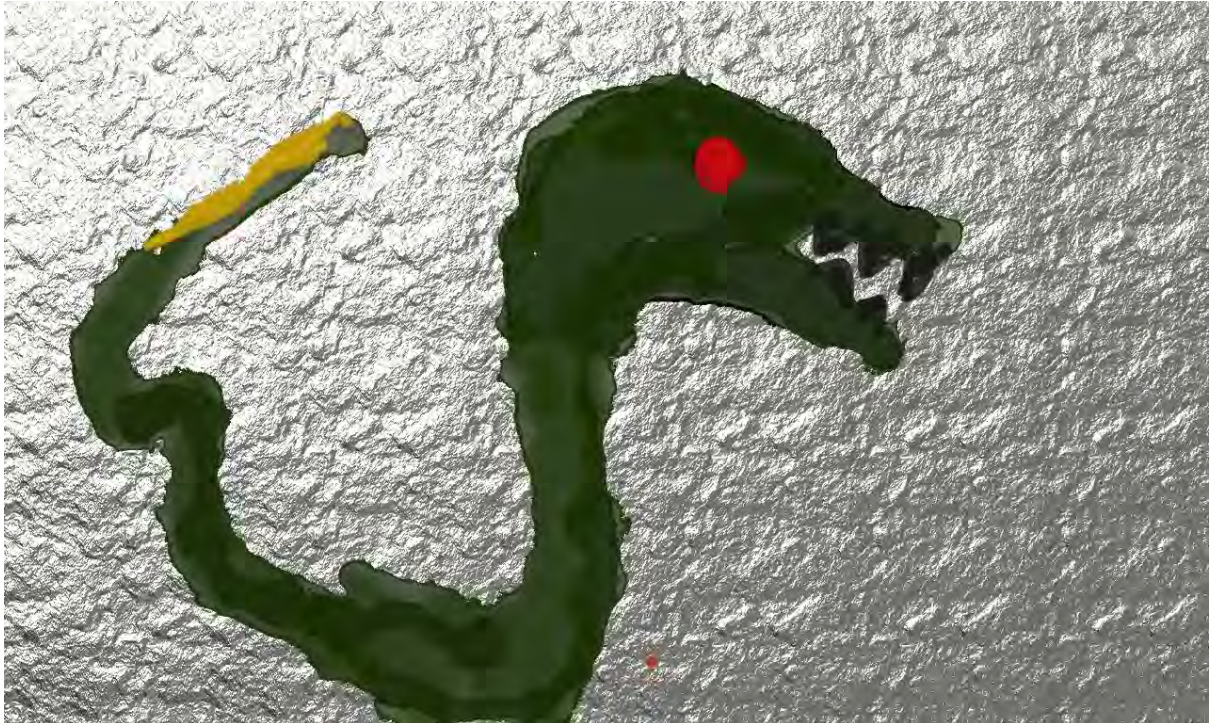
SESSION 4



SESSION 5



SESSION 6



SESSION 7



SESSION 8

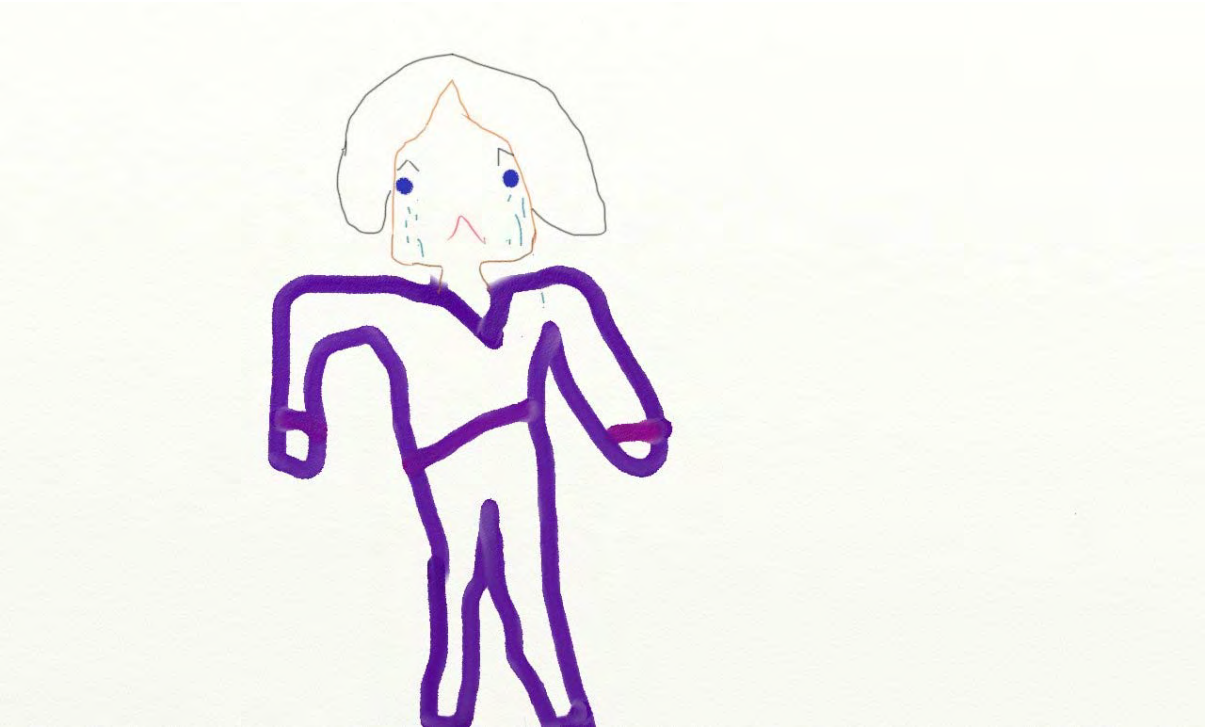


ADDENDUM V: SABINA – DIGITAL ARTWORKS CREATED IN PSYCHOYHERAPY SESSIONS

SESSION 3



SESSION 4



SESSION 5



SESSION 6



SESSION 7



SESSION 8

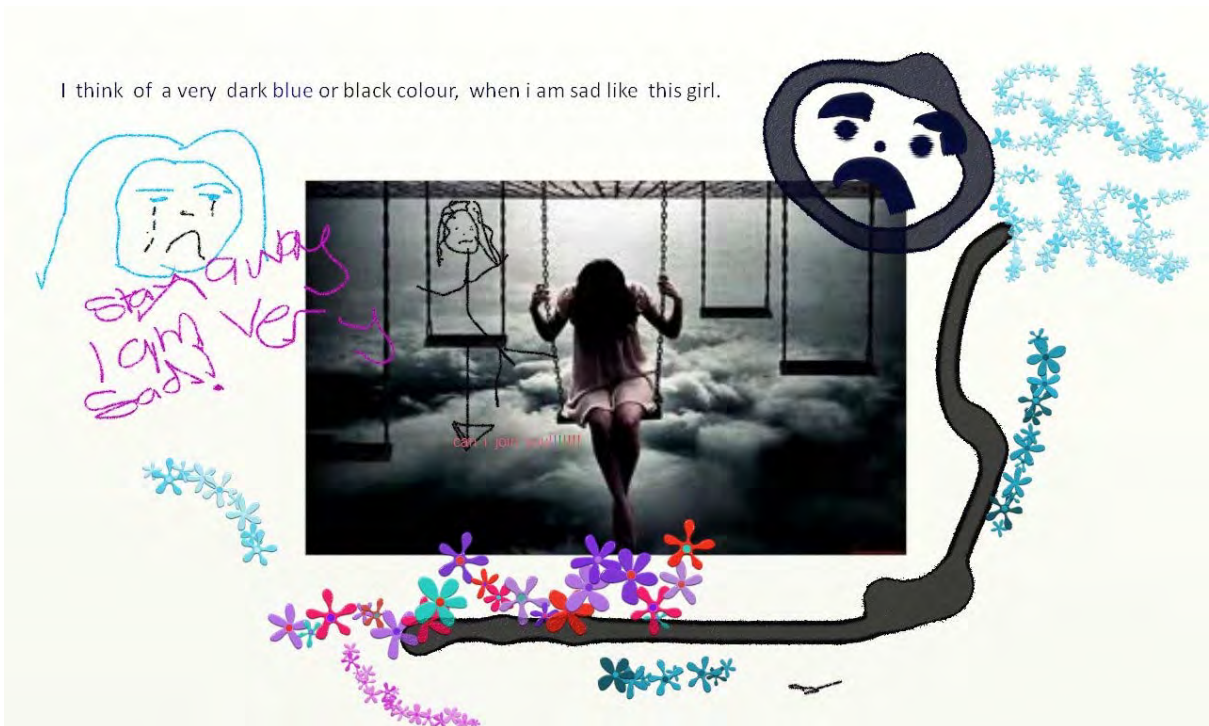


ADDENDUM W: KELLY – DIGITAL ARTWORKS CREATED IN PSYCHOYHERAPY SESSIONS

SESSION 3



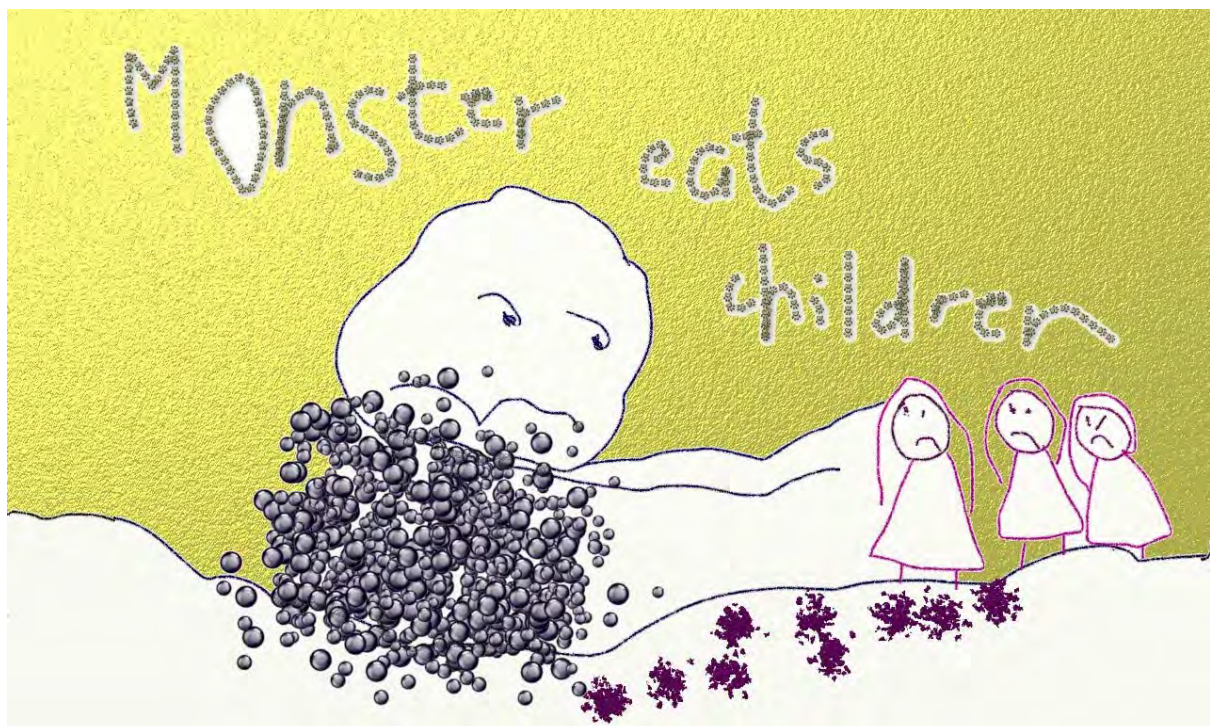
SESSION 4



SESSION 5



SESSION 6



SESSION 7



SESSION 8

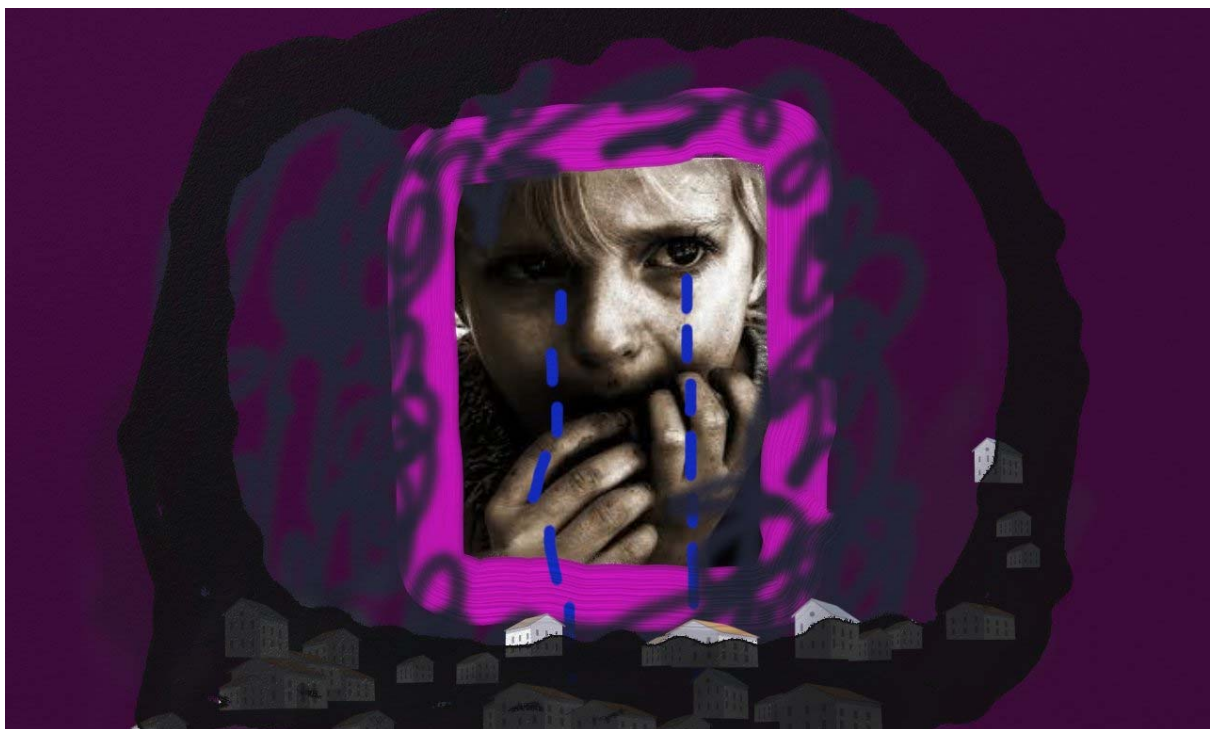


ADDENDUM X: NATASHA – DIGITAL ARTWORKS CREATED IN PSYCHOYHERAPY SESSIONS

SESSION 3



SESSION 4



SESSION 5



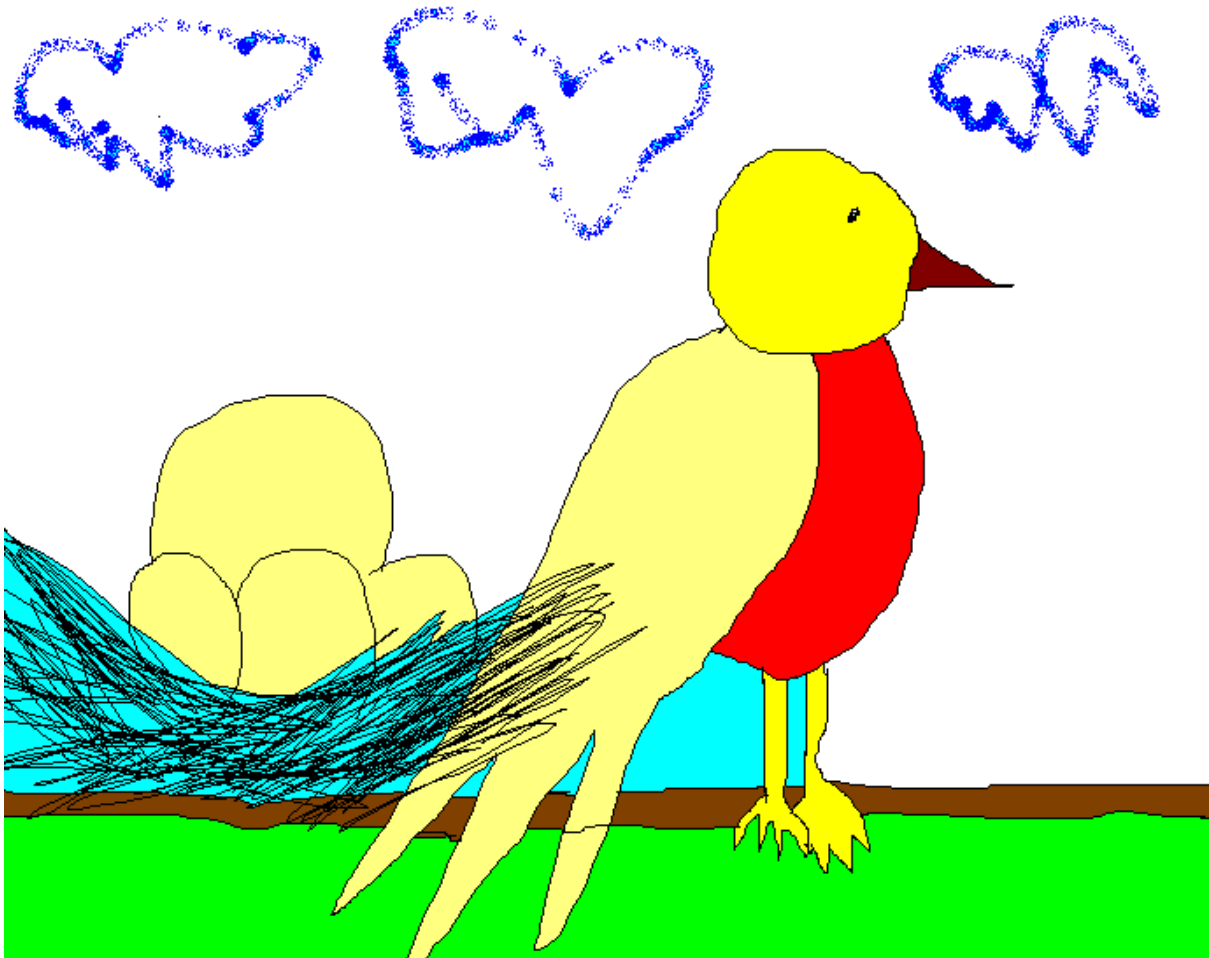
SESSION 6



SESSION 7



SESSION 8



ADDENDUM Y: POST-PSYCHOTHERAPY COLLAGES

MICHELLE



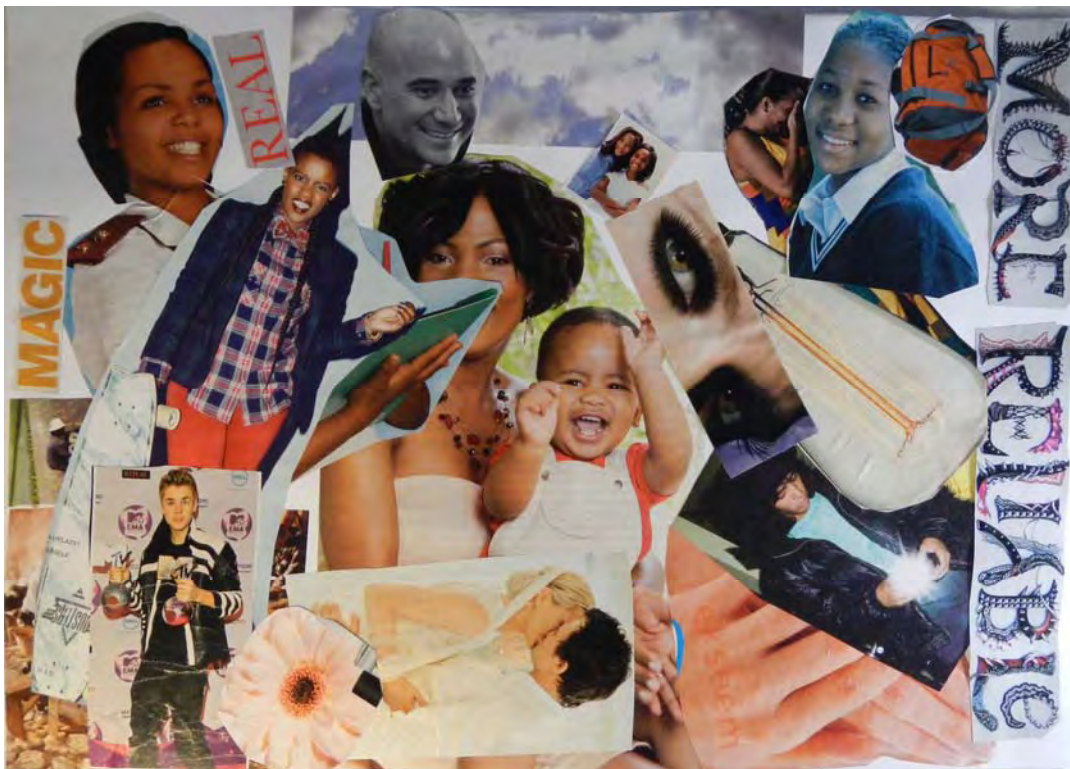
CLAIRE



FIONA



SABINA



KELLY



NATASHA



ADDENDUM Z: MICHELLE - TRANSCRIPTION OF POST-PSYCHOTHERAPY INTERVIEW

Researcher: Morning Michelle. How are you today?
Michelle: I am good and yourself?
Researcher: Good thank you. Now Michelle, we have been working together for a while now and yesterday you completed the same questionnaire that you did at the beginning.
Michelle: Yes
Researcher: Now I asked you to complete it for me so that we can determine whether any of the feelings or symptoms that you experienced before our session changed in some way.
Michelle: Okay
Researcher: So, now we are just going to have a chat like before about your answers and get a bit more information about your wellbeing, okay?
Michelle: Yes, it is okay.
Researcher: Let's start with your sleeping habits, do you still sleep or want to sleep the whole time?
Michelle: Not so much anymore. I have to do sport in the afternoons now, so I don't sleep then and I have to study so, not so much.
Researcher: During breaks?
Michelle: No, not really.
Researcher: Is it because you have to attend all these things or don't you feel the need to sleep so much anymore?
Michelle: Uhm, I think I don't want to sleep so much any longer. I do not feel so tired the whole time.
Researcher: Okay and tell me about your nightmares, do you still have them frequently?
Michelle: I still get them but also not so much. Maybe once a week, or maybe two weeks.
Researcher: So it seems that has improved?
Michelle: Yes, a little bit.
Researcher: All right, and your eating habits, are your appetite still gone?
Michelle: Mmm, I eat more but I buy stuff now sometimes. If the food is not nice and I don't want to eat then I have something in my room I can have.
Researcher: So, would you say your appetite is more normal than it was when we first started?
Michelle: I think so, I am not too sure. But I eat, yes.
Researcher: And is your stomach cramps better now? I see you didn't mark it again.
Michelle: Yes, I don't get cramps now.
Researcher: And the dizziness? Have you fainted again?
Michelle: No, not since last time. So it seems to be better?
Researcher: Do you think it is because you are not so stressed or other reasons?
Michelle: I am stressed though about school work and exams. I think it is just because I am starting to feel better.
Researcher: Starting to feel better?
Michelle: Yes, I am feeling better than at the beginning you know.
Researcher: Okay, do you still get flashbacks of the things that happened?
Michelle: Not really. Sometimes yes, and I do get upset but not so much like before when I fainted. I mean I still think about it, especially when I talk to my mom or brother and it is still bad, I get very upset.
Researcher: So you do not get it so often but it is still very upsetting when it happens?
Michelle: Yes.
Researcher: Are you still tired constantly?
Michelle: No, not really. I mean I get tired but not so that I want to sleep the whole time.
Researcher: Do you feel like you have more energy?

Michelle: I think so yes.

Researcher: And the lower back pain?

Michelle: I only got it now and again. Not in a while, it hasn't been sore. Only from sport I get stiff.

Researcher: Okay, good. And you still try to organise your life so that you won't find yourself in a similar situation?

Michelle: Yes, the whole time I think.

Researcher: I understand though. Do you feel more hope for your future?

Michelle: Mmmm, sometimes. I think I also want to study psychology. I am thinking I want to go and take my brother, get a little flat and he can live with me while I study.

Researcher: So you feel hope for yourself, to have a life?

Michelle: Yes, I think I will be okay.

Researcher: Tell me a bit more?

Michelle: It's just I think I will survive you know, I already am. Yes, I am still very angry and hate him and all of that but you know, it is like you said I own my body and my soul and I won't let what happened control me. So, yes, I have plans for my future.

Researcher: I am so glad to hear that. And I see you have ticked that you are relieved everything is over and done with?

Michelle: Only in some way. I am relieved I did what I did and that I am away there. But I still worry about my brother, he is left there now and I worry he thinks I abandoned him. And my mother, that she still does not see truth and who he is, so in that way I am not relieved.

Researcher: Mmm, I understand. And do you still find yourself tearful and irritated?

Michelle: Only sometimes, not so much anymore.

Researcher: Okay, do you still feel scared? You said last time and we worked on it in the sessions as well that you feel there is this dark presence that you feel scared of?

Michelle: It is better. I think since we talk about it and the stuff we did made it a bit better. I think I...what is the word, mmm, faced it, what happened and my feelings and I think I am started to feel calmer you know?

Researcher: Okay, do you think the activities we did helped a bit?

Michelle: A lot I think. It helped with expressing what is inside me you know.

Researcher: Yes, good. Then your feelings of guilt, do you still feel it?

Michelle: Not so much anymore. I know it was not my fault. Maybe I still think I should have just left it and not said anything but then I tell myself no.

Researcher: Yes, you did the right thing even if it didn't feel like it.

Michelle: Yeah, I know. But you can know something and still feel guilty or other feelings. I just have to tell myself I do not have to feel this.

Researcher: Mmmm, do you still feel unhappy?

Michelle: I won't say unhappy all the time, like I do have fun and do stuff now but I am not happy all the way, I don't know if I will ever be just happy but I think it is more than it was.

Researcher: Happy?

Michelle: Yes, I think so.

Researcher: And you still feel as if you have been cheated?

Michelle: I will always feel that way. Nothing will change it. And I still get so angry at my mom, I love her but she let it happen you know? Like my father I won't blame her but for now, I do because she chooses him over all of us.

Researcher: Yes, I understand. And you still feel you lost something?

Michelle: I think I will feel that for long time. Maybe something will come or happen that I don't feel it anymore, but yes I feel cheated and lost something for now.

Researcher: Yes, hopefully someday it will get better ne. Your feelings of anger?

Michelle: Still there but better. I think I am learning how to express it better or find

ways to cope with it.

Researcher: Do you think the artworks helped you a bit with it?

Michelle: I do feel better afterwards. Maybe, it is helping, it is letting everything out.

Researcher: Good, and do you still feel ashamed?

Michelle: Mmm, about some stuff. But more angry I think.

Researcher: Okay, and the drinking and smoking?

Michelle: We have been gated, you know, so I haven't been out really, so we haven't really done any party. And it is now study time so not so much partying.

Researcher: I see. Last time you ticked your personality has changed?

Michelle: Yes, I feel more like my old self again. Or like I am in control.

Researcher: Do you still feel more quiet or withdrawn?

Michelle: Not so much. I have friends I talk to and I do not need to be by myself so much anymore.

Researcher: Good, but you still feel your family suffers because of all of it?

Michelle: Yes, that hasn't changed. I won't change until my mother realises and do something or leaves him.

Researcher: Mmmm, and the quality of your life?

Michelle: Little bit better, I see now that it is good I am here and away from there and it is okay here. I have friends and that boy from School x, I am seeing him again this weekend, so it is okay.

Researcher: Okay, good. Then you ticked that you have gained valuable life experience?

Michelle: Mmm, I think I know a lot about life and I know I am stronger than I thought. I think more of myself now I think.

Researcher: That is very good to hear and you said here you feel like a stronger person?

Michelle: Yes, I think I realised to do what I did makes me stronger. And I am learning to cope with everything which makes me stronger.

Researcher: Excellent. Do you still wonder when the next disaster will happens?

Michelle: I still think bad things will happen because that is life, but not so much anymore. And I think I will deal with it when it happens yes?

Researcher: Yes. And your outlook on life?

Michelle: Is better, I think more positive. I still see bad stuff and have to deal with reality and that he is still in my life, but I think it is getting better. I see the future you know.

Researcher: And violent thoughts?

Michelle: Only now and then when I get angry.

Researcher: Okay. Do you still sometimes feel like your body is not your body or as if you are only watching it from a distance?

Michelle: No, not really.

Researcher: All right, do you still zone out sometimes?

Michelle: Yeah, but I think everybody does.

Researcher: So it does not happen a lot or excessively?

Michelle: No, not really.

Researcher: Do you still feel numb?

Michelle: I think not so much anymore. I still try to hide it sometimes what I feel, I don't people to see it always but I think I am better with my feelings.

Researcher: Do you still feel like the feelings becomes too much sometimes?

Michelle: Sometimes but I think I think I am better learning to handle it.

Researcher: And the mood swings?

Michelle: I will still have it. I will be happy and then something reminds me of my home or brother and then I will be sad or angry. But I think it is bit better.

Researcher: How are you dealing with your feelings? When it happens that you get so sad or angry?

Michelle: I ignore it. Or I come here and we talk and the painting has also helped I think. Or I go talk to friends, I distract myself.

Researcher: Okay, and you said last time you try to conceal the truth from people?

Michelle: It's not like I am not telling the truth but it is not something I tell everyone you know. I told Lucy and she understands but not everybody needs to know my business.

Researcher: I understand. And your feelings of hopelessness? Like you can't help yourself?

Michelle: No, I didn't tick that one.

Researcher: Yes, but I just want to know a bit more, if you still feel like that sometimes?

Michelle: I don't think so. I feel like I did help myself and I can do stuff for myself.

Researcher: I am so glad to hear that. You have made so much progress from when I first saw you.

Michelle: I also think so. I feel better yes, maybe it is because I am longer here and more used to it.

Researcher: And you started dealing with a lot of the bad things.

Michelle: Yes, it is hard but I try.

Researcher: And tell me the headaches?

Michelle: I still get. Maybe not so much but when I study I get them.

Researcher: So when you are concentrating hard?

Michelle: Yes, I am going to eye doctor next week. The sister said maybe it is my eyes, I don't know we will see. Maybe.

Researcher: All right. You still feel like nobody wants to talk about what happened to you?

Michelle: My family yes. We don't talk about it.

Researcher: Do you ever talk to your brother about the past?

Michelle: No, he will also think I am lying. You know that I told you he said I have been lying and saying stuff about my grandfather and my brother heard that so he probably thinks I am also lying about other stuff.

Researcher: Have you tried talking to him?

Michelle: He is a boy mam. And he is still so young, maybe someday, not now.

Researcher: Okay I understand that. Do you still feel people blame you for what happened?

Michelle: My mom yes. She thinks I am a bad girl because he tells her all that stuff.

Researcher: Has it improved at all?

Michelle: No, we talk but not about that.

Researcher: Okay, do you still feel like you could have prevented it?

Michelle: Maybe, but it is past now. I cannot change it.

Researcher: Mmm, that is true. But we can try and make it easier for you to deal with what has happened ne.

Michelle: Yeah, I feel like I am dealing better with it yes.

Researcher: And lastly, do you still feel broken in some way?

Michelle: Yes, but not so much. As if I am picking up the pieces.

Researcher: That makes me very happy for you to hear you say that. Do you think our sessions here helped you in some way?

Michelle: Yes, I think so. All the stuff we did, it was not always easy you know, and sometimes I got very upset but I think it did help.

Researcher: Do you feel overall better or that you are coping better with everything?

Michelle: Mmm, I do definitely. It's not perfect but I am trying.

Researcher: It is a process, and it is difficult and it takes time to heal.

Michelle: Mmmm. Is true. But I feel like there is hope now.

Researcher: I am so glad to hear that. You must have a lovely afternoon darling and I'll see you soon okay?

Michelle: Okay, bye.

Researcher: Bye bye.

ADDENDUM AA: CLAIRE - TRANSCRIPTION OF POST-PSYCHOTHERAPY INTERVIEW

- Researcher: Morning Claire, how are you today?
- Claire: Good thank you mam. I like your hair.
- Researcher: Thank you. You look happy today?
- Claire: Yes, I feel good. I don't know why, I just do.
- Researcher: That is good, I am glad to hear it. Now, listen yesterday you completed that long questionnaire for me. And I want to chat to you a bit more about it again, just like last time.
- Claire: All right.
- Researcher: We are going to look at whether anything changed or if it stayed the same and just look at your overall emotional well-being.
- Claire: Okay.
- Researcher: So, let's start. How are your sleeping patterns? Do you still wake up or have problems falling asleep?
- Claire: Mmmm, I think it is a bit better, it still happens but I don't think as often as it used to.
- Researcher: And the nightmares?
- Claire: Not so much anymore. Overall I feel better, I actually don't feel so empty anymore mam. Sometimes but not so much anymore.
- Researcher: Do you think you sleep better because you are overall less upset? Or your head is not so busy?
- Claire: Probably. I just feel more rested. I can't really explain why.
- Researcher: Okay, good. I am glad to hear that. Then you didn't mark the items that you walk slower or do things slower this time? Do you think that has changed?
- Claire: Yes mam, I think I have more energy now. I do not feel so tired constantly.
- Researcher: Why do you think you don't feel so tired anymore?
- Claire: No, not really. I feel like I have more energy. I go to the gym now every day, so it can be that. I just feel better overall I think.
- Researcher: The heaviness you told me about?
- Claire: Mmm, it still there, but not quite so heavy I think. I just feel better able to cope with everything. I have been writing and drawing every time I feel down, I think that has also helped a bit.
- Researcher: Good. And your posture?
- Claire: I don't know about that. Maybe the exercising is helping a bit, but I don't think it has changed that much. Not sure mam.
- Researcher: How are you feeling about your future?
- Claire: Mmm, I think a bit better. I have started thinking about studying again, in London. We are also planning a trip to Europe, so I want to work hard and look good for it.
- Researcher: All right, why are you thinking of London?
- Claire: I like England, I like the weather.
- Researcher: Okay
- Claire: And the English men like dark women. And booty. You see it all the time there. So maybe with my dark skin I will fit in better.
- Researcher: Is there anything else that is giving you more hope, or making you feel better?
- Claire: I am not really sure. I think actually our sessions helped. It helped just to talk about everything and work through it. And I enjoy the art and writing, it helps me to....I don't know, work though stuff and how I feel and what has happened. The talking helped but I also started doing stuff in my free time, writing what I feel and just trying to cope in general.
- Researcher: I see
- Claire: And I met a boy, we have been chatting on BBM, he seems to like me. And I like the attention.

Researcher: O okay. And your other relationships? With your parents, and friends?

Claire: Mmm, my parents are still the same. I haven't really seen them and I don't talk to them. Friends are a little bit better. I now have Dineo and Jessica who I can talk to.

Researcher: Do you talk to them about serious stuff that you can trust them with?

Claire: *(Laughs)* No, not really. I am not there yet mam. But I least I spend time with them. I still need a lot of time by myself, but I think it is getting better.

Researcher: Do you still feel you have to hide your true self, to put on a mask to pretend that you are okay?

Claire: Sometimes. I think I am relaxing a bit. I does not take so much energy to be around people anymore. I mean it still tires me, but it is getting better I think.

Researcher: And people that are mean to you? Is that still happening or are you coping or?

Claire: Mmm, it still happens. People still look at me and I can see the disgust and they say mean stuff to me or about me. But I don't think it is bothering me so much anymore. I think I am learning to cope with it.

Researcher: That is very good. And tell me about the exercising?

Claire: Yes, a group of us go every afternoon. It makes me feel better. I do an hour on the treadmill, and I go on that thing..that....

Researcher: The elliptical thing?

Claire: Yeah, I can feel as if I am getting fitter and just feeling better.

Researcher: So, you said on the questionnaire you are not feeling that depressed anymore?

Claire: Yeah, I do not feel so very down anymore. I still have my moments, don't get me wrong mam, but I do feel a better. I think I am coping a bit better with everything from my past and all the bad feelings I have.

Researcher: It is almost like I can see the difference as well, you seem much more...
(gestures with hands- to indicate more upbeat).

Claire: Yeah, I think so. It comes and goes but overall I feel lighter.

Researcher: I am so glad. And then the tearfulness and irritations?

Claire: The tears are a bit better, I don't think I cry quite so much over everything but I still get irritated though.

Researcher: The same as before?

Claire: Mmm, yeah, when I get irritated I just go to my room and be by myself. So I think I handle it better than before.

Researcher: And last time you said you have to pretend to be okay in for not everybody else? It also came out in a lot of your artworks ne? Having to wear a mask and to face yourself?

Claire: Yeah, I guess it was my way of working through it perhaps. Mmm, I still feel like I must pretend sometimes I can't be what everybody wants me to be all the time. But I hope it will get less and less.

Researcher: I am sure, if you or we continue to work through and deal with everything I am sure it will improve.

Claire: Yes mam.

Researcher: Then you also indicated that you do not feel so unhappy?

Claire: Yes, I am not super happy or anything, I just feel not so unhappy like I did two months ago. Believe me mam, I still have my days. But I think it is getting less.

Researcher: And you still feel as if you have been cheated?

Claire: Little bit. I am starting to learn to cope with it. I just have to try so much harder.

Researcher: Do you still feel angry?

Claire: Yeah, sometimes. But once again I am learning stuff to do to feel like I am coping with the angry feelings.

Researcher: Do you feel like you are functioning better?

Claire: I think so.

Researcher: And you also made a squiggly line at your changed personality?

Claire: Yeah, I am starting to discover myself and my personality again. I am trying to do different things to help me and to feel normal again. But I think it will still take a while to feel good about myself.

Researcher: Mmm, but you are working very hard on it, you should be so proud of yourself.

Claire: Yeah, I am trying.

Researcher: Do you feel like you can cope better on your own now?

Claire: Not yet. But I think I will be in time.

Researcher: And your overall quality of life?

Claire: Starting to become better. I won't say it is good, but I feel better. And I have started to do stuff again, like gym. And the drawing, writing, listening to music. I am also performing did I tell you? In the play at School X? It is only very small and I am scared but I am trying.

Researcher: I am so glad to hear that. And the social life?

Claire: Eh, it's okay. I am seeing that boy over the weekend. I talk more to people. Mostly on BBM, and I talk to those other girls. So it's okay.

Researcher: You said you now like to associate with people who have gone through similar experiences?

Claire: Yeah, like Dineo. We can talk about certain stuff she understands. She also used to be really fat and stuff. I don't know if mam knows but she had that gastric thingy and lost a tonne of weight. She knows how I feel.

Researcher: Is weight and weight loss the most important thing you can talk about or other stuff as well?

Claire: No, there is other stuff. People has also been horrible to her and ignored her and stuff so she knows.

Researcher: Okay. And then you also said you have learned to find new solutions and to use positive feelings to counteract negative feelings?

Claire: Yeah, just all the stuff we have been doing here, is like positive stuff, and I think I am working through stuff and finding new ways of coping. *(pause)* I just think I am doing better overall with negative stuff.

Researcher: That is very good to hear. And your outlook on life?

Claire: Not that bleak anymore, a little more hope.

Researcher: Okay, you said earlier your relationship with your parents haven't changed you said it here again on the questionnaire?

Claire: Yeah, it's still the same.

Researcher: And how do you feel about yourself?

Claire: Ugh, still not good. But I am trying.

Researcher: And trying is already so much. Excellent. We haven't really talked about religion but you ticked it here on the form?

Claire: Yes, it's still private like but it is maybe getting better, we will see.

Researcher: Okay, and then you said you don't really have experiences where you feel like you are outside your body?

Claire: Yeah, it could still happen, but it hasn't since we started with the sessions.

Researcher: O good. But you will still sometimes sit and think for hours or sit and think about nothing?

Claire: Yeah mam, I will still zone out every now and then but not so often.

Researcher: And you still shut yourself off from the outside world?

Claire: Yes, but let's say only to a certain extent, I am getting better about participating in the world.

Researcher: And your feelings overall? Do you still feel numb?

Claire: Yeah, I think it will take a bit longer to feel completely okay, if I ever do.

Researcher: And feelings of hostility?

Claire: Yeah, I still need to work on that. It will be better one day but then I feel it again sometimes when I just get so angry.

Researcher: Do you still suppress your feelings?

Claire: Not so much anymore, I try to express it in other stuff like my music. And I talk about it here which helps I think.

Researcher: I am very glad to hear that. Then you said you also still conceal the truth from people?

Claire: Yes, I still do. But I am trying to be more open but I still feel I like to keep things to myself. I still don't trust anyone, or feel I should talk to them

Researcher: Mmm, I understand. Then you didn't say that you still feel that people talk about you for instance when you enter a room?

Claire: Yeah, that hasn't happened in a while. Maybe it will still or I don't know.

Researcher: All right, and then you said you still feel like the community has labelled you?

Claire: Yes for sure. They still see this fat ugly person. But I am coping better I think. And with the dieting and gym it will maybe become better when I lose weight. But people will also judge me. I am never gonna be the skinny light-skinned beautiful girl and people will always be mean to me.

Researcher: But do you feel stronger in yourself with dealing with it?

Claire: A little bit. I will try more.

Researcher: Every little bit helps. Your mood swings?

Claire: Not so sever anymore. I mean I still feel down and up and depressed and angry but not so much anymore. And it doesn't change so much I think.

Researcher: That is good, I am glad to hear. And then you didn't tick again that you feel hopeless?

Claire: Yes, like I said earlier I feel there is more hope.

Researcher: It is so good to hear that. And then you said you still watch tv for hours or read or music?

Claire: Yes, I still do that. I have started to do other things but yes, I still lose myself in tv or movies.

Researcher: But it can sometimes be constructive to sooth yourself like the music ne?

Claire: Yeah, it helps to relax me.

Researcher: Okay, it is the excessive tv watching that we must just watch.

Claire: Mmmm.

Researcher: So, you still wonder why me or sometimes feel like you are being punished for something?

Claire: Yes, I do. I still wonder why I am in this body and life.

Researcher: But is it as regular as before that you wonder why me and does it trigger very negative feelings?

Claire: Yes sometimes.

Researcher: Okay, it is a process it won't all become better or change overnight.

Claire: Yeah, I know.

Researcher: Then you also ticked that you feel better when you hear about others and their life's or bad things, it makes you feel better about yourself?

Claire: Yes, I like to hear about people struggling with the same things as me then I know it is not just me.

Researcher: All right, and then lastly you said you still feel broken?

Claire: Yes, I still feel not quite whole. Not completely myself.

Researcher: Do you feel like you could get there? To feel not broken.

Claire: Yes, at this stage I do. I feel like there is hope to feel normal again.

Researcher: So overall it seems as if you are doing much better than when we started?

Claire: Yes, I would say so. I feel better yes. Not perfect and I still get my very down and depressed days, but better.

Researcher: Do you think you will continue with making artworks as a way of expressing yourself?

Claire: I think so. Or music.

Researcher: Yes, which is also art.

Claire: Yeah.

Researcher: Okay, we are finished with all the questions now. I am so glad to hear that you

are feeling better and seems to get something positive from my sessions together.

Claire: Yes, defintely.

Researcher: Okay, darling, good luck with the studying and everything and I will see you soon?

Claire: Okay mam, goodbye.

ADDENDUM AB: FIONA - TRANSCRIPTION OF POST-PSYCHOTHERAPY INTERVIEW

Researcher: Hallo Fiona, how are you?
Fiona: Good
Researcher: That's good. Now you looked at that questionnaire we did at the beginning again and filled in your answers again. Today I just want to chat to you about your answers again and we will look if anything changed or if it stayed the same and so okay?
Fiona: Yes
Researcher: You don't have any sleeping problems or nightmares?
Fiona: No, I sleep okay.
Researcher: Good, and how is your concentration, do you still struggle to focus?
Fiona: Yes, I do. It is difficult sometimes.
Researcher: When is it mostly difficult to focus or concentrate?
Fiona: I think at school
Researcher: When the work is difficult for you or when specifically?
Fiona: I am not really sure. Random times.
Researcher: Do you still fall asleep during the day?
Fiona: Sometimes, I don't think so much like before.
Researcher: But it still happens?
Fiona: Yes, but not a lot.
Researcher: Okay, good and do you still feel tired during the day?
Fiona: Sometimes, then I get very tired and want to sleep. But not always.
Researcher: Do you think it is better than it was or the same?
Fiona: Better than it was when? I am not sure.
Researcher: Better than at let's say the beginning of the year? Or before you started seeing me or before we started with making art on the computer?
Fiona: Maybe. I do not think I am so tired like I was.
Researcher: All right. You ticked here again that you do things or walk slower than you used to?
Fiona: I think I still do that yes.
Researcher: Last time you said you think it is because you are tired often..?
Fiona: Yes
Researcher: But no that you are not so tired anymore?
Fiona: Uhm, I guess it feels like I am in slow motion sometimes.
Researcher: Okay
Fiona: I don't know why. It just is.
Researcher: All right. Do you still feel like you have no hope for your future?
Fiona: No, I feel a bit better.
Researcher: Can you tell me a bit more?
Fiona: I am learning stuff, they send me on courses to learn stuff, like baking or cooking. So maybe there is something for me to do one day.
Researcher: That is good, I am happy to hear that. What else do you want for your future?
Fiona: I don't know. A house, a job. I want to be happy. Maybe I wish I could be more intelligent, but I think there is hope.
Researcher: I'm so glad you feel like that because there is definitely hope.
Fiona: Ok.
Researcher: Then you said you are glad everything is over and done with?
Fiona: Yes, I am glad I am here and not there where I am not wanted and treated badly.
Researcher: Do you feel safe now?
Fiona: Yes, I do.
Researcher: But sometimes you still feel scared although you don't know exactly?
Fiona: Yes, I do. But then I think of my monster and how I can squash it. Like the monster it is not real, I must just remember that.

Researcher: That is a very good technique yes. I am glad the monster helped.

Fiona: Yes, it did.

Researcher: Did you like making the other artworks?

Fiona: Yes, it was nice. I enjoyed it.

Researcher: Which was your favourite?

Fiona: The last one. I like that one.

Researcher: The colours that showed your life? And you also said it shows hope ne?

Fiona: Yes, I like that one it makes me feel good. And when I made it felt good.

Researcher: That is what we were trying, I am so happy you experienced it like that.

Fiona: Mmm, yes.

Researcher: Do you still feel irritated? You said last time with some of the girls, how is it going with that?

Fiona: A bit better.

Researcher: How so?

Fiona: There is not so much fighting now. It is okay now.

Researcher: Good, do you still get angry sometimes?

Fiona: Yes. When I think of certain stuff.

Researcher: Do you feel more at peace with your past and your family members?

Fiona: Mmmm, not always.

Researcher: Was there a change between your angry feelings and how you feel about your past between now and before we started?

Fiona: I think so. I think I am not so angry anymore. Not so much anymore.

Researcher: I see. All right. And you still feel your personality changed?

Fiona: I think I feel more like myself.

Researcher: In what way?

Fiona: I think I am more relaxed. I talk easier. And I am not so quiet anymore, I talk to my friends.

Researcher: So, you have friends here in the house?

Fiona: Yes, I do.

Researcher: So you have made new friendships?

Fiona: Yes.

Researcher: You said last time you can talk to them when you want to but mostly you don't want to, do you talk now more to them?

Fiona: Yes, I do, we talk about all kinds of stuff.

Researcher: Okay then. Lots of the ones you ticked last time you didn't tick now again, is it because it doesn't happen anymore or you don't feel like that anymore?

Fiona: I think so.

Researcher: For instance you didn't tick that you think about the next thing that will go wrong?

Fiona: No, I don't think that.

Researcher: Okay and last time you said sometimes people say you said or did something then you can't remember. Does that not happen anymore?

Fiona: No, it does not. Or it did not happen again, I have been remembering most things.

Researcher: Do you still day dream a lot, or sit and think about nothing?

Fiona: Not so much. Now and again

Researcher: You said you still try to hide your feelings though?

Fiona: Yes, I do. I do not show my feelings easily.

Researcher: That is okay, do you show it to certain people?

Fiona: Not always.

Researcher: And when you feel something do you try and hide it for yourself, so that you don't feel it? Like when you feel sad to you push it away?

Fiona: Yeah, because it is not nice to feel like that.

Researcher: How was it for you to show your feelings through the artworks? Or to show how you feel through colours and other tools?

Fiona: I liked it a lot. It was very nice, I like to do it.
Researcher: Do you think it helped you to feel better about certain stuff?
Fiona: Yes, I think so.
Researcher: Do you still feel like people are talking about you when you enter a room?
Fiona: Not so much anymore. Sometimes yes.
Researcher: Is it better now with you and the other girls?
Fiona: Yes
Researcher: And if there is fighting?
Fiona: I just go to my room and be by myself. Or talk to my friends.
Researcher: Okay, good. And then you said you still sometimes wonder why me? Why has this stuff happened to me specifically?
Fiona: Yes, I do.
Researcher: How often do you think like that?
Fiona: Not often, only when I feel sad.
Researcher: It will take time to be able to cope with all the bad things that has happened.
Fiona: Yes, I know.
Researcher: And do you still feel like you can't believe it has happened to you or ask yourself how you could prevent it?
Fiona: No, not really.
Researcher: But you feel hopeful overall?
Fiona: Yes, I do, I feel good.
Researcher: Then you said you still feel better when you hear about difficulties of other people because then you think your life is not so bad?
Fiona: Yes, then I know I am not alone.
Researcher: Okay, I understand. And that is it we covered everything.
Fiona: Okay
Researcher: It looks like you feel a lot better than you did when you first did this?
Fiona: Yes, I feel like my feelings is not so bad anymore. And it helped all the other stuff.
Researcher: I am so glad to hear that. And I am glad that your last artworks were so positive.
Fiona: I like it as well.
Researcher: Okay darling, so we will talk again.
Fiona: All right. See you!

ADDENDUM AC: SABINA - TRANSCRIPTION OF POST-PSYCHOTHERAPY INTERVIEW

Researcher: Morning Sabina, how are you?
Sabina: I am fine.
Researcher: That is good. Now Sabina you filled in that same questionnaire for me again, the one you did before we started with the artworks and all of that.
Sabina: Yes.
Researcher: So, I just want to have a chat about it again, look if anything changed, if you feel differently from before and so on, okay?
Sabina: Okay.
Researcher: Now, you said you have nightmares, do you still have them?
Sabina: Ja.....not so many but they still come.
Researcher: How often does it happen? Do you think it is less than it was before?
Sabina: I haven't had one in long time.
Researcher: Not since we started?
Sabina: Don't think so but I am not sure.
Researcher: All right, and your concentration? Is that still the same, do you still struggle?
Sabina: I still struggle. I can't always concentrate. Especially when something is boring or I am tired then I don't focus.
Researcher: I see. And you marked that you forget things?
Sabina: Yes, I do, I think I think about too much stuff. Then I forget.
Researcher: Do you try and remember something and then you will forget it or is it just anything you must do or remember?
Sabina: Just random stuff.
Researcher: Okay, now last time you said you lost a bit of your appetite but you didn't mark it this time?
Sabina: Yeah, I eat okay.
Researcher: Last time you said when you look at yourself you don't like what you see that is why you eat less, is that still the case?
Sabina: No, that is better. I am liking myself more these days.
Researcher: That is good, why do you think that is?
Sabina: I am not sure.
Researcher: That is okay. Do you still feel so tired all the time?
Sabina: I think not so much. I feel like have more energy.
Researcher: Tell me a bit more?
Sabina: I don't know, I just feel more energised. And see there, I didn't say I get dizzy, it didn't happen again.
Researcher: And you don't do stuff slower than usual anymore? Because you are not so tired the whole time?
Sabina: Yes, exactly. I feel better, I am telling you.
Researcher: That is very good, it makes me happy to hear that.
Sabina: Yes
Researcher: Now, you marked again that you are tearful, that you cry a lot or want to cry?
Sabina: Yes, it is a bit better, but I still cry a lot.
Researcher: Is it still over the girls in the house?
Sabina: Yeah, they are still fighting and saying mean things.
Researcher: And you also said last time it happens when you think of all the sad things, for instance your family?
Sabina: Yes, also then.
Researcher: And how often does it happen? That you want to cry?
Sabina: A lot. But I think it is getting better.
Researcher: And feeling irritated, does that still happen a lot?
Sabina: Only here in the house when the other girls are being nasty. Yes, only then.
Researcher: What do you do then, when you get irritated?

Sabina: I just go to my room, and listen to music. Or I draw. Since you showed me that program, I try to do stuff on the computer. Or play games on the computer.

Researcher: Do you think the drawing makes you calmer?

Sabina: I think so. And music as well.

Researcher: Okay, good. Do you still feel unhappy?

Sabina: Sometimes. But not so much anymore I think. I like the school and like doing the stuff with you and we do fun every now and then.

Researcher: But when you think of the past?

Sabina: Yeah, then I feel unhappy or sad. But I must just go with it. When I miss my mom I just say to myself; Sabina she is gone you must just now do your stuff.

Researcher: But it is still hard ne?

Sabina: Yes.

Researcher: And you said here you feel cheated?

Sabina: Mmm, all the bad things that has happened to me, to us, to my family. I know now not everybody goes through such bad things. I makes me think why, why me and us? But it is okay, God has a plan. I must just believe.

Researcher: And you said you are angry?

Sabina: Still just a little bit. About all these stuff. And that I am here and just all that happened. But then I think Sabina, at least are you here and you have a roof over your head, and food and school and books and even this computer and you that comes and do these things with us. Then I tell myself I mustn't be so angry and sad.

Researcher: So, you use positive, meaning good things and thoughts to get rid of the bad, negative thoughts?

Sabina: Yeah, I guess.

Researcher: And your personality that has changed? Do you still feel like that or?

Sabina: I feel more like myself these days. I think I have relaxed a bit. You know I still won't trust anyone but at least I see there are good people also in the world ne? Otherwise I wouldn't be here.

Researcher: Mmmm, how do you feel more like yourself?

Sabina: I relax more, I can joke and laugh again ne? I think it is better than it was?

Researcher: What do you think changed to make it better?

Sabina: I don't know. Maybe me?

Researcher: Do you perhaps think since we have started working through some of the bad memories and experiences and also feelings that it has helped a bit?

Sabina: Maybe. I feel sometimes better after I made the drawing. Except that one day, then I felt horrible.

Researcher: But that was an upsetting day ne? Where you worked with stuff that hurts you.

Sabina: Ja.

Researcher: That makes it very hard, but sometimes we need to go through stuff like that to make sense of it and to feel better in the end.

Sabina: Mmmm.

Researcher: Now, how is going with friends? Do you feel like you get along better with the other girls or other children at the school?

Sabina: A little bit better.

Researcher: How so?

Sabina: I have now Nomsa here as a friend. I can talk to her sometimes.

Researcher: About important stuff?

Sabina: Not about the stuff that hurts. But other stuff we can talk about.

Researcher: I am glad to hear that. The next one you said you keep to yourself, do you still do that?

Sabina: Mmm, I like being alone yes. But not so much anymore I think.

Researcher: Okay. Do you still feel angry at the world around you?

Sabina: No, I don't think so. Now and again but not often.

Researcher: And the shouting and throwing things around?
 Sabina: No, I do not do that anymore.
 Researcher: What do you think changed that you don't do it anymore?
 Sabina: Ag, I realised it doesn't help. There are other ways to feel better.
 Researcher: Like the music and drawing?
 Sabina: Ja, and I started making a book, did I tell you?
 Researcher: No, tell me.
 Sabina: I started this book, what do you call it where you paste all your stuff and write and stuff?
 Researcher: Like a scrapbook?
 Sabina: Ja ja, a scrapbook.
 Researcher: What do you paste and write?
 Sabina: All my photos, those I showed you and all the other stuff I have, so that I can remember it and I write as well.
 Researcher: But that is excellent! So that you keep everything safe and remember it and it helps with all your feelings ne?
 Sabina: Ja, I like doing it.
 Researcher: Do you still hide your feelings?
 Sabina: Only sometimes, here with you I don't because I can show it. But out there not always.
 Researcher: And with your friends? Or with Nomsa?
 Sabina: Yes, sometimes I show how I feel.
 Researcher: Okay, good. Last time you marked that it feels as if people talk about you but you didn't mark it this time?
 Sabina: It hasn't happened again.
 Researcher: All right, then you said you feel like people out there or that you meet still think bad of you?
 Sabina: Not all of them, but some people do not bother to find out, they will just believe the stories they hear.
 Researcher: Mmm, and it doesn't change the person you are ne?
 Sabina: No, I know that.
 Researcher: Okay, and the mood swings?
 Sabina: Not so bad anymore.
 Researcher: But it still happens?
 Sabina: A little bit. Now and then.
 Researcher: But it has improved?
 Sabina: Yes.
 Researcher: Do you still wonder why me, why did all this happen to me?
 Sabina: Yes I do. But I am starting to get over it you know. It is like it has happened now deal with.
 Researcher: That is a good attitude but it can still be hard sometimes to deal with it.
 Sabina: Yes.
 Researcher: Does it sometimes feel like it happened to someone else?
 Sabina: Not really but it has felt like that. But I know it is me.
 Researcher: Mmmm, you also said you ask yourself if you could have done something to prevent it, what do you think you could have prevent?
 Sabina: My mother getting sick. Maybe if she didn't run the shop thingy every day. You know I told you about that time the man pushed her to get the money, I think if one of us was there to stop it she would not have got so sick. Or maybe if we took her to the hospital earlier. Even my father, I wonder if I could help him get some money to get off the street or something.
 Researcher: Okay, but you know you couldn't really have done anything to stop it from happening ne? You were still very young.
 Sabina: Ja, I know.
 Researcher: Then you also said you try to keep yourself busy so that you don't think?

Sabina: Yeah, like I am doing with this book now. When I concentrate and do it then I don't think of sad things and then I stay happy.

Researcher: Even when you do something that makes you sad like the photo or the drawing with the photo?

Sabina: Yes, then I get sad or upset. But like you said maybe it is good to feel all those things. To make the peace.

Researcher: Yes, okay. Do you feel like the sessions with me has helped you at all?

Sabina: Yes, I do.

Researcher: Can you tell me in what way?

Sabina: Just talking about this stuff and everything and I liked to learn how to do the stuff on the computer and I liked making the artworks.

Researcher: Did you like it even when it made you upset?

Sabina: Yes, because after a while I felt better.

Researcher: I am so glad to hear that. Do you feel you can cope better with all the stuff you feel or think of?

Sabina: I think so. I feel stronger, like stronger emotionally.

Researcher: Agh, I am so glad to hear you feel like that. And that is the end of our chat.

Sabina: Okay, see you.

Researcher: Bye

ADDENDUM AD: KELLY - TRANSCRIPTION OF POST-PSYCHOTHERAPY INTERVIEW

Researcher: Morning Kelly, I am glad to see you. How are you?
Kelly: I am good and yourself?
Researcher: Good thank you. Kelly, you filled in those questions that we did at the beginning as well, and today I want to chat to you about your answers again.
Kelly: Okay
Researcher: Do you think some of your answers and feelings and so have changed?
Kelly: Yes, I think so.
Researcher: So, let's have a look. You did not tick again that your appetite has changed or that you lost your appetite?
Kelly: No, I think it is okay now. I eat enough.
Researcher: So, your appetite is normal again would you say?
Kelly: Yes, it is normal.
Researcher: But you did mark that you still find it hard to concentrate?
Kelly: Yes I do.
Researcher: Is it still mainly in school?
Kelly: Yes, in school or when I am bored then I space out.
Researcher: That happens when we are bored ne? But is it often?
Kelly: No, I don't think it is that often.
Researcher: And do you still feel tired during the day?
Kelly: Mmm, not so much I think.
Researcher: Do you feel like you have more energy or not really?
Kelly: Sometimes. I feel more energy yes but I am still tired also.
Researcher: Okay, then the next one you ticked said you try to organise your life so that you never find yourself in a situation like you have been, like a bad situation or something?
Kelly: It's just that I try to be safe. And I try to behave so that I can live here and they don't kick me out.
Researcher: It is good that you behave but they would not just kick you out okay? You are safe here.
Kelly: Okay.
Researcher: Do you think you are still a little bit depressed, feeling down a lot?
Kelly: It is still the same. I get very down when I think of certain things like my mom. Or when I think of other bad stuff that happen to people and in the world. It makes me feel very depressed.
Researcher: So, you still feel the same than before we started?
Kelly: I think so, I am not too sure. Sometimes I am happy, then I get sad again, then I am happy.
Researcher: So, you have mood swings?
Kelly: Mmm, not so bad as before but it still happens.
Researcher: And you didn't mark irritated this time, is that better now?
Kelly: Yes, I do not feel irritated at all. Maybe now and again, but not much.
Researcher: So you are coping better with those feelings and stuff that made you feel irritated?
Kelly: Yes, I think so.
Researcher: I am glad to hear that. And just going back to your feelings of unhappiness?
Kelly: No I don't feel unhappy. I am safe in a house, I have friends and school and it is okay. Nothing bad is really happening. I only feel sad when I think of the sad stuff.
Researcher: And how often do you feel sad or think of sad stuff?
Kelly: Not so much.
Researcher: Okay good. And your feelings of loss, that you lost something? You said last time you feel you lost your mom and your home and how do you feel now?
Kelly: It is still there but I am learning to accept it.

Researcher: Is there any other thing that you experience those feelings?
 Kelly: I am not sure.
 Researcher: And your angry feelings?
 Kelly: No, I don't really feel angry now.
 Researcher: And if you think of the stuff that used to make you angry?
 Kelly: No, it doesn't anymore. Maybe I get used to it.
 Researcher: Do you feel something else instead of angry?
 Kelly: Just sad now and then. Nothing really else.
 Researcher: All right. You did not tick that you act on impulse again this time? Do you not really do or say something without thinking about it anymore?
 Kelly: Yes, I don't do that.
 Researcher: But you used too?
 Kelly: Yes, sometimes but not anymore.
 Researcher: Okay, do you know why?
 Kelly: I think more I think.
 Researcher: Okay, and your personality? Do you still think you are quieter than you are supposed to be or that you have changed?
 Kelly: I am quiet yes, but only when I have nothing to say. I don't think I have changed a lot.
 Researcher: It is good that you feel like you are yourself or can be yourself.
 Kelly: Yes, I think so.
 Researcher: And you have friends that you can talk to and be yourself around?
 Kelly: Yes, I have.
 Researcher: Good, mmm, and you can talk to them about stuff that bothers you?
 Kelly: I can.
 Researcher: I am glad you can do that. So, you marked again that you use positive good feelings to make the bad ones go away?
 Kelly: I try that. When I feel sad or angry I try to think of good things that will make me feel better.
 Researcher: That is smart of you, does it work?
 Kelly: Sometimes. Most of the times yes.
 Researcher: Good. And then you said again that you know that humans can easily get hurt.
 Kelly: Mmm, just like last.
 Researcher: So, that hasn't changed, and you don't really think the whole time about when the next bad thing will happen?
 Kelly: No, I am okay for now, I don't think something bad will happen now.
 Researcher: I see, You didn't mark that your religious life is low again?
 Kelly: No, I pray more, I look to God again.
 Researcher: Do you think it makes you feel better?
 Kelly: Yeah, sometimes.
 Researcher: Okay and then you didn't mark the ones saying you do or say something you cannot remember or feel like you are outside your body or not in the real world?
 Kelly: No, that hasn't happened again. Only those other times but not again.
 Researcher: All right, do you still think and think about nothing, almost like you are in a trans?
 Kelly: Sometimes.
 Researcher: How often?
 Kelly: I don't know, the same times that I can't concentrate. Maybe in class or when I feel bored then I will sit as in trans.
 Researcher: I see. Do you still try and push your feelings away, not to feel it?
 Kelly: Not so much anymore. The feelings are not that scary anymore. So, I can deal with it.
 Researcher: And how do you deal with it?
 Kelly: I don't know, I just feel it and then think of good things again.

Researcher: I see. Then you did not mark that the community thinks stuff about you anymore?

Kelly: I am sure they still do but I do not think I care about it.

Researcher: Tell me a bit more?

Kelly: I know I am not bad so if they want to think that I know it is not true.

Researcher: That is very good that you are thinking like that, because it is true ne?

Kelly: Yes.

Researcher: Do you still feel hopeless, you also didn't tick it again?

Kelly: No, I don't. I have hope.

Researcher: Good, and you also didn't tick that you feel like you don't have any strength or power?

Kelly: Yes, I feel I have more power. As if I can change things and not just not strong.

Researcher: I am so glad to hear that, and that you believe in yourself.

Kelly: Yes, I do.

Researcher: That is brilliant. And then you didn't really mark anything further. Just let me see.

Kelly: Okay

Researcher: How do you feel overall though? Emotionally or just in general?

Kelly: I feel okay.

Researcher: Do you think you feel a bit better or not really or the same than before we start the sessions?

Kelly: I think a bit more better. I feel okay, and I have energy to do stuff.

Researcher: And do you feel like you have worked through the bad things in your past or your fears or your bad feelings?

Kelly: I think so. I liked the stuff we did.

Researcher: And let me tell you that painting were you capture the monster and make everything okay is so good, how did you feel?

Kelly: Good, it felt nice.

Researcher: And the last you that shows you as 'n powerful cheetah, is that how you feel now? Instead of that clay one of yours that was laying so flat?

Kelly: *(Laughs)*. Yeah, I am now a strong cheetah.

Researcher: That is good, I am glad! Okay darling, you must have a wonderful day and weekend.

Kelly: Thanks you too.

ADDENDUM AE: NATASHA -TRANSCRIPTION OF POST-PSYCHOTHERAPY INTERVIEW

Researcher: Hallo Natasha, it's good to see you, how are you?
Natasha: I am okay.
Researcher: Now, today we are going to look at those questions you answered again. We want to look at whether anything changed or stayed the same and just how you are.
Natasha: Okay
Researcher: Can we start?
Natasha: Yes.
Researcher: So, are you sleeping better, you didn't tick it again?
Natasha: Yes, I am sleeping good now.
Researcher: No more trouble falling asleep anymore?
Natasha: No, not really.
Researcher: And still no nightmares?
Natasha: No
Researcher: That is good. Now, let's see. How are you eating?
Natasha: Still the same.
Researcher: Still the same like when you said you are not eating a lot or before when you were eating a lot?
Natasha: No, not eating so much.
Researcher: Do you eat enough?
Natasha: I think so just not so much as before.
Researcher: You are such a skinny girl, you must eat when you feel like it darling.
Natasha: (*Laughs*) I will.
Researcher: And your concentration?
Natasha: It is better! I can concentrate now more. Even on the schoolwork.
Researcher: Why do you think that is?
Natasha: I don't know. Stuff is not distracting me.
Researcher: All right. Do you still feel tired during the day, or like you want to sleep during they day?
Natasha: No, not really. I am not tired anymore.
Researcher: Maybe because you are sleeping better?
Natasha: Mmm, maybe.
Researcher: And how is your headaches and dizziness?
Natasha: I still get headaches but not so much.
Researcher: So, is it less than before?
Natasha: I think so.
Researcher: And the dizziness?
Natasha: No, I don't have that now.
Researcher: Okay, good. And then you said that you still try and avoid situations that stuff like that which has happened can happen again?
Natasha: Yes, like I said.
Researcher: So, that hasn't changed?
Natasha: No, it is still the same.
Researcher: I understand. Now, you didn't tick that you feel depressed?
Natasha: Yes, I think so.
Researcher: Do you feel not so down like you used to?
Natasha: Yes, I do not feel so unhappy. Or when I do not a lot.
Researcher: No more thoughts of suicide at all?
Natasha: No
Researcher: Okay, that is very good to hear. And then you said again you are glad everything is over.
Natasha: Yes.

Researcher: For the same reasons you said last time?
 Natasha: Yes, I am better here and glad I am here and not there.
 Researcher: Mmm, and feelings of unhappiness or irritation?
 Natasha: I don't really get irritated no.
 Researcher: Unhappy?
 Natasha: Yeah, sometimes.
 Researcher: When do you think you feel unhappy?
 Natasha: I don't know. When something happens that makes me sad or angry.
 Researcher: Do you feel less unhappy now than you did before we started, thus a few months ago?
 Natasha: I am not sure but I think so.
 Researcher: What about angry feelings?
 Natasha: Just at him sometimes but no all they time.
 Researcher: So not so much anymore?
 Natasha: Yeah.
 Researcher: And do you still feel guilty sometimes?
 Natasha: Sometimes. I am trying not to, but it is hard sometimes.
 Researcher: Then you said you feel like you are without a will of your own, as if you cant control what is happening to you?
 Natasha: Yes, sometimes, I am not really in control.
 Researcher: Like when, can you give me an example?
 Natasha: Like in the past, I didn't want anything of those things to happen but they did I couldn't control any of. It was stuff that I didn't want to happen.
 Researcher: I understand, you didn't cause or want any of it ne?
 Natasha: Yes
 Researcher: Do you still feel like you have changed? Your usual personality?
 Natasha: I don't really think so anymore.
 Researcher: Do you feel like yourself, like you can just be who you are?
 Natasha: Yes I do.
 Researcher: That is good. Then are you still happy to be living here?
 Natasha: Yes, it is okay. I am safe here.
 Researcher: Mmm, and you still have your friends here?
 Natasha: Yes.
 Researcher: The next one you ticked said you use positive, good feelings to try and get rid of negative, bad feelings?
 Natasha: Yes, when I think of something bad that makes me sad then I quickly think of something good to make it go away.
 Researcher: Okay, can you give me example?
 Natasha: Not sure.
 Researcher: How about something we did in our sessions?
 Natasha: O yeah. The monster.
 Researcher: Yes, the monster, you made something that makes you think of scary or bad things and then you did something to make it okay again ne?
 Natasha: Yeah, I put him in jail where it can never come out and hurt me.
 Researcher: Did you enjoy that painting?
 Natasha: Yes, not at first but later yes.
 Researcher: Okay, then you said you are aware that humans can easily get hurt?
 Natasha: Yes, very easy. But it does not bother me that much now.
 Researcher: All right, you didn't tick again that you get violent thoughts sometimes?
 Natasha: Mmm, I don't.
 Researcher: Good, and then you didn't tick again like sometimes if feels like your body is not your body?
 Natasha: Yes, that hasn't happen again.
 Researcher: Okay, good. And do you still sit and think of nothing for long times?
 Natasha: Sometimes but not a lot.

Researcher: So it does not happen that often anymore?

Natasha: No, it doesn't.

Researcher: All right and let's talk about your feelings. Do you still feel nothing, like we said last time you know you must feel something but you don't?

Natasha: Mmm, yes, but I am trying now. I think it is getting better. Like I know I must feel something and then I try to feel that way.

Researcher: So you are getting more in touch with your feelings?

Natasha: I think so.

Researcher: Do you still try and hide your feelings, or to keep yourself from feeling it?

Natasha: Sometimes when it is bad feelings.

Researcher: Because you don't like it or don't want to feel that way?

Natasha: Yes

Researcher: But we have started to address those feelings a little bit ne?

Natasha: Mmm, it was hard but sometimes it made feel better.

Researcher: Okay, I am glad to hear you say it, so maybe it did help a bit to feel those bad feelings but then try and deal with it to make it better, to express it ne?

Natasha: Yes, I think so.

Researcher: Okay, so you didn't mark anything else on this page. Last time you said you feel like people out there judge you even if they don't know the truth?

Natasha: I feel okay, I don't think they think so much about me anymore.

Researcher: And you know who you are and that you are not bad ne?

Natasha: I do yes.

Researcher: Do you have more hope for the future now? You didn't mark that you feel hopeless again?

Natasha: Yes, I feel that I will have a good future. I have hope yes.

Researcher: And tell me do you still feel scared? Last time you said you are afraid of being alone, especially when it is dark?

Natasha: Still a little bit yes.

Researcher: That is okay, do you know exactly what you are afraid of?

Natasha: That there is someone bad.

Researcher: Okay. Sometimes there can be a chance of someone bad being there but you are doing all these other stuff to keep yourself safe ne? So you know you are making the chance of someone bad getting to you as small as you can ne?

Natasha: Yes, I do.

Researcher: Then you don't always have to be so scared?

Natasha: Okay.

Researcher: All right, now do you still wonder why me? Why has these things happened to me?

Natasha: Sometimes, but I think now more that it is okay, there is a plan with me. God has a plan with me.

Researcher: I see, so you believe that there is a purpose with your life and why you are here?

Natasha: Yes, I think so.

Researcher: Good! I like that, I think there is a purpose with you being here as well. You are a very special girl/.

Natasha: Yes.

Researcher: Do you still feel like you could have done something to prevent all that happened, or done something more?

Natasha: Sometimes but not so much anymore.

Researcher: Okay, It doesn't seem like you ticked anything else. Do you still try to keep so busy so as not to think about stuff?

Natasha: No, not really?

Researcher: And do you care now more about your belongings?

Natasha: Certain stuff, if it is nice or important.

Researcher: Okay, and do you still feel like people avoid talking about certain things with

you?

Natasha: No, not really, I have been talking to you, so it is okay.

Researcher: Was it okay for you to talk about certain stuff with me?

Natasha: Yes, it was okay.

Researcher: And how was the art making for you? Nice or not so nice or boring or?

Natasha: I enjoyed it, it was nice.

Researcher: Do you think it helped you a bit to feel better?

Natasha: I think so, I think it helped me to express, is that the word? Yes, to express myself.

Researcher: That is very good. And then lastly Natasha, do you still feel broken?

Natasha: Mmm, not so much. It is still not nice not to be with my mom and all of that but I think I will be okay.

Researcher: I like hearing that, so you think it is going a bit better than before we started?

Natasha: I think so.

Researcher: Good!, All right, we are done now. I hear you are dancing tomorrow in a concert?

Natasha: Yes, and over the weekend.

Researcher: Wow, you must enjoy it very much and I think you will be very good.

Natasha: Thanks. Bye

ADDENDUM AF: TABLES SUMMARISING EACH PARTICIPANTS' QUESTIONNAIRE RESPONSES

Summary of each participant's pre-psychotherapy responses to the Trama-100 Questionnaire. Each letter indicates the participant's name's initial:

	M	C	F	S	K	N		M	C	F	S	K	N
1	x	x				x	51	x		x			x
2	x	x		x			52		x			x	
3	x			x	X	x	53						
4	x						54			x			
5			x	x	X	x	55				x		
6				x			56						
7			x	x			57	x	x				x
8		x		x			58	x	x			x	
9		x					59			x		x	
10	x						60						
11	x			x		x	61		x				
12	x	x	x	x	X	x	62	x	x	x			x
13	x						63		x		x		
14	x						64						x
15	x					x	65			x		x	
16	x	x	x				66	x	x				x
17	x					x	67		x				
18		x			X	x	68		x		x		
19					X	x	69				x		
20	x	x		x			70	x	x	X	x	x	x
21	x	x	x	x	X	x	71				x		
22	x		x			x	72						x
23	x					x	73						x
24	x	x	x	x	X	x	74	x	x				x
25	x	x					75		x	X	x		
26	x				X	x	76		x		x	x	x
27	x	x	x	x	X	x	77	x	x		x		
28	x	x					78	x	x			x	x
29					X		79					x	
30	x						80						
31							81	x					
32							82		x				
33			x		X	x	83		x				
34		x					84						
35							85	x	x		x	x	
36	x					x	86	x		X		x	x
37	x	x					87						
38	x	x	x	x	X		88						
39		x	x	x			89	x		X	x	x	x
40	x		x		X	x	90	x		X		x	x
41			x		X	x	91		x	X			
42							92	x	x		x		
43							93						
44					X	x	94			X	x		x
45					X		95						
46					X	x	96						
47	x		x		X	x	97		x	X		x	x
48	x	x					98		x			x	
49		x	x	x	X		99	x	x				x
50	x	x					100						

Summary of each participant's pre-psychotherapy responses to the Trama-100 Questionnaire. Each letter indicates the participant's name's initial:

	M	C	F	S	K	N		M	C	F	S	K	N
1		x					51	x					
2	x			x			52		x				
3							53						
4							54						
5			x	x	x		55						
6				x			56						
7			x				57						
8							58						
9		x					59						
10							60						
11				x			61		x				
12		x	x		x		62	x	x	x			x
13							63		x		x		
14	x						64						x
15	x						65					x	
16							66		x				x
17							67						
18					x		68		x				
19	x		x		x	x	69						
20	x			x			70	x		x			x
21		x		x			71						
22						x	72						
23						x	73						
24			x	x		x	74		x				
25	x	x		x			75			x			
26	x				x	x	76		x		x		
27	x	x	x	x		x	77	x	x		x		
28	x						78						
29							79						
30							80						
31							81	x					
32						x	82		x				
33					x		83		x				
34		x					84						
35							85	x	x		x		
36	x					x	86	x		x			x
37							87						
38		x	x		x		88						
39							89	x			x		
40	x		x		x	x	90	x			x		x
41		x			x	x	91		x				
42							92	x	x	x	x		
43	x						93						
44		x		x	x	x	94			x	x		x
45	x			x	x		95						
46					x	x	96						
47						x	97		x	x		x	
48	x	x					98		x			x	
49			x				99	x	x				x
50	x	x					100						

ADDENDUM AG: RESEARCH ETHICS CLEARANCE CERTIFICATE



Research Ethics Clearance
Certificate

This is to certify that the application for ethical clearance submitted
by

M Swanepoel
[40993647]

for a M Ed study
entitled

**Digital art therapy and trauma: a psycho-educational
perspective**

has met the ethical requirements as specified by the University of South
Africa College of Education Research Ethics Committee. This certificate is
valid for two years from the date of issue.

A handwritten signature in black ink, appearing to read 'CS le Roux'.

Prof CS le Roux
CEDU REC (Chairperson)

lrouxcs@unisa.ac.za

Reference number: 2013 JULY/40993647/CSLR

23 July 2013