

**THE USE OF GESTALT THERAPY TO  
RE-WRITE LIFE SCRIPT**

by

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## STATEMENT of AUTHENTICITY

I, Erika Hitge, declare that **THE USE OF GESTALT THERAPY TO RE-WRITE LIFE SCRIPT** is my own work. All sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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Signature

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## **SUMMARY**

The aim of this research was to determine how Gestalt Therapy could be utilised to re-write life script. Transactional Analysis terminology was translated into Gestalt Therapy, especially the terms life script, life position and re-writing in the literature study. Gestalt Therapy concepts of importance for the research were also discussed in the literature study. An empirical study was conducted, involving one respondent, for whom Gestalt Therapy sessions were provided with the aim of determining how life script could be re-written through such intervention. Gestalt Therapy concepts and life script concepts were identified during the therapy process. A re-written life script was formulated by the researcher corresponding with the level of functioning of the respondent during therapy and in relation to the respondent's life position. The researcher deduces from the entire study, but especially from the empirical study that life script can be re-written by means of utilising Gestalt Therapy.

## **KEY TERMS**

**Re-writing**

**Life script**

**Life position**

**Gestalt Therapy**

**Contact Boundary Disturbances**

**Awareness**

**Theory of Change**

**The I-Thou Relation**

**Sense of Self and Self-Concept**

**Self-Regulation**

**INDEX****PAGE****CHAPTER 1: INTRODUCTION TO AND EXPLANATION OF THE STUDY**

<b>1.1</b>	<b>Introduction</b> .....	<b>1</b>
<b>1.2</b>	<b>Rationale for Study and Problem Formulation</b> .....	<b>3</b>
1.2.1	Research Goal .....	8
1.2.2	Research Objectives .....	8
1.2.3	Research Question .....	9
<b>1.3</b>	<b>Research Approach</b> .....	<b>9</b>
1.3.1	Type of Research .....	10
1.3.2	Research Strategy .....	11
<b>1.4</b>	<b>Research Methodology</b> .....	<b>11</b>
1.4.1	Universe, Population and Sampling .....	13
<b>1.5</b>	<b>Ethical Aspects</b> .....	<b>14</b>
<b>1.6</b>	<b>Definition of Key Concepts</b> .....	<b>15</b>
1.6.1	Life Script .....	15
1.6.2	Re-Writing .....	16
1.6.3	Gestalt Therapy .....	16
1.6.4	Life Position .....	17
<b>1.7</b>	<b>Layout of the Research Report</b> .....	<b>18</b>
<b>1.8</b>	<b>Summary</b> .....	<b>18</b>

## CHAPTER 2: THEORETICAL UNDERPINNING OF LIFE SCRIPT

<b>2.1</b>	<b>Introduction</b> .....	19
<b>2.2</b>	<b>Transactional Analysis</b> .....	20
2.2.1	Life Script .....	21
2.2.2	Life Positions .....	22
2.2.3	Life Script Analysis .....	23
2.2.4	Origins of Life Script .....	24
2.2.5	Re-Writing .....	24
<b>2.3</b>	<b>Gestalt Therapy</b> .....	26
2.3.1	Boundary Regulation .....	27
2.3.2	Contact Boundary Disturbances .....	28
2.3.3	Introjection .....	30
2.3.4	Confluence .....	31
2.3.5	Retroflection .....	31
2.3.6	Projection .....	32
2.3.7	Egotism .....	32
2.3.8	Organismic Self-Regulation .....	33
2.3.9	Awareness .....	33
2.3.10	Responsibility .....	34
2.3.11	Theory of Change .....	35
2.3.12	Polarities .....	35
2.3.13	The I-Thou Relation .....	35
2.3.14	Sense of Self and Self-Concept .....	36
2.3.15	Result of Therapy .....	37
2.3.16	Life Script .....	37
2.3.17	Shame and Development of Undesirable Life Script .....	39
2.3.18	Re-Writing Life Script .....	40
2.3.18.1	Methods of Re-Writing Life Script .....	41
<b>2.4</b>	<b>Life Script from a Child Development Perspective</b> .....	42
<b>2.5</b>	<b>Re-Writing Life Script: Views of the Researcher</b> .....	44
<b>2.6</b>	<b>Conclusion</b> .....	45



## CHAPTER 3: EMPIRICAL RESEARCH

<b>3.1</b>	<b>Introduction</b> .....	47
<b>3.2</b>	<b>Research Approach and Research Methodology</b> .....	47
<b>3.3</b>	<b>Case Study</b> .....	48
3.3.1	Therapist Attitude and Preparation for Unstructured Interviews .....	48
3.3.2	Awareness .....	49
3.3.3	Biographical Detail of the Respondent .....	50
3.3.4	Description of Therapy in the Form of Therapeutic Sessions .....	50
3.3.4.1	Session 1 .....	51
3.3.4.2	Session 2 .....	56
3.3.4.3	Session 3 .....	61
3.3.4.4	Session 4 .....	66
3.3.4.5	Session 5 .....	73
3.3.4.6	Session 6 .....	79
3.3.4.7	Session 7 .....	84
3.3.4.8	Session 8 .....	88
3.3.4.9	Session 9 .....	94
<b>3.4</b>	<b>Summary and Literature Control</b> .....	98
3.4.1	Life Position .....	98
3.4.2	Life Script .....	99
3.4.3	Life Script Analysis .....	100
3.4.4	Life Script from a Developmental Perspective .....	101
3.4.5	Gestalt Therapy as Tool for Re-Writing Life Script .....	101
3.4.6	Re-Writing Life Script .....	103
<b>3.5</b>	<b>Summary</b> .....	109

## **CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS**

<b>4.1</b>	<b>Introduction</b> .....	<b>110</b>
<b>4.2</b>	<b>Conclusions Pertaining to the Research Question</b> .....	<b>110</b>
<b>4.3</b>	<b>Conclusions Pertaining to the Goal and Objectives</b> .....	<b>111</b>
<b>4.4</b>	<b>Elaboration on the Research Approach</b> .....	<b>112</b>
<b>4.5</b>	<b>Conclusions Derived from Empirical Research</b> .....	<b>113</b>
<b>4.6</b>	<b>Recommendations</b> .....	<b>115</b>
<b>4.7</b>	<b>Conclusion</b> .....	<b>118</b>

## **BIBLIOGRAPHY** .....

### **LIST OF FIGURES**

Figure 2.1 The Gestalt Homeostasis Cycle .....	29
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### **LIST OF ANNEXURES**

<b>ANNEXURE 1:</b> Generic Respondent and Parent Consent Form .....	
---	--

<b>ANNEXURE 2:</b> Scribble .....	
-----------------------------------	--

<b>ANNEXURE 3:</b> Family Relations Drawing .....	
---	--

<b>ANNEXURE 4:</b> Parent Drawing .....	
---	--

<b>ANNEXURE 5:</b> The House of Perception .....	
--	--

**ANNEXURE 6:** Scribble .....

**ANNEXURE 7:** Rosebush .....

**ANNEXURE 8:** The Waterfall of White Light .....

**ANNEXURE 9:** Choices and Responsibility .....

**ANNEXURE 10:** Personal Responsibility Declaration .....

**ANNEXURE 11:** Expressing feelings .....

**ANNEXURE 12:** Own Abuse: Feelings .....

**ANNEXURE 13:** Feeling Projected Through Colour .....

**ANNEXURE 14:** Apology .....

## CHAPTER 1: INTRODUCTION TO AND EXPLANATION OF THE STUDY

### 1.1 Introduction

Every person writes a life story during childhood, representing the best strategy he or she can work out to survive and get his or her needs met. Stewart (1996: 8-11) maintains that children often perceive the world as hostile, due to parents' and other authority figures' interference with their spontaneous development. Perls (1976: 223) elaborates on children's perception of the world being hostile as a result of statements like: "*Don't do this, don't touch that, don't answer back, don't be a cry baby, pull yourself together*", made especially by parents. In adult life the person is usually no longer consciously aware of the life story he or she has written for himself or herself.

Transactional Analysis assumes that each person writes a life story for himself or herself with a beginning, middle and end. This unaware life story is known in Transactional Analysis as life script (Stewart & Tilney, 2000: 319). Erskine (1995), a Transactional Analyst, borrows Perls' definition of the life script concept from the Gestalt perspective, as being "*... formed by introjections and defensive reactions made under the pressure of failures in contactful and supporting relationships.*" Erskine, contrary to some of the principles of Gestalt Therapy, debates that "*Confrontation or an emphasis on intense, emotional expression ... or an emphasis only on the 'here and now' all intensify the likelihood that a client may experience being humiliated in the psychotherapy ...*"

Stewart (1996: 8) uses the Transactional Analysis concept of life position to describe children's beliefs about self-worth and the worth of others as follows:

*I'm OK, you're OK;*

*I'm OK, you're not OK;*

*I'm not OK, you're OK;*

*I'm not OK, you're not OK.*

According to Harris (in Schoeman, 2004b: 81-83) the Transactional Analysis viewpoint on re-writing life script involves "*...teaching the principles of transactional analysis to*

*participants and then letting them use these principles to analyze and improve their own behavior.*” Ideally the role of a Transactional Analyst is that of a teacher. Once children have been taught how to speak the language of Transactional Analysis, the counsellor can help them to analyse their own transactions. The goal of Transactional Analysis is to help clients to learn to control their responses. The process by which this control is learned, involves three steps: “... *explain the principle ...*”; ask the client “... *to ‘read’ back what they understand of the TA principle (correcting them as you go along)*”; ask the client “... *to give examples of the principles from their own experience ...*”

Although life script conventionally belongs in the sphere of Transactional Analysis, the researcher investigated the possibility of re-writing life script from a different perspective, namely from Gestalt Therapy. The possibility of re-writing life script through Gestalt Therapy is supported by authors like Perls (1976: 127), who states that “... *it is possible to discover means and ways whereby you can grow and develop your potential and iron out difficulties in your life*”. Perls, Hefferline and Goodman (1951: 187) concur that “... *the change can be made in easy stages which gradually transform the whole situation as they proceed.*” Chapter two will explain how Transactional Analysis concepts can be understood in the context of Gestalt Therapy and Chapter three gives an explanation of how Transactional Analysis concepts can be identified in therapy.

Schoeman (2004a: 59-63) describes Gestalt Therapy as facilitating change by involving direct experiences and achieving awareness in the here and now. Gestalt Therapy is concerned with integration rather than with symptoms and analysis. The ultimate measure of success in Gestalt Therapy is the extent to which clients grow in awareness, take responsibility for their actions and are able to develop from environmental support to self-support. Techniques used in Gestalt Therapy are amongst others:

- Semantic techniques;
- Empty chair technique;
- Rosebush technique and
- Dream work.

Life script analysis in Gestalt Therapy involves “... *regression of a client to a childhood scene and then having the client re-experience the scene*” (Sapp & Charles, 2004: 189).

Measurement is thus not involved when utilising Gestalt Therapy, contrary to Transactional Analysis, where a life script questionnaire is utilised.

The researcher involved a literature study to conceptualise life script from a Gestalt Therapy perspective and then conducted empirical research in the format of Gestalt Therapy sessions. A literature control, conclusions and recommendations were provided as a final step of the research.

## **1.2 Rationale for Study and Problem Formulation**

The choice to conduct this research was motivated by five determinants. These determinants are discussed in the following paragraphs.

The first determinant was the researcher's own experience of re-writing life script, whereby changes transpired from experiencing a less desirable life position, to becoming self actualised, living in awareness, being integrated. Secondly, people are often not aware of their life positions, simply because life positions exist in the subconscious of people. People are also not aware of life positions as a component of life script and of the effect of life positions on their lives. Sapp and Charles (2004: 188) describe the first life position as a statement of *"I'm OK, you're OK"*. This life position allows people who adopt it to function effectively, to be constructive problem solvers, have a positive attitude and to be emotionally healthy. When re-writing of life script is suggested, the researcher suggests re-writing towards this position. Other life positions that people can adopt are *"I'm OK, you're not OK"* – an arrogant position and one in which the individual often plays the role of a victim; *"I'm not OK, you're OK"*, where the individual compensates for feelings of inferiority by seeking social acceptance to cover feelings of insecurity and worthlessness. The life position *"I'm not OK, you're not OK"* is characterised by suspicion of personal relationships.

Thirdly, life script analysis allows clients to understand their life positions and change it from unconscious plans based on fantasies and early childhood experiences to re-writing of life script to include choices and responsibility for the outcomes of their unique lives. The fourth determinant comprised the most compelling argument to substantiate

the necessity for this research and specifically relates to the shortcomings of Transactional Analysis, of which the first is that little recent research about life script exists and that the literature fails to address re-writing. In addition, in Transactional Analysis, psychopathology is well described, as well as the result of therapy, structure of personality and goals of Transactional Analysis, but no therapeutic intervention is proposed to offer a solution in attaining the goals of therapy and ultimately assisting individuals in re-writing life script.

The following literature relates to the researcher's statements above. Thompson, Rudolph and Henderson (2004: 267) state that personality is divided into three separate and distinct sources of behaviour, namely the three ego states: Parent, Adult and Child. The researcher is concerned about this division, rather than integration, of personality that is proposed by Transactional Analysis and also about fragmentation of aspects of personality that may occur as a result of a preference in Transactional Analysis for operating as much as possible from the Adult ego state.

Thompson (2003: 94) points out another problem in practicing Transactional Analysis, namely that Transactional Analysis does not provide a method of therapy and states that Redecision Therapy has emerged from an amalgamation of Transactional Analysis and Gestalt Therapy to address the deficit. James and Savary (1978: 161) were the only authors found in the field of Transactional Analysis that used the term re-writing, but again, no method is indicated and only a desired end result is stated. These authors state that, if a script is positively rewritten, a person may move in such a script with the comfortable expectation that everything is going to turn out all right and that meaning will be found.

Steiner (1974: 3) describes Transactional Analysis as shifting attention away from what goes on inside of people and pays attention to what goes on between people. The researcher has a concern that, if attention is not paid to what goes on inside of an individual, an exercise takes place outside of full awareness. The aim in re-writing life script in Gestalt Therapy would specifically be to gain awareness of life script (as life script is written in unawareness and can only be re-written if brought into awareness) without which no meaningful re-writing will take place.

James and Jongeward (1971: 11) describe change as starting with a bilateral contract between the therapist and client. These authors regard the contractual approach as preserving the self-determination of a client. The researcher argues that in the context of a meaningful relationship, through the ability to make choices and take responsibility for those choices and through self-exploration, the client's self-determination is preserved. The same authors describe Transactional Analysis as a rational approach. This point of view contributes to the researcher's earlier statement that Transactional Analysis may not be as much of an integrated approach as Gestalt Therapy and does not pay sufficient attention to emotional, physical and other aspects of an individual from a holistic perspective.

Whitton (1993: 99) states that Berne regarded cure as the way client and therapist agreed to work on a specific problem with a specific goal in sight. This he called making a contract. To the researcher, making of a contract hardly constitutes cure and definitely does not translate into re-writing life script to attain a more desirable life position. Harris (1973: 58), contrary to Berne's statement regarding the goal of Transactional Analysis, states that the goal actually is to enable a person to have freedom of choice and to change at will. The researcher relates this statement to contracting with the client with the goal of bringing about change. The researcher disputes whether embracing change, rather than embracing the self (where-after change may occur as a result of self-acceptance), will bring about re-writing of life script and attaining a more desirable life position. Goulding and Goulding (1997: 22) regard the therapeutic contract as the focus for treatment. The client decides what he or she plans to change about him self or her self in order to reach self-designated goals. The researcher correlates this statement with the statement of Harris.

Gestalt Therapy was utilised in this study, described by Melnick and Nevis (2005) as

*Much of what happens in the authentic encounter, in the here and now between therapist and client, involves bringing into awareness thoughts, feelings, gestures, beliefs and memories ... The Gestalt approach is based ... on heightened awareness of 'what is', of 'how we eat', of our experiences of 'niceness', of noticing how it feels to 'complain'... the stuff of life is its content.*



In this research the Gestalt approach was selected rather than Transactional Analysis, mainly due to the emphasis of Transactional Analysis on thinking, analysis and behaviourism, according to James and Jongeward (1971: 10-11), rather than being an approach “... *embracing the client’s physical, psychological, intellectual, emotional, interpersonal and spiritual experience in a holistic way ...*” (GANZ, 2005). Other reasons for choosing Gestalt Therapy are seated in the conviction of Transactional Analysis as described by Stewart (1996: 166) of questioning the assumption that a person must return to childhood to achieve lasting change and believes “*If you can facilitate change while your client stays completely comfortable, so much the better.*” Yontef (2005: 106), a Gestalt Therapist, claims in stark contrast to the above statement: ... *if we need to change something that does not work well for us, we paradoxically have to bring it into awareness and get to know it well; then and only then can we change.*”

Moursund and Erskine (2004: 21), Transactional Analysts, state that “*Behaving in a script-bound way does not feel at all like a choice; rather, it appears to be the only possible way to react.*” Sills, Fish and Lapworth (1995:35), who apply Gestalt techniques in the context of Transactional Analysis are of opinion that “*Healthy people take responsibility for the choices they make ...*” The fifth reason for conducting this research was with a view to provide rich information to Gestalt Therapy practitioners in terms of their diverse clients pertaining to the concept of life script and re-writing of life script.

The researcher’s primary sources that were utilised for this research were books written by the founders of Transactional Analysis and Gestalt Therapy. Secondary resources were electronic articles and journal articles pertaining to research in Transactional Analysis and Gestalt Therapy respectively. Both primary and secondary sources were read with a view to find detail pertaining to life script and changing of undesirable life script. The major themes that emerged were origins of undesirable life script, description of life positions and personality structure.

The Gestalt Therapy sources pointed out the need for an intervention to bring about integration, self-support and awareness and the Transactional Analysis sources alerted to the need for change. In the researcher’s literature study with respect to “life script” in Gestalt Therapy, the term only occurred in one source, the pioneering work of F.S.

Perls: *The Gestalt Approach and Eye Witness to Therapy* (1976) and was not found in any other sources.

The concept of life script is by no means an unknown term in the context of psychotherapy and is mostly used in the context of Transactional Analysis, but is rather unknown in Gestalt Therapy. Gestalt Therapy as a therapy, on the other hand, is often utilised in the context of Transactional Analysis, which conceptualised and claimed the term life script as belonging to the Transactional Analysis approach. The researcher has a concern with implementation of Gestalt Therapy techniques in Transactional Analysis and disregarding the holistic approach of Gestalt Therapy and reducing it into mere techniques, which forms part of the research problem. The holistic viewpoint of Gestalt Therapy, described by Kirchner (2003) as

*... a holistic, process-oriented, dialogical, phenomenological, existential, and field theoretical approach ... with the centrality of contact, awareness, and personal responsiveness and responsibility. The person is never reduced to parts and structural entities but viewed as an integrated whole with innate potential of growth and mature self-expression ...*

might thus be compromised if Gestalt Therapy is reduced to the utilisation of techniques in Transactional Analysis. The researcher aimed at alleviating the problem of diluting Gestalt Therapy into mere techniques by utilising Gestalt Therapy in re-writing less desirable life scripts, rather than utilising mere Gestalt Therapy techniques in the context of Transactional Analysis.

The researcher is of opinion that re-writing of life script by utilising Gestalt Therapy is possible, which view is supported by authors like Perls (1976: 127), who states that “... *it is possible to discover means and ways whereby you can grow and develop your potential, and iron out difficulties in your life*”. Perls *et al.* (1951: 187) concur that “... *the change can be made in easy stages which gradually transform the whole situation as they proceed.*”

Motivation for this study was founded scientifically by assessing what the research problem is. Fouché (2002a: 119) regards problem formulation as the basis of research and states that the researcher has an obligation to define the problem clearly to ensure that readers understand what the research involves. The problem pertaining to this research was that re-writing of life script is not sufficiently incorporated and developed, either as a concept in Transactional Analysis, or linked with therapeutic intervention to bring about re-writing in the awareness of an individual, as life script is originally written unconsciously and can, as far as the researcher is concerned, only be re-written when the situation is reversed to include full awareness. According to the researcher's knowledge, no research exists in Gestalt Therapy regarding creating awareness of the self-defeating life script of an individual through life script analysis and determination of life position and re-writing of life script.

### 1.2.1 Research Goal

It is imperative that scientific research has applied value and therefore goals and outcomes were attached to the research problem. Fouché (2002b: 107) regards the goal as the end result of research. The goal of this research was to determine how utilising Gestalt Therapy could create awareness of undesirable life script and life position and assist in re-writing life script.

### 1.2.2 Research Objectives

In order for the researcher to achieve the goal of this research, objectives were put in place as a roadmap on which the researcher proceeded. De Vos (2002a: 404) regards objectives as the specific conditions that have to be present in a process to contribute to the achievement of the broader goal. The objectives of this research were:

- To conduct a literature study to conceptualise the term life script and to explain Gestalt Therapy as it applies to life script and re-writing of life script;
- To conduct empirical research by applying Gestalt Therapy and to describe one case to explore how Gestalt Therapy can be utilised to create awareness of undesirable life script and life position and assist in re-writing life script;

- To make recommendations to all interest parties, especially Gestalt Therapy practitioners pertaining to re-writing of life script from the Gestalt perspective.

### 1.2.3 Research Question

The research was informed by a research question in relation to the research problem. The research question that have been formulated by the researcher in accordance with the definition of Hart (2005: 80), namely that research questions are what are to be investigated is, was: How can Gestalt Therapy be utilised to create awareness of a self-defeating life script and assist in life script being re-written?

Recommendations were made to interest parties, more particularly Gestalt Therapy practitioners, as part of the research. Gestalt Therapy practitioners can benefit from this research by understanding the theoretical roots of the term “life script” as well as investigating how Gestalt Therapy can be utilised as a holistic approach, rather than as sets of techniques, to assist a client in re-writing of life script to attain a more desirable life position.

## 1.3 Research Approach

Fouché and Delport (2002a: 79) describe the qualitative approach as interpretative and holistic in nature, concerned with exploration of reality. The qualitative approach was followed in this research with a focus to understanding rather than explaining and on observation rather than utilising quantitative measuring.

The single case study was utilised, described by Fouché (2002c: 275-276) as furthering the understanding of the researcher about a social issue being studied. The exploration of the case took place through detailed data collection methods, involving rich information. The researcher investigated how Gestalt Therapy could be utilised to create awareness of a self-defeating life script with one client in order to re-write life script and to attain a more desirable life position. The product of the research was an in-depth description, contained in the research report.

Gestalt Therapy lends itself well to the holistic nature of qualitative research, as, in the words of Higgins (2005), “... *the whole of a person’s experience is considered ...*” and in this case, the totality of life position and life script were described, including origins of the current life script, people, including the client, who maintain the life script, the whole world and existence of the client. Exploration of reality is based on client and therapist staying with present experience to become more aware of life script and life position. The emphasis of this research was on observing, describing and explicating the exact structure of life position, life script and life script analysis, for which purposes Gestalt Therapy was well suited as described hereunder.

*In Gestalt therapy, data unavailable to direct observation by the therapist are studied by phenomenological focusing, experimenting, reporting of participants and dialogue. The Gestalt field approach is phenomenological. It studies the ‘field’ as experienced by a person at a specific moment (Yontef, 1993).*

### 1.3.1 Type of Research

Applied research was utilised as the research focuses on solving problems in practice, described as a criterion for applied research by Fouché (2002b: 109). Applied research is utilised with a view to exploring, describing, explaining and evaluating. Exploratory research is conducted to gain insight into a situation, described by Fouché (2002b: 109) as “... *to become acquainted with a situation so as to formulate a problem ...*” In becoming acquainted with the concept of “life script” a goal was formulated as follows: to determine how utilising Gestalt Therapy could create awareness of undesirable life script and life position and assist in re-writing life script. Fouché further states that the need for exploratory research rests in the lack of basic information regarding a new area of interest. The researcher has explained that very limited research and information is available pertaining to re-writing of life script.

Fouché (2002b: 109) describes descriptive research as an intensive examination of phenomena and their deeper meanings and in which a research strategy like the case study will be applicable. In the descriptive research the case study was described in relation to how Gestalt Therapy was utilised in the analysing and re-writing of life script.

The researcher utilised Gestalt Therapy to bring life script into awareness and the respondent altered or re-wrote such life script to be more supportive of personal growth and self-actualisation.

### 1.3.2 Research Strategy

The single case study was utilised as vehicle for this qualitative research and is described by Fouché (2002c: 275-276) as furthering the understanding of the researcher about a social issue being studied. The exploration of the case took place through detailed data collection methods, involving rich information. Strydom (2002a: 151) theorizes that, by utilising the single case study, in-depth descriptions of single individuals are conducted and hypotheses are generated. Exploration and description fit well into Gestalt Therapy, described by Yontef (1993) as:

*The scientific world view that underlies the Gestalt phenomenological perspective is field theory. Field theory is a method of exploring that describes the whole field of which the event is currently a part ... Field approaches are descriptive ... The emphasis is on observing, describing and explicating the exact structure of whatever is being studied.*

## 1.4 Research Methodology

Fouché and Delport (2002b: 268) indicate that in a case study, theory could be utilised to guide the study in an explanatory way. In this study a literature study was conducted as first step in the research procedure, reviewing the concept of life script and describing Gestalt Therapy, as Gestalt Therapy was utilised as the vehicle to bring about awareness, re-write life script, conduct life script analysis and determine life position. Life script analysis is traditionally conducted by using a life script questionnaire. Stewart (1996: 50) utilises a brief life script questionnaire to assist the Transactional Analysis therapist in determining the life script of a client. The researcher, instead of utilising a life script questionnaire, provided Gestalt Therapy to the client, where the process was recorded in the format of unstructured interviews.

The researcher attempted throughout this dissertation to determine how utilising Gestalt Therapy could create awareness of undesirable life script and life position and assist in re-writing life script. The study was applied to a sixteen-year-old respondent who benefited from therapy with a view to attaining a more desirable life script and also in relation to mastering the consecutive age relevant developmental tasks and challenges. The single case study was utilised, described by Fouché (2002c: 275-276) as furthering the understanding of the researcher about a social issue being studied. The exploration of the case took place through detailed data collection methods, involving rich information. The product of research was an in-depth description and research report. Strydom (2002a: 151) theorizes that, by utilising the single case study, in-depth descriptions of single individuals are conducted and hypotheses are generated.

The researcher conducted Gestalt Therapy sessions with the respondent. The sessions were referred to as unstructured interviews for purposes of this research, to determine life position and life script content with one client in order to gather data. Greeff (2002: 298) refers to the unstructured interview as the “... *in depth interview* ...” and also as a purposeful conversation, where the purpose is not to get answers to the questions asked, but rather to understand the experience of people and what their experience means to them. “*It is focused, discursive and allows the researcher and participant to explore an issue.*” The issue to be explored in the case of this research was life script, life script analysis and life position, as well as re-writing of life script. Dialogue and the I-Thou relationship, concepts inherent to Gestalt Therapy, were instrumental in conducting the unstructured interviews.

Observation and field notes were also utilised in this research. Strydom (2002b: 278) regards observation as a research procedure typically utilised in qualitative research. Fouché (2002d: 96) describes observation as “... *our contact with the external world* ...”. Neuman (in Strydom, 2002b: 281) regards listening, seeing, inquiring, observation and note taking as very important in conducting observation and these skills were applied rigorously in the research, especially as awareness is key to conducting Gestalt Therapy.

Field notes were also utilised in the research procedure, described by Silverman (in Strydom, 2002b: 285) as recording what is seen and heard and how that which is

observed is interpreted. During the process of gathering data, field notes were kept, containing everything observed sensorial and in the awareness of the researcher and containing rich detail of unstructured interviews. Field notes were backed up by recordings of unstructured interviews, whereby observation could be repeated for accuracy in reporting.

Steps utilised for data analysis in this study were:

- Collection and recording of data;
- Managing data;
- Reading and memo writing;
- Describing, classifying and interpreting and
- Representing and visualising as described by De Vos (2002b: 340).

Data was collected by means of recording unstructured interviews and by keeping field notes and therapeutic reports. Respondent permission was obtained to record all data audio-visually in order to reflect gathered data accurately. Data was organised in files, both manually and electronically, inclusive of transcripts of unstructured interviews and literature review. Reading of transcripts and literature were conducted to ensure intimate knowledge of the content of the study. Memos were kept, reflecting on research questions and on the researcher's own insights. Interpretation of data was then conducted, based on explaining data and connections between categories of data and a literature control was conducted. A report was written, including findings, observation, field notes, transcripts and recommendations.

#### 1.4.1 Universe, Population and Sampling

Arkava and Lane (in Strydom & Venter, 2002: 198) describe the universe as “... *all potential subjects who possess the attributes in which the researcher is interested*”. Universe in this study resonated all clients who experience life problems and participate in therapy. Arkava and Lane (in Strydom & Venter, 2002: 198) refer to population as “... *individuals in the universe who possess specific characteristics*.” Population in this study resonated clients who experience life problems and participate in therapy and who are from the Johannesburg region.



Purposive sampling was utilised in this research, described by Strydom and Venter (2002: 208) as a purposeful and systematic method to select suitable respondents from a specific population, based on the judgement of the researcher. The sample of this study comprised one client with the following attributes:

- Receives Gestalt Therapy for dealing with life problems.
- Proficiency in spoken English or Afrikaans.
- Provided written permission for participation and for video recording of sessions relevant to the research.
- Volunteered participation in the study.
- Resides in the Johannesburg region.
- Is 16 years of age.
- Is female.

## **1.5 Ethical Aspects**

The ethical principles contained in the Belmont Report were observed at all times (Gliner & Morgan: 2000: 33-34) and involve:

- Respect for people, especially for persons with diminished autonomy such as children and people with various emotional or mental disorders;
- Beneficence: Researchers must not harm participants and outcomes should be maximised for the participants and for science and
- Justice: Research should not be exploitative.

These principles were applied in the research by behaving within the scope of professional boundaries; availing research to the scientific community by means of electronic and hard copies and providing feedback to participants; research did not disadvantage any participant or other legal entity mentioned in this research.

Strydom (2002c: 62-75) adds to the above requirements:

- Researcher objectivity in order to remain scientific and researcher integrity;
- Respect for the dignity and privacy of respondents;
- Honest and correct presentation of findings.

The following steps were taken to address ethical conduct in this study:

- Voluntary informed consent was obtained from the participant, both for participation and also to consent to sessions being recorded audio-visually (see annexure 1 for an example of the generic consent form and the conduct of the researcher).
- Privacy, anonymity and confidentiality were guaranteed. The actual name of the participant was not used in the research report.
- The researcher offered debriefing to the client and other affected parties, such as parents and close friends, should such a need have arisen as a direct consequence of involvement in the research. No need for debriefing was identified, but the parents of the client became aware of their role in the development of their child's life script and life position and requested therapy for the family to assist in life script matters, which is currently taking place.
- Professional boundaries like confidentiality, privacy and respect were instituted and applied. Utilising a reputable therapeutic approach namely Gestalt Therapy also formed part of the professional boundaries.
- Accuracy of data and information were ensured by making video recordings as backup and by using scientific data analysis and a literature control.
- The researcher remained competent and adequately skilled through supervision and by utilising the services of a study leader.

## **1.6 Definition of Key Concepts**

The most important concepts relevant to this research will be discussed in the following paragraphs.

### **1.6.1 Life Script**

Berne (1966:310) considered games as defences by which people protect themselves from not-ok feelings. By observing parents' games, children learn these games and adopt an unconscious life plan or "script" which they expect to fulfil. If scripts function out of awareness, a person's feelings and behaviour become programmed. Feelings of

autonomy and freedom become largely illusory and the person's growth potentials become frozen.

Erskine (1995) summarised the life script concept of Fritz Perls as "*The life script is formed by introjections and defensive reactions made under the pressure of failures in contactful and supporting relationships.*"

The researcher regards life script as a method of self-regulation applied since childhood to bring about homeostasis in the context of continuous changes and demands in the lives of all people. Life script causing lack of integration, self-regulation and self-support and which is not in the awareness of a person is constituted of various contact boundary disturbances.

### 1.6.2 Re-Writing

Although the term re-writing is extremely scarce in the literature, the researcher took the liberty of equating Houston's (2003: 24) statement "... *shift from a habitual perceptive stance, to one that is new, has more awareness and is in the interests of the client*" as re-writing of life script.

Sapp and Charles (2004: 187) state "... *have clients explore ... and make new decisions that provide autonomy and personal responsibility over one's life*". The researcher translated this statement into re-writing.

The researcher regards re-writing as an awareness of dysfunctional life script and finding alternative life scripts and life positions to replace scripts written during childhood.

### 1.6.3 Gestalt Therapy

Gestalt Therapy places a large emphasis on non-verbal and bodily language, here-and-now behaviour and potential, and the client's conscious responsibility for his or her actions, decisions, thoughts, feelings and awareness (Feltham: 2000: 13).

Joyce and Sills (2001: 7) agree with the above authors, but make Gestalt Therapy applicable to the lives of clients by stating:

*... people are born with the resources and ability to be in rewarding contact with other human beings, and lead a satisfying ... life ... often during childhood ... something interrupts this process and the person becomes stuck in fixed patterns and beliefs about themselves that get in the way. Gestalt aims to investigate and uncover how these patterns are still active and affecting a person's present life.*

The researcher views Gestalt Therapy as a holistic therapy, where the client, therapist, field, present and past are all present in each therapeutic conversation or session. The aim of Gestalt Therapy is greater awareness, integration of the individual regarding polarities and disowned parts and movement towards self-support.

#### 1.6.4 Life Position

James and Jongeward (1971: 35) trace life position back to before the age of eight in a child's life when he or she develops a sense of self-worth. He or she also forms ideas about the worth of others. The child forms concepts about the parts he or she will play in life and how to play them. *"These are his days of decision ... 'days of decision' lead a person to take his psychological positions."*

Stewart (1996: 8) elaborates on life positions being constituted of beliefs about the worth of self and others and argues that those beliefs manifest in one of the following ways:

*I'm OK, you're OK;*  
*I'm OK, you're not OK;*  
*I'm not OK, you're OK and*  
*I'm not OK, you're not OK.*

The researcher believes that early in a child's life, he or she makes up their mind about their value and the value of others, as well as how fair or unfair the world is, based on

their interactions especially with their parents and primary caregivers. These beliefs are formed in the unconscious mind and may not be representative of the beliefs of any other person in the family. These beliefs impact on the child as long as they remain unaware in the form of contact boundary disturbances and interruption of the cycle of experience.

## **1.7 Layout of the Research Report**

The research report consists of four chapters. Chapter one serves as introduction to the research and addresses motivation for choice of subject, problem formulation, goal and objectives, research question, research approach and design, procedures, ethical aspects and definitions of key terms and concepts. Chapter two involves a literature study to conceptualise the term life script and re-writing or changing of life script, Gestalt Therapy concepts and its relationship to life script and re-writing or changing of life script as well as life script analysis. Chapter three summarises the results of the empirical research and provides a literature control. Chapter four concludes the research and provides recommendations regarding the possibility of re-writing life scripts.

## **1.8 Summary**

This chapter provided the scientific background, justification and methodology of the study. Important aspects of the study contained in this chapter are the research problem, research approach, research methodology, ethical aspects pertaining to the study, key concepts underpinning the study and a layout of the format of the research report. The following chapter will be utilised to conduct a literature study concerning life script and re-writing of life script, Gestalt Therapy concepts and its relationship to life script and re-writing life script as well as life script analysis and life positions.

## CHAPTER 2: THEORETICAL UNDERPINNING OF LIFE SCRIPT

### 2.1 Introduction

This chapter serves as a conceptual framework for the study and will be utilised to conceptualise the term life script from its origins in Transactional Analysis, as the approach that popularised the term. The approach to the empirical research in this study is from the Gestalt Therapy perspective, therefore a proper description of life script from the Gestalt Therapy perspective, as well as a description of Gestalt Therapy concepts will be conducted. Only a brief overview of Transactional Analysis to inform the reader will be presented, as Transactional Analysis is not the focus of this study, although concepts are borrowed from Transactional Analysis and description will bring about perspective into the research as a whole.

Yontef (1993) states that many practitioners claim to practice Transactional Analysis and Gestalt Therapy and maintains that these people utilise Transactional Analysis theory and some Gestalt Therapy techniques. He believes that a combination of Gestalt Therapy and Transactional Analysis “... *aborts, prevents or neutralizes the ... awareness work of the phenomenological-existential method*”. Yontef is rather in favour of integrating Transactional Analysis into a Gestalt Therapy framework. He suggests that, in such an approach to therapy, the ego states and life scripts can be translated into Gestalt Therapy language and the therapist will work with the presented life script in an experimental way as well as dialogically.

The researcher is of opinion that undesirable life positions should be translated into contact boundary disturbances to which Gestalt Therapy is applied. Life script is a manifestation of the life position adopted by an individual in unawareness. The task of the Gestalt Therapist then becomes bringing life script into awareness and re-writing life script by utilising concepts inherent to Gestalt Therapy in doing so.

This chapter, therefore, further includes a description of life script, life positions, life script analysis, origins of life script and re-writing from a Transactional Analysis perspective. Gestalt Therapy and concepts of Gestalt Therapy inherent to this research, namely boundary regulation, contact boundary disturbances, introjection, confluence, retroflexion, projection, egotism, organismic self-regulation, awareness, responsibility,

theory of change, polarities, the I-Thou relation, sense of self and self-concept, result of therapy, life script, shame and development of undesirable life script, re-writing life script, life script from a child development perspective and views of the researcher pertaining to re-writing of life script are also described and are fundamental to the research, as Gestalt Therapy was utilised in the empirical research to re-write life script.

## **2.2 Transactional Analysis**

Lapworth, Sills and Fish (1993: ix) describe Eric Berne as the originator of Transactional Analysis. Berne was a psychiatrist and a student of Freud. The philosophical belief central to Transactional Analysis is the notion that people are born OK. People with emotional difficulties are nevertheless full human beings and all emotional problems, given adequate knowledge and resources, are curable (Lapworth *et al.*, 1993: 5). Every person has a life script, a personal life plan of which the majority is developed before the age of seven as a result of parental, social, cultural and religious pressure (Lapworth *et al.*, 1993: 83).

Lapworth *et al.* (1993: 84) regard the following as possible reasons why children develop a particular life script, instead of following their own unique and autonomous choices:

- Children are vulnerable, suggestible and dependent;
- Developmental stage influences autonomous choices;
- The child's own unique process, personality and attributions;
- The role models that children observe, especially parents, caretakers and older siblings;
- Trauma;
- Verbal and non-verbal messages that the child may regularly receive and
- Developing a particular life script in response to fantasies and dreams.

Components of Transactional Analysis included in this research are life script, life positions, life script analysis, origins of life script and re-writing life script. These components are henceforth discussed.

### 2.2.1 Life Script

Stewart (1996: 8, 11, 12) describes life script as a life story that each person writes for himself or herself during childhood. In adult life the person is usually not consciously aware of the life story he or she has written. The child decides on a life-script representing the best way to survive and get his or her needs met in what often seems like a hostile world. A way to ensure that the world fits a child's script is to ignore information available to him or her about a situation. He or she subconsciously blanks out the aspects of the situation that would contradict his or her script. Sapp and Charles (2004: 187) support this view of life script. Whitton (1993: 64, 66) states in elaboration on the theme of parents' contribution to the development of life script "... *the way you were touched, held, looked at ... you decided whether you were OK or not.*" Parents' behaviour, thus, convey messages directly or indirectly to be incorporated into life script.

Moursund and Erskine (2004: 20, 21) describe script patterns as providing a "*well-rehearsed way to respond; they free us from the necessity to figure out what to do next.*" Moursund and Erskine also believe that when a person responds within the parameters of the life script that he or she has written as a standard operating procedure, such a person experiences the script-bound way of behaving as the only alternative and does not perceive him- or herself to have any control or choice in the matter.

Moursund and Erskine (2004: 50) further deduct that, when a child perceives parents or other important others as not being able to fulfil his or her relational needs, no matter how hard the child tries, he or she may make the deduction that attempts at getting satisfaction regarding relational needs and the need itself are not acceptable. The child as a means of adapting to these circumstances rejects his or her feelings, needs and thoughts, represses them and denies them the opportunity to become aware, being too painful to tolerate in awareness. Whilst the process of denial and repression occurs, children generalise the beliefs about their feelings, needs and thoughts to beliefs about themselves in the following manner "*my feelings are bad*" or "*I ask for too much*"), *about others* ("*they don't understand me*" or "*they don't care about me*") and *the quality of life* ("*life is hard*" or "*things usually turn out badly*").



Thompson, Rudolph and Henderson (2004: 270, 271) conclude that personality consists of three ego states, namely that of Parent, Adult and Child. A life script is based on messages received from parents, siblings and others playing an important role in a child's life, that determine how people perceive various things like sex, work, money, marriage, family, play or people. Themes such as martyring, procrastination, success, failure, blaming, distracting, placating and computing are also incorporated into life script, based on messages that children receive from important others. Barrow, Bradshaw and Newton (2001: 55) elaborate on life script by stating "... we create out of all this, with our inadequate knowledge and immature thinking, our own personal life-story about who we are and what we will do in the future". Mosak (2005: 64) supports the statement of Barrow *et al.* in confirming that developmental stage and the chronological age of a child impact negatively on writing life script. He argues that children's judgement and logical processes are not sufficiently developed to deal with the consequences of writing an undesirable life script and that children's beliefs and perceptions contain errors. The result is that children accept self-formulated conclusions about themselves as a matter of fact without further questioning.

### 2.2.2 Life Positions

Stewart (1996: 8) describes possible convictions (life positions) that children may have about the worth of self and others as follows: "*I'm OK, you're OK; I'm OK, you're not OK; I'm not OK, you're OK and I'm not OK, you're not OK*". Thompson (2003: 215) elaborates on life positions as follows: The "*I'm not OK, you're OK*" life position is a position of dependence on other people to develop and maintain a feeling of being OK. When people holding this life position compare themselves to others, they often feel less than others, weak and without the ability to do things that other people can do, powerless and suffering from a strong feeling of not feeling OK. James and Jongeward (1971: 37) describe this position as leading to people withdrawing, experiencing depression and even becoming suicidal.

The life position "*I'm OK, you're not OK*" manifests in self-centeredness and self-righteousness. People operating from this stance feel victimized or persecuted and may blame other people for their miseries (James & Jongeward, 1971: 36). Thompson (2003: 215) describes people operating from this life position as feeling that they are

much better than others and are distrustful, aloof and uncaring. They take from others without experiencing any feelings of guilt and find it easy to insult, avoid, hurt or violate other people. The position develops in response to parents who are experienced by the child as being harsh and negligent. The child may also perceive his or her parents as inconsistent, irrational, uncaring, unfair and unsupportive. The child therefore regards his or her parents as “*not OK*” and generalises his or her feelings about the parents to all other people.

Thompson (2003: 215) describes the life position of “*I’m not OK, you’re not OK*” as extremely futile and helpless. The person holding this life position infers that there is no one to turn to for help and feels that there is no way he or she is able to help himself or herself. Life seems fruitless and without value.

James and Jongeward (1971: 36) describe the life position “*I’m OK, you’re OK*” as mentally healthy. The person operating from this life position accepts the significance of others and his or her expectations are usually realistic and valid. Harris (1973: 50) states that there “*is a difference between the first positions and the fourth ... The first three are unconscious ... made early in life ... The fourth decision is a conscious and verbal decision*”. The researcher reasons that this position is a healthy life position and it is this position that the client will be assisted to re-write her life script into.

### 2.2.3 Life Script Analysis

Stewart (1996: 9) states that there are a number of messages that continuously turn up in life script analysis, namely:

*“Don’t Exist, Don’t Be You (sometimes, Don’t Be the Sex You are), Don’t Be a Child (or, Don’t Enjoy), Don’t Grow Up (or, Don’t Leave Me), Don’t Make It (Don’t Succeed), Don’t (i.e. Don’t Do Anything), Don’t Be Important, Don’t Belong, Don’t Be Close, Don’t Be Well (or, Don’t Be Sane), Don’t Think, Don’t Feel.”*

These messages are supported by messages like “*Be Perfect, Be Strong, Try Hard and Hurry Up*” (Stewart, 1996: 10). The researcher proposes that all of the above messages

can lead to development of life positions containing a statement of “*not OK*”, either about self or others.

Sapp and Charles (2004: 188) describe the function of life script analysis as allowing clients to understand their life positions and to see how early decisions affect current decisions. Steiner (1974: 77) regards Transactional Analysis of scripts as leading to a proliferation of techniques that can be used by therapists.

#### 2.2.4 Origins of Life Script

Stewart (1996: 9) states that parents’ messages cannot *make* the child develop a particular script, though they can exert a powerful influence on it. The researcher believes that, the younger a child’s chronological age, the more susceptible a child would be to any suggestions and messages about himself or herself and may adopt messages from important others from that perspective.

#### 2.2.5 Re-Writing

Stewart (1996: 166) states that he finds it a ridiculous notion that people have to return to or re-experience problems and childhood hurt to bring about change. He suggests that the client must rather be emotionally comfortable than be confronted, from which stance better therapy can be conducted. The researcher deduces that the above statement can be related to re-writing life script. The statement would mean in the context of Transactional Analysis that change can be translated into the term re-writing and that confrontation is excluded from therapeutic interventions to acquire such change. Mosak (2005: 53) states that life script stays fixed unless mediation through psychotherapy challenges the early convictions. The researcher deduces from Mosak’s statement that re-writing of life script is believed to be possible if psychotherapy is applied.

Thompson (2003: 94) regards Redecision Therapy as an amalgamation of Transactional Analysis and Gestalt Therapy. Goals of Redecision Therapy are for clients to claim power and responsibility for their lives and to make changes in themselves. This takes place in the context of a nurturing and therapeutic environment

where unconscious beliefs are challenged, incongruencies between behaviour and thinking are identified and confronted and modified Gestalt Therapy techniques such as the empty chair are used to engage the client's feeling. The researcher has on previous occasions expressed concerns about utilising Gestalt Therapy in diluted form and will, thus, not reiterate on the issue here. The researcher would rather point out that in the context of Transactional Analysis, strategies exist for changes in clients, although no process of re-writing is documented in Transactional Analysis literature.

James and Jongeward (1971: 11) describe therapy in Transactional Analysis context as starting "*... with a bilateral contract between the therapist and client. The contractual approach preserves the self-determination of a client. It also allows a client to know when he's gotten what he came for*". Goulding and Goulding (1997: 22) agree with James and Jongeward when they state that the therapeutic contract is the focus for treatment. Clients decide in the contract what they plan to change about themselves in order to reach self-designated goals. The researcher is concerned about therapeutic interventions, as described above, that conveys the notion that people should be changed, rather than changing undesirable life script of people through embracing who they are.

Goulding and Goulding (1997: 263, 264, 265) further describe Transactional Analysis as a rational approach based on the premise that people are autonomous and have abilities and that people can trust themselves and think for themselves. Achieving autonomy is the ultimate goal in Transactional Analysis. The first step to achieve integration is to become aware. This premise is also accepted by the researcher and is also one of the fundamental issues in Gestalt Therapy. Autonomy is manifested when a person is aware, spontaneous and has the ability of intimacy. Harris (1973: 58) describes the goal of Transactional Analysis as enabling people to understand their autonomy and therefore their right and freedom to exercise choices and the ability to change the way they conduct themselves at any time.

As Gestalt Therapy is the vehicle through which the researcher intended to assist the respondent in re-writing life script, the important concepts of Gestalt Therapy that have relevance to this study will henceforth be discussed. The translation of concepts from

Transactional Analysis mentioned above into Gestalt Therapy is also contained in the paragraphs hereunder.

## 2.3 Gestalt Therapy

Gestalt Therapy is a phenomenological-existential therapy founded by Frederick (Fritz) and Laura Perls in the 1940's (Yontef, 1993). Gestalt Therapy is growth-oriented, contextual and relational and values people holistically. The researcher considers these mentioned traits of Gestalt Therapy and the concepts following hereunder as well suited to address re-writing of life script. GANZ (2005) describes Gestalt Therapy as being based on:

- Existentialism: Therapy takes place in the here and now and people are fully responsible for themselves. The researcher is of opinion that re-writing of life script also takes place in the here-and-now and involves full client responsibility.
- Phenomenology: Therapy focuses on a client's unique perception of reality, aims to increase awareness of self and the interconnectedness with others and takes the premise that change results from being more fully oneself. This change is translated by the researcher into the term re-writing and the awareness component reflects on awareness of life script and life position.
- Dialogue and holism: Clients explore themselves holistically, re-owning all parts of self, whilst the therapist engages actively in the dialogue and the relationship. The OK and not OK parts are, thus, brought into awareness and through dialogue, re-writing towards integration of various parts of the client takes place.
- Experimentation: Clients are encouraged to try out new ways of being. Experiments are aimed at self-exploration, discovery and awareness rather than achieving predetermined outcomes. Melnick and Nevis (2005: 103) describe the experiment as a transformation from the stance of talking to the stance of doing something in awareness and in the present. The trying out of new ways of being resonates re-writing of life script to the researcher.
- Yontef (1993) adds field theory to the above concepts. Field theory is a method of exploring that describes the whole field of which the event is currently a part. The field is a whole in which the parts are in immediate relationship and responsive to each other and no part is uninfluenced by what goes on elsewhere in the field. The

field replaces the notion of discrete, isolated particles. The person in his or her life space constitutes a field. Gestalt Therapy is based in the here and now and is sensitive to how the here and now includes residues of the past, such as body posture, habits and beliefs. The researcher regards inclusion of concepts like the field into Gestalt Therapy as an indication of the holistic and integrated stance that Gestalt Therapy takes. When the researcher considers re-writing of life script, the field is taken into full consideration as having an impact on the individual and the individual likewise impacting on the field.

In the context of Gestalt Therapy, a number of key concepts are of particular importance, namely boundary regulation, contact boundary disturbances, organismic self-regulation, awareness, responsibility, theory of change, polarities, the I-Thou relation, sense of self and self-concept, result of therapy, life script and re-writing life script. The concepts mentioned here stand in direct relation to life script concepts figurative in Transactional Analysis and are translated into Gestalt Therapy language as per Yontef (1993).

### 2.3.1 Boundary Regulation

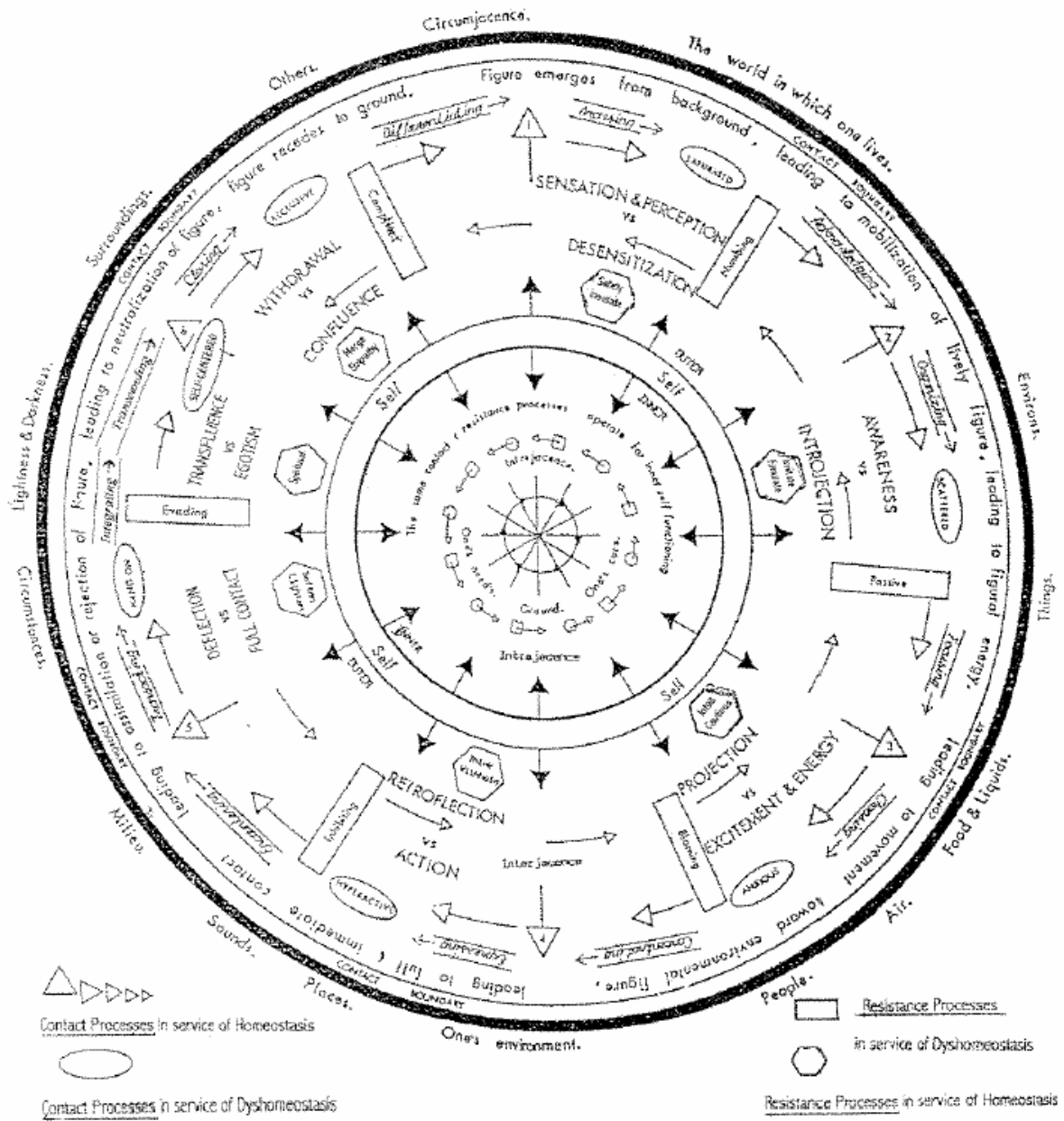
Yontef (1993) describes a healthy boundary as permeable to allow exchanges with the environment, but also firm to allow autonomy. Toxins from the environment must not be allowed to enter the self through the boundary and even what is nourishing must be evaluated depending on the needs of the individual. Perls (1969: 273) writes about the ego-boundary and describes it as a fitting and adjusting game and describes the story of Procrustes, a man in ancient Greece who had only one bed. Should Procrustes receive a guest who would sleep over for the night and his guest was longer than the bed, he would cut off his feet and if the guest was too short for the bed, he would be stretched until he was adjusted to the length of the bed. Perls believes that this is what humans do to themselves if their potential does not fit their view of themselves. The researcher regards the game described above as equitable to the development of undesirable life script. Perls (1969: 277) defines the ego-boundary as a neutral point “... *between good and bad, identification and alienation, familiar and strange, right and wrong, self-expression and projection.*”

### 2.3.2 Contact Boundary Disturbances

Yontef's (1993) description of contact boundary disturbances equate the researcher's concept of undesirable life script or utilisation of any life position which allows for self or others to be viewed as not OK. In good boundary functioning, people connect and separate. They stay in contact with the environment and at another stage withdraw attention from the environment. Melnick and Nevis (2005: 106) contend that the continuum of experience starts with *sensation* – seeing, hearing, feeling, which the researcher regards as nothing else than awareness, thus, without awareness, no healthy contact in the cycle of experience will be possible.

Yontef (1993) describes confluence, retroflection, isolation, introjection, projection and deflection as contact boundary disturbances. Sills, Fish and Lapworth (1995: 67) include egotism into the equation of contact boundary disturbances.

As these disturbances constitute the material that the researcher would wish to assist clients into re-writing, each disturbance will be elaborated on separately. Figure 2.1, derived from Reynolds (2005: 160), explains the interrelatedness of awareness with contact and also with contact boundary disturbances.





## Figure 2.1: The Gestalt Homeostasis Cycle

### 2.3.3 Introjection

Perls (1969: 129) provides a brief and accurate description of introjection as “... *preserving the structure of things taken in, whilst the organism requires their destruction*”. Perls, Hefferline and Goodman (1951: 230, 231) describe an introject as something, whether it is a way of behaving or acting, experiencing a particular emotion or feeling, or assessing and evaluating that a person adopted into his or her life, but which has not been assimilated, integrated and has not become part of who and what he or she is. The child's own needs are not allowed to be expressed or experienced, resulting in lack of spontaneous behaviour and manifesting in acceptance of authority figures' opinion about duties, correctness and standards. Perls *et al.* (1951: 244-246) explain issues like forced feeding, education, morality and role model identification as resulting in unintegrated and unassimilated matter, living and functioning in a person as an introject. Introjects are associated with unfinished business, as introjects refer to situations of interruption of the cycle of excitement – introjects relate to unresolved conflicts. The self has been conquered and turns against itself, retroreflecting the hostility previously directed outwards against the coercer.

Shepherd (1976: 56) elaborates on introjections, stating the intimidating effects on the child through the top-dog always warning of catastrophes that will occur, especially if the child risks innovative and assertive behaviour. The researcher interprets this to manifest in undesirable life script, originating from messages from important others, containing the Don't-messages explained by Stewart (1996: 9) which, if introjected, can lead to beliefs in the child that he or she must do nothing, mustn't be, mustn't be the way they are, mustn't succeed and many more such beliefs.

Gilbert and Evans (2000: 85) have concerns that introjection influences a person's perception and determines his or her way of being in the world. Introjection is manifested in “*‘musts’, ‘shoulds’ and ‘oughts’*” that undermine a person's free choice and autonomy and interfere with personal responsibility. Introjections are kept in place by also making use of other contact boundary disturbances like projection, retroreflection and confluence as a means of organismic self-regulation. The researcher also links the

musts, shoulds and oughts to unintegrated polarities within a person and especially to topdog-underdog dualities, leading to fragmentation and thinking along the lines of parts of a person being OK and other parts not being OK, without integration, resulting in a conclusion reached, for instance *"I am OK"*, or *"I am not OK"*.

Perls (1975a: 53), notwithstanding the influence of children living up to other's expectations, deduces that, acting upon such expectations *"does not necessarily mean an inconsistency in the personality or conflict with the environment, but it will lead to dichotomies if ... it leads to the production and accumulation of unfinished situations within the personality."*

#### 2.3.4 Confluence

Perls *et al.* (1951: 153) describe people in confluence as not appreciating the boundaries between them and not distinguishing themselves as different and separate from other people. Perls (1969: 261) states that when a child responds as expected by society, he or she is regarded as good and that society accepts the child, because the child is seen to accept the society. If a child acts in opposition to the demands of society, he or she is perceived as bad and is alienated. Society goes in confluence with the child who is perceived as good. In neither case true contact takes place between self and society, for a prerequisite of true contact is the appreciation of differences. Confluence is characterised by the opposite, namely the appreciation of similarity or sameness. The researcher brings the above events into direct relation with the development of life script.

#### 2.3.5 Retroreflection

Perls *et al.* (1951: 183) state that when a person resorts to retroreflection, he or she does to himself or herself what he or she really wants to do to someone else. He or she stops trying to satisfy his or her needs and *"... redirects activity inwards and substitutes himself in place of the environment as the target of behaviour."* The child who perceives others as hostile to his or her attempts towards need satisfaction and if others frustrate and punish him or her continuously, the child later gives up. Perls *et al.* (1951: 185) continue to describe retroreflection as including what a child wanted or needed from other

people, but was not successful in acquiring whatever was needed and then, due to lack of anyone else fulfilling the need, the child fulfils his or her own need. The need may have been for nutrition, attention, love, assistance, pity or even punishment.

Sills *et al.* (1995: 65) describe anger as an affect that many people retrofect. People often have introjects about anger, arising from a value that anger is always bad or that people would not like a child expressing anger. Whatever the reason for not expressing anger, the person retrofects anger and turns it towards him self or her self. Patterns of retroflection often start during childhood when the child turns anger onto him- or herself for two reasons. He or she is afraid of what parents or caregivers may say or do, and he or she also wants parents to view him or her favourably. Children are sometimes also afraid of the behaviour that their parents display, disfiguring their perception of their parents being perfect.

### 2.3.6 Projection

Perls *et al.* (1951: 254) describe projection as an experience of a person that is attributed to someone or something in the environment and the person experiences the behaviour as directed towards him or her, rather than being aware that the experience originates from him-or herself. Perls (1969: 158) states that guilt is an unpleasant emotion and children who do not possess sufficient responsibility, project any anticipated blame onto something else. An example of this would be a child who hurts himself against a table and calls the table "naughty". This implies that the table is not OK, but the child remains OK. The researcher postulates that this interaction may also take place in relation to other people, leading to the life position of "*I'm OK, you're not OK*". Perls (1969: 158) mentions that "*These projections of guilt have the advantage of giving temporary relief, but they deprive the personality of the Ego-functions of contact, identification and responsibility*".

### 2.3.7 Egotism

Sills *et al.* (1995: 67) describe the possible manifestation of egotism as pride and admiration of the self or of criticism and denigration. In the latter case, the person is painfully aware of how he or she must appear to others and imagines the critical

thoughts they are having about him or her. Frequently, people with this contact boundary disturbance believe that no people who really knew them could think of them as worthy and therefore, they often feel a need to hide.

### 2.3.8 Organismic Self-Regulation

Yontef (1993) describes organismic self-regulation as choosing and learning happening holistically. Gilbert and Evans (2000: 84) suggest that children make creative adjustments as means of coping with the environment and family. Creative adjustments may appear rigid and habitual and may have been life-preserving in the child's family of origin, but in adulthood impede organismic self-regulation (the ability to take in what is nurturing from the environment and reject what is toxic). Gilbert and Evans (2000: 86) equate self-regulating capacity and psychological health (this is interpreted by the researcher as desirable life script). The authors regard psychological health as achieved by the client becoming aware of his or her needs and taking action to meet these needs. Psychological health implies becoming aware of retroreflections and finding more desirable ways of self-regulation, becoming aware of and assessing introjects, making responsible choices about integration or discarding of introjections, owning projections and acknowledging one's own uniqueness and abilities, allowing oneself to function independently at times, but also acknowledging the need for relationship and support at other times and acting on those needs without leaning too heavily on confluence as a self-regulatory mechanism. Perls (1969: 157) regards expression rather than projection as healthy mental metabolism.

### 2.3.9 Awareness

Yontef (1993) describes awareness as

*being in touch with one's own existence ... being in vigilant contact with important events in the field ... Aware contact creates new, meaningful wholes and thus is in itself an integration of a problem ... awareness is grounded in ... the dominant present need of the organism ... denial of the situation and its demands or of one's wants and chosen response is a disturbance of awareness ... Awareness is accompanied by owning*

*... knowing one's control over, choice of, and responsibility for one's own behavior and feelings ... The person who is aware knows what he does, how he does it, that he has alternatives and that he chooses to be as he is. The act of awareness is always here and now ... Self-rejection and full awareness are mutually exclusive. Rejection of self is a distortion of awareness because it is a denial of who one is."*

The researcher brings awareness in context with life script and relates it particularly to self-rejection as a distortion of awareness. Sills *et al.* (1995: 9) describe awareness as an opportunity to choose, to become aware that we ourselves as individuals are feeling, thinking and behaving in a particular manner and are not forced by anyone else to do so. When people exercise responsibility in their choice of how they are, the belief *"That's just the way I am. I can't do anything about it ..."* is challenged. Sills *et al.* (1995: 22) believe that awareness allows the individual to claim back parts of themselves that were lost. There are many reasons why people disown parts of themselves. The researcher regards disowning as an unconscious process, not made in awareness and that it ties up with life script that also comes about unconsciously as an effort of adapting to specific circumstances or even unrealistic beliefs about circumstances.

Awareness can also be linked to paying attention to what is and to pay attention to context, foreground, background, content, perspective and situation, which together, form the Gestalt. Meaning is the relationship of the foreground figure to its background. In awareness and in working with the here-and-now, the foreground is immediate and available for exploration (Perls, 1969: 64).

#### 2.3.10 Responsibility

Yontef (1993) describes responsible people as people who determine their own behaviour, exercise choices and who take an active and fully aware role regarding the outcomes of their lives. Confusing responsibility with blaming and shoulds, causes pressure, *"they 'try' and are not integrated and spontaneous ... their true wants, needs and responses to the environment and choices in the situation are ignored and they overcomply or rebel against shoulds."* Tobin (1975: 144) considers responsibility to be freedom and is the innate ability of any individual to respond to, feel and behave in any one of a variety of possible ways to any particular situation – the ability to exercise

choices. Sills *et al.* (1995: 35) echo the statement of Tobin by stating that healthy people take responsibility for their choices and for the purpose of their lives. Awareness of themselves and the environment is a prerequisite to taking this responsibility. The researcher, therefore, suggests that, provided a person takes full responsibility for him- or herself and his or her life choices, the life position of *"I'm OK, you're OK"* will evidently be achieved.

### 2.3.11 Theory of Change

Yontef (1993) proposes that in Gestalt Therapy awareness, choice, responsibility and contact bring about change. Forced change is not similar to self-actualisation, but rather similar to actualising someone else's needs. The researcher from this viewpoint links the theory of change with life positions and life script in that it pre-supposes that there is no necessity to choose a life script that seems desirable to others, but rather in being aware and accepting oneself and the right to be exactly how one is. A person can grow. Yontef (2005: 82) elaborates on his earlier statement by stating the paradox that, *"the more one tries to be who one is not, the more one stays the same."*

### 2.3.12 Polarities

Yontef (1993) states that organismic self-regulation leads to integrating parts with each other and into a whole larger than the parts. The concept of polarities treats opposites as part of a bigger whole, in which differences are accepted and integrated. When integration is not achieved, the result is splits, such as *"body-mind, self-external, infantile-mature, biological-cultural, and unconscious-conscious. Through dialogue there can be an integration of parts, into a new whole in which there is a differentiated unity."*

### 2.3.13 The I-Thou Relation

Yontef (1993) regards present centeredness of client and therapist as of paramount importance, emphasizing direct experience of both. Therapists and clients equally show their full presence in therapy. Responsibility of both therapist and client is crucial. Melnick and Nevis (2005: 110) support Yontef's stance and adds the importance of the therapeutic focus on the here and now, being authentic and aware, through which the

client is enabled to be supported and to grow. Perls (in Clarkson, 1992: 57) states that in therapy, the therapist applies him- or herself to a situation, rather than applying techniques and the essence of Gestalt Therapy is the relationship between therapist and client.

#### 2.3.14 Sense of Self and Self-Concept

Laura Perls (1976: 49) and Perls (1975b: 36) describe a self-concept that does not act in service of a person as leading to the need for permanent environmental support for approval and acceptance. Such a person also loses the ability to accept genuinely, so no praise is assimilated and the person remains hungry, greedy and dissatisfied with whatever affection he or she gets. The researcher is of opinion that contact boundary disturbances and accompanying development of undesirable life script may, therefore, come about.

Yontef (2005: 91) states that reactions of other people mirror to children who they are and what they can expect of life. When adults do not provide love and attention to children, the development of self-regulation is hampered. The sense of self is then often characterised by feelings of shame and guilt that interfere with health and growth. Feeling shameful about oneself might lead to the perception of a child that he or she is not acceptable, lovable or worthy. Guilt might lead to a child restricting his or her own behaviour, leading to lack of awareness, integration and holism and lowered self-acceptance. Whether the child then omits or commits behaviour, he or she feels either guilty or inadequate and ashamed.

Perls (1969: 170) describes feelings of inferiority as difficulty in accepting who a person really is, leading to the development of an urge to justify himself or herself by demanding the impossible of self and environment. Such a person imagines that demands are continuously being made upon him or her. *"... the inability of such people to accept ... love is projected, and they feel ... not acceptable, unworthy ... nothing can convince them of the contrary. If this is retroflected, they cannot accept themselves as they really are."* The researcher, taking cognisance of all the above information regards self- concept as closely related to life position and life script.

### 2.3.15 Result of Therapy

Perls (1976: 54) states that if therapy is successful, it will leave the patient self-supportive. If clients become aware of their life scripts they can get relief and “... *create himself, his own decisions, roles and other potentials.*” Perls *et al.* (1951: 40) maintain that the end result of therapy should only be measured by the client and in terms of “... *own awareness of heightened vitality and more effective functioning.*” Perls (1975c: 1) regards the result of therapy as increased human potential through the process of integration. This occurs by the therapist supporting the individual’s genuine interests, desires and needs. Melnick and Nevis (2005: 103) describe the result of therapy as aiming for a process enabling clients to be aware and use their resources.

### 2.3.16 Life Script

As life script is not a concept included in Gestalt Therapy, the aim of this paragraph is to utilise Gestalt Therapy resources with a view to translating concepts used by authors into the concept of life script. Mackewn (1997: 188-189) refers to life themes in a similar fashion as the researcher refers to life script. She is of the opinion that life script as the researcher views it is associated with people’s fixed beliefs, attitudes and behaviours that are deeply embedded in their character structure and

*... involve a complex system of interrelated patterns of retrojection-introjection-projection where one belief, attitude or behaviour sustains another and the whole system interfaces with people’s ability to express themselves, take action or make contact and relationship as they now wish to do.*

Perls (1976: 72-73) describes parents’ interference with a child’s maturation by spoiling the child and interrupting his or her attempts to be more who he or she is or by being overprotective and destroying his or her confidence in his or her ability to be self-supportive within the limits of individual development. Parents convey their own introjections onto their children with statements like “boys don’t cry”, which the researcher regards partially as the origins and maintainers of an undesirable life script.



Fall, Holden and Marquis (2004: 125) regard pampering, neglect, or an inconsistent combination of the two as likely to produce misperceptions of the world in the child and can lead to discouragement, anxiety provoking convictions and development of an inflexible lifestyle. In adulthood such a person is likely to continue to use private logic characterized by rigid, mistaken beliefs to cope with life. These beliefs cannot cope with adult demands and will likely lead to increased discouragement and rigidity. The result is a decreased likelihood of discontinuing maladaptive behaviour – this aspect reflecting the researcher’s desire to attempt re-writing of undesirable life script. Knauer (2002: 20) relates the value that significant others demonstrate to children in their early lives as playing a very important role in the development of life script in a fashion where, when significant others don’t value the child, then he or she won’t value him- or herself either.

Perls (1976: 122) compares life script with fate and describes it as

*... taken up with self-torture, futile self-improvement games, achievements ... then ... people meet ... they have ... different lifescrpts ... they try to force the other person to your lifescrpt or you’re willing to please the other person and efface your needs and become part of his script ... then there is involvement, confusion, fighting ... people get stuck with each other and the whole lifescrpt is ... messed up, which again, is part of the lifescrpt.*

The researcher would like to demonstrate with the above quotation the interconnectedness of elements within a particular field. In the context of Gestalt Therapy and re-writing of life script this has substantial meaning: the client constitutes a field on whom the environment impacts and the client paradoxically also has an impact on the environment.

The researcher equates pathology and undesirable life script for purposes of this research and agrees with Fagan (1976: 65) when he states that pathology can be described as unfinished business or incomplete experiences involving strong affect or interrupted action or expression, where the situation did not provide for sufficient support, or active suppression was conducted.

Perls (1975a: 2) elaborates on origin of life script by stating that the child responds to his or her environment with fixed responses in order to be accepted. He or she develops these responses by figuring out what he or she regards as the appropriate reaction. In order to comply with the perceived demands of society, the child learns to disregard his or her own feelings, desires and emotions. Paradoxically, the more society demands that the child lives up to its demands, the less efficient the child's functioning becomes. Perls (1969:149) regards the result as alienation from his or her senses, blocking off of potential and "... *avoidance of external conflicts ... results in the creation of internal ones*".

Perls (1969: 177) also describes the effect of withholding necessary actions from the child as an important factor in the development of life script. If, for instance, a child does not receive reasonable praise, praise becomes more important than the actual *doing* of things. To deprive a child of reasonable praise, will lead to a permanent, often-insatiable greed for it. The achievement is overlooked and pride turns into shame. This has an effect on the whole personality in that the child now experiences his or her "wrongful" need of praise as shaming, which incurs that they as people are shameful, relating according to the researcher's opinion to the kinds of life scripts possessing the "*I'm not OK*"-stance. Kepner (1995: 5) agrees with Perls' description of undesirable life script development. Perls and Clements (1975: 16) describe dreams and fantasies as life scripts, being constituted of unfinished business and brought into the therapeutic situation.

### 2.3.17 Shame and Development of Undesirable Life Script

The following paragraph illustrates how Yontef's description of shame fits into the concept of life script from a Gestalt Therapy perspective. Yontef at no stage refers to the Transactional Analysis meaning of the concepts of life script or life positions and the researcher is of opinion that he uses "not ok" as a description of a feeling rather than of a life position. The researcher understands Yontef (1996: 353, 354) as describing shame as one of the most important precursors to the development of an undesirable life script, depicted by contents of either self or others not being perceived as "*not OK*". Shame accompanies an attitude of not being OK, not being worthwhile, respected, or cherished, but can extend to a person's complete sense of self. Yontef regards thoughts

and feelings of shame as “... *reactions to oneself, to what one is, how one is, what one does.*” Shame is often experienced in an individual as feelings of being inadequate, incompetent, weak, disgusting, untouchable, unwanted, unworthy of respect, belonging, success, hence feeling more shame and guilt when these good things happen; vulnerable to any contempt, which, if it occurs, one believes is well deserved. Shame is described as a rehearsed and learned sense of not accepting and not identifying with the self exactly as it is.

### 2.3.18 Re-Writing Life Script

This paragraph intends to translate statements of various authors in such a way that, although re-writing of life script is not a concept in Gestalt Therapy and is extremely scarce even in Transactional Analysis resources, an understanding of the concept of re-writing of life script can be achieved within the context of Gestalt Therapy. Perls (1976: 127) makes a statement, which the researcher would like to equate with re-writing of life script when he says: “... *it is possible to discover means and ways whereby you can grow and develop your potential, and iron out difficulties in your life.*” The researcher regards Melnick and Nevis’ (2005: 106) description of the paradoxical theory of change as relating well to the concept of re-writing life script, being based on awareness of ‘what is’ and the content of life, stating “*if we need to change something that does not work well for us, we paradoxically have to bring it into awareness and get to know it well; then and only then can we change.*” Perls (1969: 257) adds to this conviction that “... *you have not only to become fully aware what emotion, interest or urge you are concealing, but you must also express it by words, art, or action.*”

Shepherd (1976: 51) compares Gestalt Therapy and Transactional Analysis in terms of development of life script by stating that in Transactional Analysis decisions relating to life script are made by a child at a particular time in order to survive, but those decisions later become a defensive approach to reality as conditions change and the decisions are not appropriate any more. He believes that in Gestalt Therapy such inappropriate decisions can be dissected, analysed and made real. The client is alerted to the present and the here-and-now and in full awareness, has the ability to make a statement that, whatever happened in the past, it is not appropriate in this moment, it is not true of his

or her world and self and he or she now has the ability not to operate as a frightened or confused, or whatever behaviour or feeling was displayed, child.

Perls (1969: 66) describes habits in the context of life script, where good habits are seen as valuable to the preservation of life and form part of a process of growth. However, habits deprive a person of freedom of choice as habits become an automatic response to specific stimuli in life “... *a habit ... a gestalt is established- ... and becomes part of the organism. To change a habit involves pulling that habit out of the background ... and investing energy ... to disintegrate or to reorganize the habit.*” Mackewn (1997: 26) is of opinion that a fixed gestalt is perpetuated in the present and must therefore be undone in the present.

Sills *et al.* (1995: 126, 127) describe full acceptance of all of a person’s “... *feelings, thoughts and behaviour, even those which previously we have preferred not to notice ...*” as essential if any change is sought. The individual has the choice to say that he or she has the choice to be different, or not. James and Savary (1978: 160, 161) conclude that with awareness and motivation, the “not OK”-parts of the script can be changed and if a script is re-written in order to attain a more desirable life position, the individual will probably feel comfortable and expect that everything is probably going to work out all right and that life has a purpose.

#### 2.3.18.1 Methods of Re-Writing Life Script

The following techniques of Gestalt Therapy may be applied, as described by Yontef (1993), although the overall method, relationship and attitude are the vital aspects of therapy. Nevertheless a discussion of some techniques or tactics might elucidate the overall methodology:

- Techniques of Client Focusing: Client focusing is an elaboration of the question, "What are you aware of (experiencing) now?"
- Enactment: The client is asked to put feelings or thoughts into action.
- Exaggeration: A person is asked to exaggerate some feeling, thought or movement, to feel the more intense enacted vision.

- Guided fantasy: Sometimes a client can bring an experience into the here and now more efficiently by visualizing than by enacting.
- Body techniques: Any technique that brings clients' awareness to their body functioning or helps them to be aware of how they can use their bodies to support excitement, awareness and contact. The researcher utilises breathing and grounding in this respect. Judith (2004: 12, 63-63) regards grounding as solid contact with the earth and provides a connection that makes people feel safe, alive and rooted. The same author considers grounding as enabling people to be present, focused and dynamic and that without grounding, people are unstable.

Schoeman (2004b: 113-114) describes language and semantic exercises as useful in therapy. The client is for instance made aware of speech patterns and challenged to use "I" instead of "you" and "won't" instead of "can't" as encouragement to take responsibility. Schoeman (2004a: 60-61) also suggests replacing "why" with "what" and "how". In Gestalt Therapy there is no space for gossip and people in the client's life with whom he or she has unfinished business have to be brought into the field, by means of utilising the empty chair technique. The empty chair is often used to role-play conflict, where the client states his or her case sitting in one chair and then goes to sit in another chair and stating a counter-argument. The dialogue continues until the situation has been explored from all sides and polarities are integrated or alternatives have been found.

Schoeman (2004a: 63) regards the rosebush technique as valuable in therapy. The client projects himself or herself as a rosebush in a drawing. The client is then asked to consider whether the bush is strong or weak, whether roots are deep or shallow, how many roses it has, how much thorns there are, whether the environment is good or bad for growing, whether the rosebush stands out, whether the bush has sufficient room, whether it gets along with other plants in the vicinity and whether it has a good future.

## **2.4 Life Script from a Child Development Perspective**

James and Jongeward (1971: 35) attach the age of eight years to the development of a specific life script. Harris (1973: 43) differs from James and Jongeward regarding the age of completion of life script development and states that decision of life position

takes place by the second or third year of a child's life. Other authors merely refer to early childhood as the onset of life script. (Compare Fall, Holden & Marquis, 2004: 122; Sapp & Charles, 2004: 188; Barrow, Bradshaw & Newton, 2001: 55; Moursund & Erskine, 2004: 50; Thompson, Rudolph & Henderson, 2004: 271; Stewart, 1996: 8.)

For purposes of this dissertation early childhood will be utilised as point of departure for development of life script. Re-writing life script will be studied from the background of the adolescent level of development. Reasoning for this choice lies in the words of Papalia, Olds and Feldman (2006: 294) when the authors state "*... ages 3 to 6 are pivotal ... A child's emotional development and sense of self are rooted in the experiences of those years.*"

Erikson's stage of initiative versus guilt, manifesting between the ages of three and six years and that marks early childhood, can be described as a conflict between what children can and want to do and getting social approval. If this conflict is not resolved, the child manifests behaviour that can be directly linked to the concept of undesirable life script, namely showing off, inhibition (shame), self-righteousness and intolerance, repression and guilt (Papalia, Olds & Feldman, 2006: 294). Schoeman (2004a: 6) describes some of the tasks related to early childhood as socialisation, where the child learns what can be expected of him; connecting with society, where values and norms of the society are internalised; development of self-concept, which is dependant on inputs from important others in the child's life, emotional development (recognises family's emotions and reactions); self-control (learn to control own needs) and moral development (starts developing an understanding of right and wrong). The researcher makes the assumption that, when a child has no choice in expectations of him or her and can neither state his or her expectations of the world and important others, fruitful ground for developing undesirable life script develops, originating from the possible stance that "life is not fair".

Adolescence has an onset at approximately the age of 12 and continues up to about eighteen years of age (Thomas, 2005: 90). Adolescence offers opportunities for physical-, cognitive- and social growth, autonomy, self-esteem and intimacy (Papalia, Olds & Feldman, 2006: 412). Referring again to Erikson (Thomas, 2005: 90), adolescents have the major task of identity versus identity confusion to resolve.

Achieving identity would mean that the adolescent understands reality and finds ways of dealing with the contents of their lives and thereby achieve personal mastery. The researcher postulates that this task is dependent upon awareness and choice and responsibility. Identity confusion relates to adolescents who do not know who they are, or how others perceive them (Thomas, 2005: 93) – the researcher regards these adolescents as probably having an undesirable life script. Schoeman (2004:a 20) mentions amongst others the following developmental tasks of adolescence:

- Development of strong emotional attachment with another person (this function implies good boundary regulation and contact from the researcher's perspective);
- Development of independence from parents and other adults (the researcher relates this to less social support and more self-support. The ability to achieve this task requires a life position of feeling OK and considering others as OK);
- Adolescents' acceptance of themselves as people of value and the development of a unique identity. During adolescence values, religion and own self-esteem may be questioned and an own intellectual value system develops determining chosen behaviour.

The researcher is of opinion that influences on young children from parents and caregivers play an important role in the development of their life scripts. As adolescence is a period of search for identity and autonomy, the researcher regards this period as a good period to coincide with re-writing of life script.

## **2.5 Re-Writing Life Script: Views of the Researcher**

Life script and especially life positions are well described in Transactional Analysis literature. Gestalt Therapy literature does not incorporate life script or life positions into its key concepts. Nowhere in Transactional Analysis- or Gestalt Therapy literature could the researcher find suggestions in terms of a therapeutic intervention to re-write undesirable life positions. The researcher will therefore experiment with re-writing life script by utilising Gestalt Therapy.

The researcher relates to Latner's (1973: 129) view of Gestalt Therapy and believes that Gestalt Therapy could bring about re-writing of life script in that a free functioning person is capable of sufficiently dealing and coping with life problems, provided he or she is in full contact with the presenting problems and its unique alternatives. The researcher translates Latner's (1973: 129) statement that integration must be achieved within a person to the extent that he or she can independently carry on the process of personal development into re-writing life script and further postulates that a person with a re-written life script will be in a better position to deal satisfactorily with life events and to discover creative solutions and resources within him- or herself and learn to embrace him- or herself. Latner continues his argument by stating that the client can, thus, start to let go of habits or patterns of behaviour (regarded as undesirable life script by the researcher) that have been learnt in adversity and with which the client got stuck and awareness then allows the client to approximate the simpler process of organismic self-regulation.

## **2.6 Conclusion**

Transactional Analysis and Gestalt Therapy both regard life script as an unconscious mechanism employed by children at a very young age when they may not be developmentally equipped to make such far-reaching decisions, especially decisions that might impact negatively upon their future lives as a response to how they perceive themselves, people and the world.

Desirable life script containing the life position of *"I'm OK, you're OK"*, is the only healthy life script and the position to which re-writing will be elevated. The other life positions contain numerous contact boundary disturbances and are characterised by lack of contact and awareness in the here and now.

The holistic approach of Gestalt Therapy, based on the here and now and the choices and responsibilities of people, seem to be the most appropriate method to challenge undesirable life script. The inappropriate choices of children at a young age and its often devastating effects in clients' lives in the here and now, are challenged in awareness



and in direct opposition with the unconscious childhood decision made with little information and knowledge.

## CHAPTER 3: EMPIRICAL RESEARCH

### 3.1 Introduction

Chapter 1 was utilised to give an overview of the research problem and rationale for the study, to explain the research approach and to describe the research methodology. Chapter 2 was utilised to provide a theoretical base for understanding life script from a Transactional Analysis perspective, but also to translate life script into Gestalt Therapy language and understand life script from the Gestalt Therapy perspective. Chapter 3 will be utilised to present empirical data, originating from unstructured interviews with the respondent. The unstructured interviews will be presented as Gestalt Therapeutic sessions and the term *researcher* will be replaced with the word *therapist* in the context of describing the case study. The respondent will be referred to as the client in terms of ethical requirements of the research regarding confidentiality and privacy.

### 3.2 Research Approach and Research Methodology

The empirical research was based on the goal of this research, namely to determine how utilising Gestalt Therapy could create awareness of undesirable life script and life position and assist in re-writing life script.

The qualitative research approach was selected to investigate how Gestalt Therapy could be utilised with one client in order to create awareness of undesirable life script and life position and assist in re-writing life script. The single case study was used, from which rich information pertaining to one client was obtained. Universe in this study resonated all clients who experience life problems and participate in therapy. Population resonated clients who receive therapy and who are from the Johannesburg region. The sample consisted of only one client who possessed all of the following attributes:

- Receives Gestalt Therapy for dealing with life problems.
- Proficiency in spoken English or Afrikaans.
- Provided written permission for participation and for video recording of sessions relevant to the research.

- Volunteered participation in the study.
- Resides in the Johannesburg region.
- Is aged 16 years of age.
- Is female.

### **3.3 Case Study**

In this case study a number of issues were of critical importance to the researcher. These issues are discussed hereunder, especially the attitude of the researcher as therapist towards the respondent as client; awareness of both parties; reasons for inclusion of the respondent in this research; biographical information of the respondent and a description of the process of therapy as tool in re-writing of life script in the format of therapeutic sessions.

#### **3.3.1 Therapist Attitude and Preparation for Unstructured Interviews**

The therapist strongly believes that awareness is key to mental health. One of the prerequisites in offering therapy, is therefore a high level of awareness of the therapist of herself, whilst assisting the client in becoming sufficiently aware of herself, thereby getting in touch with unfinished business and offering alternatives and the choice to complete unfinished situations. Awareness leads to healthy contact and the complete presence of both therapist and client in the therapeutic situation. Oaklander (1999: 164) links closely with the theme of this research when she states that contact boundary disturbances are the issues that bring people into therapy as these disturbances may lead to diminishing of the self and impairment of the person's ability to make contact.

The therapist does not rely on therapeutic techniques and creatively invents therapeutic actions as the process of therapy unfolds. The therapist is interested in engaging with the client in the here-and-now as a direct result of awareness. In terms of the therapeutic relationship, the therapist remains aware that she is not in a position of authority over the client and the client is not regarded as a weak person who must be helped with her life of misery.

### 3.3.2 Awareness

Awareness is of particular importance in this research, as, according to the researcher, it is the lack of awareness in a child's writing of life script that leads to undesirable life script. Only in the present and through active participation in awareness, can the individual become aware of undesirable life script and turn it around into a re-written life script. Awareness is thus further elaborated on in this chapter as this will be a technique of Gestalt Therapy that will be utilised to bring about re-writing of life script. Latner (1973: 46, 59-60) describes awareness as an occurrence in the now – the present moment. People who are fully aware in the moment, will be in touch with their world and themselves. Awareness can be equated with being responsible, as people are responsible if they are aware of what is happening to them. Taking responsibility also means for a person to embrace his or her existence just the way it is. Yontef (1993) expands on the concept of awareness and responsibility by stating that awareness is accompanied by *owning*, the process of knowing one's control over, choice of, and responsibility for one's own behaviour and feelings. Without this awareness and owning, the person may never know the extent of his or her power.

Latner (1973: 139-140) is of opinion that contact and support also require awareness. The researcher is, thus, of opinion, that in the absence of awareness, healthy boundary regulation and relationships with self and others, as well as self-support cannot be attained. Latner continues his argument by stating that when a person's awareness is expanded, healthy organismic self-regulation is restored as awareness directs a person towards needs in the present moment. In therapy, awareness is utilised to find out what it is that people experience and how they experience it.

Kirchner (2003) regards awareness as always being intentional and that it occurs in the organism-environment field. Awareness of a person's uniqueness inclusive of the field, manifests itself in uninterrupted organismic self-regulation, meaningful growth and long-term change. The importance of awareness is demonstrated by the statement of Melnick and Nevis (2005: 103, 106) "*Therapy ... aims for a 'good enough' process to enable clients to use the resources they have with awareness, with the potential for repeated satisfying experiences.*"

### 3.3.3 Biographical Detail of the Respondent

**Reason for referral for therapy:** The client was accused of the sexual abuse of her eight-year old sister, to which offence she admitted guilt. In the framework of this research, the offence has implications in terms of the client's boundaries and contact functions, organismic self-regulation, awareness, responsibility, sense of self and self-concept and ultimately the client's life script and specifically an undesirable life script is implied. Acting out in a manner that violates the rights of others or where the violation is of such a nature that breach of law is committed, as is the case with this particular client, leads the researcher to believe that the client operated from an undesirable life script and life position.

**Other attributes leading to inclusion in the sample:** The client is proficient in spoken English; the client provided written permission for participation and for video recording of sessions relevant to the research (see annexure 1) and volunteered to participate in the study, resides in the Johannesburg region, is 16 years of age and female.

### 3.3.4 Description of Therapy in the Format of Therapeutic Sessions

The therapeutic process as tool in re-writing of life script is discussed hereunder. The therapy process comprised of nine sessions, of which all are described. The focus of the description is on the objectives, content and assessment of each session. The content is described in table format, where the content of each session will be reflected on one side and the corresponding Gestalt Therapy principle and life script content on the other side. In the assessment, the researcher focuses on therapeutic contact, awareness and contact, control, unfinished business, empowerment level, self-nurturing and an evaluation of each separate session. The therapeutic process as a whole is also evaluated. Direct quotations are used as often as deemed suitable by the researcher to assist in giving a realistic representation of the therapeutic sessions.

## 3.3.4.1 Session 1

## i) GOAL FOR WHOLE THERAPY PROCESS

To build a client-therapist relationship with the client in which the client would feel safe enough to explore new alternatives for behaviour and to explore a new way of being, to assist the client with all levels of awareness, including awareness of body, mind, actions and the field to ensure being and experimenting in the here-and-now, to continuously explore foreground and unfinished business with a view to completing the unfinished business and re-writing life script in the process, to determine life position as an assessment or diagnosis of the client and to assist in re-writing of life script through availing the therapeutic relationship and dialogue so that the client may have a more desirable life script, be more aware, self-supportive and integrated.

## ii) OBJECTIVES FOR THIS SESSION

- To meet the client and start to build a relationship.
- To set boundaries, especially relating to confidentiality, to ensure a feeling of safety with the client.
- To explain both the therapist's process and way of work and getting to know the client's process in order to build a good relationship.

## iii) CONTENT OF THE SESSION

<b>CONTENT</b>	<b>Gestalt Therapy concepts and life script content</b>
The therapist introduced herself and explained the boundaries of not breaking anything, confidentiality and not hurting one another.	- The therapist sets boundaries.
The therapist tried to assess how strong the client's sense of self is and let the client choose her best colour and colour as much of a page as she likes. She filled the whole page. The therapist asked the client to use her next best colour on top of the other colour – she coloured the whole page again. The therapist asked the client to choose any three colours and	- The therapist assesses the client's strength of sense of self through an experiment. - The therapist

<p>colour in any amount of space, either one by one or using all three together. She used all three crayons and again coloured the whole page (see annexure 2).</p> <p>The client seems to be a delightful child, very open. The therapist likes the client and the client likes the therapist. The client smiles at the therapist a lot and makes continuous eye contact. About the question of what it was like to draw, the client says she loved it. She is not artistic, but regards this as a release. It is thus, clear, that the client does experience stress in her life, but that she has the ability to adapt to situations by using artistic expression, which is also part of her process and self.</p> <p>The client draws her family on the therapist's request and considers good relations between herself and no one in the family (see annexure 3). Her sister has a good relationship with her mom and dad, the other two children not. The client's brother and herself are the ones with no good relationships in their family. The client breaks down when the therapist asks her what this picture of her family means to her and says her mom never loved her and she always caused trouble. She ran away, because she felt not loved and they said she must go because if you love someone you set them free and asked her who she would choose to stay with. She said she wanted to stay with them, but they would not allow her. She then chose to stay with her granny. The client's parents then accused the client of being materialistic and that she only wanted to go there because the granny was better off. The client says the granny has a bigger house, but is not better off. The client stayed there and was very happy as she received enough love and care. When the family moved to Johannesburg her parents insisted that she</p>	<p>engages the client in choice.</p> <ul style="list-style-type: none"> <li>- The relationship is starting off well.</li> <li>- There is flow of contact between therapist and client.</li> <li>- The client's process allows for emotional relief in artistic expression.</li> <li>-The client projects family relations.</li> <li>-The client is aware of her position in her family.</li> <li>-The client expresses life script.</li> <li>-The client's dialogue continues.</li> <li>- Life script content is disclosed regarding exercising of choice.</li> <li>-Introjection.</li> </ul>
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<p>had to come along. She always felt no love from her parents since her sister was born and hated her sister and wished she were dead. The client would love to get hugs from her mom and dad, but refuses to ask. She believes they must want to do it them selves and should not have to be told.</p>	<ul style="list-style-type: none"> <li>- The client is aware of her feelings about her sister.</li> <li>- Life script is reflected in not wanting to ask for what she needs.</li> </ul>
<p>The therapist asked the client to draw her mom and dad, which she did (see annexure 4). The therapist explained to the client how the empty chair works and asked her permission to put her parents into the empty chair, which she agreed to do. The client explained to them how much she loves them and that she never wanted to leave them, but just wanted them to notice her. In response they tell her that she is lying and does not love them, but is only interested in material things.</p>	<ul style="list-style-type: none"> <li>- The client draws her parents and put them in the empty chair.</li> <li>- The therapist shows respect and confirms that the client has choices.</li> <li>- The client is aware of her own feelings and does not attempt to repress them.</li> </ul>
<p>The client mentions that boys have asked her out, but that her parents refuse that she grows her nails or has a boyfriend. Her father allowed her once to go on a date and after all the convincing and trouble, the guy did not pitch up, leaving her crying. They now refuse that she goes out with boys.</p>	<ul style="list-style-type: none"> <li>- The client engages in dialogue and brings her field in.</li> <li>- The client experiences rejection as a life script issue.</li> </ul>
<p>The client is very emotional and cries and the therapist allows her to just be there for a while and stay in contact with</p>	<ul style="list-style-type: none"> <li>- The client expresses her</li> </ul>



<p>her feelings in the moment.</p> <p>To assist the client to relax, a fantasy exercise was conducted, in which the client was fully cooperative and became very aware (see annexure 5). She comes out of the exercise saying that she felt a great peace. The therapist asks her to draw the peace. Being five minutes away from the end of the session, the therapist asks the client whether she wants to explore the peace further. She says she is feeling very tired and would rather not, which the therapist respects and starts to finish the session.</p> <p>The client has a number of ways to nurture herself, like music and reading. She chooses to do some reading.</p> <p>The client says that she feels very proud when she does well at school and likes to do her schoolwork. The client feels very sorry about her abusing her younger sister sexually, but she perceives her parents to only be turning their backs on her.</p>	<p>emotions.</p> <ul style="list-style-type: none"> <li>- The therapist is respectfully present with the client.</li> <li>- A fantasy exercise is conducted to restore the client's balance.</li> <li>- The client manages to practice healthy self-regulation.</li> <li>- The therapist gives the client choices.</li> <li>- The client is aware and not confluent.</li> <li>- The therapist responds with respect to the client's choices.</li> <li>- Client and therapist explore self-nurturing together.</li> <li>- The client displays life script and the phoney layer of neurosis.</li> <li>- Rejection manifests again as a life script issue.</li> </ul>
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iv) ASSESSMENT

- THERAPEUTIC CONTACT

Lots of eye contact and smiles take place, the client is sharing lots of information, some of which seems to be very painful, like her running away and her description of the lack of any relationship between her and the rest of her family. Gestalt Therapy works well for the client in that she enjoys the experimental approach of Gestalt Therapy, the focus on awareness and the utilization of artistic expression as projection of herself. There is sufficient open dialogue and a healthy amount of confluence and boundaries.

- AWARENESS AND CONTACT

The client is quite aware and does not strive to break contact. The client has good friendships and knows she is a good person and that her friends like her. The client manages to tell herself in front of the therapist that she likes, no, loves herself and, thus manages to empower herself. The client makes herself fully available for therapy.

- CONTROL

The client makes choices, can say no, uses the therapeutic space and artistic space to the full and projects a good self-image when she states that she likes and loves her self.

- UNFINISHED BUSINESS

The unfinished business the candidate manifested in this session was lack of love from her mother, her parents denying her to have boyfriends and growing her nails, her biological father (she mentioned him and said she would not mind to meet him), her running away, her removal from her grandmother's care where she was very happy and her younger sister.

- EMPOWERMENT LEVEL

The client displays a high energy level and expresses herself verbally and through non-verbal communication. The client seems to have a good self-image, despite the lack of a good relationship with her parents. Her tiredness at the end of the session relates to experiencing therapeutic catharsis.

- **SELF-NURTURING**

The client has various ways of nurturing herself and understands that self-nurturance goes hand in hand with strong sense of self and valuing herself. She decided to read as self-nurturance.

- **EVALUATION OF THE SESSION**

A variety of Gestalt Therapy principles were observed and a number of Gestalt Therapy techniques applied. The therapist availed herself to be contacted, which invited the client to do the same, whereby awareness was achieved for most of the time. The respectfulness of the I-Thou relationship was achieved and maintained throughout the session. It seems that the client may have a life position stating that I'm not OK, others are OK in combination with the polarity that she wants to like and love herself unintegrated with her life position, assumed from the need to please in combination with issues of parental rejection and a resulting feeling that people cannot possibly like her, but that she still must do everything in her power so that people may like her.

### 3.3.4.2 Session 2

i) **OBJECTIVES FOR THIS SESSION**

- To continue building the relationship to provide safety and trust in the relationship.
- To utilize the rosebush technique to identify unfinished business in the client's life and assist the client to identify and choose alternatives to work with in the content of the rosebush.
- To utilize the rosebush technique to assess the strength of the client's sense of self, self-esteem and contact with others and the environment.
- To aim at continuing to get to know the client's process better to be able to relate to her as good as possible.

ii) **CONTENT OF THE SESSION**

<b>CONTENT</b>	<b>Gestalt Therapy concepts and life script content</b>
The client and therapist spoke about how the client felt after she left the previous session and her being very emotional.	- The therapist brings the past into

<p>She said she was OK, because the people she loved and trusted were in place. The therapist asked who those people were and she named her two best friends. The client was very emotional and cried all the time.</p>	<p>the here and now.</p> <ul style="list-style-type: none"> <li>- The client displays retroflection as self-regulation.</li> <li>- The client expresses her emotions through crying.</li> </ul>
<p>A breathing exercise was conducted and the client visualized something very good that she was breathing in and that she was breathing out of her system something bad that was inside of her.</p>	<ul style="list-style-type: none"> <li>- A breathing exercise is conducted to assist in awareness of polarities of good and bad in the client's life.</li> </ul>
<p>The therapist continued to ask whether there were any family members that the client liked or loved. The client said her mom stopped loving her long ago, her dad now too and her aunt, whom she liked very much, knows of the abuse and treats her differently. Her baby cousin is now also being kept away from her and that hurts her as she loves the baby. She doesn't feel welcome in the family and went upstairs when they came to visit.</p>	<ul style="list-style-type: none"> <li>- The therapist explores the polarity of the client being liked by family.</li> <li>- The client's life script of rejection appears again.</li> <li>- The client practices retroflection and projection.</li> </ul>
<p>The client told the therapist how she fends for her two friends everywhere, where one is called ugly and the other is called gorilla. The therapist asked the client about the possibility of caring for herself like she cares for them and also being a bit soft with herself and allowing herself a bit of a chance.</p>	<ul style="list-style-type: none"> <li>- The client exhibits retroflection.</li> <li>-The therapist challenges the client's retroflection.</li> </ul>

<p>The client continues by saying that it's too late now and she would not accept it if her parents would pretend starting to love her now. The client cried a lot whilst sharing her perception of the lack of parental love experienced by her.</p>	<ul style="list-style-type: none"> <li>- The client practices deflection.</li> <li>- The client achieves expression of her awareness through crying.</li> </ul>
<p>To contain the client, the therapist asked her to draw anything she likes. She just scribbled with pink crayon all over the page – the whole page full (see annexure 6). The therapist asked her what it's about and she says she's been doing a lot of that since the previous session as it helps her when she feels upset. The therapist asked her what it represents and she says just a release. The therapist prompted further and asked her if she could imagine a picture inside of her scribble and what that picture would be. She said her family, happy and without fights.</p>	<ul style="list-style-type: none"> <li>- The therapist provides the client with choices.</li> <li>- The client is assisted to remain aware.</li> <li>- The client has found a way of self-regulation outside the therapeutic setting.</li> <li>- The client uses dissociation to deal with her unsatisfying family relations.</li> </ul>
<p>The client's mother was put in the empty chair and her mom just kept telling the client how she couldn't love her and the client who kept on feeling, no matter how good she did at school and elsewhere, she never does good enough.</p>	<ul style="list-style-type: none"> <li>- To assist with completion of unfinished business the client's mother is put in the empty chair.</li> <li>- The client's life script of confluence as counter to rejection, manifests.</li> </ul>

<p>The therapist asked the client's permission when reaching a dead end of no love and like between her and her mother, if the therapist could try and be mom. The therapist emphasized how they look alike, how mom tries, how she had the same difficulties when growing up and sometimes want to, but just don't know how to connect, that she sometimes acts because of everything she experienced in the past and have not yet come to terms with. The client said whenever anyone said she looks like her mom, her mom denies it. The client's mother makes her very aware that she is of much darker skin colour than her mom. The session was ended with a relaxation exercise.</p> <p>The client said she would nurture herself by spending time with her friends.</p>	<ul style="list-style-type: none"> <li>- The therapist engages in an experiment and allows the client choice.</li> <li>- The client expresses life script with a component of rejection.</li> <li>- The therapist aims to achieve awareness and self-regulation with the client.</li> <li>- The client engages in self-nurturing.</li> </ul>
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### iii) ASSESSMENT

- THERAPEUTIC CONTACT

Dialogue was constant, as was eye contact, respect and availability of both parties to the therapeutic encounter. Client and therapist maintained high levels of awareness throughout the session.

- AWARENESS AND CONTACT

The client's level of awareness resulted in her feeling very emotional. In identifying emotions and their origins, client and therapist were in a position to explore where the feelings originated from and whether the client chose to have the same feelings in the here-and-now and also to explore alternatives and to experience contacting herself and the therapist healthily, and restore her balance.

- CONTROL

The client made choices, used the therapeutic and artistic space to the full and chose to let go some of the responsibility she held on behalf of her family in terms of how they felt about her. The therapist is of opinion that, in letting this control go, the client managed better self-regulation and self-responsibility and boundaries.

- UNFINISHED BUSINESS

Unfinished business that came into the foreground in this session was perceived by the therapist as lack of love, validation and acceptance from the client's mother as well as her family pushing her away and she pushing them away.

- EMPOWERMENT LEVEL

The client shared a lot about herself, but experiences lots of emotional pain in not being accepted by her family and from being called names. She is nonetheless creative in contacting other people who are willing to engage in contact with her, which strengthens her sense of self.

- SELF-NURTURING

The client agreed to nurture herself by seeking support in her friendships and by spending time with her two friends.

- EVALUATION OF THE SESSION

The therapist planned to use the rosebush technique, but other issues were on the client's foreground, which the therapist rather attended to. The relationship is strong and the client portrays trust in the therapist. Dialogue flows and the client is confluent when asked to participate in experiments. Resistance had to be worked with when the client refused to accept that her mother could ever love her and she may have wanted to test the therapeutic situation to see whether the therapist would continue to like her even if she displayed negative sentiments toward her family. Therapeutic assessment is still taking place, but the therapist is aware of the client's need to be OK – if not with her family, then at least with friends. The therapist started making the client aware of doing for others things she wished others would do for her, as a first step in acknowledging undesirable life script and re-writing life script towards a desirable life position.

## 3.3.4.3 Session 3

## i) OBJECTIVES FOR THIS SESSION

- To create awareness in the here-and-now to enable the client to become aware of unfinished business and life script.
- To explore relationships in the client's life so that her base of support can be explored.
- To do the rosebush technique as this did not occur in the previous session.
- To confirm confidentiality so that the client can experience emotional safety and trust.
- To build onto the good foundation for relationship that is already present in order to create a space that is safe enough to let painful emotions into awareness and to explore alternatives for life problems.
- To determine the possible presence of any undesirable life script issues in the client's foreground so that, in awareness, experiments can be conducted that allows the client to be different from her habitual way of being in the world.

## ii) CONTENT OF THE SESSION

<b>CONTENT</b>	<b>Gestalt Therapy concepts and life script content</b>
<p>The client starts talking about her being OK and stating that things at home are back to normal and that there is less stress concerning the issue of the sexual abuse. The client seems happy and has a very relaxed posture, which the therapist asks her about. She responds by saying she had lots of fun during the holiday and was laughing a lot and got to spend a lot of time with her friends. The therapist asks her where in her body she feels the happiness and she states that it is everywhere.</p>	<ul style="list-style-type: none"> <li>- The client engages with the therapist in dialogue.</li> <li>- The therapist explores the client's foreground.</li> <li>- The therapist assists with awareness.</li> </ul>
<p>The client tells the therapist about a conversation between her and her parents, where a decision was taken that she could go out and have a boyfriend. She also tells the</p>	<ul style="list-style-type: none"> <li>- The client is</li> </ul>



<p>therapist about her dad being angry, because she switched her phone onto silent to have some privacy about receiving calls. A boy sent her a message to ask her out and her dad found out about it later and called her sly for not wanting to switch her phone off from silent mode and not wanting to be open about receiving calls. The therapist asks her what it feels like right now that the boy asked her out and she says it's too much to show. She is in love and tells the therapist about a speech she had prepared for Afrikaans and how she started talking in English as the boy was watching her and she got completely flustered. She continued to talk about the argument between her and her father and said her father asked her who phoned and she responded by saying that she doesn't check on anybody's calls, that her calls are private and that it is her phone.</p>	<p>starting to set boundaries about privacy.</p> <ul style="list-style-type: none"> <li>- An introject manifests.</li> <li>- The therapist brings the client into the here-and-now.</li> <li>- The client and therapist have a good relationship marked by flowing dialogue.</li> <li>- The client's sense of self is developing to the extent that it enables her to set boundaries.</li> </ul>
<p>Her dad threatened to hit her and she ran away to her room. The client states that she understands why her father wanted to know everything as it is connected to the client's sexual abuse of her younger sister, but she doesn't like it. She states "I don't want to share how I feel, because I haven't had a relationship with my parents for a long time."</p>	<ul style="list-style-type: none"> <li>- The client uses self-regulation.</li> <li>- The client introjects that she lost her right to privacy.</li> <li>- The client's sense of self is strong enough to exercise a choice about not sharing information.</li> </ul>
<p>It seems as though it was difficult for the client to say that and the therapist assists her to support herself by doing a</p>	<ul style="list-style-type: none"> <li>- Relaxation and breathing is utilised</li> </ul>

<p>breathing and awareness exercise. The therapist refers to the previous sessions where the client found scratching a relaxing exercise and asked her if she feels prepared now to draw, rather than scratch or scribble. The client agrees. The therapist asks the client if she could draw a rosebush and she continues to draw it (see annexure 7). The therapist asks the client if they can talk about her rose and also asks her permission to write on the page and she agrees. A large portion of the conversation is quoted hereunder for purposes of understanding some of the detail about the client's projection.</p>	<p>to restore the client's balance.</p> <ul style="list-style-type: none"> <li>- The therapist gives the client choices.</li> <li>- The rosebush technique is utilised.</li> <li>- The client engages in dialogue with the therapist about her projection.</li> </ul>
<p>Therapist: "What is this rose about?"  Client: "It's a single rose in a vase."  Therapist: "Are there other roses in the vicinity?"  Client: "Ya, it's a bunch."  Therapist: "Does the rose have any thorns?"  Client: "No."  The client says the rose has seeds and gets all it needs like water. About the roots, the client states that they are "shallow and weak". She says that the stem is strong and that the bush is about five years old. On being asked how the rose feels in the bunch, the client responds by saying "It is lonely and was moved from a place where it got on better with some of the roses." Therapist: "Anything special about this rose?"</p>	<ul style="list-style-type: none"> <li>- The client explores her isolation in the family as part of her life script as well as the bush not having thorns and having shallow, weak roots.</li> <li>- The client projects her move from her grandmother's care back to her parents.</li> </ul>
<p>Client: "It is very pretty and is friends with the other roses, although she likes some and some not."  When the client is asked whether any of this information is true about her life, she states that it is and that she knew almost from the start that the rosebush was she. The client states that this rose will not get enough food and will not grow strong. The therapist empowers the client by talking</p>	<ul style="list-style-type: none"> <li>- The client owns the projection.</li> <li>- The client's self-awareness is at a high level.</li> </ul>

<p>about the seeds and the beauty of the rose, which she accepts.</p> <p>The client agrees to nurture herself by reading.</p>	<p>- The therapist uses empowerment to strengthen the client's sense of self.</p> <p>- The client engages in self-nurturing as self-support.</p>
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### iii) ASSESSMENT

#### • THERAPEUTIC CONTACT

The client freely shares a lot of information with the therapist, even if the content is painful. A good and trusting relationship exists with sufficient respect, confluence and choices. The client values the therapeutic space and utilises it to be in contact with herself, the therapist and the environment. The relationship is strong enough for her to work with a projection and own it and not to feel violated by the process. The client seems to be in the phobic layer of neurosis as described by Philippson (2002) – up to this point she was in the phobic layer.

#### • AWARENESS AND CONTACT

The client has a high level of awareness of her own feelings and can assess where she feels it in her body. The client is aware of the type of relationship between herself and her parents and therefore sets boundaries in relation to privacy and sharing information about her life with them, which, at this point seems to be good for her self-regulation and support of healthy contact boundary regulation. Her sense of self is getting stronger in that she is starting to make choices and assert herself with her parents. She has become aware of the impact of support of her own body through relaxation and breathing and is using it effectively in therapy and is therefore, in this one respect, growing in terms of self-support.

#### • CONTROL

The client makes choices, uses the therapeutic space and projections to the full. She started developing the ability to set boundaries at home and identified weaknesses in

the rosebush that she would like to work on. She agrees to nurture herself and is growing in the ability to utilize her body and breathing to support her when she experiences emotional pain.

- UNFINISHED BUSINESS

Unfinished business that presented itself during this session, related to the client's relationship with her parents, the rosebush being lonely and having no thorns and shallow roots, which is a projection of her self.

- EMPOWERMENT LEVEL

The client was very happy when she arrived for therapy, but became absorbed in her own thoughts and sad and worried as we progressed through the rosebush technique. She is strong enough to set boundaries for her family. The therapist utilized the opportunity to support and empower the client, whilst referring to the client's scribbling in and out of the therapeutic setting as method to support herself.

- SELF-NURTURING

The client will go and read as self-nurturance.

- EVALUATION OF THE SESSION

The client has moved through the phoney layer and is now in the phobic layer of neurosis, where she is realizing that maybe there are problems in her life, for instance being lonely and not having thorns or strong roots. She brinks on going into the impasse level of neurosis, where she has difficulty in choosing to not make any changes to her situation or taking the leap to make changes and explore alternatives, without having any guarantees for success. A number of life script and life position issues manifested during this session, for example the client introjecting her dad's calling her sly and claiming the right to know everything about her and disregarding any privacy because of the sexual abuse of her sister, the lack of relationship with her parents, her loneliness and isolation in her family, not having thorns and being confluent and introjecting with her family. Her roots are shallow and weak, her choice of living with her granny was taken away from her, but she has already made sufficient progress in three sessions to allow her to say the rose is pretty and carries seed.

## 3.3.4.4 Session 4

## i) OBJECTIVES FOR THIS SESSION

- To continue building the relationship to ensure safety and trust on a continuous basis.
- To empower the client to develop a stronger sense of self, which will make taking decisions and being aware of her self in relation to the field easier.
- To deal with any foreground issues, so that, in order to remain with planning for sessions, new unfinished business does not develop and the client might feel that she has no power in the therapeutic relationship to direct content of sessions.

## ii) CONTENT OF THE SESSION

<b>CONTENT</b>	<b>Gestalt Therapy concepts and life script content</b>
<p>The client states that she is not as happy as the previous week. She breaks contact with the feeling and tells the therapist about another boy that she now also likes and who likes her too.</p>	<ul style="list-style-type: none"> <li>- The client is aware.</li> <li>- The client relies on breaking contact to exercise self-regulation.</li> </ul>
<p>The therapist asks the client what that feels like and she says nice. The therapist asks the client where she is aware of the feeling of nice and she says roundabout by her throat and that it just wants to get out.</p>	<ul style="list-style-type: none"> <li>- The therapist takes the client's lead and explores her foreground.</li> <li>- The therapist emphasises awareness.</li> </ul>
<p>When the other boy asked her out the client said no, because she was too scared to ask her father's permission to go out with him.</p>	<ul style="list-style-type: none"> <li>- The client wasn't strong enough to ask according to her needs.</li> </ul>

<p>Now this boy has asked her out and she responds with “I didn’t answer him. I thought he was joking.”</p>	<ul style="list-style-type: none"> <li>- The client’s life script manifests as being unlikeable to others.</li> </ul>
<p>The client now likes both boys and the therapist asks her if it is difficult for her to make a decision between them right now. She responds by saying “I feel bad.”</p>	<ul style="list-style-type: none"> <li>- The client’s sense of self does not allow her yet to take a decision without feeling bad.</li> </ul>
<p>The therapist asks the client whether they can do an experiment and work on the issue. A relaxation and awareness exercise, The Waterfall of White Light (see annexure 8) is first done. The experiment assisted the client in being aware and focusing her attention on the problem to be dealt with in the here-and-now.</p>	<ul style="list-style-type: none"> <li>- The therapist and client do a relaxation and awareness exercise.</li> </ul>
<p>Once the client is more relaxed, the therapist asks her if she can put something down on paper that represents the two boys. She draws a boy on each side of the page, one in blue, one in green (see annexure 9). The therapist checks with the client the feeling that she has whilst holding the green pencil. She says: “nice”. The client now holds the purple and the therapist asks her what feeling she gets from the purple pencil. She says: “A nice feeling.” The therapist asks the client if she can imagine both of the boys being here right now and telling one another of a girl each one likes. She says the one boy will say to the other boy that there’s a girl that he likes. The other boy will ask whether she is nice. The first boy will say yes. The other boy will ask whether she is Coloured and the first boy will say yes. The therapist asks the client if they can continue their conversation in this room</p>	<ul style="list-style-type: none"> <li>- The client projects the polarities with a view to integration.</li> <li>- The therapist explores client awareness.</li> <li>- The therapist engages the client in enactment in the here-and-now.</li> <li>- The client projects herself as likeable.</li> <li>- The therapist</li> </ul>

in the here-and-now. The second boy will be angry and say that it's his girl and "how can you do that to me?" The other boy will say "I also like her." The second boy will say "I still like her and wanna get to know her better as well." The first boy will say "So how does she feel about you?" The second boy says: "I think she likes me." The first boy says: "We have to go and speak to her and see who she likes."

The therapist tears the page in two so that each page has a boy on it and asks the client to imagine one of the boys knocking at the door, coming inside and sitting down. The therapist asks the client who came walking in. The client identifies the boy. The client chooses where to seat the boy and also who will talk first. The client has a conversation with the boy in which she tells him that she likes him, but that another boy also asked her out. She also tells him of her father, who didn't up to this point allow her to go out with boys. She says she doesn't want the boys to fight. She swaps chairs with the boy and she talks as the boy, saying the other boy is his friend. He also says that he was upset that the client hadn't told him of the situation with her dad, because he couldn't understand why she was keeping him waiting and did not go out with him, or answer him. He says she must now decide whether she likes him or the other boy. She changes chairs with the boy and the client responds by saying "I do like you better." She says she doesn't want to have this conversation with the other boy.

The therapist asks the client whether she feels that she has made a choice and how she feels. She says she has chosen and feels "scared, he will be upset. I will be a little hurt if he doesn't talk to me, but I will do it."

encourages the client to be in the moment in awareness.

- The client is subconsciously exploring alternatives.
- The clients gets choices to decide on.
- The client converses with the boy in the empty chair.

- The client exercises a choice and takes responsibility.

- The client's sense of self makes autonomous

<p>The therapist asks the client whether there is anything on her foreground that she wants to attend to right now. She draws a picture of her friends and says: "I prefer that I get the love and attention from my friends." She describes one of her friends as being like a mom and an older sister, her other friend as a sister and her other friend as a friend. The therapist asks the client how things are going with her family. The client says: "Same as usual. I'll have to tell them if I want to go out." The therapist asks the client what she will do or feel if her parents don't allow her to go out. She says she will "be a little upset". The therapist asks her what she will do when she gets a little upset. The client responds by saying "I'll think life is unfair." For purposes of demonstrating the easy flow of the conversation, quotation thereof takes place here.</p> <p>Therapist: "How do you feel thinking of that?"  Client: "Sad"  Therapist: "Where in your body do you feel the sadness?"  She points to her chest and throat.  Therapist: "What can you do with that feeling?"  Client: "I usually cry. I just imagine that things aren't the way they are. I'm alone when I'm at home. I never get to go out with my friends. If I have a picture of my friends I imagine that I am telling them everything. My one friend knows when I'm upset and phones. She gave me this ring."  Therapist: "How does the finger with the ring on feel? Can the finger talk to me?"  Client: "It's like being close to her. It gives me strength to</p>	<p>decisions difficult and she exhibits some confluence.</p> <ul style="list-style-type: none"> <li>- The therapist attends to the client's foreground.</li> <li>- The client projects retroflection as self-regulation.</li> <li>- The therapist encourages awareness and expression.</li> <li>- The client expresses life position content.</li> <li>- The therapist encourages awareness, emotional expression and dialogue in the moment.</li> <li>- The client uses dissociation to cope.</li> <li>- The therapist encourages projection and</li> </ul>
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<p>carry on.” The client refers back to our experiment with the rosebush technique.</p> <p>“I was thinking of why I’m lonely and my roots are shallow and weak. When I’m at home I’m lonely because I can’t talk to my parents.”</p> <p>Therapist: “Do you choose not to speak to your parents?”</p> <p>Client: “I can’t relate to my parents.”</p> <p>Therapist: “Can’t you, or won’t you?”</p> <p>Client: “I think won’t.”</p>	<p>awareness.</p> <ul style="list-style-type: none"> <li>- The client shuttles between present and past.</li> <li>- The client attends to unfinished business.</li> <li>- The therapist challenges the client’s lack of taking responsibility through semantic awareness.</li> </ul>
<p>The client tells the therapist of a job one of her teachers has offered her, but that she could not yet ask her dad, as he had other things on his mind and wasn’t paying attention to her.</p>	<ul style="list-style-type: none"> <li>- The client breaks contact. The I-Thou relationship permits that and the therapist attends to the client’s foreground.</li> </ul>
<p>The therapist asks the client to evaluate the session and the client says: “It’s helpful. It gives me someone to talk to and helps me understand things.” The therapist asks “Does it help you?” the client responds by saying “Yes.”</p>	<ul style="list-style-type: none"> <li>- The therapeutic relationship validates the client.</li> </ul>
<p>The client is never eager to leave therapy and starts telling the therapist of finding her aunt’s phone number, who helped raise her, but who she was forbidden to have contact with, on her mother’s cell phone. She phoned her aunt, they spoke and it was very nice.</p>	<ul style="list-style-type: none"> <li>- The client is also attending to unfinished business.</li> </ul>

<p>The therapist asks her how she can go and nurture herself to show herself that she is very important. The client says her granny and aunt had sent her a birthday card, saying “this is the year”. Her granny wrote how much she misses her. She will go and lay on her bed and “think of all the nice things about me. I enjoy coming here. It’s nice.”</p>	<ul style="list-style-type: none"> <li>- The client attends to nurturing herself as self-regulation.</li> <li>- The client’s life script is changing in that she starts perceiving nice things about herself.</li> </ul>
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### iii) ASSESSMENT

- THERAPEUTIC CONTACT

The client is available in making contact with pleasant and not so pleasant issues. She utilizes the therapeutic relationship to work with unfinished business. She engages in dialogue and contact with herself, the therapist and the environment.

- AWARENESS AND CONTACT

The client maintains high levels of awareness, although her self-regulatory mechanism needed for her to break contact on one occasion due to the painful contact with what she said. She retains eye contact and holds her knees with her arms as a method of grounding herself, of which she is aware. The client could identify a variety of feelings and also where the feelings were located in her body. A high level of trust and relationship is apparent.

- CONTROL

The client is becoming strong enough to be aware of making choices, even difficult ones, and assuming responsibility for her choices. She took responsibility for a part of the bad relationship between her and her parents for the first time. Her ability to nurture herself and environmental support allows her to have control in her life. She is slowly becoming a bit more self-supportive.

- UNFINISHED BUSINESS

Unfinished business that manifested during this session is: lack of a good family relationships, difficulty with choosing between two boys, once again the projection of herself in the rosebush technique as being lonely and having shallow roots and no thorns, a theme repeating itself from the previous session and still remaining on her foreground.

- EMPOWERMENT LEVEL

The client has a high level of awareness, but nonetheless makes use of contact boundary disturbances outside of therapy to assist in self-regulation. She is strong enough to identify and at some level deal with emotional pain. She maintains good relationships outside of her immediate family circle.

- SELF-NURTURING

The client has become aware of the value of self-nurturance. She has found various ways of empowering herself, especially allowing herself to feel good about herself and therefore believing that she is good enough to allow her to care for herself.

- EVALUATION OF THE SESSION

The client evaluated the session by stating that she finds the dialogue in the relationship valuable. The client experiences fear when she has to ask her dad permission for something – this relates to life script, she also anticipates rejection when making her own choices. The client thinks that whatever her priorities and needs are, they will not be as important as anybody else's issues, for example the situation of not discussing the possibility of a job with her father and not being allowed to contact the family who brought her up and to whom she feels closest.

Another life script issue is apparent in the client's thinking that a boy who asked her out was making a joke (she might just not be good enough to be asked out on a date). The therapist makes the assessment that the candidate retroreflects by allowing things not to go her way, for instance saying no to go out to a boy with whom she would really like to go out with, as well as retroreflects the desired love of and for family onto her friends. The client is more aware and starts to exercise choices and also accepts responsibility for

her life choices. In the client's projection of the boys talking she states that she is a nice girl – she starts to realize that! As part of who she is, she also states that she is Coloured and shows no embarrassment about it, thus accepting and assimilating ethnicity in her life.

The client still chooses fragmentation as coping method with her family in simply imagining that things are different from the way they are. The therapist confronted the linguistic choice of the client when she said she couldn't speak to or relate to her parents and she assumed full responsibility for not wanting to speak to them, rather. She is stronger and is starting to write new script into her life script when she chooses as nurturing to go and think about all the nice things about herself.

#### 3.3.4.5 Session 5

##### i) OBJECTIVES FOR THIS SESSION

- To continue building the relationship from a safety and trust establishment perspective.
- To empower the client, so that she can identify life problems and undesirable life script content and implement alternatives for her life problems.
- To deal with any foreground issues and unfinished business, to free the client's energy so that she can pay attention to tasks confronting her in the here-and-now.
- To create and maintain awareness in the here-and-now to assist in self-support and integration.

##### ii) CONTENT OF THE SESSION

<b>CONTENT</b>	<b>Gestalt Therapy concepts and life script content</b>
The client starts the session by stating that she is all right and was allowed to go out with her girl friends over the weekend.	- The client enters into dialogue with the therapist, describing her foreground.

<p>She says: "being given freedom makes me want to behave". The therapist writes that down to create greater emphasis for what she has said and to create greater awareness of her choice and responsibility taking (see annexure 10). The client goes further and says she wants to sign it and make it her personal declaration.</p>	<ul style="list-style-type: none"> <li>- The client is exercising choice and responsibility.</li> <li>- The therapist enacts the client's responsibility to create awareness.</li> </ul>
<p>The therapist continues by asking the client to make a picture of how she feels (see annexure 11). She reflects on the picture by saying that she feels very happy with her three friends.</p>	<ul style="list-style-type: none"> <li>- The client expresses her feelings.</li> </ul>
<p>The therapist asks the client's permission to start talking about the reason she was referred for therapy. She agrees.</p>	<ul style="list-style-type: none"> <li>- In the I-Thou relationship the client is respected and given choices.</li> </ul>
<p>The client becomes very emotional and tells the therapist that she first wants to tell her something else. She tells the therapist about herself running away from home when she was nine years old and how that was just an outcry to receive attention. Instead of investigating the problem, her parents said if people want their freedom, they must be released and asked her where else she wanted to go and live. She said she wanted to stay with them, but they wouldn't allow her, so she was sent to go and live with her grandmother and her aunt, who was very good to her and where she experienced lots of love. When her parents moved to another city three years later, they gave her no choice but to move with them and she just had to go.</p>	<ul style="list-style-type: none"> <li>- The client is aware and expresses emotion.</li> <li>- The client attends to her foreground.</li> <li>- The client manifests life script of not having choices.</li> </ul>

<p>At the age of fourteen she tried to commit suicide, but failed, as she started vomiting out the pills that she had taken. Her parents showed no concern, despite a general practitioner's recommendation to get treatment for her. By this time the client was talking through her tears.</p>	<ul style="list-style-type: none"> <li>- The client manifests life position – I'm not worth living.</li> <li>- Expression of emotion through crying.</li> </ul>
<p>The therapist responded empathically and asked the client whether she wanted to work with any of the issues she had just raised. The client decides to continue with the issue that was started with.</p>	<ul style="list-style-type: none"> <li>- The I-Thou relation is apparent.</li> <li>- The client takes responsibility for working through the unfinished business.</li> </ul>
<p>A breathing exercise is done to ground the client and therapist before moving on. To assist the client in understanding the feelings of the victim and to experience victim empathy, the therapist asks the client to think of the most traumatic incident of her life and to describe it. The client recalls a day when her aunt who helped raise her, was visiting the family and the aunt and the client's mother got involved in an argument, because the aunt was accusing the client's mother of harsh discipline practices and unfairness towards the client. The client's mother became angry and upset and wanted to hit the client for causing the fight. The aunt physically stopped her from hitting the client and the two older women started hitting one another. The client wanted to let them stop and in doing so, got swung into a piece of furniture and incurred an injury which left a mark on her face which she points out. The therapist asks the client about the feelings that this incident brought and she states "it was unexpected and I felt disbelief, shock, hurt, loss of a bond,</p>	<ul style="list-style-type: none"> <li>- Awareness and utilisation of breathing is exercised.</li> <li>- Therapist and client are in contact and dialogue.</li> <li>- The client's introject of being a trouble maker manifests.</li> </ul>

sadness, anger, helplessness and isolation.”

The therapist asks the client whether she realizes that these and others are the type of feelings that the victim of her offence was feeling. She states that she realizes it and has no doubt about it. She doesn't try to minimize anything that she has done.

The therapist asks the client whether she wants to explore further the traumatic incident that she just described and she says yes. She draws a picture (see annexure 12) of how she felt before and after her own physical abuse and distinguishes the respective feelings as “happy and sad”. She goes on to state that she initially did not want to forgive her mother, but that she will eventually forgive her. Continued empty chair work is done and the client tells her mother that she no longer thinks highly of her, is sometimes afraid of her, sees her faults more clearly, that she chooses not to talk to her mother as before, that she has no respect for her, that she no longer needs her praise, that she no longer wants her love and that there is no relationship between them. The therapist asks her if she can put her mother in the other chair and she simply refuses and says her mom will just deny the extent of what had happened, so she is not interested in hearing it. She feels content with what she has told her mom. The client appears deeply distressed and has cried a lot during this session.

A relaxation exercise is done to allow the client to not have to leave therapy feeling as wounded as she was. The client says she is always teased about her hair at home and that she is taking a conscious decision to comb her hair a lot and to do her hair nicely as self-nurturing.

- Therapist explores the client's awareness of the unfinished business and feelings.

- The client accepts responsibility for her actions.

- The client is prompted towards awareness.

- The client conducts dialogue in the empty chair with her mother, during which she expresses herself without confluence.

- The client is aware.

- Relaxation is done as self-regulation.

- The client manifests a life position of not being

	<p>good enough the way she is.</p> <p>- The client's sense of self is strong enough to make the difficult choice of pampering herself and extending it to self-nurturance and self-regulation.</p>
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### iii) ASSESSMENT

- THERAPEUTIC CONTACT

The client experiences sufficient trust in the relationship to prompt issues for discussion, but is also strong enough that she doesn't seek continuous confluence and can say no when the therapist suggests an activity which she does not want to engage in. The client felt safe enough in the therapeutic contact to tell the therapist about issues extending the parameters of what she was initially brought into therapy for.

- AWARENESS AND CONTACT

The client is very aware of her own affect and makes contact with her own pain without interrupting the contact, thereby working through it. The client's body reflects and is coherent with the emotions that she shares with the therapist.

- CONTROL

The client is strong enough to make choices, even difficult ones and assuming responsibility for her choices and even if choosing might bring about confrontation. She, thus, displays very little confluence and decides to fight for her own survival. She retains control and self-regulation through being in a contactful relationship with her three school friends. The client has become sufficiently self-supportive in expressing her feelings as well as things that she rejects and also expresses her own wishes and needs. In deciding that she has no respect for her mother left and in choosing not to communicate with her, she regains her control over this issue in her life. The client's



acceptance of responsibility is a clear sign of her feeling of control over her life. All of the issues mentioned here, suggests that the client is now in the explosive layer of neurosis, moving into the implosive layer.

- UNFINISHED BUSINESS

The client became aware of unfinished business with her mother for physically abusing her, her running away from home, her being taken away from the family that she loved without any choice at a time when she was happy, her suicide attempt and her feelings of guilt about abusing her sister.

- EMPOWERMENT LEVEL

The client is strong enough to face a lot of her unfinished situations in the here-and-now and to work through them. Her awareness, contact with friends and in the therapeutic encounter and her ability to nurture herself may have assisted in her stronger sense of self and good level of feeling empowered.

- SELF-NURTURING

The client is aware of the value of self-nurturance and finds herself worthy of receiving nurturance. She feels strong enough in herself to do something that she was always afraid of doing for herself, without feeling guilty and without interrupting the contact or the joy that the activity brings to her and also confronting a life script issue in the process.

- EVALUATION OF THE SESSION

The client is re-writing her life script in that she assumes responsibility and regards herself as worthy of being granted a degree of freedom. She is now an active participant in the relationship between herself and her parents, rather than passively introjecting, being in confluence and retrojecting. The value of the therapeutic relationship is manifested in the level of trust the client portrays when she goes about telling the therapist of the components contributing to her life script.

The lack of parental care and love as portrayed in her parents sending her away when she ran away and in not responding with sufficient care when she attempted suicide

clearly has had an impact on her life script and feeling that she has no choices in life. Therefore the taking of decisions and acceptance of responsibility to the extent that it took place during this session, is a clear indicator of a stronger sense of self and components of life script being re-written. The client's parents' notion that she **must** be released after having run away, also brought the topdog / underdog polarity into her life script, pertaining to the things that one must avoid doing in order to prevent rejection. It is clear from literature regarding life script that a person who attempts suicide holds an undesirable life script. The client was strong enough to contain her painful emotions and deal with them.

The client managed to re-write her relationship with her mother, which previously existed as unfinished business in unawareness. She also re-wrote bodily perception in terms of not introjecting her family's comments about her ugly hair, dark skin and purple gums, but to confront it head-on to the extent that she was prepared to use the confrontation as nurturing, because she is now able to handle the confrontation, because she is OK with her hair and OK with her.

#### 3.3.4.6 Session 6

##### i) OBJECTIVES FOR THIS SESSION

- To continue building on the already existing trust in the relationship in order to deal with any further disclosures in a safe environment.
- To place strong emphasis on respect and the I-Thou nature of the relationship so that, after the self-disclosure, shame does not need to be a consequence.
- To empower the client so that she can continue establishing self-support.
- To maintain awareness with the emphasis on the client's ability to choose and take responsibility for her choices.

## ii) CONTENT OF THE SESSION

CONTENT	Gestalt Therapy concepts and life script content
<p>The client starts the session by stating that she is all right. She tells the therapist about confiding in one of her friends, who have been sexually abused by her own brother, about her abuse of her sister. She says that her friend initially could not believe it and then was very angry and asked her how she could have done it. Her friend explained how she felt about her own abuse, the client expressed understanding and stated to the therapist that she could and would never do it again.</p> <p>The therapist asks the client to choose a colour to indicate how she is feeling in this moment (see annexure 13). She colours the whole page pink. The therapist asks "Does this colour have a name?" The client responds by saying "Fine." Therapist: "Where does the colour sit in your body?" Client: "In my heart." Therapist: "I now want you to use a colour that's not OK." The client says: "The not OK also sits in my heart." The therapist asks the client whether there is anything any one of the colours wants to do. The client responds by saying "I would like to hold on to OK." Therapist: "Is there anything OK would like to do?" Client: "Yes, to throw not OK." The therapist encourages the client to throw "not OK" and she makes little attempt to do it. The therapist encourages the client to throw not OK if that is what she really wants to do. She goes and picks up not OK and throws it hard. The therapist asks the client if she wants to do it again and tell it something as she throws it. She throws it hard again and says: "Stay away!"</p>	<ul style="list-style-type: none"> <li>- The client engages in dialogue and reflects on her feeling OK.</li> <li>- The client is experimenting with not being confluent in re-writing life script.</li> <li>- The therapist explores the client's feelings and awareness in the here-and-now.</li> <li>- The client expresses herself.</li> <li>- The therapist experiments with polarities with the client.</li> <li>- The client is projecting her need to be OK.</li> <li>- The client uses enactment as expression.</li> <li>- The therapist uses exaggeration to aid awareness.</li> </ul>

<p>The therapist asks the client if they can just relax together and breathe deeply for a few minutes. The therapist asks the client whether the OK feeling is sometimes under threat. The client responds with a "Yes." The therapist asks the client who this feeling's friends are. She picks up a blue crayon and calls it "trust". The therapist asks the client "What do you want to do with trust right now?" The client responds by saying "Nothing." The therapist asks the client "Does OK want trust to do anything?" The client responds by saying "It wants trust and fun to stand by it" (she takes a green pencil too).</p> <p>Therapist: "Is there anything else they want to do?"</p> <p>Client: "All comfortable. Not OK is gone." Therapist: "What can these colours do to be strong and stay together against not OK?"</p> <p>Client: "Be there for each other."</p> <p>Therapist: "Does not OK have a name?"</p> <p>Client: "Family."</p> <p>The client starts telling about a recent incident where her dad got angry with the kids and threw her on the staircase and throttled her brother. She shows the therapist the marks on</p>	<ul style="list-style-type: none"> <li>- The client exercises a choice to re-write her life script.</li> <li>- Relaxation is done to assist self-regulation.</li> <li>- The client is made aware.</li> <li>- The therapist experiments with empowering the client and assisting her sense of self in the re-writing process.</li> <li>- The client makes a choice in awareness.</li> <li>- The client has re-written "<i>not OK</i>" out of her script in the here-and-now.</li> <li>- The client projects the feeling of not OK onto her family, constituting a life script origin issue.</li> </ul>
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<p>her face. She says her mother is not protecting her and “feels it is not her problem.” The therapist asks the client what causes her to say her mom is not protecting her. The client responds “She doesn’t care about me.” The therapist lets the client tell the incident in the here-and-now and let her address her father about the way he handled her. She says: “It’s hard when you always say it’s my fault.” The therapist asks the client where this leaves her and she responds “I just want to cry.”</p>	<ul style="list-style-type: none"> <li>- The client manifests life script of rejection.</li> <li>- The client displays awareness.</li> <li>- The therapist encourages awareness in the here-and-now.</li> <li>- The client manages to regulate herself without using confluence.</li> <li>- The client is fully aware.</li> </ul>
<p>The therapist checks whether there is anything the client can do for herself right now. She talks with her father again. “Sometimes I say it doesn’t matter, but what about the other times? You call me black, you call me purple gums, you call me Indian, but my brother is actually darker than me, so it’s funny. I don’t have a problem with my colour. My sister says I’m ugly. Mommy is the same colour as me and she says she’s not, but she is. I actually like my hair and I want it to curl, I don’t want it straight.”</p>	<ul style="list-style-type: none"> <li>- The client concludes her unfinished business.</li> <li>- The client accepts herself fully.</li> <li>- The client re-writes life script pertaining to physical appearance.</li> </ul>
<p>The client stops and changes from being angry and starts laughing. The therapist asks her what that’s about. “I didn’t think I could say that.”</p>	<ul style="list-style-type: none"> <li>- The client is re-writing life script and is aware of it.</li> </ul>
<p>The therapist asks the client how she feels about doing something that may be difficult now and she says it’s fine. The therapist asks the client whether she feels ready to write</p>	<ul style="list-style-type: none"> <li>- The client exercises choice.</li> </ul>

<p>an apology to her victim in order to understand her regret and to make amends as part of her own healing process. It will not be given to the person. The client agrees (see annexure 14). The fact that she didn't minimize what she had done or distorted it in any manner was discussed. The therapist asks the client if there's anything she'd still like to do. She says she wants to make amends and apologise in person. It is agreed that, as soon as the victim feels ready, an apology will be made.</p> <p>The client chooses to nurture herself by doing her hair.</p>	<ul style="list-style-type: none"> <li>- The client takes full responsibility.</li> <li>- The client exercises choice.</li>   <li>- The client nurtures herself.</li> </ul>
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### iii) ASSESSMENT

- THERAPEUTIC CONTACT

The client seems to just tell the therapist anything at this stage and at this point also discloses her father's physical abuse of all of the children. She feels safe in the therapeutic environment and maintains awareness.

- AWARENESS AND CONTACT

The client is very aware of her emotions from moment to moment and manages well to handle feelings in the here-and-now, instead of utilizing contact boundary disturbances. She maintains uninterrupted contact with herself, the therapist and the environment.

- CONTROL

The client manages to say things that she never previously thought she would be able to. Her sense of self is strong and she has stopped just accepting what others are telling her about herself. The client also makes choices in therapy about what she wants to and don't want to do. The client seems to have assimilated the abuse and does not feel the need to hide it anymore. She is, thus, strong enough to address topdog / underdog issues relative to her needs for organismic regulation in a contactful manner.

- UNFINISHED BUSINESS

The client portrays unfinished business with her offence, her mother's unavailability to care for her, her physical abuse by her father and her life script pertaining to issues of her physical appearance.

- EMPOWERMENT LEVEL

The client is strong enough to face a lot of her unfinished situations in the here-and-now and to work through them. The client's confrontation of her father in the empty chair and her disclosure to her friend of her offence, are particularly valuable to indicate the level of life script re-writing that has taken place.

- SELF-NURTURING

The client chooses her nurturing and takes responsibility for her nurturing and the results thereof.

- EVALUATION OF THE SESSION

The client displays more challenging behaviour and her sense of self seems much stronger than before to the extent that she goes into an open confrontation with her father with the potential of him retaliating, but nonetheless, continues and feels proud of herself for doing so. She takes full responsibility for her offence and states that she will never do it again. She projects in the colours her choice to hold on to the feeling of OK and to throw away and tell the feeling of not OK to stay away.

#### 3.3.4.7 Session 7

i) OBJECTIVES FOR THIS SESSION

- To empower the client to execute her choices and to take responsibility.
- To maintain high levels of awareness, as awareness contra-indicates undesirable life script.
- To start to evaluate therapy in order to start working towards termination.

## ii) CONTENT OF THE SESSION

<b>CONTENT</b>	<b>Gestalt Therapy concepts and life script content</b>
<p>The therapist starts the session by asking the client whether she would like to explore the variety of relationships she has. She writes down the names of all the men and boys with whom she has any relationship, either good or bad and does the same with all the women and girls in pen. The therapist encourages the client to colour each name with a crayon. She colours all the boys in blue and all the men in red. She colours the women in pink and green and the girls in dark pink, green and orange. The therapist asks the client to, on a different page, scratch with all the colours she likes on one side and all the colours she doesn't like on the other side. She doesn't like brown and black and likes green and pink and only likes blue and orange a bit. The client does not wish to address any particular man individually and collectively says: "You all played an important role in my life. You were the only men who were really in my life."</p> <p>Going onto the women, the client individually addresses her aunt (coloured in green) and says: "You've been there every time. I love you and you love me. You got beat for me. You are the one person who always fought for me." She addresses the other women coloured in green collectively (granny, great-granny, aunt, great-aunt and teacher) by saying "You were always around for me when Mom and Dad wasn't. Teacher led me to Christ, aunty was proud of me and all of you never said anything bad about me." She says of</p>	<ul style="list-style-type: none"> <li>- The therapist introduces an experiment.</li> <li>- The client's awareness regarding her contact with people in relations are explored.</li> <li>- The client is aware of the expression of feelings through colour.</li> <li>- The therapist explores polarities with the client.</li> <li>- The client exercises choice.</li> <li>- The client expresses herself.</li> <li>- The client engages in dialogue.</li> <li>- The client is aware of a relationship supporting desirable life position.</li> </ul>



<p>the other women (great-aunts, aunts, family friends, teachers and father's cousin): "You were also important, but not like the others."</p> <p>The therapist asks the client to note that she has excluded her mom from the women on her list. She laughs and says: "I never thought of her. I may be on her list as a bad person, but she's not on my list. She's not on my list at all."</p> <p>Therapist: "Do you care if you are on her list as a bad person?"</p> <p>Client: "I'm a good person. I'm a good person."</p> <p>The client addresses all the boys (friends, brother, boyfriends and a cousin) collectively by saying "You guys taught me about boyfriends and the ones I had as boyfriends are stuck in my mind. Some of you made me aware of my mistakes and the others just made me laugh." When talking about the girls, she simply chooses to say who her best friends are and also to say "my mom's jealousy irritates me" and she relates that to her mom being envious of her relationships.</p> <p>The session is ended by the client confirming that she realizes she has a lot of people in her life that she cares for and who cares for her.</p> <p>The client will, to nurture herself, send her aunt a message to tell her how much she means to her.</p>	<ul style="list-style-type: none"> <li>- The therapist prompts awareness.</li> <li>- The client's sense of self is strong enough to laugh about an undesirable life script issue.</li> <li>- The client has re-written her life script and stops being overly confluent.</li> <li>- The client exercises choice.</li> <li>- The client is aware of good relationships in her life.</li> <li>- The client practices self-nurturing.</li> </ul>
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### iii) ASSESSMENT

- THERAPEUTIC CONTACT

The client is at a stage where she simply enjoys the therapeutic contact and feels that she is understood and has nothing to hide. She feels safe in the relationship.

- AWARENESS AND CONTACT

The client is very aware of her emotions. It was a good experiment to indicate to her how many other people are available to her in the absence of especially her mother wanting to love her, protect her and care for her in ways that she chooses for contact. She has become open to contact.

- CONTROL

The client can contain her emotions and have assimilated a lot of previously unfinished business. She has sufficient control over her life to make choices and take responsibility and created means of satisfying her needs without disturbing contact with self or others.

- UNFINISHED BUSINESS

The dialogue made it clear that the client has completed the incomplete Gestalten, which she previously carried as unfinished business and is now ready and has the energy available to attend to day-to-day living.

- EMPOWERMENT LEVEL

The client knows exactly how she feels and what she needs from herself, others and the environment and is thriving in her ability to make choices and apply her own mind.

- SELF-NURTURING

The client is at a level where she has the ability to choose relevant nurturing activities to attend to her needs for self-regulation.

- EVALUATION OF THE SESSION

The client seems comfortable in her world and understands the components of her life. She manages to integrate polarities and to have healthy, uninterrupted contact in the here-and-now. The need for excessive use of contact boundary disturbances has subsided and the client experiences a good self-image and good interpersonal

relationships. She takes full responsibility for her life and its consequences as well as for her choices.

### 3.3.4.8 Session 8

#### i) OBJECTIVES FOR THIS SESSION

- To evaluate therapy to assess whether life script has indeed been re-written and to prepare for termination.
- To attend to foreground issues and any remaining unfinished business.

#### ii) CONTENT OF THE SESSION

<b>CONTENT</b>	<b>Gestalt Therapy concepts and life script content</b>
<p>The therapist asked the client whether they could talk about therapy and she agreed. As one of the objectives of this research included how Gestalt Therapy can be utilized to re-write life script, a quotation of parts of the conversation is done. The therapist asked the client if she ever attended therapy before, upon which the client answered “No.” The therapist asked the client what she was thinking of therapy when she started. The client stated “Uhm, I didn’t want to like come to therapy, ‘cause in my mind I had done something that I didn’t feel like comin’ to talk about to somebody, ‘cause I’d think that it is somebody being paid to listen to me so like they’re not really gonna listen to me.” The therapist asked the client what her life was like at the time she started with therapy. The client responded by saying: “It was bad. I had low self-esteem and was blaming myself. I saw myself as like a frail person, different from everybody else and everybody else was better than me.”</p>	<p>- The therapist engages in evaluating therapy with the client.</p> <p>- The client remains contained whilst expressing a bad time in her life and undesirable life script.</p>

<p>The therapist asked the client what coming to therapy meant for her, having her assumptions about therapy when she started coming and how she felt about therapy now. The client said “I was wrong, ‘cause I feel that you are actually listening to me and you’re doing it for the reason that you wanna help.” The therapist asked if the client feels that her life from the time that she started is different at this point in time. The client responds “I’m not bad like I used to think and I am actually OK. I am normal.” The therapist asks how that makes her world feel like. The client says: “It gives me more confidence and more sharpness.”</p>	<ul style="list-style-type: none"> <li>- The client is aware of the importance of the relationship.</li> <li>- The client manifests her re-written life script.</li> </ul>
<p>The therapist asks the client what changed in her life on a day-to-day basis, either in the way she thinks about herself or the way she feels when she gets up in the morning and in the way she interacts with others. The client says: “I saw like everything else in a different light and I wasn’t so eager to please people ‘cause I wanted to be loved and I started to think of myself only.” The therapist empowers the client by saying “Cause you are important.” The client responds by saying “Because I don’t want to spend the rest of my life trying to get somebody to love me if they didn’t, ‘cause it wasn’t important to anyone.”</p>	<ul style="list-style-type: none"> <li>- The client is aware of herself engaging less in contact boundary disturbance.</li> </ul>
<p>The therapist explores with the client whether she has any idea where the feelings and thinking that she was not as good as others came from. The client says: “From our parents not giving me the love I wanted and not treating me like their child.” The therapist maintains the client’s awareness and contact by asking her how that made her feel. The client remains in contact and states “It made me feel like I wasn’t supposed to be here. I’ve been thinking maybe I was adopted, maybe that would explain why my</p>	<ul style="list-style-type: none"> <li>- The therapist and client engage in dialogue to explore the origins of the undesirable life script.</li> <li>- The client’s awareness is focused.</li> </ul>

<p>mother didn't love me, 'cause there was no reason. I did everything to try and please her, good in my marks, behaved, that was not good enough." The therapist tries to keep the client in the here-and-now and asks her how talking about that feels at this moment. The client says: "I'm OK with it, because before it used to be a big part of my life, but it isn't."</p>	<ul style="list-style-type: none"> <li>- The client maintains uninterrupted contact.</li> <li>- The therapist prompts the client to remain in the here-and-now.</li> </ul>
<p>The therapist explores the client's growth by asking whether she has moved on in her life and the client agrees. The client tells the therapist about her, her mother and sister being sick, them being taken to a doctor by car, but she had to catch a bus and go to a provincial hospital all by herself and sit and wait to be attended to for six hours. "I felt so useless, like they don't care about me which is true to such an extent. That's what I don't get with my mother. When my sister gets sick, she is running. When anything happens with my sister, she is running. She would have gone and sit with my sister in hospital if she was sick and me, she doesn't. I have to go by myself."</p>	<ul style="list-style-type: none"> <li>- Re-writing manifests itself.</li> <li>- The client engages in contact and dialogue.</li> </ul>
<p>The therapist works with the client's awareness and asks her how she is feeling at this moment. The client says that she is "angry". The therapist suggests empty chair work by asking the client what she would want to tell her mother if she was here right now. The client, responding to the empty chair, says: "Why don't you care about me?" The therapist asks the client what her mother says. The client moves out of the here-and-now and says: "She'll just deny it. She'll just say ...". The therapist attempts to bring the client back to the here-and-now by saying "What does she say?" The client partakes in the empty chair again and says: "I do care about you. You</p>	<ul style="list-style-type: none"> <li>- The client is aware.</li> <li>- The client explores her emotions.</li> <li>- The client has a dialogue with her mother in the empty chair.</li> <li>- The client breaks contact.</li> <li>- The therapist brings her back to</li> </ul>

<p>and your brother are just always ungrateful and I don't know where you get this from."</p> <p>Therapist: "What do you say?"</p> <p>Client: "All my life you treated me like I'm not important to you and I don't understand why you don't have any love for me. I'm your firstborn child, you're supposed to love me as your child and I don't understand why you don't. I feel so angry".</p> <p>Therapist: "Is there anything you would like to do with that anger?"</p> <p>Client: "It's 'cause it's just ... it's good for me to be angry, because before I used to be angry and then I try and please them so that they could love me and now I don't care. My parents have been asking me what's wrong with me and everything 'cause I have changed. I'm no more the person who's at their beck and call now I'm not so eager to please them and they noticed it. I don't sit back and let them tell me all this nonsense. I like speak back, my father gets angry with me and so does my mother and I said to my mother the other night I should not care about my schoolwork, I should fail, I should not do my chores, I shouldn't do this, I shouldn't do that and I'd see what you get, 'cause I'm the one whenever they need something to be found in the house, (client's name). If they need something, (client's name). If my sister needs anything, (client's name). (client's name) everything and now they treat me like that. Before I used to do it, because I thought it would please them, but now I don't care. I don't do it anymore."</p> <p>Therapist: "What do you do with your anger?"</p> <p>Client: "It keeps me from being that person who was eager to please everyone, it's not gonna hurt anybody."</p> <p>The client tells the therapist about an argument she and her</p>	<p>awareness.</p> <ul style="list-style-type: none"> <li>- The client continues the dialogue in the here-and-now.</li> <li>- An old life script issue emerges.</li> <li>- The client is in contact with her emotion and is not using contact boundary disturbances while she is regulating herself.</li> <li>- The client has integrated the topdog / underdog polarities through conscious choice.</li> <li>- The client has re-written her life script.</li> <li>- The client exercises choice.</li> </ul>
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mother had about her liking a dark Coloured boy.

The therapist asks the client what her big challenges in her life and in therapy for the next month are. The client says: "In therapy, nothing. It's going fine. But in life I'm still a bit like that old person sometimes, so I want to be more independent and more worried about myself." The therapist asks an existential question to the client to see how she relates to the theory of change as proposed in Gestalt Therapy: "Do you wanna change to something you're not?"

Client: "No, I want to change to what I am, because at school I have a different personality. I told my father I wanna be the same person at school and at home. I don't wanna act, not pretend." The therapist asks the client what it is that she pretends to be at home. The client says she pretends that she doesn't like boys, that she's not loud, that she's not interested in her hair and getting dressed up and she acts like a little child, is closed up and doesn't talk to anybody. She says the latter part is not going to change much, because she's not going to talk to her parents because she doesn't care anymore, but she still wants to act more like who she is. The therapist asks the client what causes her to act in a way that is not her and the client says that it makes her parents think that she is a good child and that she is not like they think she is. The therapist asks the client whether her parents' attitude bothers her. The client says: "Not at all, 'cause if they can't see, if they think so it's their problem."

The therapist discusses with the client what was achieved in

- The therapist explores the theory of change with the client.

- The client explores a polarity in her life.

- The therapist explores the client's awareness.

- The client exercises a choice.

- The therapist explores the client's boundary disturbances.

- The client regulates her boundaries better and only takes responsibility for her self.

<p>therapy. The session ends with the client choosing reading her granny's card as nurturing.</p> <p>Asking about her feelings regarding termination, the client says: "I have had it in my mind. It's understandable that you won't always be there, but you were like a friend that's there who I could talk to when I needed, so nothing is really upsetting."</p>	<p>- The client chooses a way to nurture herself.</p> <p>- The client experienced the relationship as an I-Thou relationship.</p>
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### iii) ASSESSMENT

- THERAPEUTIC CONTACT

The client is open and available and allows her self to contact and be contacted. She displays healthy self-regulation.

- AWARENESS AND CONTACT

The client is aware of her self and others, but is utilizing good boundaries to allow good things to come into her system and bad things to go out.

- CONTROL

The client is strong as manifested in self-expression, making choices, whether popular or not and assuming responsibility for her life. The client does not blame her parents so much anymore, but has decided on the direction she wants her life to go.

- UNFINISHED BUSINESS

No unfinished business is apparent. The client may always hope that her mother will love her some day, but she has found sufficient ways to cope without receiving the denied love.

- EMPOWERMENT LEVEL

The client is independent and is functioning on a level of self-support, rather than environmental support. She is, thus, strong and has freed up energy to live her life.



- **SELF-NURTURING**

The client is at a level where she has the ability to choose relevant nurturing activities to attend to her needs for self-regulation.

- **EVALUATION OF THE SESSION**

The therapeutic relationship is confirmed to be of paramount importance in this session. The client is very honest with the therapist, rather than confluent, when she honestly expresses her initial doubts about therapy – being honest instead of confluent is part of the client’s re-writing her life script. The client evaluated what her life was like when she started therapy, in which response she captured the essence of her life position as it was prior to therapy. The client used the word “OK” in relation to herself now. The client is making conscious decisions about her family instead of just accepting what they impose onto her – she sets boundaries, is less confluent and has less introjects and retroflection. Her family treating her badly is not projected by her any more as thinking that she is bad. The client is clear about the origins of her undesirable life script. The client utilized this session to explore at a very deep level who she is, despite her negative experiences in the world and particularly with her family. The client is strong enough to forcefully confront her mother, instead of falling back into her old pattern of philosophizing about her mother’s behaviour and she calls her mother to accountability.

### 3.3.4.9 Session 9

i) **OBJECTIVES FOR THIS SESSION**

- To evaluate therapy in terms of therapeutic gains of the client and to terminate therapy.
- To attend to any unresolved foreground issues in order to determine whether all unfinished business has been resolved.

ii) **CONTENT OF THE SESSION**

<b>CONTENT</b>	<b>Gestalt Therapy concepts and life script content</b>
The client utilizes the time to tell the therapist how it is going at school and also about fights at home about chores. She	- The therapist and client engage in

<p>concludes by saying that when she goes away to study “there’s gonna be a time for my mother to see my importance in the family.” The client continues to compare other families and the roles mothers in those families play to the role that she, instead of her mother, is playing in their house. She continues by talking about her future studies and moving out of the house. She says: “there are two women who made me who I am – gran and my aunty, not my mom. She hadn’t done anything. She sent me away without asking what was wrong. My mother says I will destroy the family.” The therapist challenges the statement and the client says: “I didn’t do anything. Like me, things don’t bother me so much anymore and I have changed my whole look on life.” She talks about how bratty her sister is and how her naughtiness gets blamed on the client for abusing her.</p>	<p>dialogue and attend to foreground.</p>
<p>The client suddenly expresses that she feels angry. The therapist lets her role-play the anger with a doll. The client hits the doll and says: “The way I would smack her she wouldn’t be able to get up. I’ll actually punch her. She’ll be on the floor by now screaming her heart out.” The therapist asks her where the anger is now. The client says: “It’s gone.”</p>	<p>- The client challenges her previous life script of being rejected as a trouble- maker.</p>
<p>The client tells the therapist about an incident where her sister fell into the springs of a trampoline and was hit by a swing on the same day. The client said: “I was jumping with my back to mom so I could laugh” in response to her sister’s accidents.</p>	<p>- The client is emotionally aware and expressive. - The therapist engages the client in role-play as an experiment. - The client managed healthy self-regulation.</p>
<p>The therapist asks the client who she allows to inflict pain on</p>	<p>- The therapist</p>

<p>her the most. The client says: “My mother, I think, ‘cause after everything I still have love for her. I was looking for something but I didn’t know what when I was running away.”</p>	<p>explores the strength of the client’s re-written life script.</p>
<p>The therapist asks the client if they could talk about something else too – whether she has recurring dreams and she states: “Not now. Before I used to have dreams. Before I started with therapy and at the time I ran away. I don’t dream anymore, because I have someone to talk to.”</p>	<ul style="list-style-type: none"> <li>- The client is aware of her love for her mother.</li> <li>- The therapist explores any other unfinished business.</li> <li>- The client reflects on the value of the relationship.</li> </ul>
<p>The client’s asthma is also explored, which she puts in the empty chair and says: “I wish you could go.”</p>	<ul style="list-style-type: none"> <li>- The client explores her feelings surrounding her medical condition.</li> </ul>
<p>The therapist prompts the client not to live too much in her future planning, but also to be available in the moment. She says one way she can do that is through her self-support. She says she’s going to soak herself in a bath as self-nurturing.</p>	<ul style="list-style-type: none"> <li>- The therapist urges here-and-now living for the client.</li> <li>- The client is creatively taking care of her own support and nurturance.</li> </ul>
<p>The client asked her sister forgiveness in this session, in the presence of the therapist and another therapist taking care of her sister. The client said she would not have been able to be open and honest to her sister in the presence of her parents and they were therefore not allowed into the apology</p>	<ul style="list-style-type: none"> <li>- The client is taking responsibility, but sets boundaries as</li> </ul>

event. The client also indicated that she does not wish to apologise to her parents for what had happened, but only to her sister.	well.
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### iii) ASSESSMENT

- THERAPEUTIC CONTACT

The client is at a level where she comfortably talks to the therapist about all possible topics. There is a good, respectful and trusting relationship between the client and the therapist.

- AWARENESS AND CONTACT

The client is aware of her self and others, but is utilizing good boundaries in exercising choices and has a good understanding of what she is responsible for and what not.

- CONTROL

The client by now knows her needs and how to gratify them in a healthy manner. Her ability to nurture herself is very valuable in giving her the notion of being important and therefore having the ability to control her life in a way that allows for healthy contact and self-regulation.

- UNFINISHED BUSINESS

No unfinished business is apparent in the client during this session. The client may always hope that her mother will love her some day, but she has found sufficient ways to cope without receiving the denied love. She has grown to the extent that she chooses to still love her mother even if her mother chooses not to love her, which portrays a high level of self-support.

- EMPOWERMENT LEVEL

The client is very independent and is functioning on a level of self-support, rather than environmental support.

- **SELF-NURTURING**

The client is at a level where she has the ability to choose relevant nurturing activities to attend to her needs for self-regulation and to empower herself and affirm her worthiness as a person.

- **EVALUATION OF THE SESSION**

The therapist attempted to deal with any unfinished business that might still be unresolved. It seems as though the client's awareness of her life, integration of polarities, making choices and accepting responsibility for the results of her choices and her ability to contact and be in healthy self-regulation, all has cooperated in assisting the client to achieve a strong sense of self. Her sense of self provides her with the ability to re-write all the untruths about her contained in her life script, eventuating in the client accepting a new life position which is more desirable than the one held in the past and her re-writing her life script.

### **3.4 Summary and Literature Control**

The goal of this study was to determine how utilising Gestalt Therapy could create awareness of undesirable life script and life position and assist in re-writing life script. Undesirable life script, life position, re-writing life script, utilising Gestalt Therapy as tool for re-writing and life script analysis are discussed in the following paragraphs. The information gathered pertaining to each of the mentioned aspects was controlled with existing literature.

#### **3.4.1 Life Position**

The client, prior to therapy, held a life position of "*I'm not OK, you're OK*", verified by her attempted suicide as described in Session 5, the client describing herself in session 3 as a single rose, isolated, with no thorns and shallow and weak roots and describing herself in session 8 as a person who used to have low self-esteem and regarded everyone as better than her, never feeling that she was doing good enough and felt useless. Thompson (2003: 215) elaborates on this life position as follows: Position of dependence on other people to develop and maintain a feeling of being OK. When

people holding this life position compare themselves to others, they often feel less than others, weak and without the ability to do things that other people can do, powerless and suffering from a strong feeling of not feeling OK. James and Jongeward (1971: 37) describe this position as leading to people withdrawing, experiencing depression and even becoming suicidal.

### 3.4.2 Life Script

The client regards her parents' not giving her the love she wanted and not treating her as their child, as explained in session 8, as the reason for her holding a life position of believing that others are OK and she is not OK and being the origin of her life script. The book of her life script reads as follows as interpreted by the therapist:

**Session 1:** I have no choice than to leave my parents' home after running away, I am not allowed to continue living with them, I am materialistic for wanting to go and stay by granny who is better off; I am not worthy of getting mom and dad's love; I am not worthy of being noticed, because they don't notice me, even if I run away; no boy could ever like me as the boy who asked me out on a date never arrived – people don't care about me.

**Session 2:** My mother stopped loving me long ago; I'm not welcome in the family, therefore I hide from visitors and they hide their children from me; even if nobody fends for me, I will fend for my friends; I never do good enough; mom says I'm not pretty and I don't look like her; I am sly; I have no right to privacy.

**Session 3:** I am isolated in my family; I have no thorns and have shallow and weak roots; I was moved without having a choice from a happy home to an unhappy home – I don't have choices.

**Session 4:** I am afraid to ask for what I want – I am not worthy of receiving; boys asking me out must be joking – nobody could like me; if I do something somebody else doesn't like, there will be disastrous results – I am scared to make decisions; if my parents are not prepared to receive my love, I will give it to someone else – I'm not worthy of receiving love from my parents or giving them love; I am not a priority in dad's life, other

things take preference; I am not allowed to contact my aunt who loves me and whom I love – I am not allowed to give or receive love.

**Session 5:** My parents care about me so little, they don't even intervene to save my life – maybe I should be dead; my hair is ugly.

**Session 6:** My mother does not see the need to protect me from harm and says it's not her business – I'm not her business.

**Session 7:** I exist on my mother's list of people in her life as a bad person. Moursund and Erskine (2004: 39, 50) relate to the above information and state that scripts originate in correlation with the way in which we experience needs and how the needs are met. When a child is unsuccessful in attempts to satisfy relational needs, when those needs are not sufficiently addressed in a caring manner, the child can easily develop a life script containing the message that her attempts at satisfaction and even her needs itself, are unacceptable. The child's life script then determines that her feelings, needs and thoughts must be rejected and that she is left without choices in life. Simultaneously, the child is introjecting other people's beliefs about herself (things like "I am sly" or "I ask for too much"), about others ("they don't care about me") and the quality of life ("things usually turn out badly").

### 3.4.3 Life Script Analysis

Stewart (1996: 9) mentions messages that come up constantly in life script analysis, of which the following could be identified in this research: don't exist, don't be you, don't grow up, don't succeed, don't do anything, don't be important, don't belong, don't be close, don't be well, in relation to the life script as identified in 3.4.2. Thompson, Rudolph and Henderson (2004: 271) also emphasise themes that recur in a life script and which manifests in this research as themes of victim, failing, blaming, not being worthy of love, also related to the life script content explained in 3.4.2 above. Sapp and Charles (2004: 188, 189) conclude that life script analysis allows clients to understand their life positions. Mackewn (1997: 188) is of opinion that life themes consist in relation to a person's fixed beliefs, attitudes and behaviours that are part of their character structure. Life themes exist of a complex system of interrelated patterns of retroflection-

introjection-projection where one belief, attitude or behaviour sustains another and the whole system interfaces with a person's ability to express him self or herself, take action or make contact in a way suited to the here-and-now. This is perfectly true for the client in this research.

#### 3.4.4 Life Script from a Developmental Perspective

Briggs (2002: 63) states that ethnic identity makes an important contribution to the total identity formation of the teenager. Ethnic identity manifested in sessions 2, 4, 5, 6 and 8, where the client was initially teased about her skin colour, hair and gums, but she eventually reached a stage where she integrated those issues into her self.

Dartington (in Briggs, 2002: 103, 107) proposed that taking up a position of standing outside of the family temporarily, is a necessary part of adolescent development and provides a way to assimilate the transition between childhood and adulthood, as described by the client in sessions 1, 2, 3, 4, 5 and 9. The experience of isolation may assist in providing a space to be aware of a person's own feelings, a space within relationships, but with freedom and a space within the self for developing different aspects of the self. The researcher is reluctant to ascribe the client's feelings of existential loneliness solely to the developmental causes as explained by Dartington, but regards lack of healthy relationships in the family as partially responsible for the client's feelings of loneliness.

Briggs (2002: 150, 151, 152) describes adolescent suicidality as a crisis of inner relationships. Adolescents who attempt suicide are not simply passing through a phase of difficulty that will be cured in good time. The adolescent aims to overcome despair, misery and failure. Suicidal adolescents often dislike and disown their bodies. All of this seems to be true for the client involved in this research.

#### 3.4.5 Gestalt Therapy as Tool for Re-Writing Life Script

Elements of Gestalt Therapy observed during the unstructured interviews (therapeutic sessions) are mentioned hereunder. All of these concepts are described in Chapter 2 for referral purposes.



**Session 1:** Relationship, boundaries, sense of self, contact, field, awareness, choice, self-regulation, responsibility, retroflection, empty chair, no gossip, unfinished business, polarity, dialogue and life script.

**Session 2:** Sense of self, contact, field, awareness, choice, self-regulation, retroflection, empty chair, polarity, dialogue, here-and-now, bodywork and breathing, deflection, introjection, I-Thou, experiment, projection and life script.

**Session 3:** Sense of self, contact, awareness, choice, self-regulation, dialogue, here-and-now, I-Thou, experiment, projection, boundaries, confluence, relationship, foreground, self-support, shuttling and life script.

**Session 4:** Sense of self, contact, awareness, choice, self-regulation, dialogue, here-and-now, I-Thou, experiment, projection, boundaries, relationship, foreground, retroflection, empty chair, self-concept, assimilation, responsibility, fragmentation, unfinished business, semantic technique, polarity and life script.

**Session 5:** Contact, awareness, choice, self-regulation, dialogue, I-Thou, projection, relationship, foreground, empty chair, responsibility, unfinished business, topdog / underdog polarity, exaggeration, enactment, grounding and life script.

**Session 6:** Awareness, choice, self-regulation, dialogue, I-Thou, projection, empty chair, responsibility, polarity, exaggeration, sense of self, here-and-now, bodily awareness, re-writing and life script.

**Session 7:** Awareness, choice, re-writing, experiment, unfinished business, field and life script.

**Session 8:** Awareness, choice, self-regulation, dialogue, empty chair, responsibility, self-concept, confluence, retroflection, assimilation, theory of change, integration, boundary, contact, relationship, re-writing and life script.

**Session 9:** Awareness, choice, self-support, dialogue, empty chair, responsibility, sense of self, contact, role-play, exaggeration, here-and-now and life script.

### 3.4.6 Re-Writing Life Script

Changes in the life of the client, manifesting in improved contact, awareness, integration, self-regulation and self-support, are indicative of a re-written life script and will be pointed out per session. The researcher regards pointing out the client's motion through the layers of neurosis through which a person must work to attain healthy self-regulation as imperative to re-writing of life script and aligns this movement with the final re-written life script. The researcher is of opinion that the gains of the client in Gestalt Therapy from a holistic point of view enabled her to re-write her undesirable life script to a more desirable life script.

**Session 1:** The therapist used the scribble and family drawing to help the client to express herself and to become aware. Oaklander (1978: 53) regards drawing as a powerful expression of the self that assists with establishing the child's sense of self and expression of feelings. The therapist engages with the client in a guided fantasy to strengthen the client's sense of self to the extent that she claims for herself "a great peace." Perls (1969:150) regards internal peace as a prerequisite for holism, which puts the client on the road to achieve that particular goal.

A respectful, trusting I-Thou relationship was established. Slavson (1999: 28) focuses on the curative aspects of a good therapeutic relationship when he states that acceptance of the child by the therapist gives the child the notion that she is loved and is worthy of love. The result of this new awareness is an improved self-image.

At this stage the client finds herself in the phoney or cliché level, described by Perls (1969: 136) as demonstrating socially acceptable behaviour. Phillipson (2002) refers to this layer as the cliché layer as it involves social courtesy and conversation and avoiding of telling or feeling what is truly significant.

**Session 2:** The client opened herself up to contact and be contacted and to awareness. The client is aware of having exercised a choice to put people in place to compensate for the love that she is not receiving from her parents in an effort to practice self-regulation, which comprises retroflexion. The client is aware of her position in her family and her feelings of having to excuse herself from the presence of her family.

The client expresses her emotional awareness and contact through crying. Perls (1969: 157) states that healthy mental metabolism requires development in the direction of expression and this is the direction that the client is taking. The client is integrating the support mechanisms that she is using in the therapeutic situation at home too – she is integrating aspects of herself into the field.

The therapist and client engage in dialogue, which Oaklander (1978: 282, 284) describes as enhancing the child's sense of self by being listened to, having her feelings accepted and acknowledged and being treated with respect. The therapist included bodywork in the session as this is also regarded by Oaklander as basic to a strong sense of self in terms of it creating awareness.

The client finds herself in the role-playing or phobic layer as described by Philippon (2002). She is playing her habitual role and is operating from her undesirable life position. Perls (1969: 136) describes the roles and games apparent in this stage as a means of manipulation, wanting to exercise an influence. Any time the person becomes unsure of her roles, she develops anxiety. Latner (1973: 126) describes this phase as the client playing roles without being aware that she is playing the role and where little healthy contact and genuine feeling is present and authenticity is prevented.

**Session 3:** The client engages with the therapist with full awareness and contact. Her sense of self is becoming strong enough to institute boundaries about her privacy at home. The client is starting to allow her self to make choices in therapy and in her relationship with her parents and she accepts responsibility for her choices. Sills, Fish and Lapworth (1995: 9) believe that self-awareness offers choices. As we become aware, we take responsibility for how we are rather than believe what others impose on us regarding ourselves. The client's sense of self is strong enough to have become aware of some of her likes and dislikes. Perls (1975a: 1) suggests that integration is achieved when a client supports her own interests, desires and needs.

The client finds herself in the impasse layer, which is described by Philippon (2002) as the client manifesting various contact boundary disturbances, implemented to assist the client with self-regulation. The client is avoiding the risk of contacting the boundary. The client attempts to reach back to what is known, but is also, through awareness, drawn to

what lies ahead. Shepherd (1976: 56) describes this process as a preoccupation with the unrealities of past and future and the “substitutive dummy thinking.” Much frightening of the self occurs, typical under the pressure from top-dog introjections. The top-dog always “knows” what catastrophes will happen to the person, especially if she risks innovative and assertive behaviour. Perls (1969: 136) refers to the third layer as implosion. Latner (1973: 125) latches onto this view and describes it as a stage where the client manipulates herself to hold things in and where the client is in conflict. The researcher interprets this to lead to a feeling of such fullness that the person implodes, rather than explodes, as nothing is allowed to exit the organism. This also has clear boundary regulation implications.

**Session 4:** The client is less confluent with the therapist. The client maintains contact and awareness. Yontef (2005: 85) describes a focus on awareness and forces operating within the client and in the field of which she is a part, as necessary to own the choices that she makes. The client exercises choices and assumes responsibility for her choices. The client assumes responsibility for her choice of declining communication with her parents.

The client shows the ability to evaluate and describes therapy as “helpful”. The client is exploring her growing sense of self and commits herself to nurture herself by “think of all the nice things about me”. The client is growing in self-support and has started telling herself about good things about herself and she believes it, which comprises part of her re-written life script. Perls, Hefferline and Goodman (1951: 54) support what has occurred in the client’s process of therapy by stating that successful therapy leaves the client more self-supportive.

Experimentation was used effectively in this session, described by Melnick and Nevis (2005: 107) as a teaching method that creates an experience in which the client can learn something that is part of her next growth step. The purpose of experimentation is to assist the client in healthy self-exploration. The relationship between therapist and client remains of crucial importance and is described by Melnick *et al.* (2005: 110) as the “*psychological nourishment*” that allows the client to grow.

**Session 5:** The client integrates responsibility and freedom when she states “being given freedom makes me want to behave”. Tobin (1975: 144) confirms the very statement of the client with his statement “*responsibility is freedom, the ability to respond in a variety of ways to a given situation ... responsibility is the ability to make choices.*”

The client maintains awareness and contact and expresses and responds to her emotions. Perls *et al.* (1951: 128) describe emotion as a person’s direct evaluative experience of the organism/environment field, is not mediated by thoughts and verbal judgements, but is immediate. Emotions are crucial regulators of action, for it not only furnishes the basis of awareness of what is important but it also energizes appropriate action, or, if this is not at once available, it energizes and directs the search for it. In terms of emotional expression, the client cried a lot during this session, which was good for the client as far as the researcher is concerned and in which aspect the researcher agrees with Perls’ (1969: 176) statement that suppression of crying is harmful, as it prevents the organism from adjusting itself to loss or frustration.

The client integrates her growing up and engages in doing her hair, which comprises part of her re-written life script. Perls (1969: 257) describes the curative steps to be taken to re-write life script as becoming fully aware of emotions, interests or urges, but also expressing it by words, art, or action. The client is also renegotiating her relationship with her mother with herself, which also constitutes re-writing of life script.

The client is in the implosive layer of neurosis, described by Philippon (2002) as the awakening of possibilities. The client chooses her own way forward, an action that she has avoided to take, up to this stage.

**Session 6:** The client is urged to work in the here-and-now, which leads to accurate recognition of her feelings towards her father in a situation where he belittles her. Perls *et al.* (1951: 60) state that living fully in the present includes taking note of present reminders of past lessons and thus making more adequate present responses, including taking note of present harbingers of things to come and adjusting our present behaviour accordingly. The healthy person, with the present as reference point, is free to look backward or ahead as occasion warrants.

The client has moved backwards to the impasse layer and back again to the implosive layer, brought about by experiencing difficulty with the polarities of being OK and not being OK. The client engages with these polarities in dialogue, contact and awareness, gets a solution and moves on.

The client is starting to find healthy mechanisms for self-regulation and self-support in an independent fashion. The client is less in confluence and even strong enough to confront her family about their role in her life position. The client introjects what others think about her to a lesser degree and in the words of Oaklander (1978: 284) learns about herself from the inside, rather than through the judgements and opinions of others and feeling that it's OK to be who she is. Perls *et al.* (1951: 146) relate to the same issues in stating that when a client is less eager to make their behaviour fit the arbitrary, more or less fixed pattern that have been taken over from parents, aware need and spontaneous interest come to the surface and reveal to the client what they are and what is appropriate for them to do "... *Energy and attention has gone into forcing yourself, because of a mistaken feeling of 'oughtness', along lines that run counter to your healthy interests.*"

**Session 7:** The client is aware of polarities in her life and has started integrating them. She maintains a high level of contact and awareness and expresses herself about events and relationships in her life. Perls (1969: 157) links onto expression by stating that healthy mental metabolism requires development in the direction of expression and that the healthy person expresses their emotions and ideas. The client makes a decision to re-write her life script excluding her mother from it, stating "she's not on my list at all." The client re-writes the belief that she is a bad person to "I'm a good person".

**Session 8:** The client confirmed that therapy allowed her to become aware that "I'm not bad like I used to think." Perls (1976: 49) described the phenomenon of what had taken place in the course of therapy as the self-concept which constantly needed environmental support for approval and acceptance, the client having lost the ability to accept genuinely, resulting in no praise being assimilated and the client remaining hungry, greedy and dissatisfied with whatever affection she gets to a self-concept being able to accept praise and the client being able to perceive her own uniqueness, resulting in a higher level of self-support. Oaklander (1978: 298) relates to this issue by

stating that children who come to therapy have an opportunity to become clear about themselves, their needs and wants and can gain strength to deal with problems in their world. The client states that she has more confidence.

“I wasn’t so eager to please people.” The client now, instead of retroreflecting, allows herself to be angry when a situation warrants anger. The client’s boundary regulation has improved drastically, also getting rid of some introjects. The client is less confluent and therefore has more energy available to attend to her own needs. The client is working on integrating the person that she is at school with the person that she is at home. Gilbert and Evans (2000: 86) refer to what the client is describing as psychological health, implying the client’s capacity for self-regulation, being aware of her needs and to take effective action to meet those needs, by undoing retroreflections, re-assessing introjects, owning projections and dealing with confluence in the process of acknowledging a more separate sense of self.

The client is in the explosive layer described by Philippon (2002) as the release of energy and emotion. The client is now ready to make her own authentic choices concerning her life and choices.

**Session 9:** The client is starting to use her own judgement. She has re-written her life script to the extent that she states “Things don’t bother me so much anymore and I have changed my whole look on life.”

The client has been sufficiently empowered by the Gestalt Therapy process to acknowledge in awareness and without guilt in this session that she has the ability to get angry. Sills *et al.* (1995: 22) refer to this kind of awareness as a reclaiming of qualities of the client that were lost through disuse and disowning.

The client seems to enjoy good psychological health in relation to her more desirable life position and re-written life script, which contains qualities that are described by Sills *et al.* (1995: 35) as follows: healthy people mostly think and feel positively about themselves and have satisfying relationships. They choose to be actively involved in relationships and with the environment, relating rather than reacting. The healthy person

is aware of her needs and takes responsibility for meeting those needs creatively, while remaining aware and respectful of others and the environment.

The client currently holds a life position of *"I'm OK, you're OK"*, after re-writing her script into something like this: I can contain myself by engaging in activities that I enjoy. I understand how to support and nurture myself. I am setting healthy boundaries in my life. I allow myself to enjoy my life and have fun. I can make choices, also about the content and with whom I have relationships. I am pretty and I am growing. I am aware of my feelings and my place in the world. I have the ability to experience a range of emotions. I am responsible for myself and my choices. I have the power to be OK and keep *"not OK"* away. I like myself just the way I am. I don't always have to please others. I am confident. I accept my emotions. I am proud of who I am and don't want to change to something that I'm not.

### **3.5 Summary**

Life script, life position and re-writing of life script through utilisation of a process of providing Gestalt Therapy were documented. A literature control was integrated in the portion containing re-writing of life script. The researcher has attempted to conduct the literature control dialogically. It has become clear, through the results of the research that life script can be re-written through awareness and in the context of Gestalt Therapy. It is also clear that some issues seeming to be life script issues like loneliness in the family, may also have relevance to the developmental stage of a client.



## **CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS**

### **4.1 Introduction**

The previous chapters of this research focused on formulating a research problem and discussing the research approach and research strategy; a literature study conceptualising life script from its various origins and an empirical study. The aim of this chapter is to reflect on the previous chapters in terms of achievement of the aim of the research and experiences and observations of the researcher related to the research method and outcome of the empirical study. A further aim is to provide recommendations to practitioners of Gestalt Therapy and to practitioners interested in working with clients' life scripts.

### **4.2 Conclusions Pertaining to the Research Question**

The research question that was formulated for this research was: How can Gestalt Therapy be utilised to create awareness of a self-defeating life script and assist in life script being re-written? A prerequisite to conducting Gestalt Therapy is to bring the client to awareness. Through awareness, the client was able to identify aspects of her life that she chose to change. Being empowered through the I-Thou relationship and through a process of accepting herself just the way she is the client embraced the paradoxical theory of change. The client learned that she is in control of her life and choices and has learnt to value accepting responsibility for her choices. In awareness, there was no place in her life for a subconscious life position, depriving the client of wonderful opportunities in her life. The client made choices pertaining to her boundaries and also to undoing of the contact boundary disturbances that she has been manifesting, constituting her life script. The client is now free to live in the present, having concluded her unfinished business and can make choices pertaining to her way of contacting each new or existing person and relationship, all new and existing situations in her life as well as the environment, exercising choices and taking responsibility in full awareness.

### 4.3 Conclusions Pertaining to Goal and Objectives

In the conclusions, the researcher will reflect on the degree to which the aim of this study was accomplished as well as on achievement of the objectives of the research.

The goal of this research was to determine how utilising Gestalt Therapy could create awareness of undesirable life script and life position and assist in re-writing life script. The researcher found that Gestalt Therapy's emphasis on awareness in itself was very meaningful pertaining to life script, as life script is written in the subconscious. With sufficient awareness, life script may be re-written. The life script analysis and determination of life position take a secondary position to awareness of the client in the here-and-now. The client re-writes life script through choosing what she wants in this moment and taking responsibility for it, rather than living according to old rules set for herself as means of survival, which currently does not apply to her life, thus disabling undesirable life script.

The client in this study did indeed become more aware, also of her self-defeating life script and progressed to re-writing her life script. The re-writing of her life script was not a conscious decision, but living in the present moment, accepting herself, making choices in her life and taking responsibility for it were conscious decisions, that formed the background against which the life script changes took place, resulting in the client attaining a better life position and a more desirable life script. Considering the above information, the researcher is of opinion that the goal of this research had been achieved.

In order for the researcher to achieve the above goal, a number of objectives were identified and can be regarded as the roadmap of this research. The objectives of this research were:

- To conduct a literature study to conceptualise the term *life script* and to explain Gestalt Therapy as it applies to life script and re-writing of life script.
- A literature study was indeed conducted, inclusive of "translating" life script and related concepts from a Transactional Analysis framework into a Gestalt Therapy framework in Chapter 2.

- To conduct empirical research by applying Gestalt Therapy and to describe one case to explore how Gestalt Therapy can be utilised to conduct life script analysis, define life position and re-write life script.
- Empirical research was indeed conducted, applying Gestalt Therapy in unstructured interviews and describing in a single case study format how Gestalt Therapy was utilised to conduct life script analysis, define life position and re-write life script in chapter 3.
- To make recommendations to all interest parties pertaining to re-writing of life script from the Gestalt perspective.
- Recommendations are made to all interest parties in this chapter.

#### **4.4 Elaboration on the Research Approach**

The research approach followed in this study was to conduct qualitative research, utilising its interpretative and holistic nature. The single case study was utilised, exploring the research matter through detailed collection methods and eventually producing a research report. Gestalt Therapy sessions were conducted. During these sessions, the researcher and the client arrived at understanding the experience of the client and what that experience means to the client. Life script, life script analysis, life position and the re-writing of life script were explored during the unstructured interviews. Observation, inclusive of listening, seeing and inquiring, formed part of the research, as observation can also be translated into the Gestalt Therapy concepts of contact and dialogue.

Data was recorded audio-visually, was transcribed and kept in files, manually and electronically and the data was interpreted. The concepts of life script, life position, origins of life script, re-writing, boundaries, introjection, confluence, retroreflection, deflection, projection, self-regulation, awareness, responsibility, choice, theory of change, polarities, the I-Thou relationship, sense of self, self-support and layers of neurosis all manifested during the unstructured interviews and were documented accordingly. Child development was not a focus of the unstructured interviews, but was nonetheless observed and will be integrated into the recommendations following hereunder.

## 4.5 Conclusions Derived from Empirical Research

The researcher arrived at various conclusions based on the content of the previous chapters, but also based on observations made during the process of conducting unstructured interviews.

- The researcher concludes that the goal and objectives determined prior to the start of the research were achieved.
- Gestalt Therapy sessions utilised as unstructured interviews are never perfect. The therapist believes that Gestalt Therapy also does not aim for perfection, but for a good enough therapeutic process to achieve the goals of therapy in general and the overriding goals of Gestalt Therapy, being self-support, integration and awareness. It will, therefore, be possible for any other researcher or therapist to suggest deficiencies or even mistakes in the therapy.
- Following from the above statement, the researcher would like to state that, however imperfect the therapeutic process may have been, the contact and dialogue in the relationship were determining factors regarding safety of the client to remain contactful and aware and eventuated in less contact boundary disturbances. The disturbances were rather replaced with aware choices and responsibility, thereby becoming aware of content of life script and unconsciously re-writing life script to suit the conscious decisions and contact with self, people and environment.
- Clients who are brought to therapy, or who come to therapy from their own accord, all echo undesirable life position issues. Even clients coming into therapy, maintaining that they are OK and have no life position or life script problems, may have such problems, manifested in the act of another, more authoritative person bringing them to therapy without such a person having a choice in engaging in therapy. The message received from the person of authority may be along the lines of “You’re not allowed to make choices. You will do as I say” – inevitably manifesting in a particular life script content in the absence of conscious choice of how to handle this particular demand. Awareness of the type of contact and relationship is key to changing possibly unhealthy relationships.
- The researcher becomes part of the field of the young client. As a person who still has to report to authorities and is not completely independent yet, the client might need support in the form of parental guidance, where the therapist acts on behalf

of the child if the situation necessitates it, to bring about changes in parental behaviour. This issue connects strongly with origins of life script and the researcher is of opinion that, to work with the child in isolation will not be as beneficial as working with the whole field, especially as people involved in the child's field are the very people who, whether accidentally or intentionally, contributed to the life script of the child brought into therapy.

- Life script is only re-written once. All unfinished business of the past is dealt with to allow the client to write her new life script on a new, clean page. Awareness is the tool of re-writing and the same awareness is utilised by the client to maintain the new life script. Re-writing life script by no means allures to continued psychological health. It merely means old baggage was removed, allowing the client to continue her life carrying a lighter load. In the process of Gestalt Therapy, the child has learnt to be aware, to nurture herself, to support herself, to seek support when she does not have the internal resources to support herself, but to do that in the context of healthy boundaries. The child also managed to develop less shame and a stronger sense of self, allowing her to feel that she has the right and the ability to exercise choices and to take responsibility for her choices. Her life will not be without problems from here on, but she has developed healthy mechanisms to work with problems that may arise.
- Regarding life problems, the child, having re-written life script, but who has not been experimenting with her new behaviour for a long time, might experience the need for continued therapeutic intervention with pre-determined intervals, mainly to strengthen her existing skills and contacting behaviour, but also to see if new skills are required and can be developed as new challenges may be posed to the client in order to maintain the new, desirable life script.
- Re-writing life script with clients poses implications for the therapist. As much as the client's life script is being re-written, sufficient awareness must be experienced by the therapist of his or her own process, field and life history in terms of unchallenged unfinished business, as these issues may have strong transference effects and may incapacitate the therapist in his or her ability to be a facilitator in the re-writing process of the client. The researcher regards self-awareness of the therapist as a prerequisite to being a Gestalt Therapist and assisting in meaningful change in the life of clients.

- The I-Thou relationship, distinguished by its respectfulness and presence is imperative to the re-writing of life script, as the safety of this relationship allows the client to be herself and to experiment with new behaviours, knowing that she would not be judged. The value of this relationship is further found in its potential to empower the client and in the client being fully accepted in the relationship, whereby she learns to also accept herself unconditionally. Only now is true change possible.
- There is a correlation between progression through the layers of neurosis as postulated in Gestalt Therapy and the increase of independence, choice and responsibility and larger portions of desirable life script detectable alongside the progression through the various layers.

## **4.6 Recommendations**

The researcher would like to make recommendations, forthcoming from the empirical study and from the conclusions mentioned above.

### **i) Recommendations to Gestalt Therapy Practitioners**

- The following techniques have been used with good effect by the researcher and are recommended for use by all Gestalt Therapy practitioners dealing with clients with undesirable life script: The rosebush technique, scribbling, dialogue (including semantic techniques, the empty chair and role-play), exaggeration, enactment, grounding (including breathing, relaxation and visualisation), offering choices and taking responsibility for their choices to clients and self-nurturing, which aids in self-support.
- The researcher would like to recommend to Gestalt Therapy practitioners to guard against interpretations of what the client is saying or doing to avoid transference and to truly understand the client from his or her own phenomenological perspective.
- The therapist would like to recommend to Gestalt Therapy practitioners to attempt to gain a good understanding of the field of which the client forms an existential part as this may have a serious impact both on therapy and also on the very origins of undesirable life script.

- As development of life script takes place unconsciously and choice plays no role in the matter, Gestalt Therapists are urged to make use of choice in awareness as paradox to the unconscious choice of undesirable life script. By involving awareness and choice there is no place for undesirable and unaware life script content, implying re-writing of life script on its own.
  - Gestalt Therapy practitioners are urged to take cognisance of the role that developmental stage may play in the development, maintenance and re-writing of life script. It is therefore necessary for Gestalt Therapists to have a clear understanding of the demands of each developmental task to enable the therapist to distinguish between undesirable life script issues and developmental stage issues.
  - The researcher would like to recommend that Gestalt Therapy practitioners assess and diagnose life script and life position of clients in relation to contact boundary disturbances and unfinished business. This will provide a basis for the therapist to know what issues to address in therapy and how to address the issues with a view to re-writing life script.
  - The researcher would like to recommend to all practitioners of Gestalt Therapy to continue placing the therapeutic relationship centrally in the re-writing of life script. Techniques are utilised as tools to achieve the overall goal of providing an I-Thou relationship, characterised by trust, respect and mutual engagement in which the client finds a safe place to re-write his or her life script.
- ii) Recommendations Pertaining to Gestalt Therapy as Chosen Therapy
- The applicability of Gestalt Therapy is wide, but was particularly helpful in re-writing the life script of a client from being undesirable towards being desirable. It is therefore recommended that Gestalt Therapy may be used effectively regarding undesirable life position and re-writing of life script.
- iii) Recommendations Pertaining to Future Research in Life Script Matters
- It is recommended that future studies will be conducted with children of other ages and in different developmental stages to that of the respondent utilised in this

study. If Gestalt Therapy is successful in the treatment of undesirable life position and re-writing of life script, Gestalt Therapy may be used as a preventative tool in development of undesirable life script and life position, if it is already utilised at an early age in a child's life. The success of Gestalt Therapy in re-writing the life script of adults could also be researched by future researchers.

- It is recommended that comparative studies are used, utilising various approaches to treatment of undesirable life script, for instance Transactional Analysis compared to Gestalt Therapy, Person-Centered Therapy or Neuro-Linguistic Programming to use but a few examples.
- It is recommended that quantitative studies are conducted after the qualitative study to ascertain the factors perceived by the respondent to have brought about change.
- It is recommended for future research purposes that psychometric pre-testing is conducted on the respondent, followed by the unstructured interviews. After conclusion of the unstructured interviews, post-testing could be conducted to ascertain the degree of change that the researcher believes took place in a quantifiable manner.
- A female respondent was selected as sample. The question arises whether gender has an influence on the therapeutic process and the consequent re-writing of life script and may be investigated in future research.
- It is recommended that future researchers observed the client again after initial termination of therapy on an ongoing basis to determine whether the therapeutic gains could be sustained as time went by.

#### iv) Recommendations Pertaining to Prevention

- The communities in which therapists work must be educated in order to bring about preventative measures pertaining to undesirable life script development and its effects and may contain aspects as simple as ways to address children, showing respect for children, offering children choices and giving children appropriate responsibilities.



## **4.7 Conclusion**

Parents and caregivers play an intrinsic role in the lives of children, both in developing life positions that contribute to health and life positions that create pathology. Prevention must become a greater aim in the South African society through parental guidance associations and other community projects.

Being observer to a process of re-writing of an undesirable life script, an event of triumph for the tenacity and resilience of a client evokes awe and inspiration for both client and therapist. The research was valuable for both the researcher and client. The researcher was able to answer the research question through the empirical research and the client now has the ability to address her life from a new perspective, in awareness and having reaped wonderful rewards from the Gestalt Therapy process. The research has strengthened the researcher's profound belief of the value of utilising Gestalt Therapy in practice.

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## **ANNEXURE 1**

### **GENERIC RESPONDENT AND PARENT CONSENT FORM**

We, \_\_\_\_\_, parents of \_\_\_\_\_, 16 years old, hereby give consent that she may participate in research and consent to the stipulated conduct.

We are aware of the implications and nature of participation.

\_\_\_\_\_  
**Father's signature**

\_\_\_\_\_  
**Mother's signature**

\_\_\_\_\_  
**Respondent's signature**

\_\_\_\_\_  
**DATE**

### **CONDUCT of RESEARCHER**

Process notes are kept regarding conversations to ensure professionalism, but are stored securely.

I record sessions to allow me to reflect on what we have discussed.

I abide by the Code of Ethics of the Council for Counsellors in South Africa. The supervisor involved with the researcher in this dissertation abides by the Ethics of Social Workers in South Africa.

The sessions are completely confidential except under three circumstances:

From time to time I will discuss my work with a clinical supervisor, this is standard practice and helps me to work as well as I can with my client. My supervisor is bound by a similar code of ethics and confidentiality as myself;

If I believe my client is at risk of harming herself or others, I reserve the right to break confidentiality in order to prevent harm. I would only do this in extreme circumstances and will always try to discuss it with the client first;

If required by a court of law to give evidence for instance in criminal proceedings.

For the purpose of further accreditation, research and continuing professional development, I may submit written or taped material of some sessions for evaluation. Only clinicians bound by a suitable code of ethics will review such material.

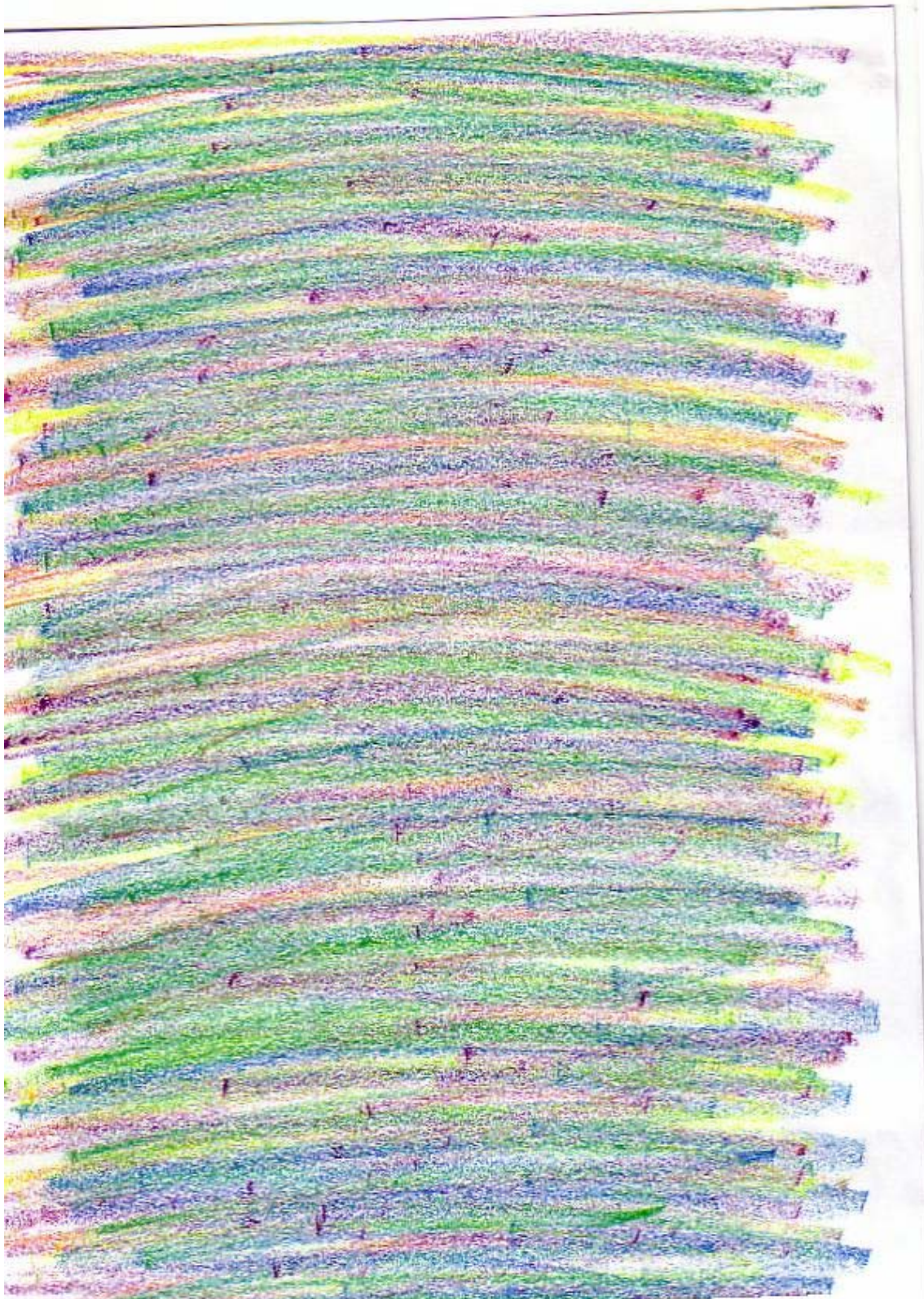
Signed:

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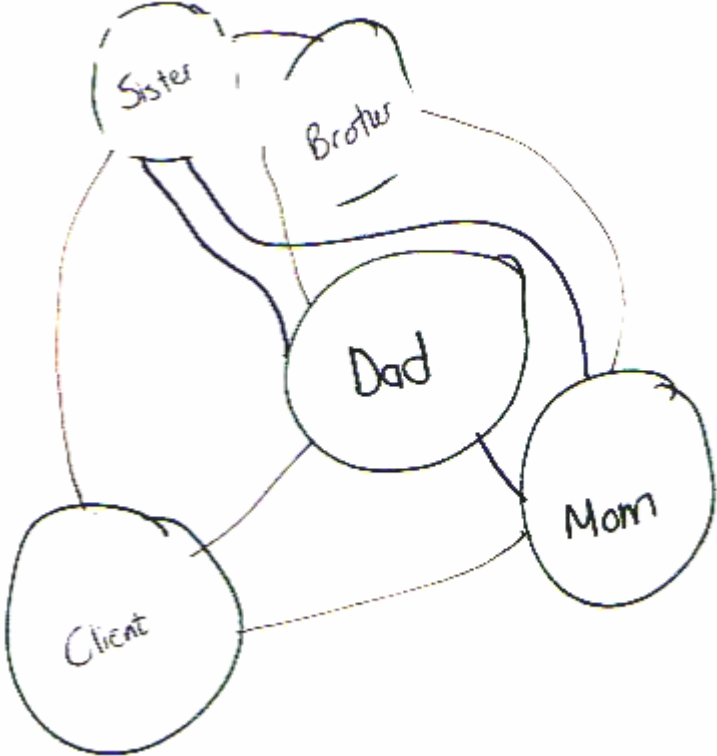
Erika Hitge  
Researcher

Date: \_\_\_\_\_

**ANNEXURE 2**  
**SCRIBBLE**



**ANNEXURE 3**  
**FAMILY RELATIONS DRAWING**



**ANNEXURE 4**  
**PARENT DRAWING**



## **ANNEXURE 5**

### **THE HOUSE OF PERCEPTION**

The house of perception is a fantasy exercise, where the client imagines moving through the “rooms” of her various senses. The client closes her eyes, breathes deeply and relaxes. The client imagines that she is walking down a street and sees the house of her senses, noticing many doors in the house with symbols on them.

The first room that you see has an eye on the door and as you open the door, you realise that this is the room of vision. It is filled with all sorts of things that you have put there over time to prevent you from seeing clearly. See the room and its messy content in your mind’s eye and begin to clean out the room of vision with anything you need. When you are finished, throw out everything you want to, open the windows and let the room fill with fresh air. See it clean and fresh. Look out the window and notice all the colours.

Proceed to the room of hearing. It has a big ear on the door. As you open the door, you hear a confusing noise. The room is filled with rubbish. There is wool and wax all over the place. Clean up the room of hearing, knowing that you will then be able to hear better. When the room is clean, open the windows and hear the wind swoosh in. Listen to the breeze as it whispers. Now listen to all the sounds around you. Listen to your breath.

Proceed to the room of smell. There is a large nose on the door. As you open the door, you smell a mix of terrible scents, including old moldy food. Clean the room of smell. Make it light and clean and fresh-smelling. As you do so, you begin to smell all of your favourite scents. Enjoy this room and breathe its fragrance in deeply.

Proceed to the room of taste. The room has a large tongue on the door. The room is very disorderly, with mixed up foods and as you start tasting, the food tastes of your least favourite foods. As you clean the room of taste, sort out the different tastes, separating the peanut butter from the pizza, the apples from the oranges. Now that you’ve cleaned and arranged the room of taste, you begin to taste some of your favourite foods.

Proceed now to the room of touch, which has a large hand on the door. Clean it up thoroughly, throwing out all the junk that prevents you from feeling textures. When you are finished cleaning, move about the room and touch the textured walls. Rub your hands over the wallpaper, which is a mixture of velvet, silk, sandpaper, satin, ice and tree bark and notice how good everything feels on your skin. Now feel the texture of your clothes, your face and hair and how wonderful you feel.

There is one more room to clean, the room in the attic. You walk up an old spiral staircase full of cobwebs and bats. This is the room of your sixth sense, your inner vision. It is very dusty and has not been used for a very long time. You clean the room and notice a round window at the far end of the room. It is so dirty that you cannot see through it. You begin to scrape and wash it clean and as you do so, a beautiful scene unfolds for you. You continue to look through this window and notice all the colours, sounds, smells, tastes and textures about this scene. It is now time to leave the room. You close the door, walk down the spiral staircase, past the rooms of your senses. You leave the house of perception and find yourself sitting here. As you slowly open your eyes, become aware of all the colours, sounds, smells, textures and tastes around you (Schoeman, 2004b:149-152).



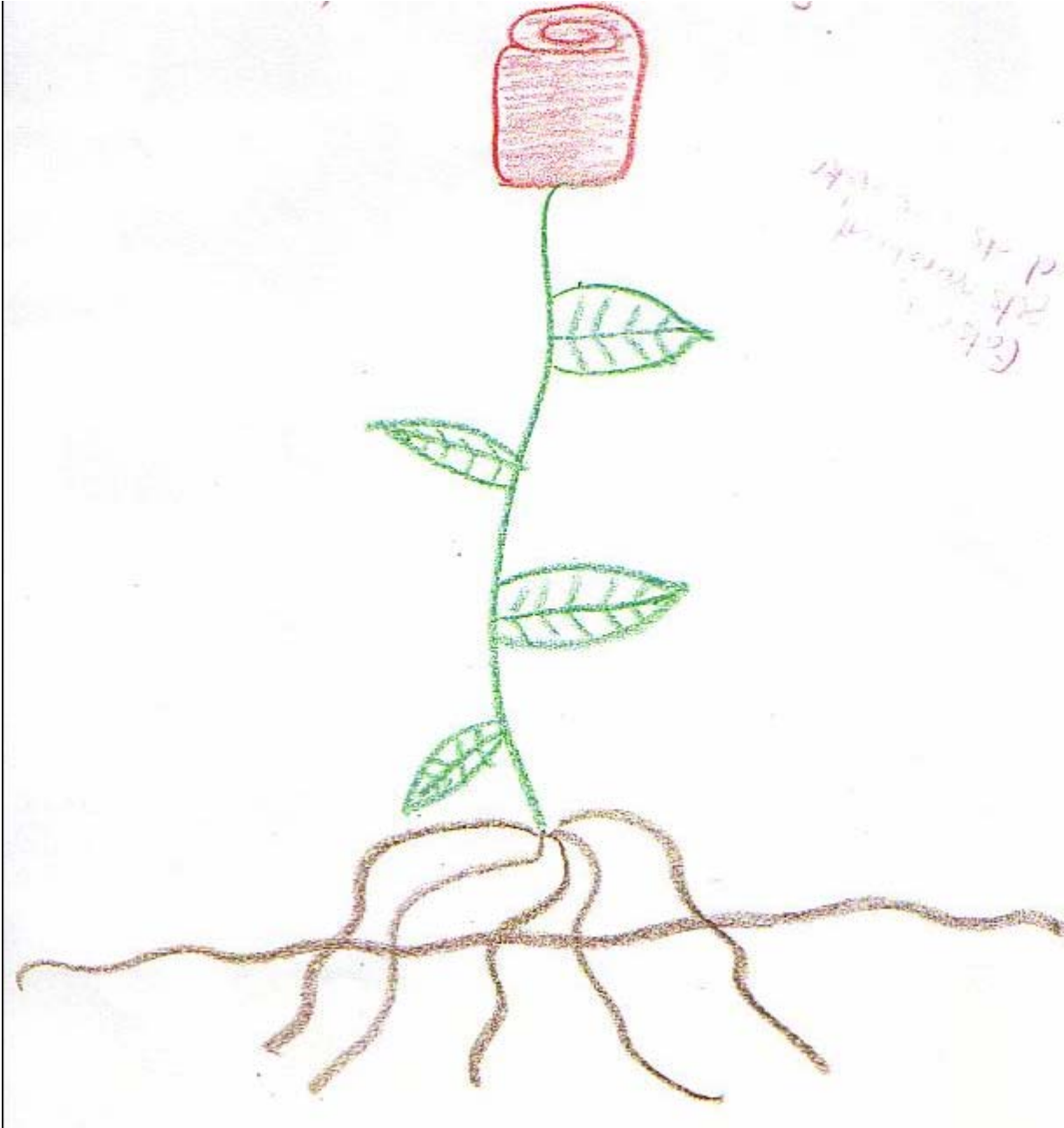
**ANNEXURE 6**

**SCRIBBLE**



**ANNEXURE 7**

**ROSEBUSH**



## **ANNEXURE 8**

### **WATERFALL OF WHITE LIGHT**

The waterfall of white light is a relaxation exercise. The client must close her eyes and focus her attention on her breathing. Give yourself the suggestion that with every exhalation your body becomes more relaxed. Imagine that a beautiful waterfall of white light is entering the top of your head. You feel a gentle healing energy through your brain and pouring down your face, chin and neck. The waterfall of white light moves into your chest, your shoulders and your back. It moves down your arms and hands and out through your fingertips, taking away any stress that you held in your body. The white light flows into your abdomen, pelvis and buttocks. It moves down into your thighs, knees and calves. It enters your ankles and feet and goes out through your toes, taking with it any stress or discomfort that you have stored in your body. Now you are in a continuous waterfall of white light. Every part of your being is filled with white light. Allow this energy to wash over you and enjoy the gentle calm it brings. Now slowly bring yourself back to full consciousness. I will count to ten. Join me counting in your head and open your eyes at ten, feeling completely relaxed. One, two, three, four, five, six, seven, eight, nine, ten (Schoeman, 2004b: 153-154).

**ANNEXURE 9**  
**CHOICES AND RESPONSIBILITY**



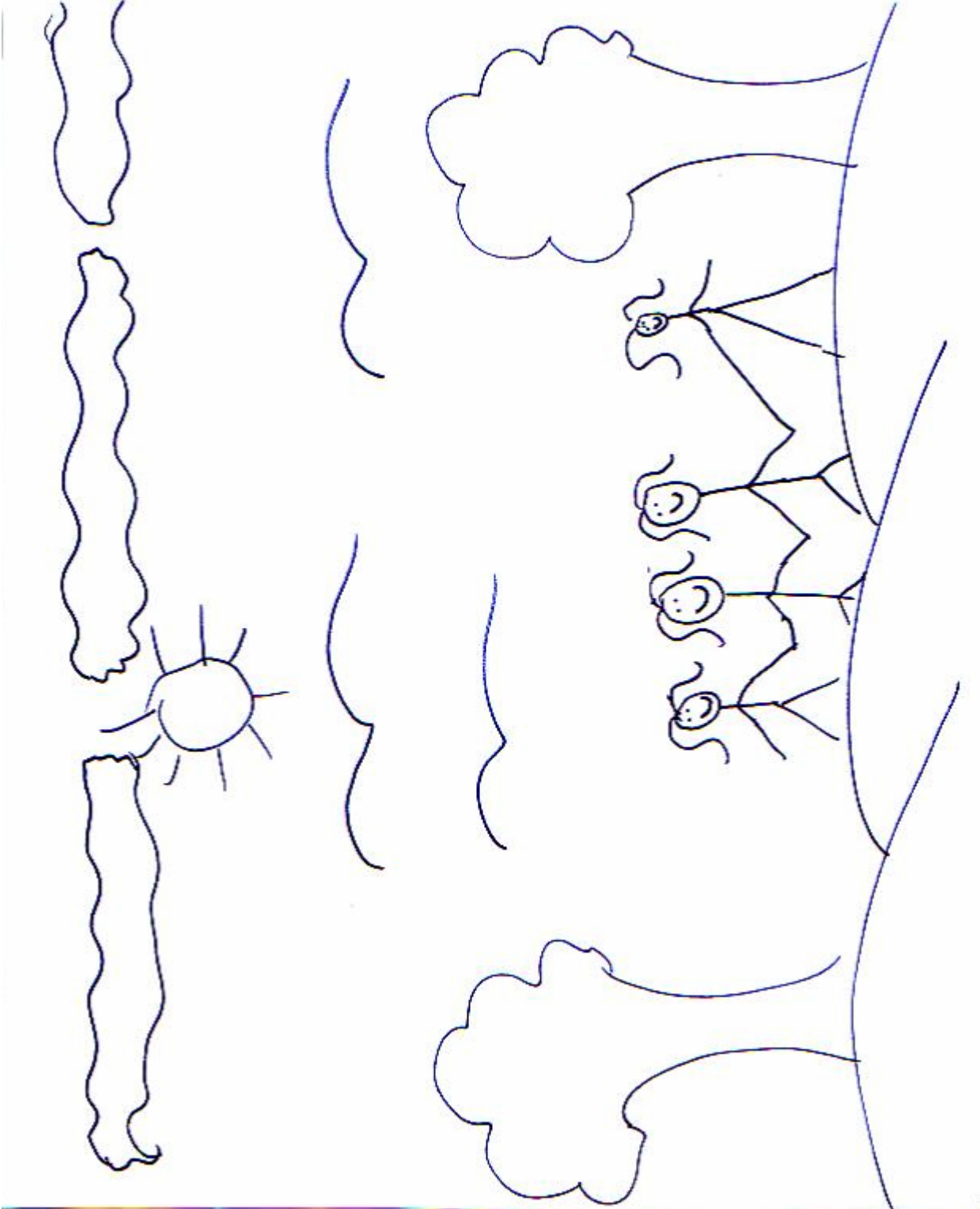
## ANNEXURE 10

### PERSONAL RESPONSIBILITY DECLARATION

Being given freedom  
makes me want to behave,

Signature

**ANNEXURE 11**  
**EXPRESSING FEELINGS**

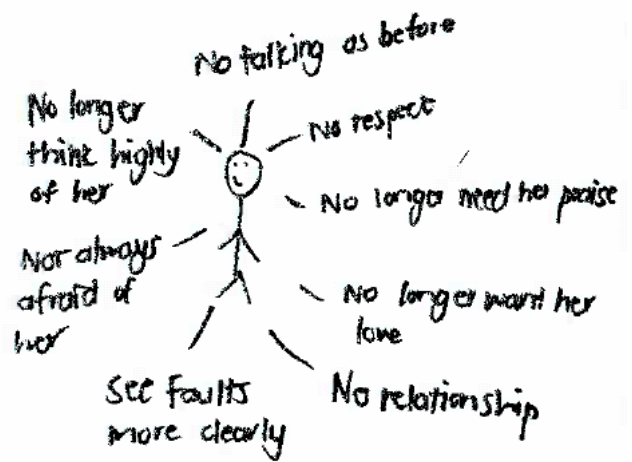


# ANNEXURE 12

## OWN ABUSE: FEELINGS



Does not initially want to forgive: eventually does forgive.



**ANNEXURE 13**

**FEELING PROJECTED THROUGH COLOUR**





# ANNEXURE 14

## APOLOGY

I am writing to tell you about what I did. I don't  
forget, but it is important for me to tell you, how I  
feel. When I kissed you and touched you in places  
I wasn't supposed to, it was the biggest mistake  
a person could make, I don't blame you if you hate  
me, because I would probably feel the same way.

What I did was wrong, I violated your body and  
I took away your innocence, something which I can  
never replace, and I hope that you will be able to  
live your life without any regrets.

I am sorry for what I did to you, and I am  
trusting you will be able to move on with your  
life. I am sorry for what I did to you, and I am  
trusting you will be able to move on with your  
life. I am sorry for what I did to you, and I am  
trusting you will be able to move on with your  
life.

I am sorry for what I did to you, and I am  
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trusting you will be able to move on with your  
life. I am sorry for what I did to you, and I am  
trusting you will be able to move on with your  
life.

## **ANNEXURE 14**

### **APOLOGY**

#### **Typed version**

I am writing to you about something you probably want to forget, but it is important for me to tell you, how I feel. When I kissed you and touched you in places I wasn't supposed to, it was the biggest mistake a person could make, I don't blame you if you hate me, because I would probably feel the same way. What I did was wrong, I violated your body and I took away your innocence, something which I can never replace, and I hope that you will never ever blame yourself for what happened, because it was not your fault, it was mine! I as the bigger sister should have been there to protect you, not hurt you. I can only guess at how you felt, but I just want you to know that I am truly and really sorry. There is nothing material that I can give you which would replace your innocence that I cruelly and selfishly took away. I am really sorry and if I have to, I will spend the rest of my life trying to make it up to you. I can only promise to never do it again, because I will never. I hope that you won't hate me, but if you do, I won't blame you. I am so sorry for doing this to you. There is no way that I can make it up to you, but I will promise to try to be a better sister to you, one who will protect and not hurt you.

I am really sorry and I hope you can forgive me.

Lots of love