ANALOGUE DRAWING BASED ON GESTALT THEORY AS COPING SKILL FOR A SELF-INJURING ADOLESCENT GIRL: A CASE STUDY

by

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ABSTRACT AND KEY TERMS

Analogue drawing based on Gestalt theory as coping skill for a self-injuring adolescent girl: A case study

This research intended to explore and describe a self-injuring adolescent girl's experiences of using graphic symbolic analogue drawings as an alternative coping skill for emotional expression and a creative adjustment with regard to her problems. This study investigated concepts/themes from literature, regarding the phenomenon of self-injuring in adolescents; and explored theoretical aspects of the use of art/analogue drawing as part of a Gestalt therapeutic process. Data was collected by means of semi-structured interviews before and after the therapeutic drawing interventions, by observation and feedback from the participant. Data was analysed and interpreted against the background of the participant's problems, focusing on themes described in literature and experiential moments of awareness/reframing. Conclusions and recommendations are made; indicating shortcomings as well. This research may contribute to the knowledge base with regard to drawing techniques as alternative therapeutic intervention and also the value thereof for finding of immediate emotional release for patients.

Key terms:

Analog/symbolic drawing; self-injuring; adolescent girl; art therapy; coping skill, Gestalt theory; reframing; right brain hemisphere activities; self-awareness.

ABSTRAK EN SLEUTELTERME

Analogiese-tekeninge gebaseer op ‘Gestalt’-teorie as hanteringsvaardigheid vir die selfbeserende adolessente meisie: ‘n gevallestudie

Hierdie navorsing het beoog om ‘n selfbeserende adolessente meisie se ervaring van die gebruik van grafiese, simboliese analogiese-tekeninge as hanteringsvaardigheid vir uitdrukking van emosionele probleme en alternatiewe kreatiewe aanpassingstegniek te ondersoek en te beskryf. Die studie het konsepte/temas oor die fenomeen van selfbeserende gedrag by adolessente in die literatuur; asook teoretiese aspekte in die gebruik van kuns/analogiese-tekeninge as deel van ‘n Gestaltterapeutiese proses ondersoek. Data is versamel by wyse van semi-gestruktureerde onderhoude voor en na die tekenintervensies, deur observasies en ook terugvoer vanaf die deelnemer. Data is geanaliseer en geïnterpreteer teen die agtergrond van die deelnemer se persoonlike probleme met die fokus op temas in die literatuur en momente van eksperiële bewuswording en herformulering. Gevolgtrekkinge en aanbevelings is gemaak; insluitend tekortkominge in die studie. Die navorsing mag bydra tot die bestaande kennisbasis met betrekking tot teken-tegnieke as alternatiewe intervensies en ook die waarde daarvan vir onmiddellike emosionele verligting vir pasiënte.

Sleutelterme:

Analogiese/simboliese tekeninge; adolessente meisie; hanteringsvaardigheid; ‘Gestalt’-teorie; herformulering; kunsterapie; selfbesering; selfbewussyn; regterbrein aktiwiteite.

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God is the giver of all good things and He gave you to me, to lighten the way.

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May God in His infinite love and care, bless you in small and huge ways, keep and protect your every step, every day.

DECLARATION

I, Mariana Page, student number 0491-918-1, declare

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to be my own work and all other contributors have been acknowledged.

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Dated: 2010-10-01

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CHAPTER 1

INTRODUCTION AND OVERVIEW OF STUDY

1.1 BACKGROUND AND RATIONALE FOR THE STUDY

Self-injuring behaviour is on the increase according to reports at a recent seminar on depression and self-mutilation amongst children (Child Trauma Clinic Seminar, 2009). Amoore and Shamos (2009:1) state that it is estimated that more than 10 – 15 % of adolescents in South Africa have self-injured.

In this study a self-injuring adolescent girl, as a case, spent time in conducting a series of drawing interventions with the researcher, who is also a therapist. The adolescent's encounter with the experimental use of analog drawing techniques formed the basic investigation of this study. In this introductory chapter the rationale for undertaking the study; the problem it addressed; and the goal and objectives it aimed to accomplish will be stated. A basic outline of the research process that was followed, as well as some ethical guidelines and the key concepts important for this study will be provided in this chapter.

Self-injuring behaviour of a non-suicidal nature such as cutting, burning, and head-banging easily creates great discomfort for those being confronted by it, including therapists, the parents, teachers and friends of a young person who displays such behaviour. The discomfort in meeting with these acts may lie in the observer's view of the behaviour as harmful, even morbid meaningless violence against the self (Milia, 2000:43-44). Even the self-injuring persons themselves may often experience a high level of anxiety, with which they are not coping.

Self-injuring (hereafter referred to as SI) activities of a non-suicidal nature, are not characteristic of normal human behaviour (Milia, 2000:9,-10, 43-44; Turner, 2002:58-62), but are viewed as idiosyncratic/not typical, compared to the general norms of society (Levenkron, 2006:8, 10, 19, 24) and as potentially lethal (Levenkron,

2006:20, 25; Turner, 2002:51). Non-suicidal SI entails private purposeful self-inflicted violence with moderate damage to the skin surface, such as cutting, hitting, bruising and burning (Alderman, 1997:8-9).

SI clients are often anxious about several issues (Alderman, 1997:32) and do not know how to process overwhelming unpleasant thoughts, emotions or situations (Milia, 2000:86). Martinson (2002:1) states that self-injuring adolescents (hereafter referred to as SIA) have never learned a constructive coping skill to deal with feelings other than habitual self-harming behaviour (Alderman, 1997:35; Milia, 2000:10). SI is often a means of communicating 'what cannot be spoken' as the SIA becomes too anxious about negative emotions which inhibit expression (Levenkron, 2006:160; Milia, 2000:76,169; Turner, 2002:17).

According to the literature, SI is linked to anxiety (Alderman, 1997:32). Milia (2000:71-72) states that overwhelming feelings tend to be acted out upon the person's own body as the safest, most easily accessible target. Scientific biological findings indicated that the processing of visual images may be avoided when anxiety accompanies negative emotions (Barlow & Durand, 2005:130). According to Barlow and Durand (2005:130), visual imagery is necessary for biological-psychological adaptation to perceived threats. Visual processing takes place in the right hemisphere of the brain; while repetitive thinking, such as frantic, intense thought processes or worry without accompanying images, takes place in the left (Barlow & Durand, 2005:130). The left brain becomes so dominant with problematic thoughts, that the right brain becomes less active, leaving limited energy for creating visual imagery, thus inhibiting resolutions. This problem was originally described by Borkovec and Inz (1990) when investigating the Generalised Anxiety Disorder, as referred to by Barlow & Durand (2005:130). According to the Gestalt perspective, it means contact with the boundary (negative experience) is disturbed and rather retroflected, or turned inward (Spagnuola Lobb, 2005:33).

The SI phenomenon usually commences during adolescence with girls more readily admitting such (Alderman, 1997:19). Adolescents experience added developmental pressures, such as 'disembedding' from the family; individuation; reaching autonomy; and a need for self-expression of the inner voice, resulting in an inability to cope with the combined stressors (Case & Dalley, 2008;7; Toman & Bauer

quoting Mconville, 2005:182), often carried into adulthood with subsequent loss of quality-of- life.

From the above it becomes clear that for the anxious SIA to deal with negative affect a need exists to overcome blocking of visual imagery. Inductive reasoning infers that if right brain activity is needed for effective processing of anxious thinking, then the intuitive hypothetical solution statement is to become active in creative art (Ansdell & Pavlicevic, 2001:133, 154; De Vos, Schulze & Patel, 2005:6; De Vos, 2005a:34, Delport & De Vos, 2005:47-48), since one way to constitute a right brain activity is through drawing (Edwards,1979:37).

Art as a therapeutic intervention is not new in existing literature, but due to its psychoanalytic approach is mostly applied as a diagnostic mechanism, using traditional artistic methods (Freeland, 2001:105-107; Livinck, 1983:8-11; Milia, 2000:169, 172). Creative art is further viewed as an aid in intuitive non-verbal expression, and often the only way for some pathological patients to express themselves (Amendt-Lyon, 2001:229, citing Perls from Kurdika, 1982:32). In Gestalt therapy, creativity is often employed experimentally to facilitate exploration of the inner world (Melnick & Nevis, 2005:107-108).

Analog drawing (hereafter referred to as AD), a non-picturesque drawing technique for teaching art and rarely used in psychotherapeutic interventions, was developed by Edwards, professor in art. AD, based purely on descriptive line drawings and geometric shapes, can be presented as a number of exercises, where emotions are drawn out; in the words of Edwards, “the drawing out of insight”. An example would be to use only lines in demonstrating the experiences of joy or anger. The goal is to dredge up the inner life of the mind by using an alternative, visual language to give it tangible form (Edwards, 1986:66). Exploring the AD by asking oneself questions about the experience, a person develops the ability to perceive things freshly and in their totality, seeing underlying patterns and possibilities for new combinations (Edwards, 1979:5). The AD technique is an easy skill to learn. Since no real pictures are drawn, AD can be applied by anyone in any space depicting various problems (Edwards, 1986:8,130). Although the creative process is currently receiving more recognition as a healing experience (Milia, 2000:12), the researcher contends that the simplicity and immediacy (Edwards, 1986:8,130) of AD may be specifically useful

for SI clients who need immediate impulse-control techniques or emotional release. As anxiety in relation to emotional expression may be lessened while applying this easy accessible drawing technique – it may facilitate a constructive coping skill for the SIA.

The Gestalt therapeutic philosophy provides the ideal background for the experimental and experiential nature of this study (Spagnuola Lobb, 2005:26-27). An artistic creative process in Gestalt involves authentic self-expression, insight of figure-and-ground and emerging patterns, reorganisation and reconfiguring of the familiar until "all the elements of the field suddenly make sense and seem to fit" (Amendt-Lyon, 2001:225-226). Amendt-Lyon adds that alternative and safe options for problems can be found through self-regulating homeostasis in a holistic way by route of artistic expression. Phenomenological self-expression brings the client to insight/self-awareness and alternative coping/contact with the self and her field (Amendt-Lyon, 2001:226).

The researcher, a student in Gestalt philosophy, registered counsellor, Lifeline counsellor and art teacher for some years, would like to implement this pilot study of AD as an experiment based on Gestalt philosophy. The aim would be to provide the self-injuring adolescent girl (hereafter referred to as SIAG) with an alternative form of self-regulation, contributing a coping skill hereby in order to creatively adjust hidden unfinished business, by reframing and ascribing alternative meanings (other than immediate SI activity). The idea is not to prevent SI as such, but to provide an alternative choice for the SIAG in satisfying expressive needs of the moment.

Turner (2002:15) describes the SIA as feeling trapped in pain, whereas symbolic AD may become a non-threatening technique for moderating anxiety by activating right brain imagery; facilitate nonverbal and visual expression of inner thoughts; alter/elevate levels of mood; process problems more holistically and thus postpone or lessen habitual SI behaviour. The added coping skill, if effective, may be applied in various Gestalt and other therapeutic interventions.

1.2 PROBLEM STATEMENT AND FOCUS

The problem for this study is that SI adolescents lack alternative coping skills (Alderman, 1997:14.17), as they avoid biological processing of visual imagery during

anxious and problematic emotional situations (Barlow & Durand, 2005:130). SI then becomes a learned habitual maladaptive behaviour of fixed thinking-feeling-acting patterns to cope with stressors (Alderman, 1997:35). AD may provide the SAI with a mechanism for non-threatening visual processing, facilitating reframing of habitual thinking-feeling-acting (Edwards, 1986:136-137). The use of AD as a coping skill for SIA has not been researched, since it was historically developed by Edwards as a creative technique to teach drawing.

The implication is that the SIA's destructive choice of contact style (retroflection in the form of SI-activities), results in the SIAG not finding healthy resolutions of needs, but rather developing an impaired sense-of-self in her field. More negative consequences are guilt and shame; added tension about the secrecy; isolation and not entering into life fully; craving for the addictive actions and the resultant maladaptive self-nurturing relief; not communicating inner experiences and not coping (Alderman, 1997:80, 114-115, 118-119).

From the literature it has become apparent that often therapists, parents and teachers are unable to address the phenomena of SI effectively (Alderman, 1997:21-22; Levenkron, 2006:25, 59; Milia, 2000:10-11; Turner, 2002:5). Easy solutions are not apparent and a need still exists to find more interventions.

1.3 THEORETICAL POINT OF DEPARTURE, RESEARCH QUESTION, GOALS AND OBJECTIVES

1.3.1 Theoretical point of departure

According to Ansdell and Pavlicevic (2001:21), theory provides a framework which helps the researcher to make sense as it "describes, organises, supports and explains...".

From the Gestalt therapeutic philosophy Perls (1989:34, quoted by Amendt-Lyon, 2001:245) describes artistic creation "as the organization of a multitude....experiences…into a meaningful, integrated whole, a unity…". Safe alternative options for problematic issues can be found through self-regulatory creative activities. Amendt-Lyon (2001:240) further describes the process of creative

adjustment as the whole (holistic) person involved in an attempt to create a good gestalt. Phenomenological self-expression can bring the client to insight/self-awareness and alternative coping/contact with the self and boundaries. Reynolds (2005:153-158) and Woldt (2005:375-376) embrace creativity for development and growth for optimal self-support in childhood.

In the Gestalt perspective, Sharoff (2004:74-75) describes the development of coping skills as 'Gestalt Management'. He argues that reframing of mood and thinking is possible by way of choosing a new figure consciously as opposed to automatic acting on what is presented in the foreground, even during times of discomfort. From this can be deduced that creative artistic use in Gestalt therapy addresses the issue of avoidance of anxiety, as well as the need for self-expression, which could alter contact-making styles for the SIAG.

1.3.2 Research question

The research question focused on the problem and in this instance asked a non-empirical question as to indicate *how* a technique is experienced in a specific context (Ansdell & Pavlicevic, 2001:27; Mouton, 2001: 53).

> *How can analog drawing as coping skill facilitate self-awareness, insight and non-threatening reframing of negative affect or/and thinking patterns, for the SIA towards alternative creative adjustment?*

1.3.3 The goal

With a case study, the goal may often be to determine whether an event has had any effect on the subject (Bless & Higson-Smith, 2000:67-68). The goal of this study was to explore and describe how AD as coping technique may provide the SIAG with an alternative form of self-regulation and creative adjustment, other than immediate SI activity.

1.3.4 Objectives

Objectives, as the specific changes needed to enhance the broader goal, (De Vos, 2005b:398) were:

- to investigate concepts/themes with regard to SIAG behaviour and coping skills described in literature;
- to explore theoretical aspects of creative art and AD, as part of a Gestalt therapeutic process;
- to collect data, by means of pre- and post-intervention semi-structured interviews, observation and drawings, including feedback-notes from the participant;
- to analyse/interpret and compare collected data against the background of the subject's stated problematic areas, focusing on themes and experiential moments of awareness/reframing by the participant when exploring her AD; and
- to write a comprehensive research report on conclusions and recommendations to other therapists and practitioners, also indicating the shortcomings of the study.

1.4 RESEARCH APPROACH

The subjective exploration of personal problems and phenomenological description of observed and experienced processes, necessitated a qualitative research design (Fouché, 2005:269). The phenomenological approach of the Gestalt perspective allowed the subject to present her meaning for experiences. This study followed applied research with an explorative and descriptive nature to gain in-depth information on a creative intervention technique, opening the way for future research on the technique (Fouché & De Vos, 2005:105, 109; De Vos, 2005c:392-394).

1.4.1 Research design

The empirical research design of this case study was implemented with the primary data collected by way of a controlled experimental intervention technique (Mouton, 2001:144-145, 149).

A case study of a SIA girl in a specific town (name of town withheld) provided the richest feedback through description and observation by client and researcher of the experiment and experiences (Ansdell & Pavlicevic, 2001:137,139; Fouché, 2005:272). Use was made of a drawing intervention, referred to as AD.

1.4.2 Research method

The methodology provided the systematic and objective use of specific tasks (Mouton, 2001:55-56, 150):

- During an informative interview, semi-structured graphic techniques were used to gather contextual information, focusing on potential stressors in the subject's field(s).
- The participant attended a series of 8-10 consecutive drawing-intervention sessions of one and a half hours each, conducted by the researcher. Drawing techniques were initially demonstrated and in later sessions applied to the participant's needs, observing and recording her experience phenomenologically.
- Data collected was video recorded to increase validity and to assist with the accuracy of transcribing moments of awareness, insight and reframing.
- Final semi-structured interviews with the participant were included to evaluate the process and the use of the technique as coping skill, independently from intervention sessions.
- Fortunately a baseline of frequency of the SI habit could be established and reported on.

1.4.3 Sampling

The universe is the total collection of persons sharing characteristics; the population is the targeted group of persons and the sample a representative subset (Steyn, Smit, Du Toit & Strasheim, 2003:16). Non-probability-sampling applies to qualitative research as it is argued that any case will have attributes of the universal (Strydom & Delport, 2005: 328).
For this study the universe was all SIAG(s) in Gauteng; the population was SIAG(s) in a specific town (name of town withheld); one sample from several subjects as referred by the senior personnel at a local place of safety/children's home where the study has been introduced.

Criteria for purposive sampling were the following:

- an adolescent girl between and including ages 13-18;

- habitual self-harming displayed, e.g. cutting, burning;
- voluntary participation (Strydom & Delport, 2005:330);
- the participant known to parents/guardians as an SI person; and
- not being involved in treatment programmes elsewhere.

1.4.4 Preparation for data collection

Greeff (2005:293) indicates the necessity for a clear definition of information, questions and answers needed. A focused literature review with adaptation of Edwards' (1979;1987) drawing instructions, techniques and explorations of drawings, guided the construction of the intervention schedules, focusing and simplifying them to be appropriate for addressing emotional expression of the SIAG.

1.4.5 Data collection techniques

Data collection utilised multiple information sources to build coherent justification of themes, ensuring objectivity (Cresswell, 2003:196) in the form of semi-structured interview techniques before and after the intervention; the drawings and open-ended feedback from the participant during the process; observation notes; and video recordings to support transcription of meaningful moments during the drawing intervention technique.

1.4.6 Data analysis/literature control

Data was organised in categories and themes and significant moments were highlighted and documented (Ansdell & Pavlicevic, 2001:144-150). As the data collected included the perception of the participant; the therapist verified it with the literature. In this way triangulation was established and trustworthiness would be ensured in terms of credibility, transferability, dependability and conformability (De Vos, 2005b:346).

1.5 ETHICAL ASPECTS

Both participants in research and clients in psychological interventions need to be treated according to ethical principles and guidelines. These include informed consent (an example of the document for the consent is provided in Appendix A),

considering any potential risks involved during the research, the right to withdraw from the study and to maintain autonomy at all times, as well as the right to confidentiality and to be treated with respect, dignity, integrity, truthfulness, compassion, tolerance, justice and professionalism. These aspects are encapsulated in two basic principles, namely non-maleficence and beneficence, which means no harm should be done to a patient/participant; alternatively the best interest of the patient/participant should be of primary concern in both research and therapy (Health Professions Council of South Africa, 2007a:9).

During the first meeting with the participant ethical aspects were fully discussed: the role of the researcher (including providing therapeutic assistance if emotional responses indicate such a need); acceptance of the adolescent with her SI behaviour; explanation of the nature of the drawing sessions and the analog drawing technique; the handling of the research material; confidentiality (including limits to confidentiality) and informed consent; voluntary participation; and the right to withdraw from the research at any time (American Psychological Association, 2001:387-396).

The participant was allowed ample opportunity to ask questions before signing consent forms and seemed reassured by the ethical considerations. The participant insisted that no video-recording be made available to persons other than the researcher.

This study was *not* attempting to provide a complete therapeutic process needed for a case of a SIAG, although the presence of the researcher as therapist during drawing interventions provided safety and containment for the client when potentially volatile psychological material arose (Milia, 2000:12). The intervention sessions focused on providing an alternative drawing/coping skill and did *not aim to stop self-injuring behaviour* as such. Martinson (2002:1) suggests that a major goal of treatment for SIAG(s) should be to express emotion, as emotion previously had been invalidated and it is not necessary to stop the SI behaviour immediately. ”Contracts in which clients pledge not to hurt themselves tend to produce negative therapeutic effects” (Alderman, 1997:204). One can however encourage the SIA to report all SI-incidences, but one would have to consider non-compliance in this instance too (Ashdown, 2009b: interview).

1.6 DESCRIPTION OF THE MAIN CONCEPTS

Analog drawing

"Analog drawing" (AD) is the term used by Edwards (1986:95) in her historical and seminal work and since almost the whole of the drawing technique is based on Edwards' work, the researcher maintained her chosen wording in this study, as opposed to using the term "analogue" . AD is the drawing of unrecognisable images by mere use of lines, forms, colours, and purposefully or non-purposefully representing emotional content for the participant. The potential value of analog drawing is discussed in Chapter 3; and the specific phases with guidelines for exercises used to collect data for this study are fully described in Chapter 4.

Coping skill

"Coping skill" is the ability to handle both the demands of day to day living and stressful life events, especially aiming to reduce stress related to these, where "stressors" point to the various sources of stress. "Stress" is defined as an "unpleasant state of arousal that arises when we perceive that the demands of a situation threaten our ability to cope effectively" (Compton, 2005:117-120; Kassin, Fein & Markus, 2008:510-511). The inability of the SIA to cope as reported in literature, is described in Chapter 2.

Self-injuring

"Self-injuring" is the term used by Turner (2002:59) for a proposed inclusion of this phenomenon in the *Diagnostic and Statistical Manual of Mental Disorders – Text Revision* (hereafter called DSM-IV-TR); and was therefore the term chosen for this study by the researcher. SI behaviour entails purposeful self-injury and this study focuses on the 'cutting' phenomenon which leaves injuries. Not all self-harm leaves injuries, but the complete SI phenomenon is extensively defined in Chapter 2.

Adolescent Girl

"Adolescent girl" defines the age of the intended sampling criteria of a participant for this study, since SI commences in this period. Louw, Van Ede & Louw (1998:384-385) indicate that adolescence can fall between the ages of 11-21.

Gestalt theory

"Gestalt theory" is the theoretical base for this study due to its great compatibility and ability to accommodate the use of art and creative endeavours in therapy and is described in Chapter 3.

Self-Awareness

In Gestalt therapy a methodological principle is to develop awareness. The client is guided in the experience of self-discovery in the present, the now. To be fully present and in contact with the processes and with what is happening in the now, is considered to be healthy functioning (Ingersoll, 2005: 139-141, referring to Latner, 1973).

Reframing

Ingersoll (2005:139-140) refers to Perls, Hefferline and Goodman (1994:64), when he describes that experiential Gestalt exercises create a safe emergency. In this situation, anxiety in fuller contact is experienced and it is safe to bring the repressed material into the foreground and to allow it to become figural. The patient accepts the new figure as his/her own as he/she experiences a new possibility of making contact and rediscovers his/her functionality, creating a new organisation (reframing) of the experience (Spagnuaola Lobb, 2005:27).

1.7 LAYOUT OF THE CHAPTERS OF THIS STUDY

Chapter 1: An introduction and overview of the study are provided in Chapter 1 including the rationale for the study, the research problem and research question. The research method used is introduced and the ethical aspects and key concepts are described.

Chapter 2: An investigation of literature reports and theoretical considerations connected with the SI phenomenon will be investigated and the typical background and functioning of the SIA explained.

Chapter 3: The use and value of art therapy with a focus on the potential of AD techniques will be placed within a Gestalt therapeutic framework.

Chapter 4: The research methodology used in the 10 sessions to collect data, with extended descriptions of the chosen drawing techniques, will be provided in Chapter 4.

Chapter 5: Data analyses to report empirical results will be described, the data presented and interpreted.

Chapter 6: The conclusions reached in this study, limitations and recommendations will be reported.

1.8 CONCLUSION

AD was successfully applied in the artistic world previously. AD proved to make a difference for the SI person, and therefore may become an additional valuable mechanism for the helping professions. In the SIAG's experience of herself and her problems, AD contributed to alternative coping skills and helped to improve life-quality in general, on a subconscious cognitive and affective level. It counteracted previous tendencies to avoid processing material with negative affect and helped the person instead to enter into experiential intrapersonal assimilation and integration of unfinished business previously avoided.

This technique built a bridge to replace the clients' previous patterns in thinking, feeling; acting with an easy mechanism to alter those and even a way of reaching elevated levels of mood, in some instances. Even where this research indicated that the levels of mood were not elevated, it still provided some insight into these avoidance-techniques or over-processing, as applied by self-harming adolescents specifically – looking at the resistances and contact boundary disturbances the client displayed. It might become a very valuable intervention tool.

The semi-structured 'analog drawing' exercises presented in this research developed into an experience of 'flow' in some instances, which Davis (2009:101, referring to Csikszentmihalyi, 1975) described as withdrawal from the external world and its controls to the temporary loss of self in a creative task or activity, and assisting healthy growth. For the struggling teenager this can be a great non-threatening avenue of expression and route to self-awareness. This experience is exactly what one hopes can be achieved. This technique proved to be effective on various levels

and in various applications in this study. It can further be developed into a presentable programme, model or self-directed coping mechanism. It may consequently contribute towards the field of mood disorders where avoidance of pain, emotional expression and impulse-control also play a role. Therapists need to investigate various techniques to provide alternative coping skills and to provide the best practice for their clients.

CHAPTER 2

THEORETICAL CONSIDERATIONS AND LITERATURE REVIEW ON THE SELF-INJURING PHENOMENON

2.1 INTRODUCTION

The goal of this chapter is to investigate the phenomenon of self-injuring (SI) as described in existing literature. Recognising the extensive amount of knowledge available, this chapter will focus on significant and valuable information in accordance with, or opposing aspects applicable to this study. It is of importance to investigate established factors which should to be taken into consideration when dealing with a self-injuring adolescent (SIA) person in his/her context and in therapy.

The aspects to be discussed in this chapter will include a compiled definition of SI and what SI is *not*; the pathology of self-injuring behaviour; theoretical approaches and therapeutic models including Gestalt theory; coping skills of adolescents; causes of SI and the family of origin; consequences of SI, including the addictive factor; therapeutic considerations; responses to SI and the need for research. Also discussed are various 'universal' themes in the life of an SIAG, as these will direct the explorations of the drawing intervention in this study.

2.2 WHAT IS SELF-INJURING? – THE DEFINED SI-CRITERIA FOR THIS STUDY

This section will indicate the definitions and criteria which describe what self-injuring behaviour entails, as well as proposed criteria where Turner (2002:58-62) emphasises addiction and dysfunction.

Although the term 'self-mutilation' was used in 1988 by Favazza, a pioneer in this field (Turner, 2002), and 'self-harm' is used generally today (Ashdown: 2009b, interview), self-injuring and self-harm are used interchangeably in literature. The term '**self-injuring' (SI)** will be used for this study, as it is the proposed research terminology for the description of SI (Turner, 2002:59), to be used in the *Diagnostic and Statistical Manual of Mental Disorders- Text Revised,* published by the American Psychiatric Association.

2.2.1 Definition of SI

There is a need to clarify the definition of SI which will be applicable to this study. The most important distinction that sets it apart from various other forms is that SI can be defined as the use of self-injury as method of coping due to **psychological distress and/or overwhelming internal emotional pain** (Alderman, 1997:183; Turner, 2002:1).

Self-injuring behaviour for this study is thus comprehensively characterised as (Alderman, 1997:7-9; Turner, 2002:58-62):

- *recurrent* self-inflicted violence *done to the self* and not done by another person – the SI person is the recipient of his/her own abuse;
- a sense of *tension present* just before the act (Levenkron, 2006:25);
- *physical violence with pain or injury,* including injuries which do leave marks/wounds, but sometimes do not;
- *pleasant feelings* connected with physical pain (Levenkron, 2006: 25);
- SI violence is hidden and done in *private,* but done *on purpose,* more often planned and ritualistic, than spontaneously or impulsively;
- followed by feelings of *shame* (Alderman, 1997:12,53; Levenkron, 2006:25); and
- not part of classification or criteria for another disorder.

The ways in which violence to the self can be executed include (Alderman, 1997, 17, 22-26, Turner, 2002:3):

- injuring arms, wrists, legs, chest, stomach, face, neck, breasts, genitals;
- cutting with various forms of sharp objects and instruments;
- burning with cigarettes, lighters, heated objects, chemicals;
- head-banging or hitting or bruising oneself with fists or other objects, also repeatedly pinching oneself, even breaking one's own bones with the aid of an instrument;
- inserting objects like pins and needles into the skin, and sometimes ingesting sharp objects;
- interfering with healing of wounds, picking scabs, removing stitches, scratching;
- scratching till it bleeds or nail biting/biting oneself; and

- pulling and removing hair from scalp, eyebrows or beard until bold spots remain.

From these comprehensively compiled characteristics, it is clear that self-injuring behaviour can vary greatly in the ways it presents itself. All of these characteristics have the exclusive purpose, namely to relieve emotional pain and to get rid of disturbing emotions.

2.2.2 Other forms of SI not included in this study

Acknowledging the existence of various other forms of self-harm, this study has to focus and describe its field of attention. The following section will explain the basis on which non-relevant material was excluded.

It is important to take note that SI is *not* an attempt to commit *suicide*, not the cessation of life*,* but rather an attempt to cope and to feel better, to "sustain life". It would however be possible for SI actions to go wrong, leading to an accidental, undistinguished, unplanned death. This means SI can be life-threatening, dangerous behaviour (Alderman, 1997:8,102-103; Levenkron, 2006: 20, 25).

SI is *not* merely negative self-talk, emotionally punishing oneself, self-defeating behaviour, or badmouthing oneself. Some admirable forms of endurance of painful experiences, proving strength and willpower, such as extreme exercising, are *not* considered an SI-activity, as it may *not* have the primary purpose to relieve emotional pain (Alderman, 1997:8; Milia, 2000:15). Such activities may however, be part of the SI person's life.

This study does *not* include tattooing, body-piercing, plastic surgery performed by another person and the pain tolerated for *aesthetic* reasons (Alderman, 1997:10-11). It also does *not* include self-inflicted injuries and wounds which form part of *ritualistic/religious/spiritual* expressions. Such conduct includes passing-of-rite, milestone indications and ritualistic or cultural mutilations to gain entrance into a group or society. Even while it may be hidden, it would be considered desirable, *group-sanctioned* SI, helping members to identify with the group and to find a place of belonging. Examples of marginalised norm-defying subgroups could include the EMO-, Goth- and Satanist cultures (Alderman, 1997:11-12; Milia, 2000, 16; Levenkron, 2006:23).

Group-sanctioned forms of SI are greatly on the increase and do warrant attention (Ashdown, 2009a: seminar). These infectious imitating forms of adolescent trendiness are *not* the focus of this study, neither is imitational behaviour for secondary gains such as attention, medication or communication (Alderman, 1997, 189; Levenkron, 2006:23).

It is important to mention again that for this study, distinctive secretive SI behaviour is indicated, which is performed as a method of coping with psychological distress or severe internal emotional pain (Alderman, 1997:183; Turner, 2002:1).

2.3 THE PATHOLOGY OF SELF-INJURING BEHAVIOUR

This section will describe self-injuring as a disorder/syndrome; investigate the positioning of SI in the broader field of psychological disorders; and will mention aspects of other appearances of SI behaviour which will be excluded in this study.

In the DSM-IV-TR (American Psychiatric Association, 2000:710), the only inclusion of self-injury lies in the criteria describing Borderline Personality Disorder (BPD), which is a lasting disorder with extreme fluctuating emotions and behavioural patterns, affecting all relationships and daily functioning. However, most authors and the researcher agree that *not* all patients with SI behaviour are of the BPD and *not* all BPD cases take up SI. “Laceration of wrists” is mentioned as a medical condition on the Axis III of the DSM-IV-TR (2000:810), thus not yet recognised as a disorder of its own (Alderman, 1997:104-106).

2.3.1 Co-morbidity, eating disorders, personality disorders

The phenomenon of self-injuring often functions in conjunction with various psychological problems. Clients enter therapy for other issues and will then reveal the self-injuring behaviour later.

Self-injuring can present in co-morbidity with eating-, personality- and other disorders. SI may also present co-morbid with a history of childhood abuse and trauma, as a co-dependency (dependence on negative patterns in other significant persons), co-morbid with Obsessive-Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD), Dissociative Identity Disorder (DID) and often with depression and anxiety as well. SI may further be considered to contain elements of

the Impulse-Control Disorders (Levenkron, 2006:25; Turner, 2002:254). Closer to SI lies Trichotillomania (hair-pulling), which is classified by the DSM-IV-TR (American Psychiatric Association, 2000:674) as one of the Impulse Control Disorders.

The SI person may have a history of substance abuse, due to its mood altering abilities. Although substance abuse, the use of alcohol, diet pills or the smoking of marijuana, may appear simultaneously with SI activities, it just as often does *not* appear together, as all indicate similar coping needs (Alderman, 1997:20,100).

In many instances the SI person is involved in eating disorders such as Anorexia nervosa and Bulimia nervosa. The anorexic person, similar to the SI client, feels at least that he/she has control over his/her own body and uses maladaptive behaviour as a way to cope with emotional issues. Bulimia also operates as coping mechanism to regulate tension and to disassociate from or to numb distress, through the act of binge eating or purging. The induced feelings of euphoria are eventually replaced by feelings of guilt, shame or remorse. Chronic overeating, resulting in obesity, is also viewed as a form of bodily abuse and self-directed oral aggression (Alderman, 1997:20, 97; Milia, 2000:48, 85; Turner, 2002:4, 67-68).

It is clear that the SI patient may use and develop various maladaptive and pathological behavioural patterns. The SI person lacks the ability to effectively regulate or cope with his/her emotions and ‘affective states’ (Alderman, 1997:20-21).

2.3.2 Other psychological disorders where self-injuring occurs

Self-injuring behaviour may also occur within other psychological disorders which do *not* form part of this study. For instance, masochism is *not* considered to be SI, as it has the purpose to provide sexual arousal (Milia, 2000:48-49). Equally the physical alterations due to a Body Dysmorphic Disorder (American Psychiatric Association, 2000:507) are aesthetic of nature and mostly not carried out by the persons themselves.

This study does *not* include psychotic patients, who due to their psychosis have lost contact with reality and react on hallucinations and delusions as well as self-injuring at times. However, these may be extreme forms of SI, such as attempting to

amputate a body part or remove an eye, and require intensive psychiatric care (Alderman, 1997:183-186; Turner, 2002:18-19).

Also *not* included in this study is the category of organic type of patients, who due to mental retardation or other mental disorders for instance indulge in continuous head-banging or biting. This type of SI occurs in the presence of others and possibly has as purpose to increase a sense of sensory input in their lives and is reinforced by the attention then received (Alderman, 1997:183-186).

Various forms of self-harm exist, with different psychological motivations, which can be interpreted in the broader context of society and the discipline of psychology. For this study specific criteria are indicated which set SI apart from other disorders (Levenkron, 2006:23).

2.4 THEORETICAL APPROACHES AND THERAPEUTIC MODELS APPLIED TO SELF-INJURY

In search of explanations for self-injuring, various theoretical views need to be considered. In literature the psychoanalytical perspective offers the most extensive hypothesis to help us understand SI, while other perspectives supply relevant views as well. Treatments are therefore based on theories and techniques such as: psychodynamic therapy; cognitive-behavioural approaches; humanistic and existential approaches; the ecosystem approach; and Gestalt theory, amongst others.

2.4.1 Psychodynamic perspectives

Founders of **Psychoanalysis** such as Jung, Adler and others, based most of their work on Freud's theories. Psychoanalytic views progressed from biological influences through social influences to cultural influences (Meyer, Moore & Viljoen, 2003: 16). This perspective considers conflict within hidden forces, beneath conscious awareness, as an important influence on thoughts and feelings. During psychoanalysis special consideration is given to the influence of parents on the child's development (Colman, 2003: 598 s.v. "psychoanalysis").

Milia (2000:49-55) maintains in-depth arguments based on Freudian theories, including life and death instincts. She considers a self-injuring person's

subconscious conflicts to be connected to the Oedipus complex. An analogy is found in Oedipal ideas around castration of the penis to 'cutting away', displaced onto injuring of the skin (Milia, 2000:53-54, 64). The researcher found some of her statements and other lengthy discourses in her work intriguing, however at times unsubstantiated, as they are not proven empirically. Milia (2000:51-57) has argued extensively on Freud's model of the opposing life and death forces as applied to masochism, to include for instance suicide attempts and self-mutilation. The conclusion expressed was that with enough positive feelings of love, hostility may be turned constructive and create efforts, including symbolic aesthetic expressions. Opposed to this, when there is not enough love to neutralise the hostility, a person may defensively redirect aggression onto him/herself and considering Oedipal guilt-feelings, substitute his/her own body for acts of violence. The skin becomes "a canvas" to connect inner and outer worlds of individuation and separation, which can be directly translated into the situation of the SI person.

Erickson's developmental stages originated from the psychoanalytic perspective. It concentrates on task development during childhood (Weiten, 2007:431, 446). Noteworthy is the indication that adolescents need to succeed in identity-formation as opposed to role-confusion to reach trustworthiness (Meyer *et al.,* 2003:195). The Gestalt perspectives of adolescents' 'developmental lines' (Toman & Bauer, 2005:184), show great similarity as they aim to move the adolescents from dependence to 'self-reliance', 'body independence', 'companionship' and finding their own occupation.

For self-injuring, emphasis can be placed on the following theories within the psychoanalytic perspectives, namely Attachment Theory (Bowlby, 1973, 1988, referred to by Mash & Wolfe, 2005;47) referring to emotional bonding; and the Objects Relations Theory (Winnicott, 1953, referred to by Milia, 2000:67) (Mahler, 1968, referred to by Corey 2005:77). Both consider positive responding (versus a negative presence) of the mother. A baby is expected to develop a sense of separation/individuation. The child will eventually be able to place love onto a separate 'object'; thus helping to form positive relationships in future. Consequently, with regard to maladaptive attachments, a child may experience anger towards a distant, withdrawn or aggressive primary caretaker who did not tolerate expressions of any anger from the child. On the contrary, a passive personality type may

associate love and pain with this aggressive, punitive, rejecting, neglectful parenting. It may result in a clinging, anxious, submissive child and a resultant sadistic-masochistic play between parent and child (Milia, 2000:49, 56-58, 67).

Another attachment problem is the outcome of an 'intrusive' mother, complicating separation and individuation. The child may be unclear about where the self ends and the other begins. Attachment to the point of 'merging' leads to a chaotic lack of boundaries; over-identification with each other; and non-verbal but violent reactions, with an underlying urge for severance. The SI person will initially deny the pain of separation and then master the pain by way of SI, healing the self (Milia, 2000: 59-61.88). On the other hand, attempts to restore containment is symbolised by the skin and displayed by cutting, scratching, tearing at the skin – even to the degree of trying subconsciously to unite, be joined to the parent by the blood again, a reconstructed cohesive whole (Milia, 2000:62,63).

The researcher would caution readers not to use the previous two paragraphs in reaching generalised conclusions with regard to causative descriptions of SI behaviour, as SI persons present with great diversities of character and origins of behaviour. Nevertheless, according to Levenkron (2006:93-94), in the event/circumstances depleted of attachments/restorative relationships, a person risks to develop psychological and behaviour disorders such as obsessiveness, phobias, depression, eating disorders, obsessive-compulsive disorders, and self-mutilation.

Most of the literature on SI is based on psychoanalytic perspectives. Aspects such as attachment problems as discussed above will specifically feature as the child enters adolescence when the need to individuate and establish autonomy arises (Milia, 2000:59-61). The longer disturbed attachment patterns operate in the life of a child (emotionally distant from parents), the more ingrained defences and patterns come into the personality (Levenkron, 2006:44). In Gestalt such ingrained patterns agree with the idea of a 'fixed gestalt'.

2.4.2 Behavioural perspectives

Behaviourists consider how learning takes place; how it influences behaviour; and how it is enforced by environmental reactions. Skinner, Bandura and others, have

varying views, ranging from unconscious learning to cognitive learning. It includes models such as Operant Conditioning (behaviour controlled by its consequences) and the Observational Learning Model (learning from observing others) (Alderman, 1997:87-88; Weiten, 2007:224,243).

According to Levenkron (2006, 88-89), positive achievements are called learning, while destructive ones are called disorders. Likewise, maladaptive learning may either be need-based 'accidental' discovery, or copied from a role-model without direct encouragement or instruction. This kind of learning occurs unconsciously, without thinking. As the process becomes an automatic pattern, the problem for the SI person lies therein that the self-destructive actions are pushed further, with increased damage, strengthening the addictive factor (Alderman, 1997:13, 82-85).

In **Cognitive-Behaviour Therapy** and **Rational Emotive Behaviour Therapy** Beck and Ellis, referred to by Corey, (2005:269-270) would attempt to challenge and change 'false belief systems', such as that of an abuser still viewed as a 'kind'/'good' person (Turner, 2002:252) and consider the re-formation of beliefs as important for the SI user.

Different forms of learning may partially be causative of self-injuring, and the habit may subsequently be reinforced. By investigating and challenging the patterns and beliefs of the SI, awareness and re-construction may be initiated.

2.4.3 The systemic-approach

The main consideration here would be the family-system as part of and creating the environment. This is observed where a child presents symptoms which are actually indicative of and inseparable from a larger dysfunctional family-system (Mash & Wolfe, 2005:47-48).

In service of self-preservation a child has to maintain a relationship with the caretaker. The child will direct aggression inward to the self in order to maintain the parent as 'good' and will take on the role of the 'bad' person. The SI person acts as a 'scapegoat' for the family's dysfunctions and will find atonement/purification of sin by way of spilling-of-blood (Levenkron, 2006:39; Milia, 2000:17).

According to Zinker (1992:84), Gestalt Therapy and the systems-oriented therapy ('system' being a 'formed gestalt') have many similarities such as, observing phenomena and individuals; system-processes, but with the systemic approach more interested in lasting effects; the whole being different than the parts. Both approaches are interested in boundary-changes; contact and relationship-forming at the boundaries which are of special importance during adolescence. The system forms a non-verbal third entity, which can be equated to the 'in-between' of Gestalt.

The researcher would consider systems-work to be important for the treatment of SI, since the evidence of dysfunction in the family of origin and communication problems in that system causative of SI are overwhelming.

2.4.4 Client-oriented perspective and Existential perspective

Frankl, Rodgers and others' existential/person-oriented/humanistic views emphasise the use of persons' inherent abilities to reach fulfilment in their lives, redefining themselves in self-directed growth (Corey, 2005:146, 164). The SI person often received disrespect resulting in a low self-esteem, which needs to be reconstructed by the SIA person. An interesting view is expressed by Levenkron, (2006:92) where he links 'rebuilding' of the SI person with 'reparenting' in therapy.

Gestalt also incorporates the humanistic approach where respect for the individual and his natural wisdom is highly regarded. This stance is called the 'I-Thou' of Gestalt as defined by Buber (Corey, 2005:133).

Existentialists such as Frankl consider the person's own ideals and the need to find his/her own meaning in life by way of his own will and experiences, as directive to optimum development (Meyer *et al*., 2003:16-17). The adolescent is experimenting with life to establish his/her views, ideals, morals, and the SI client may especially be sensitive to finding meaning in life. The Gestalt perspectives were influenced by many of these ideas, according to Woldt (2005:xxiii-xxv).

Psychoanalysis will consider and attempt to heal through awareness of the internal forces and conflicts resultant from parental conduct, driving the SI behaviour. Behaviourists look at learning and will attempt to dismantle set patterns/beliefs formed through reinforcement. Observing a dysfunctional family system, the lack of

support in the environment places the SI person at risk. Person-oriented approaches consider the client's inherent abilities with respect and the existential approach allows the client to experientially direct his own paths in life. The researcher considers all of these perspectives to address valid aspects in explanation of SI behaviour. The Gestalt therapeutic approach however will direct this study and will be fully discussed in Chapter 3.

To conclude, in literature more use is made of psychodynamic views, but all perspectives have relevant contributions, including the **Gestalt perspective** which is the paradigm for this study and is discussed fully in Chapter 3.

2.5 CAUSES OF SELF-INJURING BEHAVIOUR

Although similarities can be found in the histories of SI persons, one has to consider each individual as unique, with the self-injuring act carrying unique meanings for each (Levenkron, 2006:18). Some factors that may contribute to SI will be discussed in the next sections.

2.5.1 Family-of-origin of the self-injuring person

Behaviour embedded in family systems and interpersonal relationship patterns is considered to be a primary influence and causative of SI behaviour. Although it is not the focus of this study, investigating it will advance understanding of the forces in the SI person's life, which in Gestalt is called the person's 'fields'.

SI has a high correlation (more than half) with a background of childhood abuse, physical abuse, sexual abuse, verbal abuse, extreme neglect and even severe trauma such as incest and rape. It may further include attachment problems, emotional insensitivity, lack of protection, severe punishments, substance abuse, divorce or death, alcoholism and domestic violence in the family. In such an environment the child's right to well-being and respectful treatment is annulled (Alderman, 1997:45; Levenkron, 2006:33, 131; Turner, 2002:4, 249). Such a child would later in life even search for, find and commit to negative relationships, as these are familiar to him/her (James and Gilliland, 2001:365). Relationships may however suffer as a result from the feeling that it is dangerous to form connections with others, because people close to them hurt them and cannot be trusted.

The family-of-origin possibly provided a history of abuse and in self-punishment the SI person replicates it to express emotional pain. The family-of-origin did not allow, or blocked expression/release of true emotions. Feelings were ignored, denied, disputed, disregarded and expressions not modelled appropriately. For the SI person it seems futile to take this rage where it belongs (Alderman, 1997:21, 31; Milia, 2000:89, 90).

Messages which the child received through the abuse and neglect become internalised; for the Gestalt perspective it is introjected, messages such as “I’m a bad person, ugly, no good, worthless” (Turner, 2002:252). Dependent on an abusing person the child still remains loyal, assessing the parent as a ‘good person’. Such an inclination is equated by Milia (2000:16-18) to a religious act of self-sacrifice, where the SI person then displaces anger, rage and disappointment onto him/herself, turning it inward for the sake of peace and calm in the system, but subconsciously in conflict with the ingested. The ‘redeeming’ act absolves the guilt, relieves anxiety and becomes a way of self-support in difficult situations. A feeling of ecstasy ultimately accompanies the act of cleansing and purification of sin. Now the person has moved from helpless victim to creative survivor, according to Milia (2000:23). In a morbid attempt at self-healing, something (emotional pain, guilt) dies in order for the person to live (Milia, 2000:44-46). Gestalt would agree and calls it a ‘creative adjustment’ to reach homeostasis.

The SI person comes from a family where the system resulted in the person feeling angry, depressed, sad, numb, violated, powerless, guilty and anxious. Self-injury provides control, power, autonomy, relieves memories and pain (Alderman, 1997:29, 92-93; Milia, 2000:85). Martinson (2002:1) however, warns therapists that not all SI persons were abused during childhood, but simply states that the person might not have learned positive ways to deal with feelings.

2.5.2 Biological and Psychological pre-disposition to self-injuring

Apart from the environmental factor causing self-injuring as discussed above, inherited genetic factors and the psychological structures of a person are further major causative aspects in the development of self-injury (Alderman, 1997:20-21). Turner (2000:22-23) adds to the physical aspects, that psychological habit-forming

and addictive patterns in SI persons are caused by: unresolved childhood issues; deficits in the self or personality; learned behaviour; peer pressure; and spiritual deficits.

Biological pre-disposition to SI

There may be genetic or chemical dispositional irregularities in the SI patient's reactions to anxiety, panic and depression. According to Levenkron (2006:43, 239), "that of course, is purely speculative since we have no way of measuring this factor". However, the researcher is of the opinion that the science of neuro-psychology is developing so fast that we can expect a large increase of knowledge in this regard, where the work of Borkovec (1991) and colleagues (Barlow & Durand, 2005:129-131) can be viewed as representative thereof.

Attachment problems (and other trauma) lead to abnormal brain development in children (Mash & Wolfe, 2005:47-48). Anxiety develops when a person perceives something in his environment as dangerous or threatening, with the anxiety experienced as overwhelming for some people. 'Fight or flight' reactions are automatic responses in such situations. This stimulus-response pattern is an instant response with no time to reflect (Weiten, 2007:82-83) Newman and Borkovec (1995:1) report that persons who perceive the world as dangerous with worrisome thinking and who avoid negative images, will not activate typical nervous system responses, but this hyper-aroused, extremely distressed person may have "an autonomic inflexibility based on a deficiency in parasympathetic tone", what the researcher perceives as a non-typical response in the processing of anxiety. This results in behavioural avoidance and slow-decision-making which the researcher perceives as not coping effectively. Such persons are called 'autonomic restrictors', who show different mental and physical responses to perceived threats.

Borkovec (1991) and colleagues' (referred to by Barlow & Durand, 2005:129-130) research indicated/confirmed that an autonomic restrictor overuses the left brain hemisphere and does not reach the needed visual processing in the right brain. The researcher wants to emphasise that descriptions of **the autonomic restrictor are NOT linked to the SI phenomenon as such in this study**. However, the description of the overuse of the left brain in anxiety disorder and the need for use of right brain functioning provided a hypothetical reasoning to include creative and

drawing activities in therapy with the SIA. The analog drawing intervention technique of this study will provide assistance to engage the right brain. SI persons who lack verbal skills may gain from a non-threatening technique to process anxiety, simultaneously exploring the situation and expressing feelings

External or internal stressors trigger the SI client to be fearful of difficult situations and to avoid them. The anxiety is turned into immediate, desperate and ineffective responses.

Psychological pre-disposition

Self-injuring affects feelings, thoughts, physical sensations, and behaviour (Alderman, 1997:15). This pre-disposition and inability to regulate and manage psychological affective states such as anger and fear, create an urge in the traumatised SI person to self-injure (Alderman, 1997: 15, 33).

The SI client cannot distinguish minor from major dangerous situations. Due to a sense of disconnection from others, the SI client may expect an 'attack' coming from others and then needs a powerful distraction. Perceptual sensitivity and intellectual abilities fall apart under this emotional stress. Milia (2000:86) reported a case where the client "lacked the internal thought processes and mental self-soothing strategies to cope with tension, and overreacted to her overwhelming feelings with impulsive exaggerated actions such as suicidal gestures" (Levenkron, 2006:48; Milia, 2000: 70-71, 86-87).

It is not clear whether solutions for these pre-dispositions will be found in psychopharmacological treatments, behaviour and cognitive reconstructions, or in more than one therapeutic intervention combined.

2.6 CONSEQUENCES OF SI

Various severe negative experiences result from habitual self-injuring activities, some listed below. Development of both physiological and psychological addiction to the SI habit constitutes a serious dilemma for the SI client and therapist alike, on route to healing.

2.6.1 Biological and psychological addiction to SI

Biological addiction to SI: The following section will look at explanations on how a person becomes addicted to physical pain.

Self-injuring increases the biological release of endorphins (considered to be 'natural opiates' in the body) to manage pain and help the body heal from injuries, resulting in a euphoric/pleasant/peaceful feeling (Weiten, 2007:79-80). Limited research has been done to validate the suspicion that endorphins do not function adequately for some people, but rather poorly and at a level which is too low to be effective. SI patients may begin to rely on the 'feel-better' experience, but with an increased propensity to handle pain and with an increased need for endorphin, SI becomes addictive (Alderman, 1997:15, 40-41).

Alderman (1997:16) adds to the above that a possibility exists for SI persons to have too much dopamine, which inhibits the ability to think clearly and rationally. In addition, too little serotonin may be present, where it would have contributed to a calming effect. All of these may be genetically/physical pre-dispositions.

Genetically and mostly uncontrollable pre-dispositions or malfunctions in the nervous system advance the penchant to abnormal behaviour. The discipline of Neuroscience in psychology will provide more light on these phenomena.

Psychological addiction to SI

An addiction serves as a substitute, supplying the need for the SI client to resolve emotional pain/confusion/insecurity. The SI client needs to feel better/happy/more peaceful (Alderman, 1997:1, 7; Turner, 2002; 247).

For the SI client a psychological connection between pain and comfort/feeling good/being loved exists. Martinson indicates (2002:1) the relief from overwhelming pain/fear/anxiety during SI and that the SI client is scared to give it up. Some SI persons claim that the blood feels warm and soothing. Feelings of excitement and of being alive are addictive too. SI can be called self-medication, a feeling of being nurtured and cared for, of receiving attention, but with psychologically addictive results (Alderman, 1997:205; Milia, 2000:72). As the length of time using SI

increases whereby the patients use their maladaptive defences, their dependence on this psychopathological behaviour increases (Levenkron, 2006:87).

It can be concluded that the 'feel-better' effect of self-injuring is psychologically addictive, providing a solution to various psychological needs.

2.6.2 More consequences of self-injuring

Many adverse results of SI, such as a low-self-esteem, ineffective choice of coping, being trapped in his/her family set-up and conditions, or his/her own addictiveness and feelings of hopelessness can be listed. A couple of major consequences to be taken into account when dealing with the problems of an SI person are discussed in this section, including isolation, loneliness, shame, and loss of quality-of-life. More negative effects are described in 2.8 below as general matters of concern/themes for the SIA.

Isolation, secretiveness, loneliness and relationship problems: Avoiding emotional and social situations and hiding the self-injuring behaviour, the SI person goes into isolation. Lacking in non-verbal skills, the person listens to others, but tends not to talk or disclose him/herself, his/her communication style not helping to express real needs. This behaviour in turn actually elicits indifference and more rejection leading to unfulfilling relationships, a low self-esteem and a feeling of hopelessness (Milia, 2000, 86 87).

Shame, embarrassment, scars: Shame, embarrassment, visible scars and stigma influence thoughts, feelings, behaviours, relationships, functioning. Feeling guilty, at fault, deserving of punishment, implied misbehaviour and mistakes, the SI person self-sabotages and believes he/she does not deserve success – resulting in low self-esteem and an increased sense of self-loathing. Such feelings both precede and follow SI activities. More feelings following SI revolve around related events, fears of being judged, labelled, being alienated, out of control (Alderman, 1997: 53-61,199; Levenkron, 2006:101-102, Turner, 2002:20).

Quality-of-life: SI leads to regrets, self-blame, experiencing a loss of years when they might have enjoyed their adolescence. Their development is "crippled",

memories prevail on the addiction-struggle and turmoil, and around other negative consequences (Levenkron, 2006:236).

The SIAs are unaware of the physical or psychological forces when they use SI to cope with issues in their lives. It can be considered a destructive coping mechanism with a 'pleasing' activity providing temporary relief, but with adverse consequences again increasing emotional conflicts.

2.7 GENERAL MATTERS OF CONCERN/THEMES PRESENT IN THE LIFE OF A SIA

Life stressors present in the participant that was chosen as a sample for this study, guided the choices of topics during the analog drawing (AD) intervention sessions and might be included as themes in the data analysis of which some examples are provided in this section. The SIA is caught up in a cycle of self-injuring violence and may feel angry, sad, depressed, numb, and tense, but perhaps also relief from feelings (Alderman, 1997:30). The researcher regards analog drawing as particularly appropriate for the expression of such emotions and it may help in the expression of ideas connected with the following themes. As expected, many of the recurrent themes/experiences in the life of an SIA listed here were revealed/explored during the AD intervention sessions.

Abandonment / loneliness / uncared for: Loneliness develops as the SIA shields him/herself and his/her SI habit, although he/she desires attachments. Abandonment and neglect were not merely experienced from the family-of-origin, but from society and medical/helping professions too. Thus, perceived threats of loss would trigger SI actions (Alderman, 1997, 42, 44; Levenkron, 2006:21, 28, 35, 52, 57, 65; Milia, 2000:70-71, 74).

Aggression and anger: Anger and aggression are undisputedly present in the life of an SIA. Aggression turned inward and subconscious anger towards parents has been referred to adequately in previous sections of this chapter (2.4.1 and 2.4.4). One should, however, not underestimate the hidden anger and aggression in the SIA.

Attention-seeking / manipulation: In some cases SI can be a dramatic display or a form of manipulation, with secondary gains such as being rewarded with attention and induced guilt-feelings in others. Even the visible scar may open the lines to (ineffective) discussions in an attempt to manipulate and handle the environment (Alderman, 1997:188; Levenkron, 2006:29, 111; Milia, 2000: 50, 84-87).

Anxieties, fears, racing thoughts: Most SIAs display a sense of agitation, anxiety, anger, terror and obsessive thinking. Some SIAs, however, may have legitimate and realistic fears or anxieties, based on actual experiences (Levenkron, 2006:46-47; Turner, 2002:11-12, 14-15).

I'm bad / no good / worthless / damned / have to be punished / should be exiled: Thoughts/feelings such as these, result from messages received and are internalised at some point in the life of the SIA. It could stem from neglect, punishment, being overlooked, being deemed inadequate, being a disappointment or failure and resentment from others. Thinking they deserved these views, they might become self-critical and apologetic, but on the contrary they might use these and be motivated or driven to become a high achiever in a selected area (Alderman, 1997:45-47; Milia, 2000:71; Turner, 2002:11,252). The researcher considers these thinking-feelings patterns as innate in the psychological formation of an SIA; and often a challenging aspect for any therapist; and should not be overlooked.

Blood, pain, scars: Injuries form part of the morbid character of the SI phenomenon. The SIA might feel satisfaction and relief through physical pain. Similarly, bleeding due to SI has been described as a "security blanket". An SIA may find "solace in the letting of her own blood", reassurance of her existence. Wounds and scars may even be considered evidence of independent growth and healing, of worthiness, of heroism, courage and personal strength to overcome suffering, and an indication of self-integrity having been strengthened (Levenkron, 2006:19, 23; Milia, 2000:61-62, 73; Turner, 2002:14).

Body image: SIAs may anxiously view their bodies as "damaged or defective", with chronic somatic complaints. They might have a negative self-appraisal of their appearances.

The skin represents body-containment/boundaries established from expected 'touching and holding' in childhood, but violated through some form of abuse. With an SIA disintegrating under stress, the skin surface, wounds and scars represent "protective armour" / a "second skin". On the contrary, by its repulsion, wounds and scars also drive intruders away.

During SI, a merging of boundaries between body and environment takes place. The body becomes "a landscape" for self-expression to be used in communication of their suffering (Levenkron, 2006:19, 23; Milia, 2000:31, 45, 50, 61-62, 87; Turner, 2002:14, 247-249).

Control: Although SI behaviour does not alter the past, it provides a sense of personal control - controlling pain without any fear in the act. Often the SIA wants control over her own body and does not want others to touch her. SI is not only control of the physical being, but also functions to control intrusive thoughts/feelings ("cutting them off") and a control of freedom of expression (Alderman, 1997:50-51; Milia, 2000:62 Levenkron, 2006: 27, 39; Milia, 2000:31, 45, 50, 87; Turner, 2002:16, 247-249).

Communication problems: In the literature, extreme repression of trauma is described as that it may lead to a loss of verbal communication or "speechless terror", with a resultant need to act it out in a non-verbal way. Generally the SIA may have inadequate verbal skills and finds it difficult to identify, express and to work through emotional pain verbally. SI-activities are an attempt to communicate messages of fear, anger, guilt, desires, needs, events, etc. Unfortunately interpretations of the SI act and reactions of shock and disgust may not match the originally intended message of hurt and pain, of the calling for help (Alderman, 1997: 31, 42-44; Levenkron, 2006:7; Milia, 2000:70-71, 76).

Depression: Depression is almost always present in the life of the SIA (Turner, 2002:87). Depression may further be increased in the life of the SIA, due to current and past circumstances, and exhausted and hopeless SI-cycle, plus a confused self-critical attitude (Milia, 2000:87).

Disassociation / trance / numbness: Disassociation can be placed on a continuum from mild to severe. It is a 'floating' feeling of being detached from your body,

altered awareness/memory or even altered identity (multiple personalities) (Turner, 2002:103). It functions as a defense mechanism to protect and provide a distance from a hurtful past. Already hyper-aroused, the SIA may encounter replay of trauma/abuse at times, in turn leading to an attempt to disassociate from the memories.

According to Alderman (1997, 37-38), Milia (2000:70-71) and Turner (2002, 12-13), the SIA may dissociate before SI to be able/to perform the act of SI. Similarly SI may induce dissociation/depersonalisation during the act to turn off the emotional and physical pain; and the authors continue by stating that on the contrary, SI may also end dissociation. High stress or fear of loss/connectedness before an SI activity may numb and alter awareness, including awareness of time and place, reality and control over the self. Hence the SI will bring back physical awareness and accompanying calming/soothing feelings. It can thus be seen that dissociation is dangerous as it increases the risk factors in SI.

Emotional torment: The SIA experiences uncontrollable, intense, frightening, dangerous emotions which he/she cannot regulate or express – and he/she has no other way to escape the emotions. The SIA feels trapped in these. SI-scars are external evidence/verification/validation/acknowledgement/confirmation - even to the SIAs themselves - that the internal emotional turmoil was real (Alderman, 1997: 31, 41-42)

With regards to family and parents, as discussed in 2.4.1, SIAs may seem to be accepting of family situations, avoiding conflict, but long for connectedness and intimacy. In reality they need to escape from loneliness in the family where they are criticized more often than complimented or supported; and thus need to escape from the pain experienced there (Alderman, 1997, 42, 44; Levenkron, 2006:21, 28, 35, 52, 57, 65; Milia, 2000:70-71, 74).

Hiding / no trust / barriers: The SI person has not developed trust in people, since the family-of-origin failed to provide safety and support. The positive therapeutic relationship initiates/ aids dispelling of these factors. Furthermore information currently available in the media to consider the pain and experiences of the SIA, may

encourage SIA(s) to come out of their hiding places and may help to break down barriers and dispose of negative attitudes (Levenkron, 2006:19-20,39).

Rebellion / protest: Rebellion is not absent in the life of the SIA. Unspoken resentment towards either punishing or overprotective/manipulating parents becomes rebellion and is frequently masked with bravado or an indifferent attitude (Levenkron, 2006:66).

Self-blame / shame, low self-esteem: The SIAG finds it difficult and embarrassing to self-disclose, considering that a scar/injury created intentionally carries shame. Furthermore with dysfunctions consequently internalised, the SIA becomes self-critical and self-victimises (Alderman, 1997:58) Milia, 2000:70-71,86-87).

Self-pity and helplessness, hopeless: The SIA feels vulnerable, ”like a freak”, rejected, beyond help, lost, hopeless and constantly has to distance him/herself from verbal critique, insults and abuse (Alderman,1997:33,45,59; Turner, 2002:12; Levenkron, 2006:99,103).

Relief/self-medicine/euphoric feelings: During SI acts, the released pain-managing/healing effect of endorphins is experienced together with resultant pleasant and peaceful feelings. As increased tolerance of this effect develops as well, the SIA begins to rely on it and becomes addicted (Alderman1997 40-41).

Rituals of place, instruments, procedure versus obsessive or impulsive acts: Obsessive behaviour is displayed through the careful rituals of preparations for SI and post-SI care. However, according to Alderman (1997:62-63, 65-66), impulsive SI acts on the other hand, are more difficult to control, since the events leading to the behaviour are not recognised when/while entering into the SI act.

Trapped in a situation / (no) escape: SIA persons “run away from” or “turn off”, escape intolerable emotions, memories, problems due to having a sense of “being trapped in an intolerable situation that one can neither cope with nor control” (Turner, 2002:5, 15,16). The researcher views this as an essential factor in increased frequency and repeating of SI activities, since the adolescent has to function daily within the existing problematic situation.

Self-nurturance: Internal wounds are externalised and healed. Subsequently self-nurturance is experienced during the process of taking care of self and the wound, for instance enjoying the feeling of the bandage and the pressure of it on the wound (Alderman, 1997 44-45).

To conclude, this extensive list of general matters present in the life of an SIA indicates the severity of the problematic nature of this phenomenon. Many of these themes came to the fore during the intervention sessions with the participant in this study and are fully described in Chapter 5. The SIA needs to cope amidst all of these matters, as discussed in the next section.

2.8 ADOLESCENT COPING SKILLS AND SELF-INJURING

Compton (2005:117, citing Snyder and Dinoff, 1999) provides a definition of coping: "a response aimed at diminishing the physical, emotional, and psychological burden that is linked to stressful life events and daily hassles". Both long-term and short-term immediate stress and stressors need to be addressed with positive coping, applying available resources. The adolescent is still in an experiential learning curve and the SIAs may be temporarily overwhelmed in their coping abilities.

2.8.1 Normal development tasks for the adolescent

Adolescence is a major transitional time of great turmoil and change. "Perhaps it is this radical change that creates the need for new and more extreme methods of coping" (Alderman, 1997:17). Levenkron (2006:43) is of opinion that genetic or chemical disorders become apparent at such "significant developmental junctures", depending on how these are handled by the environment. Empathy and acceptance from a parent during the adolescent developmental stage would support a sense of self, where if the opposite is presented to the child, it may result in vulnerability, fragmentation or annihilation of the self.

Trying to deal with life and a "bad day" during this age, SI may be a way to gain temporary control over a stressful "complex and confusing world" (Alderman, 1997: 1, 17-18; Turner, 2002:250). This aspect implies that the possibility exists that one can "simply outgrow" SI behaviour in time. Martinson (2002:1) believes that a moment would arrive for the SIAs to realise that other non-destructive ways of taking

control and coping exist and may work for them, including working on the underlying causes.

2.8.2 Coping with emotions

The typical emotional state of the SIA leads to “a constricted ability to ‘problem-solve,’ or to consider reasonable alternatives for action” (Turner, 2002:16). Levenkron (2006:44) places the inability to think clearly – a mental disintegration as one of the main reasons why SI becomes the choice of behaviour, including a conscious or unconscious rage against a parent which cannot be expressed. The SIA cannot regulate or escape the uncontrollable, intense, frightening, dangerous emotions. For the typical SI-patient employing SI due to such psychological distress, it serves the functions of a coping mechanism, relieving tension and becomes his/her way to communicate (Alderman, 1997:184).

If shown a “great new way to handle stress” effectively, the SI would be far more likely to “taper off” because the SIA then has a new behaviour which serves the same purpose. “Self-inflicted violence is a negative or unhealthy coping strategy because it results in definite physical damage and possible psychological difficulties. So while SIV (self-injuring violence) is an effective method of coping and its use may even prevent you from behaving more drastic --- learning to use other, positive coping strategies in your time of need will serve you well” (Alderman, 1997:34-36,118; Martinson, 2002:1).

SI behaviour is a coping mechanism for the SI person, albeit maladaptive coping. In the Gestalt view it leads to ‘fixed contact disturbances’. New coping mechanisms for dealing with life stressors and emotions are needed.

2.9 NEED FOR RESEARCH ON THERAPY WITH THE SIA

Mention is often made of the ineffectiveness of treatments for self-injuring. The SIA may have had frequent visits to mental facilities, but with little satisfaction in the many various treatments available, as their problems seemed not to be understood fully. Turner (2002: 7,21,242) describes a wide variety of treatments available, namely that of: medical treatment, individual-, group-, family or couples therapy, psychopharmacological medication, inpatient hospitalisation, the Twelve Step

programs. On the matter of self-help groups (another way of treatment), Levenkron (2006: 64) displays some disputable disregard and states that they provide the SI person with a false identity. He maintains that "*a victim's illness is not her identity* ".

Alderman (1997:58,190-191) points out that little consideration was previously given to this phenomenon and few publications were available on the subject. Information and training for therapists are limited in quantity and usefulness, although specific knowledge and understanding for dealing with SI is essential. For instance, good practice, suggested by Alderman (1997:190-191), is to directly ask about SI during the initial intake as it opens the door to discussion. This is, however, not practised mostly during therapy.

It is important to take note of the approach of Palladini (2008:11, 18), who indicates the use of Dialectic Behaviour Therapy (DBT) where relaxation techniques are specifically introduced as a coping skill (since the self-mutilators are low on serotonin). The use of this therapeutic approach has been advocated by Ashdown (2010) as well. The importance of this study on the other hand, is that it intends to investigate drawing techniques as an alternative coping skill for the SIA.

The current increase of the SI phenomenon as mentioned before, forces the psychological disciplines to pay greater attention and to be more effective in providing the SIAG with help (Child Trauma Clinic, 2009; Levenkron, 2006:21; Ashdown, 2009a:seminar). Therefore a need for more research on SI exists.

In conclusion, it is clear that the great variance of occurrences of SI, the psychological classifications and co-morbidity, the complexity and causes of SI necessitate adaptability in the treatment of SIAs.

2.10 SUMMARY

Self-injuring behaviour is seen as abnormal/pathological behaviour. Theoretical approaches and therapeutic models differ in their approaches and strategies, but they all have some valid theories which can be applied to the SI-phenomenon. SI has various biological and psychological causes and the SIA often forms part of a dysfunctional family background. Consequences of SI include an addictive factor and are deteriorating to the SIA's life experiences. Also discussed are the various

‘universal’ themes present in the life of an SIA. The coping skills of the SI person and expected normal development skills were presented as well as indications for the need on more research around these aspects. Apart from a literature review on AD, the role of AD as proposed intervention technique for the SIA will be considered in the next chapter, in conjunction with theoretical considerations on the art therapies with specific focus on the Gestalt theory.

CHAPTER 3

THEORETICAL CONSIDERATIONS AND LITERATURE REVIEW ON THE ANALOG DRAWING TECHNIQUES

3.1 INTRODUCTION

Art has been used extensively in therapy with a wide spectrum of troubled people (Malchiodi, 2006:3; Wadeson, 1980: xxii). In this chapter art in general and its use in therapy will be related to the specific use of the analog drawing (AD) technique proposed in this study as a coping skill for self-injuring adolescents. Theory provides a framework by which to order and explain observation and will be included in this chapter as applied to artistic and creative therapeutic interventions, with the emphasis placed on the Gestalt perspective (Freeland, 2001:introduction).

3.2 THEORIES AND MODELS ON ART/CREATIVE THERAPEUTIC INTERVENTIONS

Although **'Art'** may be defined as some 'hands on' activity and manipulation of material to imitate nature in all its beauty, it tells the story of universal human experiences/awareness as well (Malchiodi, 2006:2). Freeland gives an overview of the art theories including the aesthetic and philosophical; the religious (considering suffering and redemption) uses; and the wordless cultural expressions including the global technological age, commercial value of art works, as well as the problems of interpretations. Freeland included the specific imitation-, cognitive- and expression theories (Freeland, 2001: introduction, 20, 32-33, 36, 39, 42, 60,140,119). Although there are points of reference which can be indicated in the specific art theories and the use of art in therapy, most of these are however not directly applicable to the focus of this study.

Today the art world is significantly more sensitive to individual meanings communicated through art forms/activities (Freeland, 2001:20-26, 32-33, 117, 138). Similarly, the individualistic nature of expressions through art holds value for psychological disciplines. Art therapy is furthermore extensively used in treatment of grief, violence, trauma and sexual abuse in children (Case & Dalley 2008:9-17; Malchiodi, 2006:3). Consequently, various theoretical perspectives will be

considered in the following sections with regard to the use of creativity and artistic expressions in therapy.

3.2.1 Psychodynamic perspective

Both Freud (the individual unconscious) and Jung (the collective unconscious) were interested in visual images and symbols used in therapy, especially for the expression of dreams (Malchiodi, 2006:9, 24; Wadeson, 1980:13). Freud enjoyed artistic expressions and considered them to be an escape into universal unconscious desires, for onlookers as well. Since Freud further viewed all art as a substituted gratification for actual biological desire, he linked sexual fantasies to art works and considered art creations to be a form of a defence mechanism, namely 'sublimation'. Freud viewed it as artists avoiding neurosis by involving fantasies/dreams instead of instinctual needs when they are not able to obtain "the real thing" (Freeland, 2001:105-106).

The Oedipal complex (Freudian concept) specifically, has been used repeatedly to analyse art or literature. The researcher would consider this paradigm to be a possible cause of misplaced judgments. An example is an incident where a mistranslation of an Italian word into German led Freud to misguided analyses of Da Vinci's work (Freeland, 2001:105-107). Such an incident illustrates the ineffectiveness of interpretations and stresses the need to consider phenomenological clarification of both the individual and the entrenched cultural character of created works.

In psychoanalysis, persons are expected to project impulses, feelings, desires, emotions or other aspects about themselves in their responses when they are provided with some ambiguous stimulus (Amendt-Lyon, 2001:226). Since such creative **projective tests** frequently lack an explicit, coherent theory, the psychodynamic view to personality becomes the broad implied theoretical base (Case & Dalley, 2008: foreword).

From this stance, psychoanalysts developed various **diagnostic tools,** where individuals present their idiographic drawings as projections of personal characteristics, which are then interpreted by a therapist as the "unconscious made conscious". Known applications of this nature include tests such as the House-Tree-

Person Test; Draw-A-Person (originally established in 1927 by Goodenough to indicate intelligence in children); Kinetic Family Drawing; the Rorschach and Thematic Apperception Test (TAT). The Diagnostic Drawing Series as well as Draw-A-Story have been adapted for the use of diagnosing depression in children (De Bruin, 2001, 242-246; Kline, 1995: 277-282).

3.2.2 Behavioural perspective

Referring to a basic philosophical view on Cognitive Art Theories, Freeland (2001:111-113) sees art as a container of knowledge, adding cognitive value since it can alter our modes of perceiving and interacting with the world. We can learn more from our world through viewing art, and we can definitely be influenced (even conditioned by the electronic media especially) in absorption of what is offered by way of art. From the Behavioural perspective behaviour is seen as a product of learning and conditioning (Colman, 2003:83 s.v. “behaviourism”). Behaviour can thus be influenced, learned, conditioned, and strengthened by involvement in creative experiences, either as observer or as contributor.

3.2.3 Eco-systemic perspective

In assessing creative work, one needs to consider the influence of cultural systems in expressions. Such influences range from the individual or family system; through the primitive and ‘ethnic’; to the technological and ‘global’ (Freeland, 2001:47,117, 120).

Systems therapy considers the way in which the whole larger system organises, stabilises, supports, nurtures, limits or hinders the individual in the system (Lynch & Lynch, 2005:202-203), whereas Gestalt focuses primarily on the individual who functions in and influences the system’s coherence. Both Systems and Gestalt therapists introduce a new figure/intervention against the existing ground-rules/structures of the family and would observe responses as the individual and/or family develop awareness and alter behaviour. The value of family/duo/group art therapy, would lie therein that all parts of the system simultaneously share in the experiential activity (Case & Dally, 2008:4; Toman & Bauer, 2005:182-183, 186; Malchiodi, 2006:194, 203-204, 210, 230; Oaklander, 2006:179-180).

3.2.4 Client-oriented perspective

Rodgers referred to creativity as an expression of optimal functioning of an individual (Meyer *et al.*, 2003:384). Malchiodi (2006:65, 73, 229) refers to Rodgers' view that creativity originates from the same curative forces contributing to man's tendency and potential for self-actualisation. Rodgers also expressed the view that originality in creative work is closely linked to a person's ability to be open and to tolerate new experiences, ambiguous or contradictory information. Similarly, a therapist needs to be equally open to facilitate a client's individual growth.

3.2.5 Existential perspective

Maslow considered self-expression as a higher need following basic needs that have been met and satisfied. He viewed creativity as one of the highest ranking self-actualisation needs. Even when basic needs were not satisfied, people would use creative expressions to find meaning in life, touching soul and spirit. Maslow further emphasises blockage of full personal development, resulting from unfulfilled needs (Meyer *et al.,* 2003:351-352).

In conclusion, art therapy is not neglected by perspectives such as the psychoanalytic approach (that investigates the unconscious) or the person-oriented and existential approaches to individualistic self-actualisation. The researcher would consider the Gestalt perspective to be particularly compatible to art therapy, and contrary to some approaches, Gestalt therapy allows clients to ascribe their own interpretations to events; therefore their own perception to their whole ('holistic') life.

3.3 GESTALT THEORETICAL PERSPECTIVE

The phrase 'Gestalt' originated from scientific notions about completion of a partial image and refers to a form, a pattern, a structure or configuration (Colman, 2003:306 "gestalt"; Malchiodi, 2006:227). Gestalt therapy is predominantly based on Fritz Perls' work (1969) and is placed in the existentialism by Corey (2005:192-193), but it touches on various other perspectives as well (Bowman, 2005:4). Perls' ideas were developed and influenced by the Freudian era, but also opposed Freud's work. Both Perls and his wife (co-author of Gestalt works) were no strangers to creative endeavours. Perls had an interest in the theatre and literature, displaying an

aptitude for ‘showmanship’ and his wife performed as pianist and dancer, enjoying music and literature as well (Amendt-Lyon, 2001:228; Corey,2005:191-192).

Gestalt therapy is defined by Bowman (2005:5) as a process therapy. The goal in general in this approach is to improve contact with the environment and consider contact disturbance, through awareness, as discovered in a process of authentic dialogue between therapist and client. Gestalt therapy has three lenses whereby it operates: the **field** perspective; the process of **dialogue between** therapist and client; and the **phenomenological** perspective (Corey, 2005:193).

3.3.1 The field

The field is seen as the total self-organised whole of the life experiences of a person, including values, ethics, and cultural influences, from which he/she is not isolated. Toman and Bauer (2005:182) describe the adolescent’s field as inclusive of inner thoughts, needs, fantasies, personality, developmental stages and the outer fields as school, sport, free time, hobbies, family, peers, boyfriend /girlfriend, society, culture and geographical areas.

In the field everything is interrelated and interconnected, nothing can be separated from the field. Although events repeat themselves, the field is constantly in flux, changing. A person needs to adapt him/herself in his/her field, supporting him/herself and his/her needs – to sustain **equilibrium/homeostasis** of the self (Fernbacher, 2005:123-125; Parlett, 2005:48-50-56-59).

At any given moment in the here-and-now, what is pressing for a person will move from the background of his field to become the figure – and would direct contact-making. Gestalt therapy has as a main goal, the observation of a person reconfiguring, reframing the field by way of assimilating what comes into awareness of himself, growing and healing in the process through the experiential contact. The therapist will thus accordingly select interventions and create experiments “that coincide with the aspect or level of ground that is surfacing or becoming figural in the moment” (Corey, 2005: 192-193; Parlett, 2005:43-52; Toman & Bauer, 2005:183).

In an unfinished situation, a person has a lot of “pent-up energy”, an **incomplete gestalt** longing to complete itself. In terms of the person’s needs and fulfilment in a chronic difficult situation where the self or the environment does not supply the needed, it can become unbearable and the person may not be able to tolerate much more. The person then closes the gestalt prematurely with whatever resources he has available, forming a ‘**fixed gestalt’** – a neurosis is formed. The original need is being distorted and lost from awareness. At times, stimuli may touch on this ‘**unfinished business’** and as anxiety rises, any contact at the boundaries are disturbed or changed in some way (Philippson, 2005; Brownell, 2003).

Contact in the field takes place at the meeting of **boundaries.** Spagnuola Lobb (2005:29) describes the development of psychosis when a person experiences a very high level of anxiety due to perceiving what is inside the boundaries of the skin as undifferentiated and confused with what is outside the boundaries of the skin (Spagnuola Lobb, 2005:26-27, 29). SIAs lack the ability to fulfil internal needs in the contact with their demanding environment, at the edge/boundaries of their existence. Incidentally their body boundary, i.e. the skin, becomes the scene of the SI act, communicating internal chaos, “breaking in” on the skin-boundary (Milia, 2000:73-78).

3.3.2 Dialogue – the “I-Thou” of therapy

In contrast to Perls’ confrontational style, the modern Gestalt therapist focuses on **the therapeutic relationship** (Corey, 2005:193)**.** Awareness and reintegration are facilitated in therapy by an authentic dialogue between therapist and client. In therapy the ‘in-between’ (another field) of the therapeutic relationship would involve an ‘I-Thou’ relationship, with the therapist’s respectful consideration of the client (the ‘Thou’) and inclusion/presence of him/herself (the‘I’) (Crocker, 20005:71-72; Woldt, 2005:xix, xx). Much of what happens during **art** therapy initially are non-verbal actions from the client and a non-verbal intervention from both the client and therapist. It is through the active working process of an artwork in progress that a client’s process of behaviour and thought unfolds. Eventually details of the work in progress may instigate verbal interaction, dialogue, especially if the therapist displays an empathic attitude and builds a good relationship with the client (Milia, 2005:83).

Zinker (1992:83) warns that while the therapist is in dialogue with his client, observation (hermeneutics and *Verstehen*) of **right brain activities** in the client can be evaluated, but no ungrounded appraisals should be made about the implications thereof. Zinker refers to Edwards (1979) as he adds that the therapist himself needs to 'see' the whole (holism) in a right-brain mode, which will help the therapist to be more clear/aware of the goals needed for the therapy, but with the therapist still trusting on the person and/or system to find its own inherent wisdom. On the whole, left brain thinking during therapy would put too much emphasis on causes and consequences. Zinker continues to state that Gestalt therapy is being grounded in right hemisphere functions. The therapist in Gestalt therapy practises to see and hear what is foremost for the client, suspending interpretation done in the left brain. He then communicates the right brain observations to the client, powerfully affirming the effect thereof to the client – forming a clearer gestalt for the client of the psychological anarchy in the client's right brain functioning (Zinker, 1992:84).

Self-injuring persons may have many **incomplete, unfinished issues** in their lives and expectation that the SI act would help 'completion' of some kind, only lasts a short while. Similarly, artists often play with incomplete or partial images and rely on the viewer to share in the completion of them.

For the researcher it is clear that Gestalt can directly relate to the artistic creative 'process' of constructing a 'background'/'field' and a 'figure' forming a 'gestalt' in the foreground. The completed creation is a way for an artist to contact and communicate with his environment.

Edwards (1986:127) describes a creative process of problem-solving as including the "edges-boundaries" of the problem; the negative spaces – background around a problem; the relationships and proportions of a problem; the lights and shadow of the 'seen' and the 'unseen' of a problem; and then directly refers to the 'gestalt' of a problem as: "the unique set of the qualities, the 'thingness of the thing'...that makes the problem what it is and none other". Art-related heuristics are compatible to Gestalt terminology, such as "edges" being boundaries, "negative spaces" being the (back) ground behind the ("foreground-object") foreground (Edwards, 1986:127,130).

3.3.3 Phenomenology in Gestalt

Phenomenology is observation where a client responds with his/her own interpretations of the experience and the product (Crocker, 2005:68; Milia, 2000:84).

Phenomenology further includes aspects such as polarities (pair of opposites that work complementary), "topdog vs bottom-dog" inner conversations, and paradoxical theory of change (to be more of yourself and not force change) (Ingersoll, 2005:140-144; Yontef, 2005:83). In Gestalt therapy attention is also paid to dishomeostasis–homeostasis; organismic self-regulation; choices and responsibility; and neurotic layers.

3.3.4 Awareness

Awareness is often stimulated through sensory modalities. **Sensory** experiences and perceptions are important in the Gestalt, and for the SIA sensory functioning and body awareness are damaged. Artistic/creative modalities are all sensory mediums and can recreate sensory and other awareness. Aiming to acquire a 'coping' skill, the 'fixed gestalts' of the SIA are '**reframed', 'reconfigured'** to find a clearer view of the whole during creative expressions (Amendt-Lyon, 2001:226).

For Gestalt therapy promoting of awareness is essential. For the SI person, negative thoughts/perceptions/experiences about self and life would lead to a need for someone who cares, but not verbalising it, not finding it or trusting the environment to supply for it, the need is ultimately not met (Milia,2000:76). For the SIA, the environment does not respond to basic needs. Repressing, pushing unacceptable feelings into **unawareness,** do not make the negative feelings go away, but channels them into disguises, such as psychosomatic symptoms like headaches, backaches, various kinds of physical ailments and/or psychological symptoms. The person would then take care of his own need by way of an SI act. As a higher priority urge rises from the inner emotional level, the SI person ignores discomfort and danger and is actually **unaware** of the reasons for doing the SI act. Levenkron (2006:87) goes as far as to state that the SI took a bit of the 'truth' and distorted it, until his/her behaviour is out of his/her control (Alderman, 1997:70; Turner, 2002:76-77; Levenkron, 2006:41-42).

3.3.5 Creative adjustment

SI as coping mechanism served a legitimate purpose at the time, and in Gestalt would be called a creative adjustment. Levenkron (2006:7) calls SI a “solution” that requires no language. Martinson (2002:1-2) says, “It’s likely that you’re keeping alive and maintaining psychological integrity with the only tool you have right now”.

Self-nurturance in healthy ways always forms part of the Gestalt approach. SI behaviour, however, is unhealthy self-nurturance, but for the SIA its comforting (Levenkron, 2006:27).

Creative activities may facilitate a movement forward as an experiential encounter where one is not afraid of mistakes, such as with AD: Amendt-Lyon (2001:240-241) describes creative activities as a person fully involved in a process which includes the “sensory, motoric, emotional and intellectual”. With the whole field involved, unfinished business may come into awareness. Creativity may move a person forward through the **neurotic layers** of a “chronic fixated behavioural pattern and attitudes” when the person reconfigures the elements of the environment/field in some “aha experience”. The reconfiguration with perception of new meanings may involve a creative adjustment which includes the available resource of a person in his circumstance, a new **self-organisation**.

3.3.6 Contact and contact disturbances in the Contact-Cycle of Experience

The Gestalt therapist would consider how the experience of contact in the contact-cycle is interrupted (by the client) resulting in contact disturbances. The contact-cycle is called the ‘cycle of experience’/continuum of experience. For Gestalt the working hypothesis is to facilitate awareness of the client’s contact disturbances and to consider it temporary stops experiential growth. **In the following paragraphs the SI act will be incorporated into the contact-cycle:**

Reynolds describe the full cycle of experience (2005:160-163). In the Gestalt theory a cycle of contact is initiated with a **perception of a sensation** triggered by some inner or external stimulus. The person may however, resist the sensation and shuts it out, becomes numb to it, which is called **desensitisation.** The SIA may become extremely anxious when some sensations arise and would rather cut them out

completely than endure or entertain them at all. It is clear as discussed in Chapter 2 – 2.2 that the SIA may be desensitised even before allowing a specific need to rise or may desensitise at various other points in the SI act.

The next point in the cycle of experience is **awareness of the need** rising to the foreground whereupon energy is generated to investigate potential ways of addressing the need. Where **introjections**/'shoulds' were forced onto and accepted by a person, although not really his/her own views; the SIA may use such introjects instead to determine the direction of applying energy for fulfilment of the need. For the SIA, examples of 'shoulds' from childhood may be not to allow and acknowledge any feelings and not to allow individual thoughts to surface, not to voice any needs, thus resulting in an introject.

Energy is hereafter **mobilised and excitement** generated to engage/contact self, others or the environment to evaluate or select from the various options/choices available. In this evaluation persons may distrust their own abilities/responsibilities and disown aspects of themselves by rather ascribing them to others, which is **projection.** The SIA distrusts the environment to supply in his/her needs.

The person needs to engage into a fuller encounter and **contact** to satisfy the need, but quite the reverse may not direct actions towards others and instead retroflect them **(retroflection),** turning them unto him/herself as described in Chapter 2. Retroflection at this point may be considered the major contact disturbance for the SIA**.**

Full direct contact and interaction may be deflected **(deflection)** in various ways as the real inner emotional experiences dare not be exposed to others. The SIA would for instance rather stay non-verbal and hide from any exposure – avoiding any effective communication about the self.

A contact experience can be **assimilated** and appreciated to form personal growth. Conversely it may become **egotism**, which in Gestalt means understanding of the situation, but not entrusting self to the environment; the SI person rather supplying in his/her own needs. AD may help to rediscover 'functional spontaneity' as Spagnuola Lobb (2005:27) frames the ability to reorganise new experiences, new adjustments, to assimilate growth, to find new choices enhancing self-acceptance

and self-esteem. The SIA often has to cope in hostile environments until able to make new choices.

At closure of the experience cycle a person **differentiates**/sorted what has been assimilated and **withdraws** satisfied and nurtured from the experience. But in case of dissatisfaction, the contact may be sustained by becoming confluent **(confluence)**, converging with what the environment presents (Parlett, 2005:57). The SIA may at times seem to be confluent with what the environment presents, but actually silently withdraws unsatisfied from the environment (Spagnuola Lobb, 2005:26).

According to the researcher, SI acts can be regarded as contact disturbances/ interruptions at various points in the cycle of experience – be it during pre-contact, contact-orientation/manipulation, final/full contact or post-contact.

To conclude: The Gestalt perspective holds many parallels with creativity, art, art therapy and analog drawing. Gestalt views furthermore provide extensive theoretical and therapeutic foundations to explain ideas around self-injuring behaviour.

3.4 THE USE OF ART IN THERAPY

The creative world allows for a wide spectrum of artistic expressions, activities, modalities and mediums with specific techniques – all of which can be employed as therapeutic interventions. Especially for children painting, drawing, collage, paper dolls, sculpting, clay work, sand tray, dolls' houses, creative writing, life map, life book, singing, playing musical instruments, dancing, pantomime, puppets, etc. – can be used to play out life as a symbolic fantasy.

Creativity is compared to the spontaneity of children's play (Amendt-Lyon, 2001:230, quoting Winnicott, 1971): "His [the artist's] awareness is a kind of middle mode, neither active nor passive, but accepting the conditions, attending to the job, and *growing* toward the solution. And just so with children: it is their bright sensation and free, apparently aimless, play that allows the energy to flow spontaneously and come to such charming inventions…". Winnicott (1971) is further quoted by Amendt-Lyon (2001:230): "It is in playing and only in playing that the individual child or adult is able

to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self" (Amendt-Lyon, 2001:229).

3.4.1 The value of art in therapy

Naumburg (1947) and Kramer (1958) are viewed as pioneers introducing art as a therapeutic intervention and also worked in the psychoanalytic tradition. It is the researcher's view that Edwards' (1979; 1986) work shows similarities to some of Naumberg's methods, such as turning a drawing around. Kramer already was of the opinion that "the very act of creating is healing". She clearly identifies her role with patients as different from that of the art teacher, in that "the process takes precedence over the product" (Livinck, 1983:8-10; Malchiodi, 2006:105).

Although Livinck (1983) mostly considered the diagnostic use of art, she also acknowledged the broader perspective of the therapeutic use of art and mentioned the alternative goal of developing insights into difficult areas through the use of art, while remaining fairly distant from the conflicts involved. The art psychotherapist helps to make clarifications and connections between thoughts and feelings in an effort to help the patient interpret his/her own use of symbolic images; these in turn helping to establish treatment goals and evaluate progress.

Art therapy has the added rewards of uncovering anger; reducing guilt; developing impulse control; providing catharsis; helping in thought processes; developing the ability to integrate and relate; strengthening the ego; working through bereavement; and an outlet during illness. Art endeavours to communicate that which was non-verbal. "For the psychotic patient, it often helps to separate fantasy from fact; for the severely neurotic patient, it may help forming new perceptions…may dispel family myths…" (Case & Dalley, 2008:11, 16; Livinck, 1983:8-11).

3.4.2 Symbolism in art, used as non-verbal communication

Symbolism is always socially, traditionally, culturally, ethnically bound and needs to be considered and valued against contextual backgrounds/fields. When both onlooker and artist wordlessly ascribe the same meaning to the art, something has been communicated (Freeland, 2001:5, 39). Art is a means to create and carry values, deep expressions of attitudes and outlooks, including the political views of a

community, as expressed in the period of ‘resistance’-art amongst artists in South Africa. Some of these expressions consciously devaluate existing aesthetic notions (Amendt-Lyon, 2001:228; Freeland, 2001:11, 25, 55-59). Some symbols carry meaning throughout the ‘global village’ in this electronic age. Consider road signs and the many symbols found at airports. Overall communication involves symbols which serve to connect / “bridging over” distance or separation (Milia, 2000: 75).

With regard to the contextual value of symbolism a note-worthy observation is made by Milia (2000:17-18,74-75), namely when symbols are taken out of their communal context and value, especially religious symbols of pain and suffering including blood-letting, it would be/“is threatened” and can be seen as shocking. This is indicative of the disgust with which SI is often viewed as not normal. Therefore one needs to consider that the symbolism of an SI act may carry distinctive meaning for the SIAG.

Language is inadequate to describe fully what transpires inside the brain. Milia proceeds to establish that in a field of diffused stimuli, symbols help to create distance from the chaos and help to reorganise gestalts into meaningful perceptions. Drawing is considered to be a parallel language, to give thoughts and words a visible existence, linking metaphors visibly. In addition symbolic-metaphorical-analogical thinking opens new pathways to creative problem-solving (Edwards.1986:50-5,150; Millia 2000; 75).

It is theorised that during anxiety a person may create internal mental representations, forerunners to symbolisation, often in the form of fantasies for instance to attack. For the SIA who has difficulty to verbalise emotions, especially anger, symbolism is versatile enough to include destructive expressions/ideas, and a healthy, accessible and economical means to tolerate anxiety (Edwards, 1986:123; Milia, 2000:76-77).

3.4.3 The use of art, within developmental stages

Creative expressions differ in each developmental stage as each period has its own mental life, its own developmental progresses of physical, emotional, cognitive achievements, including communicative abilities. When the required developmental milestones are not achieved, a child may regress to a previous stage when under anxiety, which may take a long time to recover and may be visibly expressed in the

child's drawings (Case & Dalley, 2008:1; Levenkron, 2006:236). Case and Dalley (2008:2) further advise art therapists to consider influences, results and emotional responses, including neurobiological results, from childhood environmental experiences, including the effects of poor parenting as well.

According to Case and Dalley (2008:3-4), **toddlers** use words to express needs and begin to assign symbolic meaning to their toys. In their handling of clay or crayons, toddlers attempt to represent themselves and their world with increased ability to do so between the ages of 2 and 4. Mother and baby painting together, for instance, have a positive effect to resolve attachment issues.

During **the latency period (**5-11), Case and Dalley (2008:6) include the major defence mechanism of 'sublimation', which is a form of (at the centre of) symbol formation, when instinctual drives are redirected to become curiosity about the world. Latency becomes a creative time for drawing, painting, miming and playing music. Drawings are careful, rule-bound and figurative as information-gathering is important for schooling during this stage. Drawings may already communicate anxiety or conflict which they cannot put into words. Ashdown (2010) reports instances of SI behaviour already appearing at this age.

For the learning of AD, this would be the age where most adults would regress to when drawing, as individuals would evaluate and fixate their artistic abilities according to experiences of this time. According to Piaget's developmental theory, younger children still in the concrete operational phase might need recognisable representations, while children entering the formal operational phase of puberty and beyond, can think abstract (Weiten, 2007:433).

Adolescence is a crucial developmental stage before entering adulthood. Art therapy in groups for adolescents may help to relief conflicts in differentiation of inner personality parts from external experiences; to differentiate infantile from adult feelings; differentiating good from bad; male from female. Internal conflicts are processed through images which help to make sense of thought and feelings previously denied or repressed to become polarised, aggravated or improperly acted out. For instance, in the case of abuse leading to becoming disconnected, the interrupted chaos when expressed in creative work, for instance, can be torn up and then reconfigured to make sense. In such instances the therapist needs to stay

connected to help regulate emotional arousal (Case & Dalley, 2008:7-10, 39-40, 51-54).

Case and Dalley (2008) use various chapters to describe how art therapy was utilised. It helped in adolescent problems such as anorexia, gender disorder, school refusal, bullying, pressures of achievement and being on the outskirts of a group.

3.4.4 The physical and biological value of art

Right brain stimulation:

Zinker (1992:81-83) refers to Edwards (1978) who describes the differences of the functioning of the left and right brain hemispheres. The left brain analyses rationally into detail and orders into linear sequences, harbouring arithmetic and language functions. The right brain loves the wider view, synthesis and analogies, metaphors and associations, intuitively putting together parts into a holistic whole and holds the visual.

Case and Dalley (2008:26) state that a childhood experience, especially before the age of 3, of neglect, exposure to violence and abuse is “a chisel that shapes a brain to contend with strife...“ and causes biochemical reactions which negatively effect brain developments. A successive statement claims that during art therapies, the creative activities stimulate and restore, connections in the brain “were strengthened, possibly even repaired”.

Describing in further detail what ensues, they state that unconscious infant memories in the brain hemispheres are held in the “process-dominated, emotional, limbic and cortical areas of the developing right hemisphere” and this happens through “sensory input before the left with language and structures of time and place develops” (Case & Dalley, 2008:39-40).

Turner (2002:17) describes the urge to self-harm as a response to a “brain-overload of too many thoughts and feelings”, and SI acts as sublimation to stop/numb/escape/act out and find relief.

3.4.5 The psychological value of art

During art therapy “art works are produced and feelings evoked that appear to have no meaning and are full of pain“, an indication that art therapy is a powerful medium to facilitate therapeutic work as the art experience enables people to create images of repressed memories (Case & Dalley, 2008:39-40).

For relief of anxiety, it is less anxiety-provoking for individuals to uncover and express subjectively perceived problems and to clarify areas of conflict in artistic forms and to share it in that way with the outside world. The person actively and spontaneously gives symbolic existence to repressed and previously ignored material.

To relieve anxiety, organisation of the field is pressing for greater clarity. Structuring characteristics of the situation may unblock productive thinking processes which are analogous to the process of creative adjustment between a person and his or her environment (Amendt-Lyon, 2001:240). Artistic expressions may provide resolutions in such instances.

Spontaneous expressions of psychological issues were noted as starting points for therapy, according to Milia (2000:90). Additionally, in avoidance of conflict (priority-theme), art activities temporarily help in psychological expression of pain rather than avoiding the pain (Levenkron, 2006:50).

The researcher endorses the projective psychological nature of artistic expressions to be an inherent part of AD as well. However, it needs to be from a phenomenological person-oriented existential stance, where the SIA is the expert of his/her own life.

Artistic creative expressions further need to be appreciated as comprehensive **expressions of the emotions** and the (whole) human being on different levels: for instance, artwork in recent years has incorporated a lot of horror. An example of personal expression of extreme hopelessness can be found in the work of Goya as he painted on the walls of his house after terrible sickness had left him deaf (Amendt-Lyon, 2001:228; Freeland, 2001:18,16).

The SIAs need help to genuinely communicate as they are used to not disagree, not to confront, not to express likes or dislikes. They would rather be compliant, obedient and passive; not initiating any plans and are in need of assertiveness and self-esteem. Although not necessarily verbally confronting 'injustices', they still just need to verbally express ideas around the triggers, urge or need to cut (Turner, 2002:243). Levenkron (2006:7-8) agrees that insufficient communication patterns already developed during childhood.

To understand the SIA the best way is to "listen to the voices", the emotional expressions (Ashdown, 2009a: seminar; Levenkron, 2006:33). Turner (2002:17) describes it as a repeated "... obsessing and obsessing in images and sensations that seem to speak to cut or not to cut, to cut or not to cut..." (Turner, 2002:17).

During SI the **body is used as a creative medium:** "If the creative drive is linked to a wound or trauma, even unconsciously, the artist's self-nurturing of creativity would likely bleed into an (erotic) attachment to the wound as well", with a glorified view/ "moral masochism" of the 'suffering' creative artist and negation of basic survival needs. Primitive life and death instincts simultaneously drive the destructive and restorative in creation. The child's transitional object (skin) is treated with aggressive attacks from which it must survive (Milia, 2000:69).

Similarly to Milia, (2000, 40) describing the skin as a canvas, Levenkron (2006:38) reported a case where: "When I do it, there's only the place on my skin that I'm looking at". Turner (2002:243) suggests that a client can draw with red markers on her skin, rather than to self-injure.

Although art as therapeutic intervention does not focus on producing an end-product, **self-esteem** is always strengthened when a person creates. During the process the therapist needs to avoid offering too much assistance as the ability to succeed after struggling on his/her own, may build ego-strength in the client. Artwork may result in a sense of ownership and accomplishment. The client may use these to reach out to the therapist, who in turn replies with a "good enough" response/an accepting (and healing) attitude (Milia, 2002:89, 92, 95).

The creative process inherently carries various valuable therapeutic experiences: Playful "doing and undoing"/redoing the artwork when starting out may help the

anxious client to relax and to enjoy the creative process. Destruction of a piece of artwork may be a pleasurable experience as the investment and involvement in the creation represents a part of the self (with the possibility that the self is a substitute for another person), but the destruction and aggression discharged carry no guilt. A therapist describes his observations to the client about both the creative process and the product as well as "body modifications", implying that some growth or alterations of original concepts had taken place (Amendt-Lyon, 2001:225; Millia, 2002:93, 97).

Amendt-Lyon (2001:227) describes creativity in Gestalt therapy as a "productive interchange.....production of custom-made interventions", an organic growing **experiment** with the therapist acting creatively, but appropriate to the client's uniqueness (Amendt-Lyon, 2001:227).

3.5 DEFINITION AND DESCRIPTION OF ANALOG DRAWING

"Analogy"/"analogous" can be seen as an inference: "that if two or more things agree with one another in some respects they will probably agree in others". It further means that there is a "resemblance in some particulars between things otherwise unlike" (Merriam-Webster, 2008: s.v."analogy"). "Analogs, things that are alike" (Edwards, 1979:39).

Analog drawings consist of mere textural lines and graphic images which are representative of meaningful metaphoric, symbolic, analogical thinking. Specifically applicable to this study would be the idea of an analog being a 'gestalt', especially as completion of incomplete gestalts due to unfinished business (Edwards, 1986:36, 68-69, 95).

Although the **Analog Drawing technique** was developed by Edwards during the 70s/80s for the purpose of teaching art, in this study AD can be considered as potential development/extension from what has been accomplished in traditional art therapy and creative therapeutic applications. This study refers to, but moves away from, the traditional uses of art in therapy, with the aim to introduce this specific abstract symbolic expression as a proposed therapeutic intervention.

Edwards (1979: xi; 1986:13) developed her drawing techniques based on research by Sperry (1968; 1969; 1973; 1977; 1982), who introduced the distinctive functions

of the left versus the right brain hemispheres. According to Edwards (1986:13), Sperry's work was indicative of the left brain's verbal inability to express what the right brain is processing.

Edwards focused on successes in teaching art when a shift from the verbal, analytic left brain was made to the spatial, global processing of the right brain. She considered the processing of visual information, supported by right brain functioning, to be a skill which can be learned (Edwards, 1979:3) and developed drawing techniques to instigate the shift to right brain activities. Most of the techniques are based on the principle that presenting the left brain with something it cannot understand logically, cannot or does not want to handle, it will shut off and shift towards usage of the right brain (Edwards, 1979:78).

Edwards described working from the right brain as experience of being free of anxiety and to move to an altered state of awareness. Morgan (2004:1) underwrites this experience, but she describes how analog drawing differs from mere automatic drawing since the mind is focused on a specific feeling. Right brain functioning becomes a perceptual skill, a creative way of 'seeing well', unfolding of "spatial and relational components" in a situation, helping in decision-making and problem-solving (Edwards, 1979:4-6; 1986: 3, 7).

Concerning the altered state of awareness when actively using the right brain hemisphere, Csikszentmihalyi (cited by Compton, 2005:69-70) used the term 'flow', which describes a holistic sensation/total involvement when "all effort just flowed...flowing from one moment to the next" with little distinction between self and environment, stimulus and response. Edwards (1979:79) describes it as a feeling which will leave a person "energized but calm, active without anxiety". In this regard it is also recognised that various activities such as reading, meditation, jogging, doing needlework, typing, and listening to music could facilitate a "shift in consciousness" (Davis, 2009:100-101; Edwards, 1979:5).

Edwards (1987:36) speaks of working in silence (as the SI would prefer) while drawing. The left brain "cuts out" from the "illogical" process as the right brain activity is enjoyed and "time flies while drawing". "Secondly, while drawing, one has a sense that the object being perceived is somehow at once itself yet simultaneously

very much like something else ... hair that seems like an ocean wave, a hand that is posed like a flower on a stem" – analogical thinking (Edwards, 1987:36).

With regard to the aspect of problem-solving, Amendt-Lyon (2001:226) similarly refers to the use of creative expressions to find meaning in our experiences and insight into the implication of our behaviour, especially when considering what is figurative against the background. She views productive thinking as analogous to creative adjustment, a process that aims for the transformation of the familiar into something novel and valuable. Amendt-Lyon (2001:225,245) further describes the process of creative adjustment as the whole person being involved (holistically) in an attempt to make a good Gestalt out of the pressing figures in the organization of his background field and important conditions of the moment.

Although the way Edwards describes the use of analog drawings, it clearly connects to emotional expressions. AD has not yet been combined extensively with psychological disciplines, apart from Yesh (1989) who used AD in a prison setting and Elliot (2000) who used AD in connection with her personal interest in Parkinson's disease.

3.6 ANALOG DRAWING AS POTENTIAL INTERVENTION

Analog drawings can be fully utilised as art pieces, as proven by a Canadian artist, Ada Gabriel, who created full coloured paintings based on the AD technique (Gabriel, 2008). However, the researcher intended to apply AD as a psychological intervention. AD has some potential in this regard, due to specific characteristics discussed previously as well as below. AD used as creative endeavour in this study addresses various aspects of importance in the investigation and treatment of the SI phenomenon.

AD is a non-threatening symbolic language, available immediately and easy to use, although some level of ability of abstract thinking is needed. Non-verbal expression through art is considered to be intuitive and immediate (Amendt-Lyon, 2001:229) and AD equally so.

Edwards (1987:137) indicates that most, if not all of the drawing-exercises, will seem somewhat ridiculous. "In order to gain access to the subdominant visual perceptual

brain mode, it is necessary to present the brain with a task that the dominant verbal analytical mode will turn down". Using recognisable forms or symbols might restrict movement towards integration of alternative aspects in regard to the presented problem. With smaller children and with younger ones, a therapist cannot be enforcing the use of abstract geometric shapes too strictly. It would even be possible to ascribe a value or meaning to a simple circle, triangle or square.

The use of the **right brain is stimulated:** Milia (2000:103) summarises this aspect when she states that the use of the left hand when painting may, due to its uncontrollable and unpredictable natural nature, tap into "intuitive, less rationally controlled image centres of the right brain". Likewise, AD can facilitate such right brain experience.

Analog drawing is **non-verbal communication and** expression: Analog drawing has vocabulary and is "talking". "Drawings, like words, have *meaning* – often beyond the power of words to express, but nonetheless invaluable in making the chaos of our sensory impressions comprehensible" (Edwards, 1986: preface, 95). It is appropriate for the SIA who needs to bring the real emotional issues "outside herself, where it could be diffused, shared, examined" (Levenkron, 2006:42).

Analog drawing is possibly a technique for problem**-solving/finding solutions,** where for the SIA, SI is problem-solving driven by pain where there is no safe adult (Toman & Bauer, 2005:195). Creativity is the ability to see problems in new ways; to look for answers in unexpected places; to grasp, to understand, to discern, to gain insight, inspiration, an illumination (Edwards, 1986:38-39, 41). Amendt-Lyon (2001:240-241) would not disagree, creativity is to discover "patterns in our lives and their location within the context of reality". The researcher would consider Edwards' (1986:127,130) description of exploration/"seeing" in art to be perceptive skills for dealing with the here-and-now. **Self-transformation, self-awareness and reframing (of a fixed Gestalt)** are thus possible.

The therapeutic creative art process may be one of few treatments to incorporate and transform the violence inherent to SI, and also be a self-transformation process, because it has the potential to parallel and reflect symbolically the acts of self-mutilation (Milia, 2000:10-11). Art therapy has the potential to facilitate the destruction of unconscious self-sacrificial elements, when "words at times can even

hinder thinking" (Edwards, 1986: preface). In art therapy the client can communicate and create conscious symbolism (Milia, 2000:12-13).

Fantasy/secret escape is needed for the SIA. For example, rebellion against a mother can be expressed in pictures, without any dire consequences. AD is effective as secrete, private and individual language to voice the inner self (as the SI needs). When using AD as an aid in therapy, it may fulfil the view expressed by Levenkron (2006:54) who describes how therapy is a private safe space where things said will not be revealed.

Fantasies can be visualised and transcend "cultural, environmental, verbal, or emotional blocks". It strengthens the self, reduces self-criticism and increases original thinking strategies. Consider these examples provided by Edwards (1986:31): "Visualize putting your mother on the ceiling", or "walking up the wall like a fly". Ashdown (2009a: seminar) indicated the need for therapists to work in original, creative and visual ways with adolescents.

Analog drawing thus has the potential to facilitate various needs in therapy. It has specific characteristics which would suit the SIA in her problematic situation well.

3.7 CONCLUSION

Although AD originated as a form of teaching art, it may provide an easy alternative activity, on a subconscious cognitive and affective level, while maintaining some distance from threatening negative connotations for various clients – as seen in traditional art therapy as well. Amendt-Lyon (2001:245) states that creative interventions need to be based in theoretical foundations. Analog drawings can be analogous representations of the SI's whole problematic situation, when applied as part of the Gestalt therapeutic approach.

The above-mentioned discussions on the use of art in psychological therapy only form theoretical potential solutions, albeit substantiated by literature. The model of the analog drawing techniques might provide a tool to help a person (such as in the original problem of someone who is too anxious to process visual images). It is therefore the aim of this study to investigate the effect of creative endeavours, such as AD in addressing the problems of the SIA.

CHAPTER 4

METHODOLOGY: EXPLORATION OF ANALOG DRAWING WITH A SELF-INJURING ADOLESCENT GIRL

4.1 INTRODUCTION

In this chapter the method followed to do the empirical research involving a self-injuring adolescent girl (SIAG) with the analog drawing (AD) technique during intervention sessions, will be described. Attention will be given to the qualitative research design, participant selection and extensive preparation for data collection, including the rationale for the specific drawing exercises intended to be used.

The goal for this study was to explore and describe how a specific drawing technique (AD), may provide the SIAG with a form of self-regulation, self-expression and creative adjustment as an alternative coping mechanism, other than immediate or habitual self-injuring (SI) activity when self-injuring adolescents face stressors in their lives. Objectives, as stipulated in Chapter 1, that assist in the goal that needs to be reached were stipulated and reached. A summary is given:

Concepts/themes regarding SIAG behaviour and coping skills (or lack thereof) as described in existing literature, were fully investigated, and thus explored and described in Chapter 2. Material from the literature review was considered, compared, explored, investigated and interpreted; as presented in this particular and specific case study. Strydom (2006:333-336) considers a case study as a way to establish a knowledge-base and to add to the literature and accumulate more rich material on the concepts and the needs of a person representing a particular phenomenon, such as SI in this case study, stating and analysing the problem more in-depth.

The objective to explore theoretical aspects of creative art and the use thereof in a therapeutic intervention, referring to the inherent potentially valuable characteristic of AD, were adhered to in Chapter 3. The use of creative modalities, specifically with regard to AD, was placed within the theoretical Gestalt framework and guided the application/implementation of a to-date seldom or unused creative technique, applied in therapy with the possibility of addressing SIAG issues.

The empirical research process as next objective is presented in this chapter. The collection of the data by way of pre- and post-intervention semi-structured interviews, observations, drawings and feedback notes from the participant, the rationale for the specific drawing exercises with semi-structured questions prepared for exploration of the drawings and the preparation thereof will be reported in this chapter.

The collected data is analysed/interpreted/compared against the background of the participant's problematic areas, focusing on themes and experiential moments of awareness or reframing by the participant when exploring her AD during the intervention sessions, and will be reported in the following chapter (Chapter 5).

The report on conclusions and recommendations, including shortcomings of the study, the evaluation of the AD and the impact thereof is discussed in Chapter 6.

4.2 QUALITATIVE RESEARCH APPROACH

The qualitative research approach is a process of discovery and adaption. It is not controlled, not statistical, anti-positivistic and more phenomenologically interpretative, characterised by the goal to explore and to seek a meaningful understanding of occurrences and experiences of a problem or phenomenon in life and its observed subjective values and beliefs (Fouché, 2005:269; Ivankova, Creswell & Clark, 2010:256-259; Strydom, 2006:333-336; Temane, 2005:17-18).

In this study an intervention whereby the phenomenon of AD is addressed through a drawing technique aimed at addressing the broader issues of SI in adolescents, in this case an SIAG, is presented.

Use was made of applied research. Strydom (2006:335) describes the purpose of applied research as the obtaining of knowledge which can be transformed into action(s) to improve circumstances or situations. She further views the evaluation of an intervention-programme as applied research.

Exploration and description of a specific intervention mechanism (AD as creative intervention technique) within a specific case study will thus equally constitute applied research – finding solutions for a problem (Fouché & De Vos, 2005:105).

4.3 RESEARCH DESIGN

Empirical research design – Case study

The researcher's choices and philosophical perspective determine the empirical research design and the perspective from which the systematic inquiry by way of a case study is done, be it positivistic, interpretive or critical (Fouché, 2005 268:272; Nieuwenhuis, 2010a:59; Nieuwenhuis, 2010b:75). In this study the interpretive lens, which equals the phenomenological perspective, is used whereby the meaning a person subscribes to his/her subjective experience of an event is emphatically observed.

In a case study the design emphasises and refers to information gathered regarding an individual or multiple individuals, which is then the unit of study from whom the researcher collects data, or regarding a specific practice, context, process, activity or programme as well as considering the effect of such a programme on individual or multiple individuals, mostly without generalising the findings (Ebersohn, Eloff & Ferreira, 2010:130; Steenberg, 1995:166; Bless & Higson-Smith, 2000:64—68; Nieuwenhuis, 2010b:75-76).

The criticism hounding single case study research designs as being incapable of providing a generalising conclusion can be refuted by the fact that this is not the purpose or intent of case study research, but rather the gaining of greater insight and understanding of the dynamics of a specific situation. Literature provides sufficient validation of the acceptance of single case studies.

More specifically Nieuwenhuis (2010b:75-76) defines a case study as an investigation of an event, a set of related events or a "system of action" which aims to describe and explain the phenomenon of interest or focuses on one or two issues that are fundamental to the understanding of "the system" being investigated.

Nieuwenhuis points to a contemporary phenomenon within its real-life context – with the use of multiple sources of evidence. Nieuwenhuis continues that "the typical characteristic of case studies is that they strive towards a comprehensive (holistic) understanding of how participants relate and interact with each other in a specific situation and how they make meaning of a phenomenon under study". In the

researcher's quest to answer "how" and "why" questions, a deeper understanding of the situation is sought and could even be a "giving of a voice to the powerless". It is clear that for this study the SI phenomenon with its contextual background, involving and focusing on an adolescent, the SI adolescent may be given a needed voice through the intervention with AD. This can be reiterated by the following statement made by Nieuwenhuis (2010b:75-76):

"Another metaphor often used in the social sciences is that a well-selected case constitutes the dewdrop in which the world is reflected".

4.4 VARIABLES

In this study AD functions as the independent variable. Reactions on AD on the SI as observed and produced in the therapeutic sessions, plus the frequency of SI can be considered the dependent variables (Steenberg, 1995:166-167). The researcher focused on the effect of the AD interventions, also linking the outcomes (finding significant moments of awareness of reframing during the drawing interventions) with themes from the literature. AD intervention sessions can be viewed as an experiment in research; the research design was thus not based on a purely quantitative form of measurement of any specific variables as in a pre-, post- or control-groups situations (Maree & Pietersen, 2010:149).

It was not the aim of this study to stop SI behaviour or the frequency of the SI activities - thus was not purposefully chosen as a measurement. The researcher had to rely on the participant's sporadic reporting of SI activities to describe alterations in the nature/frequencies of SI acts. Fortunately the researcher was in the position to establish a triangulation in measurement, which apart from the traditional observations and notes taken in a case study, the participant was willing to provide. Intermediate reports on the occurrences of her self-harm activities and these were further followed-up during interviews that followed the intervention. This aided towards further interpretation on the effects that the use of AD had in SI activities.

4.5 SAMPLING

For this study criteria for the person to be used as representative of the SIA phenomenon were provided in Chapter 1 (1.4.3).

In non-probability sampling any case will have attributes of the universe (Strydom & Delport, 2005: 328). Strydom (2006:338) describes the goal of using “purposive” sampling as a form of non-probability sampling with a specific purpose in mind, such as to allow the researcher assessing participants’ meeting the criteria present in the population under study (Maree & Pietersen, 2010:178).

The researcher requested voluntary participation by writing to parents and schools, informing and introducing SI (see Appendix B). Several possible subjects replied. Unfortunately in most of the SIA-cases reported at schools, parents did not know about their SI activities. This is an important finding that will be elaborated on in Chapter 6, together with other difficulties that were experienced. In a couple of instances where an adolescent was interested to partake in the research, one or both of the parents did not give consent for their child to take part in the programme/research. However, in some instances parents were interested in their child to participate in the research, but then the SIA was not interested and refused to participate.

The participant and sample for this case was suggested and referred by the social worker of the ’Child and Youth Care Centre’ (CYCC) in which the SIAG resided. The participant was informed that she would also contribute towards the research if she partook, and willingly provided her contact details to the researcher. The particular girl previously lived in a place of safety/children’s home since the age of 11. The participant for this study was already 18 years of age. The social worker who had periodical contact with the subject expressed great concern about the girl’s cutting habit. Important in this case is the fact that the girl could give permission herself. There were apparently no parents/guardians involved in her life. The researcher had prior knowledge that the participant had given up a baby for adoption. The researcher also knew that the girl had to vacate her room at the CYCC as soon as she turned 18, **the full particulars in this regard not known to the researcher.** She thus did not have the opportunity to complete grade 12. At the time of this study, the participant was living with her new boyfriend at his grandparents’ home. The boyfriend was 20 years of age and under house-arrest for attempted murder.

4.6 RESEARCH METHOD

4.6.1 Data collection

Data gathered by making use of case studies is largely of a qualitative nature (Temane, 2005:17). The researcher considers in advance what evidence to gather and what analysis techniques to use with the data to answer the research question under investigation (Nieuwenhuis, 2010b:75-76). A particular strength of the case study method is the use of multiple sources and techniques, all of which are rich in context, in the data gathering process to describe the explorations undertaken Fouché, 2005:272). According to Ivankova, Creswell and Clark (2010: 257-258), in qualitative research the researcher asks the participants broad, open-ended questions to allow them to share their views about and experiences (such as the AD intervention) in relation with the phenomenon.

In case study methodology the researcher serves as an instrument of data collection and takes on the roles of research consumer, knowledge creator and disseminator, and of contributing partner (Temane, 2005, 17-20). In this study the researcher took on the role of the therapist as well - this fact will be elaborated on in a following section (4.6.4). According to Carew (2004:13,15), in the use of art therapy within a case study the researcher as therapist needs to be aware of any biased personal views and judgements and to be sensitive to issues of reliability and validity, but also needs to be open to all possibilities. Carew continues by stating that the role of the researcher is to be objective and a neutral observer who is “at the same time, paradoxically involved with the case and the whole process”.

According to Maree (2010:257-258), data collection takes on the form of note taking, interviews, observations, the inclusion of pictures, documents and material gained though the use of audio and video recording devices. After the text data was collected, it was transcribed for further analysis. The qualitative text analysis consists of coding the text segments by assigning labels and then aggregating similar codes into themes. In this study the researcher kept/recorded full notes on intervention sessions (even including information from informal relationship-building conversations). The material/data was kept chronologically, but focusing on

themes/patterns and/or significant awareness - moments in which insight and conclusions with regard to the use of AD for SIAG were reached.

With this research multiple information sources for justification of themes and objectivity such as semi-structured interviews, drawings, open-ended feedback, observation notes and video recordings were used to validate information and specifically helping to indicate meaningful (non-verbal) material or moments. In Appendix C guidelines and semi-structured interview schedules/techniques with explorative questions as used during the various phases of data collection can be seen.

Observation is described (in a sequence of functions) by Ansdell and Pavlicevic (2001:147-149) as maintained attention to get data through the use of our senses. In this process the video recordings assisted this researcher. The researcher however needs to identify what is appropriate when important material occurred. The next step is to describe and maintain the knowledge gained from the perceptions. Ansdell and Pavlicevic (2001, 143-145) pay attention to significant moments as “moments of quickening” of a sudden change of energy, of change of centre of attention. They link observations of such moments in creative (art) sessions, to controlled observation. In this study some such observations are included in the tables of data in Chapter 5 and in the full session descriptions in Appendix D. However, most of the significant moments included in table 5.4 of Chapter 5, are based on the verbal significance expressed by the participant.

4.6.2 Preparation for data collection – basic outline

The procedure followed for collection of the data took the form of systematic tasks.

An initial interview had the purpose of providing information to the participant on the processes that were to be followed during the AD sessions. Information was also gathered from the participant with regard to potential stressors that she experienced in her contextual field, which served as an indication of the needs that were to be addressed by the drawing intervention.

A series of 8 to 12 sessions, depending on the tempo and/or material that would be addressed, lasting about an hour were conducted (drawing guidelines provided in

Appendix C). In these sessions AD was demonstrated and then applied and adapted to the participant's needs. The sessions were then observed and the experiences recorded and video-taped for validity and accuracy in order to be able to transcribe moments of insight and reframing that occurred. Feedback, comments, drawings as well as notes from the participant and researcher formed part of the data collection procedure.

A final interview for evaluation of the process and the use of the technique, especially the use of AD as an independent coping skill, was part of the planning. In addition, post-interviews with the purpose to evaluate the process and use of AD with regard to SI, were planned.

4.6.3 Process of intervention and sessions

All meetings with the client, pertaining to relationship and introductory session, as well as the eight intervention sessions and post interviews were conducted at the researcher's counselling practice. All sessions were video-recorded. The sessions took place twice a week, on Tuesdays and Fridays, over a period of five weeks. According to Levenkron (2006:92), when the SI person is most deeply involved in his/her disorder, he/she will be most inaccessible to the therapist and therefore recommends an increase in frequency of therapy to twice a week.

Most of the sessions, while intended to be an hour, extended to one and a half hours - in this case appropriate - in order not to interrupt the therapeutic process. (A finding is that the implementation of AD takes 30 minutes longer, and this needs to be considered when planning therapeutic sessions). The researcher intended and offered continued assistance to the participant once weekly as she might still be in need of therapy after the intervention. The participant and researcher met again monthly for two months, which made additional evaluations of the intervention possible. The researcher provided all transport (10 kilometres between the points) to and from sessions as the participant had no other means to reach the venue. The travelling time offered both subject and researcher ample time for further relationship-building and further exploration.

4.6.4 The therapeutic process followed

The researcher functioned as therapist as well, since the researcher has done an internship in counselling and at the time of the research was a registered psychological counsellor with a private practice. The researcher, previously an art teacher, is also well versed in the AD techniques and capable of presenting them. The researcher is of the opinion that it helped in the process of trust-building and confidentiality not to have another professional involved. Ansdell and Pavlicevic (2001:136) describe a practitioner involved as a researcher being challenged to stay objective. However, they add that the subjective knowledge and experience should be treated as a resource rather than a problem, since such a researcher's perceptive abilities yield "rich, informed data".

Therapeutic model followed during intervention sessions

During the AD intervention sessions, the Schoeman (2006a; 2006b) model directed the basic process that was followed in each individual session. Within this process the phases that are applicable to AD were followed as well - these phases are however not necessarily corresponding with each session. The drawing phases are described later on.

The Schoeman (2006a; 2006b) model process includes relationship-building; the bringing of the client into the here-and-now through stimulation of sensory modalities/awareness (although creative artistic activities inherently include sensory awareness, see Chapter 3, 3.3.4); adaptation to participants; personal process; projection with AD techniques; considering of alternatives and/or polarities by way of exploration of the analog drawings; some clarification during the process when needed/applicable; some evaluation and empowerment at the end of the session; and finally, the consideration of ways towards self-nurture at every end of a session. Self-nurturance is often established when a client feels proud of his/her creation (Schoeman, 2006b:2-43).

4.6.5 Preparation of material and venue

The only material needed is paper, a soft 4B- pencil if available, and an eraser – the use of which would not be encouraged, plus a folder or holder of some kind to document the progress of the therapeutic sessions. According to Wadeson (1980:10, 74), the permanence of an art object should not be neglected. The researcher also helped to have Edwards' books (1979; 1986) ready and at hand, as wells as some examples of analog drawings.

A felt-pen, charcoal drawing sticks, coloured pencils or pastels (only to be used later in the process) and a variety of red drawing utensils, even some poster paint can come in handy at some point, if the SIAG shows interest/is so inclined. Important for the therapeutic and research process, but possibly not when an SIAG uses the technique on her own, would be access to a copier to be able to alter drawings and still retain the original, or to enlarge some of the drawings.

The venue for the research needs to have ample light sources and an acceptable temperature; comfortable table and chairs; and the need to be private and secured from unwelcome disturbances.

4.7 STRUCTURAL OVERVIEW OF THE DATA COLLECTION TECHNIQUES

Data gathering can be viewed in conjunction with the activities that had taken place.

- The first and last meetings in which material was gathered excluding the analog drawing sessions, formed part of semi-structured interviews/techniques. In the first meetings the data was helpful for guidance and adaptation towards the needs of the participant. The last interviews were helpful with regard to clarification of the experiences of AD.
- As mentioned earlier, the researcher and participant had time to establish a relationship during the driving to and from the venue. This can also be seen as significant in the data collection procedure, since much information could be obtained about the participant's current field and the life stressors that form a part thereof.

- Non-verbal data collected from the AD session is described in detail in the transcribed sessions in Appendix D, with some references made to it in the following Chapter 5.
- Data was also collected form activities other than the planned sessions on AD, as needs arose.
- Verbal data was collected as the participant spoke directly about her situation.
- Some written data was available from notes the participant had made on her drawings.

In order to maintain some clarity, for ease of reading and to contain some sense of the flow of the data collection sequences, the material is reported in sequential chronological order as far as possible.

The researcher would like to inform the reader that the phases that are referred to in the following table pertain to therapeutic sessions, which are discussed fully in Appendix D.

Table 4.1 –Summary of structural formation of sessions and AD intervention

Various structures during which data was collected	**Substructures and ways in which data was collected**	**Types of data collected – according to techniques, aims and subjects – within specific sessions.**
Meetings/Interviews	First ethical and informative meeting. First background data gathering. Final meeting and follow-up interviews.	Family graphic drawings and self-schemata.
Relationship-building time	Travelling and before/after sessions or during tea breaks when such occurred.	
Analog drawing therapeutic time	**Phases** of AD drawing and acquiring the technique. **Explorations** of the drawings The data was captured in informal verbal discussions, semi-structured sentence-interviews and written remarks. **Non-verbal observations** were	Phase 1 – Session 1: Mark-making, signatures. – Session 2: Mark-making lines and borders. Phase 2 – Session 3: Drawing out emotions. Phase 3 – Session 4: Drawing a person, neighbour and

	described and **verbal** and **written** material/drawings were retained on paper or via video-capturing.	stepdad. Phase 4 – Session 5: drawing a problem, communication. Phases repeated for sessions 6 (drawing men) and 7 (drawing women) 8 (drawing self) Alterations spread over phases and Session 9: using colour.
Other non-analogue intervention techniques	Other drawings techniques.	Left hand drawings. Empty-chair techniques. Sand-tray technique.
Self-injuring reports	Periodic reporting	First meeting and Sessions 4/8 and final interview.

The table above thus indicated the ways and structures during which data was collected.

4.8 DESIGN OF THE ANALOG DRAWING INTERVENTION AS PRIMARY DATA COLLECTION TECHNIQUE UTILISED IN THE STUDY

4.8.1 AD as an experiment used in an intervention

Corey (2005: 205-206) mentions 'experiments' in Gestalt therapy, which are designed to increase the clients' self-awareness of what they are doing and how they are doing it. Such experiments in Gestalt would not be "ready-made" techniques, but would grow out of the experiential contact between client and therapist, and the result is often "a surprise to both the client and counsellor". Corey adds that such an experiment would be spontaneous, "one-of-a-kind" and relevant to a particular moment with its particular figure-formation in the context of the moment, as the client develops themes and whilst engaging in the experiment finds a fresh emotional experience with new insights. Amendt-Lyon's view (2001:227) underwrites this as she describes experiments as individually created custom-made interventions. "The element of surprise, the unexpected viewpoint or feedback can effect more change by promoting awareness in our patients than reiterating what they expect to perceive" (Amendt-Lyon,2001:245). (See 'Reframing' in Chapter 1 – 1.6.)

A therapeutic intervention, such as AD in this study, based on the technique of Edwards is a planned intervention technique, which requires preparation of material to guide the process and can therefore be viewed as a "ready-made" technique of a semi-structured nature and open to adaptations. (See Appendix C for Edwards' exploration questions.) The therapeutic intervention is however still allowed to grow organically as the participant brings her own process and issues to the session: this correlates with Gestalt in which the foreground need is addressed on the one hand, and on the other, it forms part of the Gestalt experiment, with therapist responding creatively on the material that arises spontaneously during the process. Although the material used for exploration is by way of the AD method and might be information from the past, it forms a part of the client's current foreground field and holistic being, as it is experienced in the present moment (Parlett, 2005, 50). (See 'Awareness' in Chapter 1 – 1.6.).

4.8.2 Overview of drawing phases and sessions

The course of action for acquainting the participant with the AD techniques and applying them to the participant's personal situation is that it is broadly divided into a series of planned drawing sessions. These sessions consist of four different phases. Strydom, (2006:357:385) describes similar planning of an art intervention programme, divided into phases. The phases are however not cast in stone, since **adaptations** can be made according to the researcher's and the participant's perceptions, experiences and evaluations that come to the fore spontaneously.

The analog drawing techniques of Edwards (1979; 1986) are thus broadly sequenced to follow certain phases:

Table 4.2 – Meetings and drawing phases

Meetings and phases	Purpose of the phase or meeting
First meeting/interview	An initial informative, trust-building and information-gathering meeting.
Phase one	The uniqueness of mark-making, including relationship-building and involving some right brain activities, but at the same time learning to relax in the drawing experience.
Second part of phase one	Some specific drawing exercises to enter into and to introduce right

	brain-activities.
Phase two	Drawing out of emotions, introducing the first analog drawings.
Phase three	Analog drawing of a person or persons, guided by the life and context of the participant.
Phase four	Analog drawing of a problem(s) in the life of the participant.
Phase five (overlapping any of the other phases)	Exploration of drawings by rotating them or turning them upside down.
Phase six (on its own or overlapping other phases)	Alterations done to previous drawings (or copies of drawings) by adding something, taking something away, duplicating specific parts, enlarging some or tearing drawings up and re-using them. Adding colour to existing drawings. In this phase a copier at hand will be useful.
Closing interview	Participant evaluates the interventions.

The phases are described in more detail below. The aims and purposes for the use of each phase are included, to provide a rationale for the inclusion of the specific drawing exercises. All guidelines, instructions and explorations that were prepared and used during the phases are fully described in Appendix C.

4.9 RATIONALE FOR AND DESCRIPTIONS OF DRAWING TECHNIQUES

4.9.1 First meeting/interview

The purpose and aims with the specific techniques planned for use during this first meeting are described in this section. The purpose of the first meeting was to provide the adolescent with information about the research; to discuss and complete ethical/administrative forms; to allow the subject to broach any queries and uncertainties. An equally important second aim was to begin with the building of a relationship and trust through a warm, emphatic and non-judgemental attitude.

Some information about the participant and her life, specifically pertaining to problematic areas which she has currently been experiencing, was obtained after the initial interview during which a relationship and some trust had been established. Furthermore, as the participant seemed amicable and very co-operative, the researcher felt comfortable in approaching her with regard to self-harm acts and the frequency thereof.

For this first session the following techniques were used: The Graphic Family Drawing (Venter, 1993; Venter, 2006; Blom, 2004:72) which serves as a simplified genogram of a family and provides an efficient, fast and comprehensive background that serves to table the family life of a client. This drawing technique (which does not form part of Edwards' analog drawings) is enjoyable and easy and in addition also provides insight for the client, as well as rich material for further (phenomenological) exploration in therapy.

A graphic diagram designed by the researcher to explore areas in the participant's life, her roles within contextual fields, allowing the participant freedom to answer according to her own inclination and indirectly esteeming her emotional experiences by way of rating the particular contextual-field, was also utilised during this first session. The diagram is based on self-concepts, self-schemata and evaluation of the self-esteem (Kassin, Fein & Markus, 2008:54).

The utilisation of these mentioned techniques, however often used in therapy but not part of the AD technique, enabled the researcher to obtain background information that would serve the purpose of helping during the guiding of choices for AD.

4.9.2 Aims of analog drawing phases

4.9.2.1 AD Phase one: mark-making (Sessions 1 and 2)

The purpose and aims as well as the techniques planned for use in phase one of the AD intervention are described in this section. Initially a couple of exercises were introduced that serve as ice-breakers and endeavour to lessen anxiety about drawing in general and thus to become comfortable with drawing. Here the researcher would like to refer the reader back to Chapter 3 where mention was made of playful experiences within the therapeutic relationship enabling authentic self-expression, which may unlock meaning that is made in the life context and cultural background of the person involved. Some techniques or exercises, such as attempting to do a name signature (Edwards, 1986:58, 59) backwards or with the non-dominant/left hand, are effective in moving the left brain out of its controlling position and entering the right brain hemisphere (see Chapter 3). This fun exercise seemed an effective way in which to experience the right brain functioning (Edwards,

1979: 20; Amendt-Lyon, 2001:225). Left hand drawings are used extensively by Cuppacchione (1991).

A further aim was to highlight the uniqueness and expressiveness of mark-making for the participant whilst indulging in the drawing of lines; at the same time considering feelings experienced. Exploratory comments by the researcher were aimed at helping the client towards self-awareness and self-identity (See Appendix C for the instructions). In addition, while the researcher demonstrated some of the drawings, the client and the therapist could compare and share their mark-making, which also assisted in relationship-building (Hall, 2008:20-22; Malchiodi, 2006:230-231).

The researcher would like to mention that mark-making was a creative way of expressing the uniqueness of oneself since the earliest times of mankind, seen in drawings and scratches done on cave walls. In addition, the fact that no two persons have the same way of making marks when using any tool for drawings or paintings, helps with the realisation of the uniqueness of every human being (Malchiodi, 2006:22).

During the **second part of phase one**, a special technique, the 'Contour hand-drawing' as employed by Edwards (1986:146-147), was used. Before the onset of the session the researcher explained the sequence of the directions comprehensively – even demonstrating it to the client, before letting the client attempt to do the exercise - as the therapist does not want to interrupt the process. The exercise entails that the participant will have to turn her back slightly to the table, sitting side-ways and stare at her own hand for ten minutes, while at the same time making a drawing of every line she sees on her hand on a piece of paper behind her back, not lifting the pen or pencil once. This is another initial exercise that helps the client to enter into right brain activity and to experience the feeling of utilising the right brain. This exercise is also fun and results in nothing else but a scribble-like image. It however helps to focus in a relaxed way, and brings a person into the here-and-now of awareness (see Chapter 1 – 1.8) and the feeling of 'flow'. Flow is, according to Siebert (2005:143), a relaxing, energising and focused concentration at the same time. This exercise also served as a further introduction to doing analog drawings in an instinctive way, opening the "avenues" for future sessions. The

‘disordered’ end-product also helped the client relax and realise that no ‘pretty’ art-works are expected during sessions.

During **the third part of this phase,** the participant and the therapist take turns to do more mark-making, which consists of free lines drawn at various speeds, with various pressures, textures and directions applied (Edwards, 1986:60-62). It is necessary to put the date and signature at a bottom corner of all drawings, to help the client remember which side is the bottom of the abstract drawing, as drawings are perhaps turned around later on.

It can thus be seen that the experiencing of mark-making and right brain exercises formed the main objective of this phase in the drawing intervention.

4.9.2.2 AD Phase two: the drawing out of emotions (Session 3)

The aim of this second phase is to introduce the first real analog drawings, where experiencing the ability to represent various emotions in a personal unique way of mere mark-making/lines (graphic symbolic representations) on a paper is facilitated (Edwards, 1986:66, 67, 68).

The first emotions that were chosen were introduced to create a feeling of the variety of expressions: anger, joy, peacefulness or tranquillity, depression, energy or power, femininity or masculinity, illness and one emotion of your own choice. A vast array of emotions can be drawn. This means the client had to draw the emotions that were given to her, and after that the participant could make her own choices from a list of emotions as found in the literature study, relevant for the SIAG. Some emotions could be redrawn larger on their own again or in colour, time allowing (See Appendix C with instructions). The researcher considers it of importance for the SIAG to be able to use mere graphic lines in expression of her emotions as introduced through the drawing interventions in this phase.

4.9.2.3 AD Phase three: the drawing of a portrait of a person (Session 4)

The aim of the third phase was to promote self-awareness and insight into a problematic situation by the drawing of a person or persons who is/are important in the life of the participant, in this case the SIAG - from her self-schemata and family graphic drawing that was made during the first meeting. She could choose a

significant person. Inside the brain a person's inner world is ready to be used at any moment, to be expressed in visual form, making thoughts visible. This drawing does not require any artistic experience or ability (Edwards, 1986:96-98,101). According to Amend-Lyon (2001:227), some participants when in a creative process find it easy to communicate in metaphoric terms or enjoy playing with figures of speech. Analog drawings will be an attempt to draw out such figurative speech as was evident in this study (see Chapter 5).

Explorations during this stage of the drawing interventions were mostly done by way of sentence completions, based on Edwards' explorations. Oaklander (1988:96), Schoeman (1996:124) and Blom (2004:113) utilise this technique within Gestalt play therapy. De Bruin (2001:246) indicates sentence completion as a projective measure of personality assessment. Appendix C contains full examples of the explorations/questions.

4.9.2.4 AD Phase four – the drawing of a problem (Session 5)

The aim during this phase is to facilitate self-awareness and specifically the discovering of self that forms part of the problematic situation.

Edwards (1986:51, 103-105) remarks that to draw out a problem, involves to "show" a meaning in some unmistakable form, as identified in the person's own mind, to recognise it and to be able to name it. Without a long description the person can, after completion of the drawing, capture the drawing's message by stating it in words, to 'tag' it. This may be done either silently or aloud to another person or by writing it on the back of the drawing. According to Edwards (1986:51), the question is simply of finding a way in which one can give thought to an objective existence. Amendt-Lyon (2001:225) describes creative art as a process whereby patterns in life within the context of reality emerge.

Edwards (1986:104) further encourages a person to explore his/her own drawings – rethinking and re-perceiving what is in front of the person. The viewer must pass from point to point of the drawing, perceiving the relationship of part to part within the boundaries on the format. It should be an attempt to see the image as a whole and at the same time to see the parts. The purpose is to look for the person's own thoughts, which may appear as unexpected or surprising forms.

During the drawing intervention sessions this exploration was introduced in a spontaneous, unplanned improvisation and in a creative way. Since the symbols used by the participant were disconnected forms scattered over the page, the participant was asked to use a line to link the parts of the picture as if on a '**walkabout**' (visit) from part to part.

This aspect is endorsed by Oaklander's approach during creative work (1988:37-38, 44-48). This concurs with another aim namely that of "owning" and "dialoguing" with parts of the picture. Oaklander's steps (1988: 53-57) can be applied now or during any of the other phases including the sharing of the experience of the drawing; describing the picture - also as the self ("I am the picture..."); identifying with parts of the picture – their functions (and exaggerations of any parts); dialogue between parts of the picture (important); attention to colours and non-verbal communication; owning what has been said (important); and applying what is said to the real life of the child's situation.

This phase is important for the SIAG as alternative perceptions may develop during explorations of the drawings as described in the guidelines (Appendix C). By adding alternative explorations as described in the next two phases, the facilitation of developing alternative perceptions was done by the AD techniques.

During this phase in session 5, the researcher included the Gestalt empty chair dialogue technique which is proven to be effectively used in emotion-focused trauma therapy for survivors of childhood abuse (Greenberg, 2009: 67-68).

4.9.2.5 AD Phase five – the turning/rotation of a drawing upside down/ (Various sessions)

Exploration of drawings is done by rotating them or turning them upside down. This technique can overlap any of the other phases and can be used in the other phases. This is the **most important exercise** of the analog drawing technique. If there were time to select only one technique, the researcher would select this one above all the others, after identification (drawing) of the problem or person.

The turning of the problem upside down or rotating it provides an alternative view of the picture to the client. Thus the aim of this step is to clarify and empower, or

reframe problem-solving seeking for solutions/or altering viewpoints and state of mood. This helps the client to consider anew what is puzzling or missing, what doesn't fit or what stands out, which might propel the finding of a solution (Edwards, 1986:119-123).

The alternative view/sight/vision/scene/position of seeing the problem will help a person to nudge/shake/prod the mind and ask valuable questions. The purpose is not to solve a problem completely (although some problem-solving may be reached), but to see it in a new light, to actually see the picture or whole from a new perspective. Edwards maintains that creativity is the ability to see things in a new light (or from a different perspective). In "reading" the upside down message, meaningful elements of the drawing, missed before, can now be revealed (Edwards, 1998:38,119). Reframing has the possibility to change some negative aspects into positive ones, but the therapist still needs to focus on the obvious situation and to be in touch with the client's feelings.

According to Edwards (1998:123), attitudes and habits of thinking are not changed by seeing something, but "... the drawings do provide concrete images, dredged from the subconscious, on which to hang conscious thoughts and actions – a metaphor or analog around which to organize random thoughts and actions and to imagine imagine possible solutions." This is supported by Amendt-Lyon (2001:236, referring to Arnheim 1980) who states that in both therapy and art the goal is to bring something new to the foreground, whereby new attitudes, behaviours and emotional responses are fostered: "If this transformation ...into something new and meaningful succeeds, the new form allows for a connection of the neglected, forgotten, or avoided elements of the past with present awareness." Future creative activities can be based on the new discoveries.

By turning a drawing around, rotating it, the client is provided with an opportunity to look anew and to reconstruct images, meanings and links.

4.9.2.6 AD Phase six – alterations: cut and paste/colour it (Various sessions and Session 9)

This phase can be used on its own or overlapping with any of the other phases. Alterations done to previous drawings may include the adding of something; taking something away; duplicating specific parts; enlarging some; tearing drawings up; and re-using them; or adding colour to existing drawings. The aim for these steps is reconstruction of an existing problem.

Two major forms of changes were considered in this case study. One alteration applied in this study was to cut/tear a copy of a drawing to pieces, separating background and foreground and to re-arrange and paste the shapes/pieces on a new piece of paper, redrawing over it if the participant would feel so inclined. The second major alteration used in this study was to paint/use colour on an enlargement of a previous drawing.

Amendt-Lyon (2001:241-242 quoting Wallen, 1970) refers to perceiving needs as new figures when relations emerge from the background field of a patient, as stimulated by the creative work. This may help the "reorganization of the familiar of chronicle poor configured element into something new and beautiful", as Amendt-Lyon puts it (2001:226). Amendt-Lyon (2001:232) further refers to Zinker (1974) who states that therapeutic and creative processes actually connect on the levels of transformation, metamorphosis and change.

The researcher added/improvised a third alteration by adding lines to connect existing symbols in a '**walkabout**'. This provided a new drawing over the original and equally facilitated transformation(s).

At this stage a series of drawings/cartoons can be developed - where the problem-drawing or person-drawing is undergoing change. The therapist can direct to bring awareness of extremes in polarities, which might lead to integration of parts of the self. Strength of this model lies in this aspect as part of the intervention process – that changes can be made to a drawing or onto a photocopy of the drawing as insights develop and dialogue progresses. Knowing and accepting the self and needs – the paradoxical theory of change (see Chapter 3) can be applied in the

dialogue and therapeutic process by way of using such alterations and reconstructions to a drawing.

Colour can be applied on an enlargement of an original drawing of a problem in any way that is pleasing to the participant.

Another aim in the intervention process for this form of alterations can be introduced: Confronting a larger image of an issue, more dialogue can be initiated about the current situation/problem/person, facilitating self-understanding and a process of growth. It might be possible for instance in the colouring of the drawing to indicate aspects that the client likes and/or dislikes about it - exploring. It should not be just beautifying a picture, but it is should still be an activity of some expression of emotions.

Another Gestalt theoretical application, at any point during the alterations or even before altering a drawing, would be to investigate fixed gestalts/unfinished business and interruptions/disturbance of contact (Chapter 3 – 3.3) – as the client might be exhibiting resistance to enter into contact with the self in the situation presented by the drawing, ignoring some areas or being overly involved in some other areas.

Time allowing, a total new problem can be addressed, starting a new cycle of drawings.

4.9.3 Final interview – Evaluation and Comments

The portfolio of drawings is viewed with the aim of evaluating outcomes in relations to the initial goal. More qualitative information can be gathered regarding the individual's experience of the process during this final interview, considering all phases and the independent use of AD as well (Appendix C, 8 contains the interview schedule).

The phases provided a sequential outline for the types of drawing exercises which the SIAG could find useful. The session aims were planned accordingly, but the eventual sequence of drawing interventions was conducted mainly according to the participant's life stressors (see Appendix D for a full review).

4.10 CONCLUSION

In this chapter the research design, research method and preparations for data collection used to attain the study goals were described. Extensive attention was given to the preparations for the data collection, including a rationale as motivation for the inclusion of each technique provided. Since the drawing intervention guidelines were prepared according to structured phases, the specific drawing guidelines are added in Appendix C. The planned sequence of events was not envisioned to be ultimately prescriptive of what should happen during the drawing intervention sessions, but served as direction-giving guidelines to facilitate the analog drawing techniques and were adapted according to the needs of the participant. In the following chapter the results of this planned intervention and the data obtained from the AD sessions will be presented and discussed according to themes and significant moments experienced.

CHAPTER 5

RESULTS – PRESENTATION AND DISCUSSION OF THE DATA

5.1 INTRODUCTION

In this chapter the qualitative data collected during the meetings with the participant, an SIAG (self-injuring adolescent girl), and the results of the series of therapeutic drawing interventions are presented and discussed. The data is analysed and compared according to the specific goals of the study. The goal for this study was: *to explore and describe how AD as coping technique may provide the SIAG with an alternative form of self-regulation and creative adjustment, other than immediate SI activity*. This goal also includes the phenomenological material of personal experiences as expressed by the participant; the themes for an SIAG described in literature; the facilitation of the AD (analog drawing) technique; and considering meaningful moments of awareness or reframing within the process of Gestalt therapy.

5.2 DATA ANALYSIS PROCEDURES

Ultimately the data analysis**,** including consideration of the values and meanings that the participants ascribe to their worlds, will provide an understanding of the problem based on multiple contextual factors (Maree, 2007:257-258). This study followed the Creswell (2003) data-spiral route as described by Strydom (2006:339-340) and is summarised in short.

- Collection of data was done with the sessions being video-recorded. Some notes were taken on non-verbal reactions while the sessions were in progress. The participant did various drawings, and commented on her own drawings both verbally and in writing.
- The data was organised by first transcribing the sessions almost verbatim and presenting/reporting the original data of the therapeutic process, highlighting relevant moments of reframing or awareness. This session material is available in Appendix D.
- Patterns were also indicated in instances where the participant repeatedly used or referred to idiosyncratic information, such as repeated reference to personal

contextual information, personal emotional experiences repeated or the repeated use of symbolic expressions in drawings. Themes emerging from the data were marked as such. A list of themes, Appendix E, was compiled from the literature as well as from the theoretical investigation in the study, to assist in objective exploration of the data. Thus, analysis in this study included both the inductive, from the raw verbatim data bottom-up, and the deductive method from the theory top-down (Braun & Clarke, 2006:83-85; Pope, 2000:1extract).

- After the original first impressions, reflections, comments and transcription of the sessions, notes were compiled and tabled. The first reflective tables are available within the full descriptions of the sessions in Appendix D and form an integral part of this report on the study. In qualitative research, data analysis often takes place alongside data collection and reflective notes are included with the observations and field-notes (Pope, 2000:1).
- The themes and significant moments that came to the fore during the therapeutic sessions were cut and paste manually, using a personal computer and then isolated in a new list; thereafter collated, before considering the broader categories and themes for tabling/reporting findings in a rigorous process to establish greater objectivity for the researcher. Themes and patterns were altered and adapted as material was re-examined. An extract of the process is available in Appendix F.
- Finally the raw data and video recordings were revisited before compiling the end report, which is also put in table format. Tables were adjusted more than once as the significance of some material stood out more once the tables were reviewed by the researcher.

The complexity of this study is portrayed in the data and is summarised in various tables, as will be seen later on in this chapter. The data is organised according to the categories addressed by this study. The significant data has thus been indicated in terms of relevant themes according to categories which relate to the broader concepts of the study and literature reviews and/or significant moments during the interventions sessions. Findings and conclusions based on this data will follow in the next chapter.

Qualitative research needs to adapt to the traditional quantitative validity which entails the effective measuring of what needs to be measured, and reliability tests which indicate the stability and consistency of the measurement used (De Vos, 2005:346).

5.2.1 Trustworthiness in the study: credibility, transferability, dependability, conformability

According to Mouton (2001:150), case studies tend to be biased. The concepts of validity and reliability should not be ignored, even though quantitative measurement instruments are not involved. According to Lincoln and Guba (1985), as referred to by De Vos (2005b: 346), in this instance credibility serves as alternative to internal validity; and transferability equally serves as alternative to external validity/generalisation. Similarly dependability serves as alternative to reliability and conformability to objectivity. With regard to credibility of this study, the following:

Credibility: Due to the in-depth nature and complexity of variables and repeated patterns of interactions of this case study, credibility is ensured. A clear correlation with the literature was evident in this study and empirically described. The complexity and depth of concepts that interlink are of such a nature that descriptions of all are not possible due to the nature of this study, which is of limited scope. Not nearly all aspects emerging from the data can be highlighted and addressed in the analyses or the findings in the next chapter. Therefore, only the main trends and patterns are reported; however, dense investigation was undertaken (Mouton, 2001:124; De Vos, 2005b:346).

Transferability: According to De Vos (2005b:346), transferability is considered when the study would be applied to any other settings, and can subsequently be substantiated when this study has been guided within the confines of definite theoretical concepts and models during data collection, and the analysis thereof. This study combined various major academic disciplines, namely the psychological phenomenon of self-injuring activities and the creative arts, within the Gestalt perspective. However, the uniqueness of any case study as in this instance as well, complicates the construction of transferability.

Furthermore, the triangulation of data collection by way of using multiple data-gathering methods, such as interviews, drawings, verbal and written responses, various explorations of the drawings and reporting on the SI (self-injuring) habits, may assist in various forms/applications/generalisations of data gathering to be used for follow-up studies.

Dependability: The qualitative research accepts changes as an inevitable part of the universe. Nonetheless, by allowing the participant to describe the meaning of her experiences of the AD process and its results in her own words, the here-and-now of her fields were represented and addressed. When reporting the data, the use of objective rigorous data analysis processes furthermore constitutes the trustworthiness of this experiential and experimental study.

Conformability: The question according to Lincoln and Guba (De Vos, 2005b:346), is whether the data helped to confirm the general findings and leads to the inferences, such as in this study where the data was analysed and interpreted in this chapter and conclusions were described in Chapter 6.

5.2.2 Background information on the participant

The participant will be referred to as S and the researcher as R.

The participant for this study was already 18 years of age, turning 19 a month after the research was completed at the time of a follow-up interview. According to Louw, Van Ede & Louw (1998; 384-385), adolescence can fall between the ages of 11-21, early adolescence between 11 to 14 years; middle adolescence between the ages of 14 to 18 and late adolescence between approximately 18-21 years. The particular girl previously lived in a “Child and Youth Care Centre” (CYCC) since the age of 11. The social worker of the particular home upon notification of the research referred her to the researcher, informing the subject that she would also contribute towards the research if she partook, and provided contact details, whereupon the participant willingly phoned the researcher to commence with the sessions. Thus informed consent was obtained by the participant herself- a significant fact. She was not under the protection or guardianship of the children’s home any more. As mentioned in the previous chapter, the social worker who had periodical contact with the subject expressed great concern about the girl’s cutting habit.

The researcher and participant had met before during the researcher's practical internship at the particular Children's Home. The researcher thus had knowledge that the participant had had a baby, whom she had given up for adoption one year prior to the research being done. The researcher also knew that the girl had to vacate her room (full particulars not known to the researcher), as soon as she turned 18 in August of that same year, only a couple of months after the birth of her baby. She thus did not have the opportunity to complete grade 12. It was unclear to the researcher exactly what her living arrangements were after she had left the Home. At the time of this study, the participant (S) was living with her new boyfriend at his grandparents' neglected and impoverished home. The boyfriend was 20 years of age and under house-arrest for attempted murder at that time.

5.2.3 Intervals and durations of sessions

As mentioned earlier in Chapter 4, the introductory session meetings with the client, as well as the intervention sessions were conducted at the researcher's counselling practice. It is of significance to remind the reader that the sessions took place twice a week, over a period of five weeks. Sessions were intended to be an hour long, but some extended to one and a half hours. The researcher offered continued assistance once weekly to the participant if she might still be in need of therapy. The participant and researcher met again monthly for two months, which made additional evaluations of the intervention possible. Travelling time supplied by the researcher offered both subject and researcher time for further relationship-building.

The intrinsic nature and attributes (De Vos, 2005b:342) of the data (obtained from the sessions) that carry meaning, lead to the major distinctions which formed the categories in the data analysis (De Vos, 2005b:338,341).

5.3 DATA CATEGORIES

The meaning of the data was derived from the phenomena or main concepts applicable to the study:

- relevant or significant idiosyncratic/individual/personal material, called the self;
- the self-injuring (SI) phenomenon and adolescent(s) (SIA) involved in this habit, as described in the literature;

- the analog drawing (AD) technique and its use in an intervention series to address the participant's issues;
- significant moments of either awareness or change and reframing observed by the researcher or described by the participant; and
- applications of Gestalt theoretical and therapeutic concepts within the broader research goals/research question were included as a category in order to analyse data accordingly.

Themes are thus described within the above-mentioned categorical distinctions, while subthemes are displayed according to material being grouped with significant meaning within a theme. The choices were based on material being presented repeatedly, when expressed as of major importance/concern for the participant or viewed by the researcher as majorly influential in the life of the participant. Themes were formed when regarded valuable to what the researcher wants to know as Braun and Clarke (2006:80, 82-83) explain. Data was complex and meaningful in various contexts and linking categories themes and sub-themes. An example is the indication that most SIAs originate from a dysfunctional family of origin, which forms a theme, wherein the subthemes of alcoholism, family violence, and other abuses occur. The discussions and analysis include material found during sessions which differs from the literature.

5.4 THEMES EXPLORED AND DISCUSSED

As mentioned in Chapter 4, data for this study was collated and investigated from various differently structured activities of the data collection process, including the first and final interviews; time spent with relationship-building; during the application of non-drawing techniques that took place during the therapeutic sessions; and then directly connected to the analog drawing experience and explorations that followed.

Major findings will now be elaborated on and are discussed in the following sections according to the categories mentioned earlier. A table supplied at each category provides an overview of the themes and sub-themes of that particular category and includes original narrative material from sessions as supportive evidence.

5.4.1 Category: Personal/idiographic data – the self

Data of a personal, individualistic and idiosyncratic nature enhances the depth and richness of a case study. Impressions with regard to the participant's unique process and characteristics were compiled from direct verbal or written expressions as well as from non-verbal observations during these activities. Much of the SIAG's background descriptions and characteristics that are described in detail in Chapter 3, were clearly applicable to the participant in this study and will be reported as such (as well as be included in a summary in Chapter 6 – 6.4). Data that is unique, prominent or characteristic to the participant, is also indicated.

Table 5.1 Idiographic data

THEMES - the SELF	SUB-THEMES	SESSION MATERIAL, as from APPENDIX D, particular sessions referred to in brackets.
Personal strengths and weaknesses	-frustration/irritation	"I get so frustrated with them all in the house – all of them – so frustrated. I don't know what to do" (2.4.4). "I feel both friendly and irritated?" (2.6).
	-clarification of her own drawings	"The small black block is sitting in the home and longing for someone who is far and not with you – is that ok?" (2.3.3). "A person sits alone in the corner of the class. One should have relationships with others, but cannot" (2.3.3). "I thought of something else. She doesn't make sense, when she's drunk she can curse you and at others times she is nice to you. The stuff is hanging in the air still, because I don't know whether it is ever true or not. Some day the light will shine on it" (2.3.2).

SELF- cont	SUB-THEMES	SESSION MATERIAL
Psychosomatic issues	-health complaints	"Not sleeping well, not eating. Need antidepressants but Boyfriend says ... Need to see a doctor. Not too strong antidepressant type needed, as to not off-set epileptic. Epileptic medication is not strong enough. I'm stressed; also forgetting the pills; need other pills to sleep; need vitamins" (2.6). "And my health is not good at all, not good at all" (3 - Final interview).
	-other self-harm	S loudly cracks, snaps all her knuckles. She said she can crack all her joints, neck, back, elbows, knees, tows, ankles (2.3.3). "T, is it not bad to get angry with yourself? I slap myself on the side of my head" (2.7.1).
Content of drawing material	-symbolic language	She depicted friendliness (a half circle); hugs (two overlaid, crossed arcs) (2.4.1). "Circles/coils – rubbish. Everything was always chaotic. Pointing at the crossed curves - These are smiles, but fake. Triangular heap of lines is me from young till now older" (2.5.1). A box-shape: "Stone, unfeeling. Placed on water, but refusing to sink" (2.5.3).
	-violent men	"My situation, yes. My whole family and my choice of friends and so on, everybody with who I am together and around me, are aggressive" (3 – Final interview). "I always have violent people around me. You remember the bricks (drawings of men)?" (4 – Re-interview).
Losses	-isolation/ abandonment	(Herself) apart from the others and "not like them" (1.3). S, herself depicted as aside*/"eenkant"*) (1.6). "Up till today – an older age – away from parents. Basically to say all the years I have been away." (2.5.1). "I am the lost duckling" (2.7.2). "I lose so many people and it hurts" (2.6).
	-loss of baby	"I still have a dark hole about my child...The dark hole – this whole thing" (2.6.2).
	-loss of self-esteem/worth	"I am bad. If I didn't open my big mouth, our family would not have broken up. Other people said it was all my fault " (2.7.1). "I am angry and disappointed in myself. Also a dream went wrong ... My good name is gone now." (2.6.2).

Major themes that emerged as idiosyncratic information are: personal strengths and weaknesses; psychosomatic issues; content of drawing material and losses – and will be elaborated upon.

5.4.1.1 First theme: Personal strengths and weaknesses

The first theme that emerged was data of a more personal nature and indicates a girl with much of the insecurities as expressed for the SIA in literature. Levenkron (2006:46-47) describes some characteristics of the SI person, such as the person can feel powerless, alone, fearful, vulnerable, an outsider, no one to trust, deficient fearing punishment or rejection, apologetic, with obsessive thinking. More characteristics can be found in Chapter 2 (2.6.2 and 2.7). Many of these aspects could be observed in the participant at times (see Appendix D), but are not singled out to be reported, apart from the chosen aspects in the following sub-themes.

In this case, however, it becomes apparent that the person is also a girl with openness, honesty, directness, boldness, assertiveness, a need to be correct, a perfectionist, a person with resignation (acceptance) and resolution (determination) and having her own ideals for her future (such as that a man should be a "gentleman" and a woman should be "soft but stable", or a person should "walk a straight path" – her words), and are combined under a theme of personal strengths and weaknesses. The personal strengths often do not come to the fore clearly in the literature. However, researchers need to appreciate the inborn resilience available in any person (Siebert, 2005:8).

Sub-theme – frustration and irritation: Feelings of insecurity could have been expected to be present as the participant enters the unknown terrain of research and drawing activities. This could be illustrated by the often repeated and apologetic, "Sorry T", in this case. However, markedly noticeable and forming this second sub-theme of personal strengths and weaknesses, were the feelings of frustration and irritation very frequently observed and expressed by the participant and directly linked to her specific acts of SI as reported above in table 5.1. This might be considered some unique characteristic which the researcher did not find prominently indicated in the literature around the SI phenomenon.

According to the researcher, the participant in this study noticeably displayed some mood swings, together with the expressed frustration and irritation. In addition, at times she seemed to be manipulative, especially when talking to her boyfriend over the cell phone. The researcher would not exclude the possibility of indications of some personality disorder being present, which may have an influence on the therapeutic process and outcomes (see Chapter 2 – 2.3.2). Co-morbidity of SI behaviour and other disorders forms a theme in the next category about the SIA (see 5.4.2.6).

Sub-theme – clarification of own drawings: A third sub-theme related to personal strengths and weaknesses considers the participant's verbal skills. The participant's process was often slow and contemplative, with bouts of enthusiastic animated movements. Nonetheless she appeared verbally skilled, although childlike, and she could often clearly communicate her own interpretations of drawing material – unlike literature indicated on the SIA; although at times she could or would not indicate her emotions.

The researcher would like to comment that this clarification and description of her own material took place within the therapeutic environment, after exploration of the drawings. It is not clear whether the participant could clearly communicate her needs, thoughts or feelings when with her family or outside of therapy.

5.4.1.2 Second theme: Psychosomatic complaints

From the first meeting the participant expressed great concern regarding psychosomatic issues. Although psychosomatic problems form a part of information from the literature, the girl in this study indicated a legitimate and excessive concern with her current health state, which constitutes another theme in her personal material and she referred to it constantly at both the beginning and endings of sessions.

Sub-theme - Health complaints varied from tiredness, sleeplessness, loss of appetite, expressed feelings of depression, various lesser ailments including problems with her teeth, poor feeding and mineral/vitamin deficiency, need for medication and unpredictable episodes of epileptic seizures (see table 5.1). In retrospect, the undeclared epileptic episodes could have entered the therapeutic

milieu, unbeknown to the researcher. It formed an extenuating factor to life stressors for the participant.

Sub-theme – other forms of self-harm: Added to the theme of psychosomatic indications, is some peculiar self-harm exhibited by the participant. Of interest and unusual in nature, but not noticed as foremost in the literature on self-harm, the client displayed some distinctive and lesser other forms of self-harm, ranging from biting her nails, slapping herself against the head, to snapping all her joints, cracking/snapping of her knuckles, her neck, shoulders, knees, ankles, etc. (see table 5.1)

The researcher considers these additional forms of self-harm (albeit without injury) as an indication of the strong need to **self-injure or self-harm** and representative of a psychological pattern **to turn anger/aggression** and undistinguished emotional experiences **inward** on the self (Milia, 2000:176). In the Gestalt theoretical perspective this phenomenon is described as retroflection (Reynolds, 2005:163).

The data on psychosomatic complaints as discussed above can be correlated to co-morbidity in the category of the SI phenomenon of a following section (see 5.4.2.6).

5.4.1.3 Third theme: Content of drawing material

A third theme of idiosyncratic material regards the content of the SIAG's data, her drawings and the meaning thereof.

Sub-theme - symbolic language: In the content of her drawings the participant eventually reverted to mere simple but distinctive geometric forms and shapes, which she often repeated and whereby she established her own unique, metaphoric, symbolic AD language, carrying a specific personal meaning for her.

According to the researcher, although her drawings' forms and content were not interpreted independently from the participant's expressed views and descriptions of her symbols, the researcher is of the opinion that the repeated oppositional directions of the marks, the non directional images and endlessness of many of her mark-making in her drawings, might be indicative and representative of a loss of clear answers and directions regarding many of her own current life issues (See table 5.1 and Appendix D for much more detail). Edwards (1986: 60, 62) describes

the subtlety and power of the language of lines, adding "... your mark will always be *your* mark".

Sub-theme – violent men: Relationship problems form a part of the SIA's profile, even the specific problems of this participant and it appeared in the content of her data, this second "personal" theme. Turner (2006:100) states it as follows: "She believes she deserves this behaviour and unconsciously or unwittingly invites its ... tendency to establish abusive relationships that are reminiscent of 'home' ..." Her relationship problems are viewed by the researcher as markedly part of and inherently contributing to her life stressors. The researcher finds the participant's relationship problems not only very dominant in her choices of subjects/material to draw, but also as specific persons often repeatedly appeared in verbal expressions too. Such people would be her stepdad, her mother, her boyfriend(s), her adopted child, her missing father, and the difficult grandmother where she lives (see the full sessions described in Appendix D).

Male dominance and acceptance of violent behaviour from men together with a tendency to defend such behaviour (from boyfriend(s) and even from the stepdad), stood out for the researcher in this case, at times subtly present in the data and at others times very prominent in her self-inquiries. Her stepdad is very clearly hated. The prominence of male authority figures in her drawings bothered her and thus AD contributed to awareness. The AD drawings helped the client to discover similarities in her male relationships ("I always have violent people around me. You remember the bricks/drawings of men?") (4 –Re-interview). Fortunately the participant reported these issues in her final interview and in the re-interview, as her greatest overall experience during this study. It was displayed in an extended session where men in her life were drawn when this pattern of defending them was altered. (Then she slowly and repeatedly crossed over his symbol: "This is where I catch myself out. I want to give him a good rating again and that is not right") (From the fifth drawing session - Appendix D – session 2.5.3).

5.4.1.4 Fourth theme: Losses

Various losses form part of her unique situation, such as losing her mother, sister, father, baby, other family, friends and other support from the children's home, her

schooling, and her self-esteem. It emerged in her life to form a theme - and in one instance “I realised this weekend I have lost my friends” - might even have been a trigger to the craving for SI action(s), that weekend (See Appendix D – 2.6 and 2.8.2).

Sub-theme – isolation: A great source of loss and severe psychological pain in the participant’s life is the isolation, especially from her family and her abandonment/ neglect from their side – as victim of abuse, but being blamed and removed from the situation. These aspects are mentioned in the literature for the SIAG, including loneliness, longing, being unprotected, uncared for or rejected, but the researcher regards them to carry an intensity of meaning for the participant; not typical of most SIAGs and due to her removal from her home. James and Gilliland (2001:176-179,237,314,365) have various references to the abused child, the lost child, the child in post-traumatic events with “anger turned inward,” and significant material with regard to resultant problems later in life.

Sub-theme – loss of her baby: Of a personal nature and of major importance for the participant is her longing or need to mothering and to ‘mother’, but denoting beyond that to her loss of her baby – a “black hole” (her words) of unfinished business. She was so disturbed during the session where she made a drawing of her baby, that she got up and without speaking, just firmly switched the video-recorder off (Appendix D – 2.6.2).

The participant indicated that she started cutting herself after she had given birth and emphatically described the birth and adoption of her baby as a ‘black hole’ in her life. The researcher would consider this as **unfinished business** and that the client is in need of further therapy, since these aspects were unveiled by way of analog drawings. The participant reported in this regard her loss of life dreams, regrets, including not completing grade 12 at school and even including self-loath. The researcher would consider AD techniques to be very valuable in the establishing of **therapeutic goals**, which however is not a Gestalt therapeutic practice.

Sub-theme – loss of self-esteem/self-worth: The above unfinished business/ issue with regard to having had a baby adopted, may provide material for future

therapy, together with this sub-theme connected to losses, namely her loss of self-esteem/self-worth and ideals, as she described it in more than one instance.

In conclusion it can be stated that idiographic material that came to the fore mostly correlated with her background fields and here findings overlapped with the literature. These included some personal characteristics, her health, and her psychosomatic complaints, some content of the drawings, violent people in her life and her isolation and abandonment. Much of these may be indicated in the literature in Chapter 2, but the themes and sub-themes in this section particularly held some atypical severe presence in the life of the participant. The many losses she experienced in her life, such as being removed from her family and giving her baby up for adoption, were also referred to. The AD technique very successfully attended to these aspects as became evident through verbal responses from the session material in Table 5.1 above.

The second category that emerged from the data collected, namely that of data clearly linked to the SI phenomenon will now be described.

5.4.2 Category: Data connected to the SIA

Typical SIA features recognisably present in this case included her life stressors and inability to cope; the physical arousal that accompanies her cutting habit; dysfunctional family systems; relationship problems; aggression turned inward; incomplete identity-formation; psychological problems; and co-morbidity such as depression.

Table 5.2 - Data linked to the SI phenomenon

THEMES – the SI	SUB-THEMES In regard to SI	SESSION MATERIAL as from APPENDIX D, particular sessions referred to in brackets. .
Resistance		First meeting and first session as well as during (drawing of emotions) third and sixth session (drawing women) (1, 2.1, 2.3, 2.6).

THEME SI continued	SUB-THEMES	SESSION MATERIAL
SI acts	-physical arousal	S ... showed her scars, became animated and talked fast. Resultant from the revelation – She hugged herself and said that she sometimes trembles when she becomes nervous (1.5).
	-co-dependen-cy / enabler	S described how she would ask D to do the cutting for her, as his attempts left fainter marks, although it hurts more, since he inserts the corner of the blade at a slant into her arm and pulls it out then, while holding tight/stretching the skin on her arms (2.8.1).
	-not coping with life stressors	S described that she cannot allow herself to sit still and brood about her life, even when she goes outside to think things over, listening to the birds, she would soon find her thoughts racing and spinning. She would become confused about the huge number of problems in her life and then she "simply" would cut herself, with some kind of razor blade (1.5). "I feel like crying later on. Then I go to my room and slam the door shut. And D follows me like a pet dog, because he knows I want to go to cut. I don't know what to do with them. I want to (forming fists) grab or attack the whole lot of the". She is shaking (2.4.4).
SI and AD		S wanted to cut during the weekend. She felt sad, crying, sitting in a corner, but did not know why. She asked Boyfriend to buy blades and he refused. INSTEAD S scratched on a drawing-booklet, eventually tearing it and throwing it in dust-bin – not really feeling better; then took book out again and tried to straighten it (2.8.1). S: "It did not bleed a lot. And I did not really feel better afterwards. I felt frustrated and angry, irritated. I wanted to be alone and people just had to leave me to be on my own. I lied curled up in a little bundle on the couch. Boyfriend ... went out and I did it and he was upset. He said I should have used the books and papers and should tear it up ... . R: Was that the same time when you wanted to draw again? S: I did draw before and afterwards (and it helped somewhat.) (4)
Dysfunctional family system	-communi-cation	"He (stepdad) believes a child is seen and not heard" (2.1.2). "The family communication – That's all. Nobody communicates with the others as they are supposed to" – hand against cheek, looking sad. S contemplating for a while, rubbing out, wiping bits/crumbs away. She started with a spiral-circular scribble, doing it wildly, over and over again, the pencil even flying away (2.5.1).
Relationship-problems	-past and current	"... the rights and wrongs in our relationship – me and my mother" (2.3.2). "I want that father-figure" (2.8.2). "I realised this weekend I have lost my friends (possible trigger to need for cutting)" (2.6). "One can't trust men. ... I did not want a boyfriend. I am scared of older men" (2.5.3). The boyfriend she swiftly and clearly described as trouble *"moeilikheid"* and an unhappy "bully" (1.3). "I don't know what to do with them" (current) (2.4.4).

THEME SI continued	SUB-THEMES	SESSION MATERIAL
Emotional turmoil	-turmoil	(She said) she would soon find her thoughts racing and spinning. She would become confused about the huge amount of problems in her life (1.5). "I don't know what to do. I later feel like crying, later on. Then I go to my room and slam the door shut (2.4.4).
	-anger/ aggression	"It is like a cracker, one wants to explode later on when somebody makes you so angry. One wants to grab somebody" (2.3.1).
Co-morbidity	-substance abuse	S and D take some of the tablets at times too, when they can't sleep. S said that they have decided to not use cannabis anymore, but they used to and did combine it with some tablets and alcohol (2.8). S described that she doesn't want to eat, doesn't want to sleep and feels really depressed. R observed enlarged pupils and would not exclude the use of cannabis (2.3).
	-depression	"Not sleeping well, not eating. Need antidepressants but Boyfriend says it makes one mad. Need to see a doctor. Not too strong antidepressant type needed, as to not off-set epileptic. Epileptic medication is not strong enough. I'm stressed; also forgetting the pills; need other pills to sleep; need vitamins" (2.6).
Identity-formation		"I don't know how to describe myself. It just shows how well I (don't) know myself really" (2.7.1). "I am the lost duckling" (2.7.2). "The who-am-I got a bit lost. I know what I like, but that doesn't count. Who am I?" (2.8.2).

This category of the SI phenomenon includes the themes of resistance; SI acts described; the dysfunctional family system; relationship problems; emotional turmoil; co-morbidity; and identity-formation.

5.4.2.1 First theme: Resistance

Resistance can be expected from the SIAG: "As a therapist, you have a duty to try to help your clients find alternatives to SIV (self-injuring violence) before asking them to stop hurting themselves" (Alderman, 1997:200). Still, change is difficult and frightening for most people and in therapy fundamental alterations of thought-patterns and behaviour are often expected. The SIA who is conscious of any expectations to change, may lead to apprehension, anxiety and hesitance on her side (Alderman, 1997:199).

Resistance was evident in two initial attempts from the participant to cancel or to postpone sessions. During some sessions more resistance was displayed, for

example refusal to answer questions which the researcher merely completely accepted and indicated to her as a right she has. She at times did not want to alter or extend on some drawing exercises, which is also her right. Resistance in body language was also observed and in more than one instance was resolved when the researcher attended to the participant's foreground material by way of drawing it out. (Examples are available from the first, third and sixth sessions – see Appendix D 1, 2.1, 2.3, 2.6).

5.4.2.2 Second theme: SI acts

Fortunately the participant was very willing to share her experience of SI incidences, which are indicated as results in this study due to the physical arousal experienced, the atypical conduct of the boyfriend involved in her 'cutting' and the coping problems she experienced. Reporting on the incidences of SI being lessened during this study is linked to the AD drawing experience and supplied in the following category of themes below.

Sub-theme – physical arousal: When rendering her story of incidences with regard to cutting herself, the participant displayed severe physical arousal evident in her fast speech, with animated hand movements, shaking and eventually hugging herself. During this research the participant reported on her cutting habits at the commencement of the intervention series, and again during sessions 4 and 8, as well as the re-interviews. All aspects found during verbal descriptions of her cutting incidences are directly connected to the material from the SIAG literature study, such as an inability to cope with anxiety; brooding racing thoughts; confusion and inner emotional turmoil; feeling overwhelmed and hopeless by her situation and specifically the relationships in the current home she is living in; inability to cognitively process the situation; inability to express emotions and rather avoiding it; "simply" cutting impulsively and then feeling relieved; crying and a need to be alone; and a need to be violent, turning anger inwards upon herself. Examples of her description when considering 'to cut' included feelings such as being "sad, crying, sitting in a corner and not knowing why" (see Appendix D, 2.8.1).

Sub-theme – co-dependency/enabler in the SI act: New information with regard to the study of SI came to the fore during session 8 of this study, from her narration of

the cutting habit. The participant described her own attempts as “too vicious” and would ask her boyfriend to do the cutting for her, as he knew how to do it more finely, leaving less prominent scars. He obliged, but it hurt more, because he inserted a blade at an angle, cutting deeply and removing it again at an angle, while he pulled and stretched the skin, held it tightly drawn with his other hand around her forearm.

It is important to note that a full discussion on **the frequency of SI activities** is presented in Chapter 6.

Interpretation: Although disturbed by this finding, the researcher would propose that this is not a sexual masochism-sadism expression, but rather a co-dependency expressed with the boyfriend as her sole support in her current life situation; and functioning as an enabler of the SI - acts. According to her, he has since stopped to help her and now supports her to not cut herself. A co-dependent is enmeshed in some pathological behaviour of another person and is enabling/assisting that person to continue with such behaviour, while that other person, dependent on his/her own misconduct, may even manipulate the enabler to feel as if the enabler is doing him/her a favour (James & Gilliland, 2001:352,356).

Sub-theme – not coping with life stressors: As indicated in Chapter 2, the SIAG displays an **inability to cope** with the demands of life and anxiousness in regard to life stressors. This was noticeably evident in the specific case used in this study. During the completion of the self-schemata diagram in the first meeting, the participant estimated various areas in her life as “not ok”. The narration of her feelings before she would cut herself furthermore illustrated her inability to cope, as depicted in table 5.2 above.

5.4.2.3 Third theme: Family systems

Very clearly the dysfunctional families of both her family of origin and the family she currently lives with, when compared with the literature, provided a high correlation in various aspects and combined severe life stressors formed in her life. There were sexual abuse (stepdad), domestic violence (stepdad), more violent behaviour with current boyfriend and previous boyfriend (father of her child), alcoholism (both mother and stepdad), neglect (mother), drug abuse (father and boyfriend’s grandmother), and family relationship problems (infidelity, marital discord and

stepfamily) (For more consequences also refer to isolation in 5.4.1.4 and relationships in 5.4.2.4).

Sub-theme – communication: An example of the communication problem in the life of this case's family was her first free choice of AD. It was very significant that she chose the communication in her family of origin, which clearly correlates with the literature around the SI phenomenon of this category. In the family of origin the communication skills may be deficient and emotional expression often not allowed, as described in Chapter 2 (2.4.1 and 2.7).

Interpretation: The researcher would consider the participant's friendliness, kindness, soft-spoken behaviour and need to please and/or to avoid conflict, and longing for calmness as serving to further deflect real issues. The researcher further considers these characteristics to be contributing factors in hindering authentic expression and communication. Such a communication style was initiated in the family of origin and is strengthened by conflict in her current living situation (see table 5.2). Fortunately the application of AD during therapeutic sessions successfully facilitated expression and communication around many issues (see Appendix D).

5.4.2.4 Fourth theme: Relationship-problems

Typical of SIA, the participant experienced various relationship problems and in more than one instance, she personally signalled out the stepdad (abuser) and her mother. Current conflict with the grandmother of her boyfriend (and boyfriend himself) kept on turning up in conversations during relationship-building time. Often the SIA was neglected; physically, sexually or otherwise abused; as were true in this case as well. It saddened the researcher to see the victim of abuse removed from her family with devastating and long-lasting personal effects; as well as the hopelessness of an unresolved situation. The participant clearly often considered/displayed during AD her isolation from her family and her longing to be reconciled (see Appendix D and table 5.2 above).

5.4.2.5 Fifth theme: Emotional turmoil

Emotional turmoil could be seen during her descriptions of her cutting habits, but more emotional expressions typical to the SIA were found in the course of this study (see Appendix D). This include expressions of emotions such as anger and aggression, anger and violence turned inward, sadness, some fear, emotions blocked or suppressed, emotions not expressed in the family system, not voicing the inner world, avoidance of conflict, not dealing with negative feelings (equals not coping), hopelessness, and feeling trapped (no solutions) (Chapter 2 – 2.8). Hopelessness due to a feeling of being trapped seemed to have been better, since she seemed empowered to start looking for work. Specifically significant choices were made in her drawing of emotions (Appendix D, 2.3).

Interpretation: Noteworthy is that in all the instances that were related to the discussion of a need for cutting, the participant could not describe or distinguish her emotions of that particular moment, nor indicate specific ideas/events preceding it that might have triggered the need to self-harm. This links to the typical emotional turmoil the SIA experiences, as well the inability to cope with or to verbalise his/her feelings/thoughts (Chapter 2 – 2.7) as described in the literature. During the particular moments of total overwhelming, the participant similarly felt too overwhelmed and revered to SI to relieve the stress (see table 5.2 above).

5.4.2.6 Sixth theme: Co-morbidity

Although psychosomatic complaints can form part of the co-morbidity patterns experienced in cases of SI persons, the health issues were described as overly present in the foreground of the participant and were included with the other personal idiosyncratic material above. Some indications were present for other co-morbid psychological aspects or possibilities as described in the literature for the SIAG, such as substance abuse, including excessive smoking, depression and other personality disturbances, but were not fully examined in the course of the drawing interventions. Such psychological co-morbid aspects should be considered important in future therapy with the participant. Turner (2002:58, 92-105) indicates that the SI person may have any number of concurrent clinical diagnosis as well as

forms of substance abuse, in this case not clearly revealed, but present with some certainty.

5.4.2.7 Seventh theme: Identity-formation

Identity-formation was found to still be a problem for the participant and expressed as such, even while she is already an older adolescent. Linked to the incomplete identity-formation of this case, feelings such as those of regrets, self-loathing, I'm bad, the 'scape-goat', etc. still form a major psychological problem to work on in the future therapy with this client.

The participant in this study was reaching late adolescence and is in the process of disembedding from her/any family. In her case she was actually prematurely forced into some form of self-reliance due to the fact that on turning 18, she had to vacate the children's home where she lived, with no clear future arrangements ready. Although of an older age she often appeared in manner and in her writing to be childlike. However, while partaking in the research she had a clearer sense of her preferences than perhaps a younger adolescent in making choices and in what she would contribute to the process. She, however, still struggled to describe herself – thus her self-identity was not completed (typical SIAG) and she very clearly became aware of this when she first attempted to do an AD about herself (Appendix D, 2.7.1).

Conclusion: The participant in this study was presented with a wide range of problematic life-situations. These included severe traumatic life events both from the past and more recently; past and present severely dysfunctional family systems; flawed relationships with a trend/trail of violent conduct by close people; probable co-morbid psychological problems; current or past substance abuse not totally revealed; psychosomatic complaints and real health problems; financial and educational needs; and unsatisfactory living conditions. All these combined factors made this an extremely complex case. However, what made the study significantly easier was the participant's willingness to co-operate, her honesty and the good therapeutic relationship between researcher and participant. It is important to note that the drawings done in the study were subjective to the participant's life stressors and contextual and particular about life stressors/fields in her life.

5.4.3 Category: Data connected to the AD techniques

The major concern for this study was to investigate how the AD technique addressed the SIAG's issues. Edwards' AD (1976; 1986) techniques were adapted, simplified and formed the basis for most of the AD exercises in this study.

During every session the participant was allowed to express what was lying on her foreground: the drawing sequences were interrupted often to address and to draw what was a prevalent and pressing matter on her foreground. Had the researcher not have a sequence of drawing exercises considered in the implementing /acquiring of the AD skill, the therapeutic interventions might have developed into a different direction. Nonetheless, the researcher is satisfied that neither therapeutic goals nor the research process suffered neglect at the end in favour of the other, as the participant was allowed much freedom to express her immediate needs and addressing some (but still not all) of them.

Although not specifically indicated, most of the SI problems were addressed in the application of the AD techniques and featured either as gestalts in the drawings or during explorations of the drawings. These included aspects such as isolation and loneliness, aggression, anger, chaos and loss of direction, communication- and relationship problems.

More than 35 drawings were done in the intervention sessions. Some examples are available in Appendices G to Q.

Table 5.3 Data linked to AD

THEMES on AD	SUB-THEMES on AD	SESSION MATERIAL as from APPENDIX D, particular sessions referred to in brackets. DRAWINGS in APPENDIX G - Q.
Acquires/learns the skill	-non-threatening	"Oh no, T, you always have a trick!", said laughingly, about the mark-making. "Fun, not frustrating and not tiring at all". "T is the first person who works with me and who does not upset me with those deep stories and digging", said with a smile.
	-right brain activity	"Now my right hand feels as if I'm using my left hand?" "T is teaching me now to look differently". "T, you are teaching me to use both brains", said with a smile. (See all of them in 2.2.1.)

THEMES on AD	SUB-THEMES on AD	SESSION MATERIAL as from APPENDIX D, particular sessions referred to in brackets. DRAWINGS in APPENDIX G - Q.
Emotional expression	-aggression	S then looked pleased and free to scratch drawing wildly. She did two triangular forms overlapping and viciously and darkly scratched all over it (2.5.1).
	-emotional release	She vigorously crossed from the one form to the other repeatedly and crossed/scratched some over very strongly - "sorry T". The paper moved and almost tore. S visibly disturbed – angry, shaking but also seemed relieved (2.4.3). "T you do not understand. I feel like '*ek's lus vir krap'* today" and she starts to scratch over some lines repeatedly. "*Ek word soos rêrig lus om te krap* - I want to see something" (2.7.1).
Symbolic/metaphoric	-content	Mother's phone call: "I want to do something like degrees of comparison ('*trappe van vergelyking')* in the form of steps, you know T? With the good words above the steps and the bad ones beneath" (2.3.2).
	-hidden material	During exploration: Unfinished business; reconfiguring of hidden material; reframing; reconstruction; integration; assimilation; insight; owning and clarification; emotional release; resistance afterwards lightened; mood altered.
Reframing/reconfiguration PLUS new awareness	-alterations -explorations -improvisation/ walkabout	R asked her to "walk" through the drawing from symbol/form to symbol/form, not lifting the pencil. S did it very willingly but carefully, even freely repeating some lines, adding more lines. S used straight lines, diagonally and zigzag from top to bottom - connecting the forms. On the back she wrote some of her own observations and comments: "nose; smile; something is going through his eye – a person, a thing; mouth is open – fright or wind; it is not a tear, he blushes; maybe he swallowed pills; a person should walk a straight road; uncertainty in his mind" (2.4.2).

5.4.3.1 First theme: AD as acquired skill

An initial simple explanation of the working of the right and left brain hemispheres, the right brain's dominance during creative tasks and the ability of the right brain to be intuitive and to see more holistically helped the participant to understand the reason for including drawing as the main techniques in this research. Examples from the books of Edwards and from the researcher's own collection helped the participant to form an idea of what analog drawings look light – although she still seemed confused, whereupon the researcher assured her that the technique could be learned. These aspects form part of a major **theme** with regard to AD, in that it is

a skill a person **can acquire and learn** to perform. Furthermore, in sharing in drawing experiences with R; trust was established and the possibility to have fun in the use of AD was demonstrated. More goals in the acquiring of AD as a skill, such as laying a basis for the non-threatening nature of the technique, were achieved in the second session (Appendix D, 2.2).

In retrospect the step by step guidance in the drawing of borders by use of graphic lines and especially the exploration(s) thereof, sets a surprisingly firm foundation as examples of the (form-free) nature of the AD technique. Step by step guidance further facilitated valuable therapeutic exploration(s) of hidden forms in the border drawings. The possibilities in the use of AD to make sense of the unconscious and to find new configurations, new experiences during this third session, indicated that AD can be learned by an adolescent (Appendix D, 2.2).

However, the therapist needs to be skilled in presenting the technique. As proposed at the commencement of this paragraph, R would consider the learning of AD as a skill, a major theme in this study, in regard to AD as such.

- One major drawing technique (the contour hand drawing) used during session 2 to facilitate **right brain** activation was reported/slighted by the participant to be meaningless and too technical, although the researcher observed some indications that a right brain activity did appear to be taking place, since she focused and stopped talking, but still felt relaxed afterwards (Appendix D, 2.1.3). Nevertheless the researcher could observe a right brain shift taking place and still values the particular exercise in the greater structure of the drawing phases to emphasise and introduce the free and non-picturesque nature of AD early in the experience. R thus still considered it important as part of the process to acquire AD as a new skill (Appendix D, 2.1).
- The following specific drawing exercises, however, appeared of significant value in acquiring the AD skill. The unplanned **left hand** exercises included during initial stages of the drawing interventions appear to be valuable apart from facilitating a very clear experience of a switch to the right brain hemisphere activity; it facilitated presentation of intuitive content described more fully in the sections below (Appendix D, 2.1).

- Similar effectiveness in the **right brain** experience was found during the mark-making exercises when a slow and meticulous copying of lines was done of some existing line-drawings (Appendix D, 2.2.1). The existing line-drawings were done very fast prior to the attempt to copy them very slowly.
- The learning of the new skill was strengthened during session 3 where the mark-making of various textured lines and borders formed the major exercises. Quite effective was an exercise where free lines were used to follow **the borders** of the paper and then altered in several more continuous movements to cross over the page vertically, horizontally and/or diagonally repeatedly, even including some geometric shapes or forms if one so wishes (Appendix D, 2.2.1). These lined border drawings appeared to become the base reference of what analog drawings are like for the participant and also formed the base of the improvised 'walkabout' technique developed during the study.
- Textured mark-making clearly helped the participant to find expressive means in mere line drawings. The line drawings of **emotions** also served a strong purpose for facilitation and demonstration of emotional expression (Appendix D, 2.3).
- During the fourth session (Appendix D, 2.4) an initial attempt to draw a problem person in the life of the participant had to be postponed and was first preceded by an exercise in drawing a person/problem carrying lesser emotional value. In the **example of the easier** person used as exercise, the AD technique was strongly demonstrated.

Sub-theme – the non-threatening nature of AD in acquired skill: Some AD skills were already reached in the fourth session as some satisfaction was expressed (verbal/non-verbal) during the drawings. The non-threatening and fun nature of the AD forms a sub-theme.

Sub-theme – right brain activities: During the first drawing session (Appendix D, 2.1), the researcher focused on the introduction of various techniques to stimulate right brain activities, which form part of a major AD theme. The idea was to have the participant experience a shift to the use of the right brain and to experience the relaxed, non-demanding and fun nature of the proposed analog drawings. Including the use of the left hand in making signatures, the participant expressed a very clear indication of the right brain shift and the researcher decided to strengthen the

experience by adding more left hand drawings. The particular drawings of herself as a baby and child (Appendix D, 2.1), although not particularly part of the AD technique but still a right brain activity, provided any therapist with subconscious material rich in meaning and material to explore in future therapeutic endeavours. The participant experienced moments of awareness while doing the left hand drawings. The researcher considers these as valuable and complementary exercises to be used with AD in therapy, although not directly of empirical value at this point.

5.4.3.2 Second theme: AD assisting emotional expression

Although the participant still verbally and non-verbally expressed some insecurity with regard to the use of AD, the use of AD as emotional expressive tool was clearly demonstrated, although the participant at times contemplated too long before commencing with drawings, which is not ideal for the AD technique. During the fourth session of the drawing of emotions (Appendix D, 2.3), the potential of AD to carry emotional meaning was demonstrated with drawings depicting issues with regard to the stepdad as well (Appendix D, 2.4.3).

Sub-theme – aggressive nature: Examples of this subtheme are found in the drawings in the aggressiveness, bold, dark lines and rhythmic energetic and animated repetitions or drawing style. Theoretically one can consider such mark-making as resembling the strokes used during SI acts of cutting the skin, as described by Milia (2000:107): " ... with sharp black check-marks ... The checks may be interpreted as cuts as well as possible images of cutting tools". Milia (2000:107) adds that the forward and backward motions seemed related to the establishment of boundaries and limits, a struggle of forces

Sub-theme – emotional release: A second sub-theme can be connected to the emotional expression, which is that of the emotional release/relieve experienced. An example was found in the fourth session (Appendix D, 2.4) of attacking and scratching over the drawing. Important was the great emotional release experienced with this drawing of the stepdad in the fourth session, although he constantly featured prominently in the sessions (Appendix D, 2.4, plus see Table 5.3 above).

5.4.3.3 Third theme: AD as symbolic language

A third thematic aspect in the use of AD began to emerge as that of AD being a symbolic, metaphoric communication medium. An image, a form, a shape forms a Gestalt, according to Edwards (1986:210, 220) carrying specific meaning for the artist.

Sub-theme – the content: Examples of the symbolic value of the content of drawings are the repeated use of specific images and forms observable in the drawings of the participant, such as circular coils and loops. The stepdad was for example connected with the boyfriend due to similar analogous forms (bricks) being used; the participant's own symbolic AD language facilitating this new awareness (Appendix D, 2.5). Amendt–Lyon (2001:245) comments that: "The element of surprise, the unexpected viewpoint or feedback can effect more change by promoting awareness in our patients than reiterating what they expect to perceive". During session 6 the drawing of the stepdad further facilitated expression of what could previous not be said.

Sub-theme – hidden/subconscious material: Important was the projection of hidden subconscious material of the inner world (see table 5.3 above), expressed and reconfigured (and assimilated) and of which evidence can be cross-linked to the significant moments of awareness as reported in table 5.4 below.

5.4.3.4 Fourth theme: AD aids reframing, reconfiguration and new awareness

The next theme of the AD technique would connect to the major goal under investigation in this study, the way in which AD hopes to address and/or facilitate reframing of problems, be it emotions, people or events – **by reframing, reconfiguration, reconstruction to establish new awareness, new combinations and assimilation** of altered thoughts, feelings, behaviour. Amendt-Lyon (2001:226) links creative adjustment with reorganisation and reconfiguration of the familiar during Gestalt therapy.

During this study it was noticeable that many of the **exploration and alterations** (such as when turning the drawing on its head), re-questioning self verbally; and at times completing sentences in writing; opened the most significant moments of discoveries, awareness, reframing. The participant in various instances refused some suggestion to make alterations to drawings (enlarging parts, redoing some, taking parts out, multiple copying of parts, colouring, tearing up and reusing a drawing). In other instances some alterations were willingly and more eagerly done to drawings. The researcher is of the impression that alterations to creative works will represent new assimilation and growth in a therapeutic situation.

One such alteration, an unplanned activity, led to an **improvisation/new technique/new concept** being made as the researcher attempted to link loose-standing symbols in a drawing for the participant to experience a more holistic view of the situation, by asking her to re-visit the little symbols with a linear line drawn, a '**walkabout'** on the existing drawing. This improvisation introduced in session 5 resulted in a huge amount of altered awareness as new figures emerged, new relational combinations – leading to reframing, reconfiguration, reconstruction, with resultant reframing of thoughts. The 'walkabout' drawing technique is now considered by the researcher to be a major discovery to be added to the AD technique, when applicable or appropriate (see table 5.3 above and Appendix D, 2.4.2).

5.5 DATA LINKED TO SIGNIFICANT AND IMPORTANT MOMENTS OF AWARENESS

For this study it was extremely important to take note of instances and moments of new awareness as either observed or uttered during the intervention sessions. Examples of such occurrences are fully evident from the table below. The examples in this table clearly illustrate the effectiveness of AD to address various subjects in various ways for the SIAG in her contextual fields.

Table 5.4 Significant and important moments of awareness

Subject according to Category - AD or SIAG or GOAL	Description of outcomes such as AWARENESS/ RECONFIGURATION/ INSIGHT, etc.	SESSION MATERIAL as from Appendix D, particular session referred to in brackets. DRAWINGS are available in APPENDICES L to Q.
SIAG – Relationship **Mother's phone call** APPENDIX L – DRAWING 6	Awareness, reframing, reconstruction, insight, owning, clarification, emotional release, mood altered.	"I want to do something like degrees of comparison ('*trappe van vergelyking')* in the form of steps, you know T? With the good words above the steps and the bad ones beneath" "I thought of something else. She doesn't make sense, when she's drunk she can curse you and at others times she is nice to you. The stuff is hanging in the air still, because I don't know whether it is ever true or not. Some day the light will shine on it." "Maybe can be darkness – let the sun shine on what is or is not – catch us (circles to the steps) – listen – it is close to falling, maybe they will go to the steps. The sun is the rights and wrongs in our relationship – me and my mother. The Lord will resolve it. Now I carry it all**"** (2.3.2).
Problem AD and 'walkabout' **Neighbour's death** APPENDIX M – DRAWING 7	Alterations, new figure emerging, insight, new relational combinations, reconfiguration/ reconstructing/ reframing, assimilation/ awareness, projection, reframing of thoughts.	"T, I see a face. Look there is a nose, mouth, chin (in the connecting lines). But there is something that bothers me. There is something going through his eyes." "Look the person's mouth is open, as if he is blowing out a wind or his last breath. This form irritates me. It does not belong here and I do not know what it means. The little man is blushing. I wanted to call it a tear, but no it's blushing." Frowning now: "Would T think he took pills? Or is he thinking about life – to walk the straight path?" Shaking her head, she said: "Now I don't know anymore. What I think now is that this swing (one specific form) is like his life, backwards and forwards" "I am not going to write 'swing'. It can mean more than one thing. I'm not sure" (2.4.2).
AD exploration of person: **Stepdad** – walkabout and sentence completions APPENDIX N – DRAWING 8	Emotional release, anger expressed, self-awareness, owing,	When doing a "walkabout" from one form to the other, connecting them then without lifting hand – she vigorously crossed from the one form to the other repeatedly and crossed/scratched some over very strongly "sorry T". The paper moved and almost tore. S visibly disturbed – angry, shaking and also seemed relieved. S said "I am disturbed that one human can upset so many other persons' lives and then feel proud about it too. It is sick. " She sighed, wiped over her cheek, looking tired. "It was easy to ... describe him." "It was difficult to ... to say who he was." "I automatically only ... I'm angry." "I'm surprised by ... T, I should not say this one, but that he is still alive." "I didn't know ... what type of person he really is." "I see now ... what I really think of him." "I now understand ... that I'm better off" (2.4.3).

SUBJECT	OUTCOMES	SESSION MATERIAL
Men/Boyfriends – patterns in AD symbolic language APPENDIX O – DRAWING 9	Awareness, insight, observed unfinished business, emotions expressed, PATTERN ALTERED.	**Stepdad** - box shape: "Stone". S: "I'm amazed." **Boyfriend** depicted by a box-shape as well: "Stone, unfeeling. Placed on water, but refusing to sink." (Shape very similar to stepdad's.) "What I try to do with him is to say that a rock will sink, but he has so many problems, but he will still lift his head high. I know he is bad on the inside. And he can hurt others." **Father of her child:** – half broken heart, then viciously crossed over : "I really loved him". She seems to want to cry. She holds her head and looking very emotional, she wipes over her eyes and forehead: "Oh, oh." Then she slowly and repeatedly crossed over his symbol: "This is where I catch myself out. I want to give him a good rating again and that is not right." Somewhat bitter: "I really loved him and he didn't care at all. He broke my heart. I'm upset", said with unbelief. She also described how he aggressively, physically abused her. R: "Which one of them was good to you?" S: "None of them really." (2.5.3).
SIAG problem - **Communication in the family** APPENDIX P – DRAWING 10	Emotional release, awareness, reconfiguration/ reconstruction, exploring forms = gestalts, insight. Themes: lack of communication, longing for intimacy, loss of connectedness, isolation, rejection, victim removed, uncared for, neglect.	The family communication – That's all. Nobody communicates with the others as they are supposed to" – hand against cheek, looking sad. S contemplating for a while, rubbing out, wiping bits/crumbs away. She started with a spiral-circular scribble, doing it wildly, over and over again, the pencil even flying away. S: "Sorry T", R asked what if some lines could perhaps move? S responded enthusiastically: "...exactly what I wanted to say. What if they could all be on top of each other or closer to each other?" "How come... why is there such a chaotic lot with an arrow pointing to ...pointing to each other?" "Why is that catching my attention?", pointing at right bottom corner. "What could it mean ... that the star is scratched over", answered strongly. "What could have been different ... co-operation. Can I say there was never co-operation", sure of her answer. "What could be taken back ... " She thinks about something for a while, but said nothing. "What's the message of this drawing?" S wrote it down: " '*Van 'n jong ouderdom weg tot en met oud genoeg*" "Up till today – an older age – away from parents. Basically to say all the years I have been away." S looked straight at R, not scared to answer, talking as if matter-of-fact. S continued: "I did not know that I am so angry about my sister." "...The special one. She has been favoured. I wasn't this angry before. I didn't realise it before. It is actually unfair. It didn't bother me before that she received more stuff .... But I was not special" (2.5.1)

SUBJECT	OUTCOMES	SESSION MATERIAL
Emotion **(Path/Arm)** drawn out by AD and explored for meaning. APPENDIX – Q – DRAWING 11	Emotional turmoil, awareness, needs unveiled, ALTERNATIVES CONSIDERED.	"T you said an emotion? It is weird to give something a name you just drew. I'm not happy with the thing". S started to laugh. "Doesn't it look like an arm?" "This is my life with Boyfriend and his Granny. It is a road full of rocks. I walk a difficult road. It is the devil's fault". "An arm can give. An arm can hurt." S looking away: "Extra love? No, hurt? Can I come back to this?" "I think the arm, the road means many things. Like the devil has a big road with rocks and thorns which one has to walk. – *'Elkeen van die slegte dinge en goeie dinge sit in negatief om.'* S looking intent at R: "Or a good thing under the rocks. There is not always something. Good and bad times. Open your mind to any possibility. Is there new or other possibilities of this road?" S stared ahead of her, looking sad (2.6.1).

Comments on the significant moments experienced during drawings as presented in table 5.4 above, are described in the next paragraphs.

Comment on AD: 'Mother's phone call'

The participant was resistant to the AD process until she mentioned her mother's phone call and the researcher interrupted the AD process to draw the particular incident, thereafter she felt visibly better. The participant eventually indicated the importance of this drawing when she chose it in closing sessions as one to be enlarged for painting on. The participant's clarifications and verbal exploration of this particular drawing are very insightful. Goals reached in this AD included unfinished business being integrated and assimilated; and the reconfiguring of hidden material.

Comment on AD: 'Neighbour's death'

This drawing was the first one where a 'walkabout' connective line was used as exploration and it generated a great amount of information for the participant in her mind. It is not meaningless, since it is clear how hidden ideas from her inner self come to the fore as she is stimulated by new shapes, forms and lines to interpret what she sees. Goals reached were: alterations/new figures emerging from the AD; new relational combinations found in the AD; reconfiguration/reconstructing/ reframing; assimilation/awareness observed; and reframing of thoughts.

Comment on AD: 'Stepdad'

The 'walkabout' facilitated angry drawing strokes. The exploration by sentence completion facilitated meaningful insight and calmed the participant down as assimilation took place. Goals reached were: reconfiguration/reconstructing/ reframing; exploring of forms; self-expression; metaphors used; expression of what could previously not be said; emotions expressed; and AD used as symbolic language. Exploration by sentence completion led to more awareness, insight and assimilation.

Comment on AD: 'Men/boyfriends'

The client succeeded in using specific images to represent ideas. It was greatly surprising to see how images (a brick) were repeated with some variations and linked the men in her life to their unfeeling attitudes. During this session she also altered her own behaviour in awareness as she realised that she kept on defending the men's attitudes. In final interviews she commented on this session's value. The goal demonstrated in this AD was the symbolic language developed through the use of AD.

Comment on AD: 'Communication in the family'

The choice of a communication problem is an indication of a typical SIA background and a reason for his/her problems. The sentence completion leads to her awareness of the neglect and isolation in her life and the participant described the feeling of "I am bad/the scape-goat". Goals reached were: self-expression; metaphors; expression of what could previously not be said. Explorations were done by way of a 'walkabout'.

Comment on AD: 'Path/Arm'

Intuitively drawing the emotion of the moment provided an AD with multiple contextual meanings inherent to it and led the SIAG to consider alternatives.
Goals reached were: AD used to express feelings of the moment intuitively; and alternatives considered in exploration of AD.

The goal/question of the research required of the researcher to find meaningful moments of awareness and /or reconfiguration of the known and altered thinking. It is clear from the above data in the session material that emotions were expressed and at times relieved; moments of awareness led to reconfiguring of hidden inner material; phenomenological clarification; owning; self-awareness; integration; and assimilation – even behaviour altered and alternatives being considered.

The AD experiences described above provide an example of the work done in the intervention sessions, and these sessions appear more detailed in Appendix D. Apart from the chosen analog drawings described above, awareness, insight and reframing also featured in ADs around other subjects such as the women in her life and about herself. The researcher is of the opinion that AD is clearly valuable as therapeutic technique.

5.6 ADDITIONAL NON-AD TECHNIQUES USED

Various exercises which were non-AD, however, are often used by therapists and formed part of the total therapeutic process. They were introduced by the researcher as she considered them appropriate in the therapeutic moment – the role(s) thereof included in this discussion.

The non-AD drawing techniques of the first meeting chosen to gather background information around the SIAG's life fields and particular stressors, the family graphic drawings and self-schemata; did not form part of the analog drawing phases. The planned graphic information gathering techniques used during the first meeting helped greatly to establish a quick and complete overview of the participant's life stressors. Compared to the AD, they still can be considered drawing techniques, sharing in the AD non-threatening indirect approach. The participant, however, experienced these as difficult, slightly threatening and emotional. The self-schemata circle chart is more direct and cognitive of nature. She became emotional during this exercise, for example when evaluating the field of her health she did not look up, stared at it, passed it grimly, almost crying, shook her head a little (Appendix D, 1.4). It provided a quick survey of her current living conditions and various fields in her existence.

Some awareness could be observed in the SIAG's non-verbal and verbal expressions during the completion of the family graphic portrayals (Appendix D, 1.3 and 1.6); and to the surprise of the researcher she asked to do a family graphic drawing of her family of origin, immediately commencing to do it by herself. She did reach awareness with regard to her own fields and family relationships by doing them. Due to the emotional content of these exercises and to reduce the stress in connection with the AD technique, the researcher decided to immediately follow this meeting up with a couple of the very first AD drawing techniques, which are easy and fun and were described by the participant as thus (Appendix D, 3 – Final interview).

The other two unplanned instances where non-AD techniques were followed added to the empirical process, as the empty chair technique facilitated some more verbal expression with regard to the stepdad and which the researcher deemed necessary at that point, but with less emotionality than the researcher expected. The researcher could have had another AD piece to explore, had she instead guided the participant to release the anger.

The participant in a later session requested to do a sand tray and in doing so emphasised her isolation; further demonstrating her need and longing to be part of a family. This last incidence illustrated that the AD technique may be applied successfully alongside other techniques and as part of a therapeutic process.

5.7 GESTALT AND GOALS AND APPLICATIONS

Within the Gestalt theory therapeutic approach, various concepts exist which could be found simultaneous with the AD drawing sessions:

Table 5.5 – Gestalt Principles in Sessions

Gestalt principle	Session material from Appendix D
Exploring forms=gestalts	Why is that catching my attention?", pointing at right bottom corner (2.4.3).
Unfinished business	"I really loved him." She seems to want to cry. She holds her head and looking very emotional, she wipes over her eyes and forehead: "Oh, oh." (2.5.3).
Foreground	Then S is talking about her boyfriend who did not feature in the previous drawing and R decided to ask her to do an AD about it (2.2). S vividly related an incidence of a beloved neighbour who had passed away the previous night (2.2).

Gestalt principle	Session material from Appendix D
Experiential	AD on death of neighbour: challenged earlier emotion of the day. Foreground material closed and gestalt completed (3.2).
Deflection	She slapped herself on the forehead (pattern: more bodily abuse/self-harm) and laughed: "I do it often" (2.6.2). "It is not a tear, he blushes." (2.4.2).
Introjection	"I'm bad. ... Other people say it was all my fault" (2.7.1).
Projection	T, do you think he took pills? Or is he thinking about life – to walk the straight path?" "Maybe he swallowed pills; a person should walk a straight road; uncertainty in his mind" (2.4.2).
Polarities	Comparing boyfriend with "the ideal man": He smokes, he is not steady – crime; he is loving only sometimes; he is definitely not a Christian; you do not know where you stand with him as he explodes easily; he is a gentleman; he is a bit positive and sometimes friendly , but total score very low. "Yes, yes! It is not positive" (2.6.1). "Good words above the steps and the bad ones beneath" (2.3.2).
Self-support	S is considering baking cakes and selling them (2.4).
Self-awareness	"I now understand ... that I'm better off" (2.4.3).

Some examples of session material demonstrating Gestalt principles were included above. It included examples of exploring gestalts and of completing gestalts; polarities were described as well as deflections and projections. Some introjections could be observed with regard to male-female roles and femininity. Retroflection forms a major part of the SI act in Chapter 3 (3.3.6). Much unfinished business was addressed and unconscious material brought to awareness during the drawing sessions.

An "I-Thou" relationship was quickly formed ("T won't hurt me and I won't hurt T"), and may be considered as the major contestant factor in evaluating the overall success of this study, as it may be a large contributing factor in the participant's healing process, with the AD technique a mere therapeutic mechanism within the "I-Thou" actual in-between moments of contact – where changes in a person occur.

5.8 CONCLUSION

Tables were used in this chapter to illustrate the results of the data from the AD sessions with an SIAG, after which data was analysed. Data was analysed according to some major categories, namely the self, AD, SIAG, significant moments of awareness or reframing and Gestalt. Discussions, interpretations, comments and reference to literature reviews were included.

In the category of the SIAG's idiosyncratic data, unique and strongly presented characteristics received attention. Various fields in the contextual and phenomenological existence of her life were investigated and addressed during the AD session, due to their forming part of her life stressors. The participant had ample opportunity during all the forms of exploration of her drawings to ascribe her personal meaning to the material as it developed. It is clear that due to the girl's complex and severely hurtful past, much more material can be explored in therapy; and the relationship between R and S has not reached a conclusive end yet; with S already inquiring from R in regard to re-exploration of some of the therapeutic material as soon as the research has been completed.

In the category of the SI characteristics, some typical SIA aspects were reported as they were found in the life of the participant. New material is reported with regard to the girl's boyfriend (previously) assisting her in her 'cutting' acts.

In the category of the AD technique, the acquiring of the particular skill and the effectiveness of AD in addressing the SIA issues were clearly reported. Similarly the effectiveness of the AD technique to create meaningful moments of awareness was reported in table 5.4 above. Some use was made of techniques not of an AD nature and were discussed above as well as some examples of the Gestalt principles found operational in the sessions.

The major finding is that AD is a helpful technique to be used within therapeutic sessions, but not as powerful outside the sessions. During sessions a great variety of aspects in the SIAG's life was addressed and outside the sessions the SIAG simply used the AD technique to scratch on paper instead of cutting herself.

CHAPTER 6

CONCLUSIONS ON FINDINGS, RECOMMENDATIONS AND LIMITATIONS

6.1 INTRODUCTION

In this chapter a summary and overview are provided of the complete study pertaining to the rationale, research problem and goal, the objectives reached and discussed in correlating chapters. The conclusions on findings from the data will receive special attention and lastly limitations and recommendations will be provided.

Self-injuring (SI) behaviour such as cutting oneself often causes adverse reactions, even within the helping professions. The inability to effectively cope with life's stressors when over-anxious, due to resultant overstimulation of the left brain hemisphere, was described in Chapter 2 of this study; in conjunction with a literature study of the phenomenon of self-injuring behaviour in adolescents. The potential which analog drawing (AD) techniques has to introduce right brain activity for alternative processing of emotional material, was described in Chapter 3. These two aspects combined formed the major motivation for the rationale for this study.

6.2 OVERVIEW OF RATIONALE, RESEARCH QUESTION, GOAL AND THE OBJECTIVES REACHED IN THE RESEARCH PROCESS

Prior to this research and in accordance with the research problem, a **research question** was formulated, namely: ***How can analog drawing as coping skill facilitate non-threatening reframing of negative affect and thinking patterns, self-awareness and insight for the SIAG?***

The broader aim and goal of this study was to explore and describe how analog drawings as coping technique for the self-injuring adolescent girl may serve as an alternative form of self-regulation and creative adjustment rather than that of habitual self-injuring acts. In order to achieve the goal, a series of intervention sessions based on the drawing techniques of Edwards (1979; 1987) was implemented: The analog drawing techniques were introduced to the participant, an SIAG (self-injuring adolescent girl), and were applied to the participant's individual needs. The course

that the drawing intervention sessions took, thus the trail of data gathered on how the AD might address fields forming part of the participant's life stressors; and the final report on the results, including the frequency of SI activities was analysed and discussed in the previous chapter.

In order to achieve the goal, the broader research **objectives** needed to be attained and are discussed below according to the chapters correlating with each objective.

Chapter one

In Chapter one the orientation of the study with regard to the rationale for the problem to be investigated; the research question; the research design; and research method to be followed when addressing it, was discussed. The goal and specific objectives, including key concepts and some ethical aspects were included.

Chapter two

In Chapter 2, exploration of concepts and themes with regard to the self-injuring adolescent's (SIA's) behaviour and coping skills as described in literature was presented. The definition of SI and the pathology thereof with some co-morbid disorders often present in the life of the SIA were described. Various theoretical approaches and considerations found in the literature were discussed. Coping skills; some causes and consequences; and some themes present in the life of the SIA were mentioned. In this study the sample and participant is an adolescent girl, hereafter referred to as SIAG.

Chapter three

In Chapter three, analog drawing is defined, described and the potential of AD as a therapeutic intervention was considered. The value of creative therapeutic interventions and applications within the traditional theoretical models was included, with the focus on the theoretical Gestalt framework, aimed at addressing the SIAG's issues.

Chapter four

The implementation of an empirical research process by way of a case study, and preparation for collection of the data by way of pre- and post-intervention semi-structured interviews, observations drawings and feedback-notes from the participant, were discussed in Chapter 4. In this chapter the drawing techniques of Edwards (1979; 1987) were adapted and simplified according to the specific needs of the participant. The technique was applied in phases together with a rationale for the inclusion of each of the various techniques. Specific technical drawing guidelines and interview schedules were provided in appendices. All the proposed steps to achieve in the empirical process were attained.

Chapter five

The results from the collected data were analysed, interpreted and compared against the background of the participant's problematic areas and the literature reviews. After extractions and collations of data, focused themes and experiential moments of awareness and reframing by the participant when exploring her AD during the intervention sessions were tabled. Verbatim responses illuminating the themes and significant moments as they emerged from the intervention sessions were provided in the tables. The complete transcribed intervention series are provided in Appendix D. These data processing steps were thus completed.

Chapter six

Chapter six, this chapter, will provide a summarised overview of the entire processes pertaining to this study. Major conclusions with regard to the findings of the study and limitations and recommendations will be discussed, as indicated in the introduction.

6.3 SOME FINDINGS WITH REGARD TO THE IMPLEMENTATION OF THE EMPIRICAL STUDY (Based on Chapter 4)

With regard to the empirical methods described in Chapter 4, the following findings were made:

The researcher experienced difficulty in **finding a sample** of a willing SIAG to participate in the study. Children of friends were not willing to take part or to self-disclose. That is understandable and would possibly not have been good practice, since trust would have been difficult to establish if the researcher knows a parent fairly well. Other candidates referred to the researcher were 20 years or older, thus falling outside the adolescent criteria provided for selection in Chapter 1. Some other known possible candidates self-harmed infrequently and inconsistently. On phoning various schools in the researcher's and neighbouring towns, some schools quickly either declined or showed no interest. One school expressed the view that they are not prepared to share private and confidential information of learners with the researcher. Four schools admitted to having some SIAGs in their school, but only four children could be possibly sampled from two specific schools, which fulfilled the requirement of the parents having prior knowledge of the self-injuring habits. In these four instances two of the particular adolescents refused to participate and the parents of the other two had numerous concerns around the research and declined to give permission for their children to take part in the study. The parents wanted to know whether social workers are involved, whether the researcher is a psychologist, whether personality profiles or tests will be conducted on their children and in general did not want private or personal information be made available. At the 'Child and Youth Care Centre' (CYCC), which the researcher also informed about the study, one girl was eager to participate but was already partaking in a pharmaceutical study and another girl was unwilling to take part. Eventually the social worker recommended the particular candidate. This finding correlates with the literature which indicates SIAG to often be a hidden activity (Alderman, 1997:7-9; Turner, 2002:58-62). The researcher would thus also conclude that a dysfunctional family system was equally being protected by some parents.

6.4 SUMMARY OF FINDINGS based on the data results from Chapter 5

In short, some themes which were highlighted in the literature review on the SI phenomenon in Chapter 2 (2 .7) and addressed in the data analysis, are referred to. Aggression and anger are addressed under the SI acts (5.4.2.2); under emotional turmoil during SI (5.4.2.5); under emotional expression by way of AD (5.4.3.2); and in Drawing 3 on the 'stepdad', as one of the significant moments (table 5.4).

Expression of self-pity did not appear strongly. The feelings of “I’m bad/no good/ worthless/damned/have to be punished/should be exiled” as well as self-blame and shame appeared under losses (5.4.1.4); as loss of self-worth and especially during drawing of the self (Appendix D, 2.7.1). A low self-esteem was displayed in her apologetic ways and constant checking for approval during the drawing exercises. Any image of her body as damaged was not obviously expressed verbally, but may be indicated by the huge number of references to psychosomatic symptoms (5.4.1.2).

Anxieties, fears, racing thoughts and loss of control/not coping with stressors, and feelings of helplessness and hopelessness, appeared during SI acts (5.4.2.2). Blood, pain, and scars were addressed during reports on SI habits in Appendix D (1.5, 2.4.4, 2.8.1). This case did not describe ritualistic planning in her SI acts, but more an impulsivity “I simply cut” and she also did not describe particular euphoria or self-medication. Obsession and perfectionism appeared in her non-verbal behaviour during drawing exercises, in her attempt to do them correctly. Manipulation did not appear to be majorly present in this case and reference to disassociation did not feature. Depression was addressed under co-morbidity in Chapter 5 (5.4.2.6). Indications of substance abuse did exist, but not reported openly in this case.

Abandonment/isolation/being uncared for is addressed as a sub-theme under losses in Chapter 5 (5.4.1.4). Communication problems were addressed during the first meeting in the graphic family drawings and left hand drawing (Appendix D, 1.3, 1.6 and 1.2.1) and especially Drawing 5 in table 5.4 below. Family relationships and a feeling of being trapped in a situation appeared under family systems and relationship problems in Chapter 5 (5.4.2.3 and 5.4.2.4). This was evident too as the participant described the drawing intervention series as an escape from her living conditions during relationship time. Rebellion, protest and resentment were obvious towards her stepdad and at times towards her mother and the grandmother of her boyfriend, where she stayed. Lack of trust was expressed in termination time during session 4 (Appendix D, 2.4).

The major findings will be discussed in full below. These were selected, reported and interpreted in Chapter 5, according to categories, themes and sub-themes.

6.4.1 Findings from the category: Idiographic data on the self

Themes in this category comprised of personal significant or majorly present characteristics and included some facets of strengths and weaknesses, psychosomatic and health complaints, AD symbols related to violent men and losses in particular.

Theme: Personal strengths and weaknesses

The participant emerged as a co-operative and honest person with some specific **strengths and weaknesses** (reported **theme** in Chapter 5).

The participant showed markedly high levels **of frustration and irritation (sub-theme)** throughout various drawing sessions. In the literature review done by the researcher, being constantly frustrated and irritated did not emerge as a major characteristic of the SIAG. The researcher would thus conclude that one has to consider indications of mood or personality disorder(s) and this interlinks with co-morbidity, referred to below at 6.5.

The participant had a remarkable ability to **verbally interpret (sub-theme)** her own drawing material. In this sense it is divergent from the indications in literature for a lack of verbal skills (Levenkron, 2006:7). The conclusion that can be arrived at is that the older the client, the more the chance and ability of verbalising unveiled issues through AD.

Theme: Psychosomatic and health complaints

Apart from justifiable health complaints, the participant so often vaguely referred to issues regarding her health and it clearly formed an area of concern for her. She did not however reveal her concerns clearly, such as incidences of **epileptic** seizures and also did not clearly reveal possible **substance abuse**. In retrospect, these might not be known to the researcher and might have influenced her performance during the drawing sessions.

Another unique personal characteristic in this case was the presence of more and different forms of **self-harm (sub-theme),** displayed in other habits such as cracking

her joints, which can be linked to the overall tendency of aggression turned inward on the self to help in emotional regulation – as discussed in Chapter 5 at 5.4.1.2.

Theme: AD symbolic expressions related to violent men

As described in Chapter 3 (3.4.2 and 3.4.3) art therapy helps to make clarifications and connections between thoughts and feelings in an effort to help the patient interpret his/her own use of symbolic images; these in turn helping to establish treatment goals and evaluate progress. The participant reported the major finding that she realised in due course of the drawing interventions how many **violent persons** she has in her life (Appendix D, final interview). This she became aware of during a series of analog drawings, which led to this insight and she could then eventually verbally proclaim it. Thus as Amendt-Lyon (2001:226) suggested (reported in Chapter 1.1), artistic expression facilitated self-regulating homeostasis in a holistic way and brought the client to insight/self-awareness and alternative coping/contact with the self and her field.

Theme: Losses

Subthemes – isolation and loss of self-worth

The participant experienced great losses in her life, including removal from the family or origin, with extensive saddening effect(s) for the participant. In this research, AD helped to unleash more unfinished business and helped to establish other therapeutic needs, such as the impact that the **birth and consequent adoption** had on the client - and that it was the actual trigger of the SI (“then the cutting started” - Appendix D, 2.6.2); since loss of life dreams, such as completing grade 12, was one of the regrets and results. As such new goals for therapy can be established, the Gestalt therapeutic practice is to work with foreground needs, however. AD was an aid in this regard.

6.4.2 Findings in the category: Data connected to the SIAG

Theme: Resistance

The researcher concludes that initial resistance related to a fear of the unknown imminent research process and the display of resistance at some points during the drawing sessions is considered to be expected as anticipated in the literature

(Alderman, 1997:199-200; Levenkron, 2006:60). Due to the participant's overall friendly and co-operative nature, the empirical results were not markedly influenced, apart from refusal to do some alterations (Appendix D, 2.1, 2.3, 2.6).

Theme: SI acts

It was interesting to observe how the participant became animated and displayed **physical arousal (sub-theme)** to the extent of shaking and hugging herself after talking about SI incidences (Appendix D, 1.5). The researcher concludes that this supports the view that the SIAG over-extends left brain activities and physically does not process anxiousness effectively (Milia 2000:86; Turner 2002:11-12, 15). The researcher also contends that this observed arousal can be linked to one of the original triggers for this research around the work of Borkovec and Inz (1990); as well as discussion on the physical and biological factors with regard to the SI phenomenon as indicated in Chapters 1 and 2. The Gestalt perspective did consider such biological aspects as indicated by Brownell's discussion of the neuropsychological work of LeDoux. LeDoux investigated the automatic reactions and bodily response to stress when emotional reactions followed on perceived threatening stimuli. These automatic reactions even become a survival contact style over time, formed from unconsciously stored memories (Brownell 1998:1-3, referring to LeDoux 1996).

Noticeably the SI incidences/**frequencies (sub-theme)** were lessened. The full report about this very important major finding follows below in 6.9

With regard to the next **sub-theme of co-dependency/enabling behaviour** of which an alarming new finding was reported and discussed in Chapter 5 (5.4.2.2); the researcher concludes that as the relevant 'helping' behaviour from the boyfriend to assist the participant in her 'cutting' activities apparently did not manifest during the period of the empirical study and is reported as behaviour from the past; it was not significant in forming results for this study.

With regard to the SIAG **not coping with life stressors (sub-theme),** it can be concluded that AD was an aid in addressing **multiple life stressors** that the client experienced, portrayed in many of her drawings, with great moments of significant

awareness, reframing and integration facilitated by the AD techniques and explorations. Refer to table 5.3 in Chapter 5.

Theme: Dysfunctional family system and sub-theme of communication

The dysfunctional family system had and still has a particularly serious effect in this participant's life as reported in the findings of Chapter 5, with regard to isolation (5.4.1.4); the family of origin (5.4.2.3); and relationships (5.4.2.4). In Chapter 2, behaviour embedded in family systems and interpersonal relationship-patterns was considered to be a primary influence causative of SI behaviour and was clearly demonstrated in this case.

The participant succeeded during explorations of drawings to verbally **clarify her own drawings** (sub-theme) remarkably well, unlike expectations from the literature that depict a lack of verbal skills, as indicated under personal strengths and weaknesses below in 6.5.1.1. However, with regard to **needs and feelings being expressed** in her current situation, it is not clear whether she effectively communicates her needs and feelings; or whether or not she is afforded the opportunity to do so.

The conclusions are in correlation with the literature (Chapter 2, family of origin 2.4.1); in her family systems the participant did experience communication problems (indicated by it being her choice for a problem-drawing, Appendix D, 2.5.1).

Theme: Relationship-problems - past and current

The dysfunctional family of origin created major relationship problems for the participant as indicated by literature (Milia, 2000:87), as well as indicated by her choice to often refer in the therapeutic process to her stepdad and mother; her losses of her family relationships and her longings in that regard; as clearly evident in much of the data (see Chapter 5 – 5 .4.1.4). The researcher is of the opinion that her choices in flawed relationship with boyfriends can be retraced to the problems in the family of origin (Levenkron, 2006:100).

Theme: Emotional turmoil – anger/aggression

A considerable number of aspects that came to the fore in this case can clearly be linked to emotional **features of the phenomenon** of self-injuring (SI) behaviour that is reported in the literature and (as described in Chapter 2). Most of the drawings done by the participant were noticeably laden with **emotional content** for her. It is concluded that AD clearly facilitated emotional experiences. This crosslinks with emotional expression described in AD (6.5.3.2). AD counteracted previous tendencies to avoid visual processing that can be connected to negative affect and helped the person instead enter into experiential intrapersonal assimilation and integration of unfinished business previously avoided, as described in Chapter 1.1, with the aid of a therapist within a series of intervention sessions.

Theme: Co-morbidity – substance abuse – depression

The participant indicated co-morbidity on various levels, ranging from substance abuse to depression to possibly other mood or personality disorders. This correlates with the literature as described by Turner (2002: 63, 92-93), and the category of the SI phenomenon in Chapter 5 (5.4.2).

Theme: Identity-formation

The participant was an older adolescent, but still expressed her incomplete identity as reported in Chapter 5 (table 5.2). Clearly the participant displayed typical identity-formation problems as indicated for the SIAG in the literature in Chapter 2 (2.6).

6.4.3 Findings with regard to the drawing sessions and AD

As reported in Chapter 3 (3.4.2), art therapy uncovers anger; reduces guilt; develops impulse control; provides catharsis; helps in thought processes; develops the ability to integrate and relate; strengthens the ego; and communicates that which was non-verbal.

Theme: Acquiring/learning the AD skill (sub-theme: - non-threatening) (sub-theme: - right brain activity)

The researcher would reason it as obviously and necessary that a need exists to teach the client the AD techniques in order for her to be able to apply them. In this instance the researcher found that the compiled and simplified phases (refer to Chapter 4, table 4.2) intended to use as **training in acquiring the AD** skill, functioned/operated effectively (see Chapter 5 – 5 .4.2.6). A couple of comments on findings need to be included hereby.

AD was initially conducted in a directive way and although the researcher planned to help the participant acquire the AD techniques in specific phases, the researcher was impressed that with guidance a full **AD drawing** could be **produced very early** in the therapeutic process. The researcher found that a need existed for unexpected issues that were on the **foreground** of the participant to be addressed therapeutically. Attending to such an incidence, it can thus be concluded that AD could be applied, with guidance, in the second session already. The researcher is now of the opinion that teaching the AD skill may be facilitated with guidance simultaneously as the foreground material and pressing needs arise. Drawing then what is on the foreground at any particular moment would be in accordance with the Gestalt therapeutic process.

The participant did appreciate and express the **fun** experienced, as AD is of a **non-threatening nature (**See Chapter 5, table 5.3 and Appendix D, 3-final interview). The phenomenon of '**flow**' (see Chapter 3 – 3.5) was observed during the relaxed but focused painting on a previous AD drawing (session 8). The researcher found that while the participant applied the paint as if doing a mindless but precision task, she started to informally share and express a great deal of material from her inner world; it seemed to effortlessly come to the fore.

Theme: Emotional expression-aggression -emotional release

AD does provide **emotional release** as seen in Chapter 5 (5.4.3.2) and the researcher contends that the simplicity and immediacy (Edwards, 1986:8,130) of AD may be specifically useful for SI clients who need immediate impulse-control techniques or emotional release. On the contrary, it is important that the researcher

found that AD **may also increase emotionality** as in the instances where the participant had made a drawing of her baby in AD (Appendix D, 2.6); or worked in relation to her boyfriend, stepdad or mother; and therefore the presence of a therapeutic environment and therapist would be required. Initially the researcher considered AD to become an independent skill and the participant used it that way to express forceful aggressive drawing strokes on her own and it did alter conduct, but the researcher has to consider altering the perception of AD to facilitate independent thought-altering behaviour. Independent analysis in the hands of most adolescents might be rare, though not impossible. Edwards' assertion that AD techniques provide solutions and problem-solving (Edwards 1986:226-227), however, did not clearly materialise in this study. Raised awareness on the other hand, was fortunately clearly demonstrated.

The researcher concluded that the therapist should be available and trained in handling emotional reactions when any such would occur.

Theme: content of drawing material

The researcher found her development of symbolic expressions (sub-theme) by way of her own significant symbols and metaphors indicative of the creative modalities' inherent characteristics. In the description of AD it was indicated that it carries the ability to provide symbolic expression (Edwards 19 86:36), as described in Chapter 3 (3.6).

An attribute of AD is that it allows for a client to develop a unique, idiosyncratic **non-verbal communication** medium (and perhaps a secret language), carrying phenomenological meaning for that person, and even strengthening the inner self (Edwards, 1986:112). It can be concluded that AD allows for phenomenological as well as personal symbolic expression.

Theme: AD aids reframing, reconfiguration and new awareness – including alterations, explorations and the 'walkabout'-improvisation

All **explorations** of the drawings during sessions can be considered extremely useful and effective. These include asking oneself specific questions; turning the drawing upside down; altering some of the drawings in ways; or turning a drawing

around to search for hidden images. Often **significant and rich material** emerged in this study from the choices made for subjects of her drawings and in her verbal descriptions afterwards. A completely new discovery made during explorations and nowhere described in literature, was the '**walkabout'** linking of symbols with a connective line – which then emerged and developed as an improvisation during this study, see Appendix D (2.4.2). It was found that especially the 'walkabout' and turnaround of the drawings, as well as some instances of sentence completion which served as explorations of the AD drawings (see Appendix C for the guidelines on these), aided the participant in various instances to create **new awareness, reconfiguration/reconstruction of the material, reframing of thoughts and feelings, integration and assimilation and an altered mood** in some instances.

The researcher contends that a new coping skill was developed as proposed by Sharoff (2004:74-75) and reported in Chapter 1 (1.1), where he argued that reframing of mood and thinking is possible by way of consciously choosing a new figure in the foreground, even during times of discomfort. Reduced automatic acting out resulted from such a skill (as indicated in the reduced frequency of SI in this study).

Thus, the application of AD during therapeutic sessions successfully facilitated expression and communication concerning various multiple issues across the range of the intervention.

6.5 FINDINGS WITH REGARD TO SIGNIFICANT MOMENTS OF AWARENESS AND REFRAMING, indicating goals reached in the AD application

As reported in 6.4 and later in 6.9 and Chapter 5, AD succeeded in **lessening cutting habits** and the participant also felt **empowered** to move forward in her life and to seek employment anew. Even while many of her problems were not specifically resolved, AD did facilitate **awareness and assimilations with regard to some problematic aspects.** It can be concluded that some **altered behaviour** is indicated for this participant, as came to the fore during post-intervention with the AD techniques, during the final interviews (Appendix D, 3 and 4); and which is important for this study.

Aspects of features/characteristics from the literature with regard to AD and the expected value of artistic techniques used in therapy were discussed in detail in Chapter 3. It can be concluded that AD did function effectively as a **creative therapeutic intervention**.

6.6 AD AND GESTALT – AD AS PROJECTION

Analog drawing techniques are inherently greatly compatible with the Gestalt perspective. The creator of the AD technique, Edwards, refers to gestalt (Edwards, 1986 204,211,220-221,226); and Gestalt authors refer to Edwards (Zinker, 1992 and Amendt-Lyon, 20001). The researcher considers the method of working when doing AD, such as the intuitive working in the here-and-now and then considering the awareness of what has been done or expressed, as typical of Gestalt (Yontef, 2005:87). Rhyne (1996) is considered the pioneer in the Gestalt use of art therapy and she described the process of art therapy as a facilitation of growth to bring into the open what has "been walled off inside" themselves (Muster, 2000:5). Rhyne states that the Gestalt art experience is the whole complex person involved in "making art forms"; in which the person then not only perceives him/herself as he/she is now – including repressed memories, insight into lived experiences and the patterns of one's life, but also alternative ways for "creating yourself as you would like to be" (Muster, 2000:5; Rhyne, 1996: abstract).

In Chapter 3 various references were made in to the diagnostic uses of artistic creations and the value of art in therapy to facilitate; **therapeutic needs** were also referred to. Projective uses were indicated in Chapter 3 as well and similarly the researcher found AD can be considered a valuable **projective tool** as indicated in the therapeutic sessions (Appendix D). Where most of these artistic forms applied to traditional ways of making art and creative processes, ADs differed from those in the sense that ADs did not facilitate traditional picturesque creations, but mostly emerged as totally undistinguishable, indescribable intuitive graphic images, lines and forms, comparable to abstract art. For the participant who created those non-descript images, it did however carry meaning and presented some form of analogous, metaphorical and symbolic representation(s). The researcher is of the opinion that during this study the ideas represented in the participant's drawings took the form of projections of the client's inner world and directed the therapeutic

intervention. **The significance of AD as an effective projective technique for therapeutic use can be considered a major finding in this study.**

6.7 LIMITATIONS IN THE RESEARCH AND MEASUREMENT

The researcher found that different from indications by Edwards (1986:127), AD techniques used in this study with this participant did not facilitate noticeably enough original **problem-solving and solutions,** although the participant during the final interview reported the awareness that '**there are other ways to solve problems'** (Appendix D, 3 and 4). The researcher is of the opinion that with more sessions added to the intervention process, further in-depth explorations could have focused on stimulating more creative thinking in order to investigate alternatives for problems or to further explore expressed needs/issues, which can be considered a shortcoming in the study.

It was a challenge for the researcher **to distance herself from the data** during the analysis of the data, as the researcher also functioned necessarily as therapist and established a therapeutic relationship. Rigorous effort and time in data analysis (see Chapters 4 and 5) from various viewpoints (including immediate tabling and summaries of Appendix D), plus systematic extractions of themes and grouping and collating of raw material/data (Appendices E and F), assisted in the findings being objective and trustworthy.

The AD techniques were initially introduced according to some planned sequence of events to help the SIAG learn/acquire a new skill. Much of what happened in the sessions was done according to a broader outline of **phases**, based on Edwards' work as described in detail in Chapter 4 (4.8), design of the data collection. Many of the activities during the sessions were allowed to develop spontaneously as considered in applied Gestalt therapy; from the **foreground needs** and expressed material brought to the intervention sessions. This intervention methodology as well as other therapeutic techniques and improvisations was applied in accordance to the Gestalt perspective in Chapter 3 (3.3). Focusing on **foreground** material did not adversely influence the **empirical** work done. The researcher was challenged at times with regard to prioritising the drawing intervention sessions versus the participant's therapeutic needs. Fortunately both researcher and participant are

prepared to proceed with any therapeutic needs the participant may indicate after the study has been completed.

Although no real artistic abilities are indicated for a person to use AD, **aversion** towards creative activities such as the utilised activity would impede the use of AD in therapy. The responsibility to evaluate AD fit for use with the individual client rests upon the therapist. It would depend on any therapist's evaluation to decide whether AD would be **suitable** for a particular client. Furthermore, this AD therapeutic intervention needs to be applied with adolescents and children under supervision of an adequately **trained therapist**. In this regard it follows pertinently that such a therapist needs to have an ability, inclination and affinity to use and apply creative techniques; and in the instance of AD techniques, to be especially adequately acquainted with and versed in the use of the AD technique as described in Edwards' work.

The researcher would consider that life stressors which are, however, still present in the participant's life be addressed in more/further therapeutic ways to **maintain** this personal progress. The researcher would not exclude the **impact of the strong therapeutic relationship** developed and the total impact of the therapeutic sessions on personal growth in the participant's life and behaviour to have assisted in the reduced self-harm incidences.

6.8 RECOMMENDATIONS AND FUTURE RESEARCH

The researcher (due to own experience and confirmed in the literature), finds that SIAGs are often trapped in their/some situation and considers the participant as an example/demonstration thereof. As a child/adolescent, she often has to stay in the home where the real life situation is not changed for the better; and thus remains the same as before the intervention. This is the challenge of every therapist. The dilemma for the SIAG lies therein that she has to learn to **cope within that situation**. In this case her family of origin is still an unsafe situation, as well as the current situation being greatly dissatisfying, daily conflict not excluded. No relief about her current situation was expressed verbally. Instead, insight as well as new awareness of herself in her field, indicates some integration of the problems facilitated by the AD intervention series. A therapist could provide more attention to

reinforcing awareness by drawing it out as it comes to the surface. Of specific interest also would be to draw the self-injuring acts themselves.

Recommendations for researchers, therapists and psychologists

Self-injuring behaviour is difficult to treat (Milia, 2000:6). What is needed is an increase in more well-informed trained therapists who truly understand the emotional dynamics of self-injury; who are warm and nurturing as well as direct and firm; and not afraid of the SI and/or blood.

More research is needed on AD as therapeutic mechanism with SI clients to be more representative. It would be interesting to explore the use of AD in groups. Another possibility would be that as this study focused on a girl, a male candidate for a series of AD would introduce an interesting variance to the research. Descriptions of the use of AD in other therapeutic perspectives could also be a valuable extension to research. AD with less complex client cases as well as augmented to be presented to younger children is another expansion to consider. One has to consider that all SI persons are unique and have great variances in their backgrounds, which would provide a great variety of possible responses to the use of AD.

Although the DSM-IV-TR described self-harm and self-injuring as a diagnostic criteria for the Borderline Personality Disorder (BPD), most authors including the researcher, agree that not all SIAGs are of the Borderline Personality Disorder. It does not form part of the Gestalt perspective to label clients, however the researcher if of the opinion that psychological disorders, if present, might complicate any therapy. The therapist does need to consider resultant impaired functioning in the daily life of a person clinically diagnosed with a psychological disorder.

The researcher would deem the findings in this study as supportive and descriptive of the expected outcomes for art therapies (Health Professions Council of South Africa, 2007b:2); as stated to be improved awareness of self, environment, significant others, improved insight, self-expression, interpersonal communication and relationships, improved motor and cognitive skill, perceptions, impulse control and anxiety management.

A therapist needs to be aware of his/her own feelings and reactions towards such clients. The therapist can feel empathic (relating with understanding) and/or sympathetic. Too much empathy however, leads to over-investment and wanting to solve problems for the client or wanting to ease her pain. Sympathy means that the therapist is feeling bad for the client about her negative situation (Alderman, 1997:193). Frustration in trying to control outcomes, success and progress as well as discouragement, and subtle feelings of negativity towards the client or fear for her safety may lead to overreaction. Seeing the wounds may raise a longing to make the person stop, which is not what the client wants as it will mean the loss of SI as coping mechanism. All these feelings may 'erode' rapport, honesty and trust between therapist and client (Alderman, 1997:190-198).

Recommendations for helping organisations

The researcher would recommend that self-help to control violent conduct may include exercises such as tearing up of various materials or perhaps scratching into cardboards, boxes or wood that can be seen as expressive and redirected anger. AD has the potential to facilitate the emotional needs of the client. Ideally the researcher would suggest that a therapist could have a venue prepared where large surfaces of paper, wood or panels are prepared to facilitate an extreme and huge amount of scratching and drawing/painting – although independently such facilities may not be available, therapeutic use can be made of such media during sessions; but as a form of self-help as well.

Recommendations for teachers and parents

Reactions and responses from those who witness self-injuring seem to be mostly negative. The SI person is often rejected, ostracised, confined, misunderstood and ignored. Being confronted by self-injury, persons such as parents, friends, teachers and even therapists need to control their initial overreactions of fear, disgust, anger, sadness – which mostly originate from a lack of awareness, knowledge and experience (Alderman, 1997:188; Levenkron, 2006:9-10).

The researcher would advise teachers and parents not to overreact once the SI becomes known, as do most other authors suggest. SI is an expression of private anger with no alternative outlet. Facilitation of the adolescent's needs is needed and

also any form of self-expression to allow the inner voice to be heard; and in so doing help the adolescent.

Recommendations for the participant and other SIAGs

Turner (2002:237) lists ideas for considerations by the therapist that will **help the SI get better.** She would advise an SI patient to seek professional help and support when committed to stopping SI behaviour; to move out of the problem and "into the solution"; to list 'triggers'; and get rid of cutting tools. The SI person needs to slow down when the urge to SI comes up and needs to stay verbal about the facts/'triggers'. It will help if she can move to a safe place amongst other people. The SIAG needs to carry a list of alternative behaviours such as the use of ice for a burning feeling on the skin or to **draw with red markers** on the skin. She has to give attention to physical exercise, eating habits, and spiritual issues in order to find the meaning of life and wholeness. The therapist should keep in mind that to work on the emotions, memories, coping skills and needs of the SIAG, is beneficial. AD helped in such a process. The SIAG needs to learn from relapses and not to "beat up on herself"; to move from regret to setting new goals. The SIAG needs to develop a strong social support system - healthy relationships with positive people; needs to develop a strong sense of self-worth and self-esteem; to improve on her good qualities and activities; and to write her own moral inventory. It will also help to acquire knowledge and understanding of abuse, this disorder and other disorders (Turner, 2002: 239, 241-243, 245, 249-253, 255-256).

6.9 MAJOR FINAL COMMENTS/FINDING/SUMMARY

It is of importance whether the original research question has been addressed, namely exploring analog drawing as coping skill; as a non-threatening technique to facilitate reframing, self-awareness, insight, alternative self-support; and to address negative thinking and feelings – towards becoming an alternative creative adjustment. In this regard **reframing, reconstructing, integration and assimilation** were observed and clearly facilitated by the AD - a major finding. **New insight and awareness** was reached by the participant while undertaking AD. Thus, as proposed in Chapter 1 (1.1), the artistic creative process which in Gestalt involves authentic self-expression, insight of figure-and-ground, emerging patterns,

reorganisation and reconfiguring of the familiar until all the elements make sense, seemed to have been facilitated by the AD technique **during the intervention sessions**. Special reference needs to be made to the **successful exploration techniques of AD** employed during therapy sessions with the therapist present and guiding the explorations. Of the turn-around technique, the participant said: "That gave a new way to make sense of things" - about people around her as she personally described in the final interview (Appendix D, 3). The AD technique may further be applied successfully alongside other techniques and as part of a therapeutic process.

It is important to report that the participant indicated that she would **independently** from therapy **not** attempt to do complete analog drawings although she could do them. However, the participant indicated that she would **prefer to just scratch and squiggle aggressively/vigorously** on paper, not on herself; even to the extent of tearing a piece of paper and in that way substitute the paper for her own body which she previously would have cut. This forms another major finding of this study. The SIAG seemed to be in a greater need of immediate alternative actions during uncontrollable emotional arousal and anger, whereby AD aided in supplying a non-aggressive alternative activity, thus provided a new coping skill.

Although literature recommends that therapists should NOT aim to end SI activities and not even expect honest reporting of such activities, the researcher found herself fortunate that the participant was willing to disclose **incidents of self-injuring acts.** Hereby an unforeseen but traceable **baseline** of the incidences could be established for triangulated **measurement**. The participant indicated that prior to the study she used to cut every second week, and then repeatedly during that period, which means/calculates to at least four times over a normal period of a month. During the course of the study (particularly during the one month of intervention sessions (5.2.3), it can be reported that the participant indicated one instance where she longed to cut but **did not**, and a second instance where she intended to cut and **did not** do so, but **instead** scratched and tore up the drawing booklet (Appendix D 2.4.4 and 2.8.1). The researcher accepted her self-report as honest and true indications of SI incidences. It can be concluded that an **alternative form of self-regulation** was established.

A full month after the completion of the research in a re-interview, the participant did report herself cutting once, some days just prior to that post-intervention re-interview (Appendix D, 4). She still reported that she had attempted to draw both before and after that particular 'cutting'-incidence. She also reported in this instance that she had realised the complete incidence did not make her feel better. In another short re-interview one month after that last 'cutting'-incidence, the participant clearly indicated no more cuttings had taken place and she had no more interest in cutting (Appendix D, 4). The participant reported her own awareness in this regard, the availability to draw/scratch/squiggle as she prefers, instead of cutting herself. In the words of the participant: "Yes, there are other ways to solve problems. One does not always have to be violent. All you need to do is to take a pen and paper. I did it again just the other day, just to scratch/'*krap'.* Just making lines help me to relax"; which can be concluded **the goal was achieved to develop an alternative coping skill.**

Thus, the baseline of at least four instances per month can now be reported to have become one instance in a period of three months. The researcher would state the finding that the AD technique **does have potential to aid in the lessening of SI habits** and thus succeeded to being a coping skill. The participant did seem to be empowered to establish an alternative form of self-support/homeostatic self-regulation.

6.10 CONCLUSION

Where easy solutions in addressing the SI phenomenon are not apparent as discussed in Chapter 1 (1.1), AD did succeed as an alternative way to address SI effectively. AD worked as coping skill to the extent that it facilitates the need to violently act out emotional turmoil; to express the emotions in a more acceptable and safe way.

The value of AD techniques as intervention mechanisms cannot be doubted. In this study it proved to successfully and powerfully facilitate various aspects in need of therapeutic intervention in the life of the participant. The therapeutic environment with a skilled therapist available to guide explorations of the drawings aided in the process.

The idea as proposed in Chapter 1 (1.1) was not to prevent SI as such, but to provide an alternative choice for the SIAG in satisfying expressive needs of the moment; which the AD succeeded in doing. AD did lessen cutting or reduced it, not losing sight of the apparent role the therapeutic relationship and the complete series of interventions played in personal growth and healing of the participant.

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APPENDIX A – PERMISSION FORM

HUGENOTE KOLLEGE

DEELNEMER/SUBJEK SE TOESTEMMING OM AAN DIE NAVORSING DEEL TE NEEM

Titel van die Navorsing: "Analog drawing as coping skill for a self-injuring adolescent girl: a case study/case studies based on Gestalt theory".

Jy is genooi om vrywillig deel te word van navorsingswerk. Die navorsing word gedoen deur Mariana Page. Dit is deel van haar studies vir 'n graad, naamlik MDIAC (Spelterapie), by die Instituut vir Kinder, Jeug en Gesins-studies van Hugenote Kollege deur UNISA.

1. DOEL VAN DIE STUDIE

Die doel is om te ondersoek of uitdrukking van gevoelens en gedrag soos self-besering wat daarmee saamgaan, op 'n ander wyse hanteer kan word. Dit word gedoen deur te te leer om op 'n sekere kreatiewe manier te teken. Dit word analogiese tekeninge genoem wat beteken dit is simbolies en vergelykend met iets anders en lyk nie soos werklike prentjies nie. Dit word gedoen in 'n omgewing waar hulp en ondersteuning gegee word. Die student, ook genoem navorser, wil kennis verky oor die emosionele lewe van 'n tiener-meisie wat haarself beseer. Die teken-tegniek word bestudeer om vas te stel of dit vir so 'n meisie mag verligting bring en 'n manier kan word om vir haarself ondersteuning te bied.

2. PROSEDURE

As jy besluit om vrywillig deel te word van die studie, sal dit beteken dat jy instem om aan 'n reeks van aktiwiteite deel te neem. Eerstens sal jou ouers se toestemming gekry word dat jy mag deelneem. 'n Onderhoud word dan gevoer om die navorsing voluit te verduidelik. 'n Reeks van teken-sessies word beplan vir twee maal 'n week vir 5 weke lank. Die sessies word op video geneem en aantekening word gemaak oor dele daarvan. Ten laaste en om af te sluit word weer 'n onderhoud gevoer met jou en jou ouers. Die inligting word ondersoek en ge-organiseer volgens patrone of temas wat voorkom. Die hoofidee is om oomblikke te soek en aan te teken waar moontlik beter begrip en verandering van gedagtes plaasgevind het. Dit tekening word gefokus op moontlike probleme wat jy ondervind in gedagtes, gevoelens en gedrag. Verslag word gelewer van die resultate van die navorsing en die tekorte van die ondersoek.

3. POTENSIËLE ONGEMAK EN RISIKO'S

Jy sal nie blootgestel word aan enige onnodige risiko's nie. Jy sal gevra word om areas te merk waar jy moontlik 'n mate van probleme ondervind. Die tekeninge sal woordelose uitdrukkings wees van sommige probleem-areas volgens jou keuse, met 'n paar opgestelde vrae om die tekeninge te hersien

en te verduidelik wat plaasgevind het, as jy wil. Sekere emosies wat ongemaklik mag voel, mag ervaar word terwyl jy werk, maar jy hoef nie al die vrae te beantwoord nie en jy mag enige tyd besluit om jou deelname aan die navorsing te be-eindig. Die navorser sal beskikbaar wees om kwessies wat opduik te hanteer en om jou die nodige ondersteuning te bied, of om ander persone te vind wat hulp ken verleen of om berading te doen indien dit nodig mag word.

4. POTENSIËLE VOORDELE VIR DIE DEELNEMER EN/OF DIE SAMELEWING

Sekere voordele vir jou mag gou ervaar word tydens die navorsing. Jy mag 'n manier vind om jouself maklik sonder woorde uit te druk, enige tyd of enige plek. Die manier van hersiening van die tekening mag help om emosies te verlig en oplossings te voorsien. Die hoop is om die behoefte na self-beserings te verminder. Die teken-tegniek mag ander professionele persone help met hulle pasiënte in hulle praktyke.

5. BETALING VIR DEELNAME

Nie jy of jou ouers sal betaal word vir die deelname aan die studie nie en ook sal geen betaling van julle verwag word om deel te neem aan die studie nie.

6. VERTROULIKHEID

Enige inligting wat deur die studie verkry word waar jy ge-indentifiseer ken word sal vertroulik gehou word en sal slegs met jou toestemming onthul word of andersins soos deur 'n hof bevel indien nodig. Deur 'n skuilnaam te gebruik tydens die navorsing sal vertroulikheid verder gehandhaaf word , as jy dit verkies om nie ge-identifiseer te word nie. Alle inligting/data sal in 'n veilige plek toegesluit word of op die navorser se rekenaar gestoor word, wat deur 'n wagwoord beskerm is.

Die navorser se toesighouer en universiteit waarmee die navorser verbind is, sal toegang verkry tot dele van die inligting, maar jou identiteit sal nie verskaf word nie.

Onderhoude en teken-sessies word op video geneem om die inligting te help invorder. Die video's word aan geen enkele ander person beskikbaar gestel nie. Jy het wel die reg om self na die video's te kyk.

Die finale navorsingsverslag, met jou skuilnaam, sal by die Hugenote Kollege gepubliseer word.

7. DEELNAME EN ONTREKKING

Jy kies om in die studie te wees of nie. As jy besluit om deel te wees van die navorsing, mag jy enige tyd onttrek sonder benadeling van jou regte. Jy mag ook wyer om van die vrae te be-antwoord maar steeds deelneem aan die studie. Die navorser mag 'n deelnemer aan die studie onttrek indien omstandighede dit vereis.

8. IDENTIFIKASIE VAN PERSONE BETROKKE BY DIE ONDERSOEK

As jy enige vrae of bekommernisse het in verband met die navorsing, kontak asseblief vir Mariana Page (student/navorser) te kontak by die telefoonnommer (082 342 8853) of e-pos te stuur na (klausp@telkomsa.net), of Susanne Jacobs (studie-leier/toesighouer) te kontak by telefoonommer (082 783 7474).

9. REGTE VAN NAVORSINGDEELNEMER

Jy mag jou toestemming enige tyd onttrek en deelname staak sonder nagevolge. Deelname aan die studie beteken nie dat jy enige van jou normale wettiglike regte, eise of remedies verloor nie. As daar enige navrae is in verband met jou regte as navorsingdeelnemer, kontak Dr Retha Bloem hoof van die Instituut van Kinder, Jeug en Gesins-studies by Hugenote Kollege. Tel no: 021 864 1470

HANDTEKENING VAN NAVORSINGS-DEELNEMER/SUBJEK OF WETTIGE VERTEENWOORDIGER

Die inligting hierbo bevat was aan my [die deelnemer] verduidelik deur Mariana Page in Engels/Afrikaans en ek verstaan die taal of dit is bevredigend vertaal. Ek was die geleentheid gebied om enige vrae te vra en die vrae is bevredigend beantwoord.

Ek gee hiermee toestemming tot my deelname aan die studie. Ek is voorsien van 'n afskrif van die vorm.

_____

Naam van die Deelnemer

_____

Naam van die Regsverteenwoordiger (indien van toepassing)

_____ _____

Handtekening van die Deelnemer of Regsverteenwoordiger **Datum**

HANDTEKENING VAN DIE NAVORSER

Ek verklaar dat ek die inligting verskaf in hierdie dokument verduidelik het aan _____ [*naam van die deelnemer/subjek*]
en/of [sy/haar] regsverteenwoordiger _____ [*naam van regsverteenwoordiger].*
[Hy/sy] was aangemoedig om genoeg tyd te gebruik en voldoende geleentheid gegun om enige vrae te stel. Hierdie gesprek was in Engels/Afrikaans gevoer en [*geen vertaler was gebruik nie/die gesprek was vertaal in* _____ *deur* _____].

_____ _____

Handtekening van Navorser **Datum**

HUGUENOT COLLEGE

SUBJECT CONSENT TO PARTICIPATE IN THE RESEARCH

Title of the Research: Analog drawing as a coping skill for a self-injuring adolescent girl: A Case study based on Gestalt theory

You are asked to participate voluntary in a research study conducted by Mariana Page MDiac (Play Therapy), from the Institute for Child, Youth and Family Studies at Huguenot College at UNISA, as partially fulfilment in receiving a MDiac in Play Therapy.

PURPOSE OF THE STUDY

The research goal is to explore whether analog drawing may provide you with an alternative visual coping skill for emotional expression other than habitual self-injuring behaviour. It is the researcher's intention to investigate and contribute to the understanding and knowledge of emotional expression for a self-injuring adolescent girl, by providing alternative relieve and self-support by way of specific drawing techniques as therapeutic intervention.

1. PROCEDURES

If you volunteer to participate in this study, you will consent to the following procedures. Consent will also be obtained from your parents/care-givers before an initial informative interview is conducted, explaining the research in full. The series of drawing interventions (twice a week initially and later once a week) will be videotaped and transcribed. A final closing semi-structured interview with you, your parents/care-givers will be conducted. Data analysis will be take place by means of organizing and exploring data according to occurring patterns/themes. The focus will be on finding and reporting occurrences of potential reframing and insightful experiences in regard to existing problematic issues and thinking-feeling-behaviour. Recommendations, limitations of the research will be reported.

2. POTENTIAL RISKS AND DISCOMFORTS

You will not be exposed to any unnecessary risk. The study will be using an interview to explore your current problems. The drawing sessions will be expressions of these problematic areas, with some questions asked to receive feedback while reviewing your drawings. Some emotional expressions may result in discomfort, but you do not have to answer all of the questions and may choose to stop participating in the research at any time. The researcher will be available to address any issues and to provide you with the necessary support, as well as the senior staff members at your home, who will be available to provide backup support and counselling, if you so wish.

3. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

There are some immediate benefits expected from this research. You may have an easy alternative non-verbal way for self-expression, available to you anytime and anyplace. The technique for reviewing the drawings might also potentially provide some solutions and/or emotional release. The

hope is to lessen the need for habitual harmful self-injuring behaviour. This drawing technique may assist other professionals in therapeutic practises with self-injuring adolescents and other patients.

4. PAYMENT FOR PARTICIPATION

You, your parents/caregivers or staff members at the children's home will not be paid for participating in this study neither will a payment be required from you to participate in this study.

5. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of using a pseudo name if you so wish, for the duration of the study to ensure that you are not identifiable. All data will be labelled with pseudo codes and stored in a locked safe or on the researchers PC that is protected by a password only known by the researcher.

The researcher's supervisor will have access to the information and the university that the researcher is associated with, however the identity of the research participant will not be revealed.

Interviews and drawing session with you are to be video-taped, for reference purposes and will be destroyed once the research is complete. You have the right to review/edit the tapes.

The final research report, using pseudo names, will be published at Huguenot College.

6. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you choose to be part of this study, you may withdraw at any time without any consequences. You may also refuse to answer any questions and still remain in the study. The researcher may withdraw a participant from this research if circumstances arise which warrant doing so.

7. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Mariana Page (student) by telephone (082 342 8853) or email (klausp@telkomsa.net), or Susanne Jacobs (study leader) by telephone (082 783 7474).

8. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If there are any questions regarding your rights as a research participant, contact Dr Retha Bloem head at the Institute for Child, Youth and Family studies at Huguenot College. Tel no: 021 864 1470

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to [me / the subject/ the participant] by Mariana Page in English/Afrikaans and [I am/the subject is/the participant is] in command of this language or it was satisfactorily translated to [me/him/her]. [I/the participant/the subject] was given the opportunity to ask questions and these questions were answered to [my/his/her] satisfaction.

[I hereby consent voluntarily to participate in this study/I hereby consent that the subject/participant may participate in this study.] I have been given a copy of this form.

_____

Name of Subject/Participant

_____

Name of Legal Representative (if applicable)

_____ _____

Signature of Subject/Participant or Legal Representative **Date**

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the subject/participant]* and/or [his/her] representative _____ [*name of the representative]. [H*e/she] was encouraged and given ample time to ask me any questions. This conversation was conducted in English/Afrikaans and [*no translator was used/this conversation was translated into* _____ by _____].

_____ _____

Signature of Investigator **Date**

APPENDIX B – LETTER TO PARENTS

Mei 2010

Liewe Ouer en Onderwyser(es)

Hiermee wil ek graag myself en my navorsing aan u voorstel. Ek het ‘n honneurs-graad in Sielkunde (met lof) en daaropvolgend ‘n Internskap in Berading (met lof) behaal. Tans is ek by die HPCSA (“Health Professions Council”) geregistreer as ‘n sielkundige berader met ‘n onafhanklike privaatpraktyk. Ek het nou bykans my studies voltooi vir ‘n meestersgraad in ‘n sielkundige rigting (“Gestalt”-terapie) en meer spesifiek in spelterapie (“play therapy”). Dit is die MDIAC (Play Therapy) aangebied deur Unisa/Hugenote Kollege. Die laaste deel van die proses, na ‘n akademiese jaar en ook ‘n praktiese jaar, behels die skryf van ‘n verhandeling gebasseer op ‘n navorsingsprojek.

‘Gestalt’-terapie se hoofdoel is om ‘n persoon bewus te maak van sy eie gevoelens, gedagtes en optredes. Met kinders/adolessente word dit indirek gedoen deur middel van spel en projeksie-tegnieke, waar hulle hulle innerlike wêreld uitbeeld en ook deurleef tydens die spel. Hiermee hoop ons dat die kind/adolessent wel sommige gevoelens tot uitdrukking kan bring en dit nie onopgelos en onafgehandel onderdruk nie. Dit mag net die begin wees van uitlewing van sy/haar innerlike, en later jare kan dit soms nodig wees om nog ‘n keer of meer dieper te kyk, te voel en te ervaar.

Spesifiek lê my belangstelling in die area van kuns-tegnieke en beplan ek om deur middel van ‘n maklike grafiese teken-tegniek, die persoon toe te rig met ‘n spesifieke vaardigheid waarmee emosies hanteer kan word. ‘n Mens kan die tegniek, wat amper sou kon neerkom op rigtingvolle “doodling” aanleer met verloop van ‘n reeks van 10 of 12 spesifieke terapeutiese en begeleide sessies. Enige persoon selfs sonder kunsaanleg kan die tegniek bemeester. Die studie wil probeer vasstel of die tegniek van enige waarde sal wees vir jongmense wat probleme hanteer deur middel van self-verwonding /”self-injuring”. Dit is belangrik om te meld dat met die studie nie gepoog word om sulke gedrag te be-eindig nie, maar eerder om onderliggende heersende spanning, angs of ander emosies te hanteer.

Aangesien dit moontlik blyk dat dit u kind tot voordeel kan strek om deel te vorm van hierdie navorsingsprojek, wil ek u graag ‘n uitnodigiing tot u en u kind rig toe te stem tot deelname. Die hoop is om reeds tydens die Junie-skoolvakansie 2010 ‘n aanvang hiermee te maak. Vir die studie is dit van belang dat u as ouer reeds bewus is van self-verwondingsgedrag by u kind en verdere organisasie rondom die besonderhede van ‘n eerste onderhoud, teken van die vorms, die lokaal, tye en ander besonderhede kan dan hierna afgehandel word. Die navorsing moet vanselfsprekend geskied binne ‘n veilige omgewing soos voorsien deur die persoon van die terapeut en met ‘n paar orde-reëlings binne die groter raamwerk van etiese vereistes. My supervisor, met wie ek nou saamwerk is ‘n senior dosent by Hugenote Kollege, Dr. Susanne Jacobs (082 783 7474).

ALLE INLIGTING SAL STRENG VERTROULIK HANTEER WORD, selfs tot die mate dat enige detail van ‘n sessie slegs aan die ouer oorgedra sal word indien die kind self spesifiek daartoe toestem. U KIND SE NAAM EN HERKENBARE PERSOONLIKE INLIGTING SAL OOK NIE IN DIE VERHANDELING OF ELDERS GEPUBLISEER WORD NIE. Al word video-opnames gemaak, sou u toestem, is die doel sleg om die navorser te help om nie enige waardevolle navorsingsmateriaal te verloor nie – en sal dit in die persoonlike kluis van die navorser bewaar word. Die enigste ander persoon wat toegelaat sal word om die video’s te besigtig is die adolessent self en enige ander persone (maar verkieslik geen ander persone nie) dan slegs met die toestemming van beide die spesifieke adolessent en sy/haar ouers.

Meer besonderhede en detail is ter enige tyd beskikbaar en wil ek u en veral die betrokke adolessent uitnooi om my gerus te kontak indien u meer besonderhede omtrent die navorsing verlang. Ek vra dus dat u hierdie brief tot uitnodiging om deelname aan die navorsingsprojek, aan u kind sal toon.

Steeds moet ons almal onthou dat die beste en belangrikste vir ouers is om elke kind as ‘n besonder individu te erken, te waardeer en raak te sien. Daar is niks so helend nie as ‘n ander naby-persoon wat jou met respek in die oë kyk – jou toelaat om jouself te wees, jou erkenning gee en begrip toon vir wie jy is.

Sou u belangstel wil ek u nou reeds bedank vir die voorreg om my toe te laat om met u seun/dogter tyd te mag spandeer.

Die uwe

M. Page

Mariana Page

082-342-8853

016-932-3421

May 2010

Dear Parent and Teacher(s)

I hereby would like to introduce myself and my research project. I have obtained a Honners -degree in Psychology (cum laude) and subsequently did an Internship in Counselling (cum laude). I am a registered psychological counsellor at the HPCSA ("Health Professions Council") with an independent practice. I am at the verge of completing my studies to obtain a master's degree in a psychological discipline ('Gestalt'-therapy) and specifically 'play therapy'. It is the MDIAC (Play Therapy) presented by UNISA/Huguenot College. The final phase after an academic year and also a practical year constitutes the writing of a dissertation based on a research project.

'Gestalt'-therapy has as main object to facilitate awareness of in a person of his own feelings, thoughts and actions. With children/adolescents it is done indirectly by way of play and projection-techniques, where they represent and work thought their inner world during play. By this we hope the child/adolescent would be able to express some emotions which previously were repressed unresolved and incomplete/unfinished business. This may only be the beginning of experiencing his/her inner world and in later years may need another deeper investigation.

My special interest is in the field of art/creative techniques and I plan to use easy graphic drawings to empower a person with a specific skill whereby he/she can express and cope with emotions. A person can be taught this technique, which may be described as a form of 'doodling-with-a purpose', during 10 to 12 directed therapeutic sessions. Any person even without artistic talents can master this technique. The study attempts to determine whether the technique has any value for young persons who cope with problems by way of 'self-injuring'. It is important to mention that the study does not attempt to end such behaviour, but rather aims at addressing and handling of unconscious anxiety, stress, and other emotions.

Since it seems that it can possibly be to your child's advantage to form part of this research project, I want to extend an invitation to you and to your child to give permission to take part in this project. The planning is to start during the June 2010 school holidays. For the study it is of importance that you as parents should already be aware of the self-injurious behaviour of your child. Further organisation with regards to the first meeting, signing of permission forms, venue, dates and other detail can then be concluded. The research should be conducted in a safe environment as provided by the therapist in consideration of the broader framework of order and ethical concerns. My supervisor, Dr. Susanne Jacobs (082 783 7474), with whom I am working closely is a senior lecturer at the Huguenot College.

ALL INFORMATION WILL BE TREATED STRICTLY CONFIDENTIAL, even to the extent that any detail from the sessions will only be conveyed to the parents if the adolescent specifically provide

permission thereto. NOT YOUR CHILD'S NAME OR ANY RECOGNISABLE INFORMATION WILL BE PUBLISHED IN THE DISSERTATION OR ELSEWHERE. Even while video recordings will be made, if you give your permission, is the purpose only to help the researcher not lose any valuable information pertaining the research and it will be locked in the personal safe of the researcher. The only person, and preferably nobody else, who will be allowed to view the video's, is the adolescent him/herself or a person to whom both the adolescent and his/her parents will give permission to view the video's.

More detail and information is available any time and I gladly invite both you and your adolescent child to contact me if you have any questions with regards to the research project. I hereby ask you to show this letter of request to partake in the study to your child. We all need to remember that it is the best and important for parents of any child to recognise and appreciate the child as an individual. There is nothing as healing as a close person who looks you in the eyes with respect – and who allows you to be yourself, who validates you and understands who you are.

Would you be interested, I want to thank you for the privilege of allowing me to spend time with your son/daughter.

Yours truly

M. Page

Mariana Page

082-342-8853

016-932-3421

Practical/ethical aspects explained to parents and adolescents partaking in research done by Mariana Page:

- Navorser is nie ‘n sielkundige of maatskaplike werker nie, maar ‘n berader en spelterapeut, voorheen a kunsonderwyseres. Tans ‘n student besig met navorsing, wat nuttig/of nie nuttig mag wees vir verdere terapie. Groot klem op vertroulikheid.
  Researcher not a psychologist, not social worker. Counsellor/play therapist. Previously a teacher of art. Currently a student doing research, which may be helpful for future use in therapy or it may not. Great emphasis on confidentiality.
- Adolessent word aanvaar soos hy/sy is, mag nie benadeel word nie. “Ek verstaan jy maak jouself seer. Sal nie probeer om jou lewe te verander nie. Wil nie die self-besering stop nie, want dit is tans ‘n hantering van spanning. Mens voel onseker en bang oor die proses. Enige erge ontsteltenis sal ons verder hulp vind of die navorser sal help met berading.
  ”A*dolescent accepted as is and not to be harmed. “I understand you hurt yourself. Won’t try to change your life. Won’t try to stop you from self-harm, as I understand that it is currently a way to handle stress’. Adolescents feel insecure or scared about the process. Will find help if you are severely upset or provide help as counsellor.”*
- Dit is ‘doodle’/krabbels-met-’n-doel, amper soos ‘n geheime taal en hoef aan niemand verduidelik te word nie. Gebruik blanko papier/boek of begin eie joernaal. Hoef nie kunsaanleg te hê nie al het die tegniek in kunsonderrig ontstaan. Sal adolessent in die begin leer hoe om die tekeninge te doen.
  It is ‘doodle/squiggles-with-a-purpose’ and will almost be like a ‘secret language’, “which you don’t have to explain to anybody”. Use a blank pages/books, or start own journal. Don’t need to have artistic talent although it originated in art teaching. Will teach adolescent in the beginning how to do the drawings.
- “Vasgevang in ‘n situasie of gewoonte”. Moet bemagtig word om te verstaan hoekom – alternatiewe manier van uitlating – self-waarde te bou. Innerlike pyn wat nie hanteer kan word nie en self-besering verskaf ‘n gevoel van verligting.
  “Stuck in situation or habit”: Need empowerment: understand why – alternative way of venting – build self-esteem. (Van Schalkwyk, 2010) There is inner pain with which they cannot cope and self-harm provides a sense of release.)
- Nie baie mondelings, nie baie pratery. Dit is nie sielkundige karakter-ontleding nie, maar tekeninge met ‘n bespreking van die tekeninge, gebasseer op temas of patrone. Dit is ‘n manier om emosies uit te druk. Kan wilde tekeninge wees of fyn, delikate tekeninge, net soos die adolessent wil.
  Not very verbal, not talking much. It is not psychological analyses of character, but drawings and discussions of the drawings, based on themes and patterns. It is a way to express emotions. Wild drawings or delicate drawings, as you wish.
- Adolessent is in beheer. “Ek sal nie met ouers gesels as jy nie teenwoordig is nie. Adolessent gee toestemming wat met die materiaal mag gebeur. Kan enige tyd vra om te stop. Skuilnaam kan gebruik word. Verplig om te waarsku as moord of selfmoord beplan word. Moet ouers se toestemming kry en hulle moet reeds weet van die self-besering.
  ”*Adolescent in control: “I won’t talk with parents if you are not present.” Adolescent also gives permission what would happen with material. Can say stop at any time. Pseudo-name can be used. Duty to warn at expected suicide/homicide. Need parents consent and they have to know already that about self-harm.*
- Skole en ouers is beskermend. Ouers is onwillig dat familie-situasies blootgestel word. Een ouer mag weet en die ander nie.
  Schools and parent are protective. Parent unwilling as they don’t want their home situation dissolved. Sometimes one parent knows, but not the other.

- Konfidensieel, slegs toesighouer betrokke. Tekeninge en party opmerkings sal gepubliseer word. Videos aan geen persoon beskikbaar nie. Toestemmingsbrief word toegesluit. Afsluiting-onderhoud met alle partye. Slegs uitgesoekte dele van die sessies word aan die universiteit voorsien.
  Confidential, only for supervisor, but drawings (and some comments) will be published. Videos not going anywhere. Consent form will be locked up. An end interview with all parties. Information shared with university will be edited/selected. Dr. Susanne Jacobs 082-783-7474
- Duur, frekwensie van sessies. Tyd en plek sal bepaal word. Vervoer.
  Duration, frequency of session. Time and place to be decided. Transport.
- Geen betalings hierby betrokke. *No payments involved.*
- Deelnemers mag onttrek word as hulle iemand beseer tydens sessies of opsetlike skade aanrig.
  Participants not allowed injuring anybody during sessions.
- Deelnemers mag wettiglik optree as hulle regte benadeel word in sessies.
  Participants not hindered to use lawful actions when harmed during sessions.

APPENDIX C – DRAWING GUIDELINES

Table 1 – Summary of phases/session-structures

ANALOG DRAWING Model	**AIM**	**ANALOG DRAWING TECHNIQUES**	**EXTRA**
First meeting	Informative\ Building relationship		Semi-structured interview Graphic family drawing Self-schemata
Phase 1 **Mark-making**	Becoming comfortable with drawing Various possibilities in mark-making Relationship-building	Signature Relationship mark-makings Drawing hand	Sensory and body awareness to come into the here-and-now – used each session Termination with self-nurturing – each session
Phase 2 **Draw emotions**	Introducing analog drawings	Drawing emotions	
Phase 3 **Draw a person**	Self-awareness in problematic situation	Draw a person Explorations	
Phase 4 **Draw a problem**		Draw a problem Explorations Questions	
Phase 5 **'Upside-down-trick'**	New insight Clarification Reframing	Semi-structured questions	

Phase 6 Alternatives Changing parts	Polarities taken to extremes Empowering	Draw the alternatives Fast redrawing of only parts Questions	
– Cut & paste	Owning and dialoguing with parts Accepting self or changes Background- figure	Cut out shapes from drawing and place on new background Questions	
– Colour it	Confronting larger image of issue Dialogue	Using colour Questions	
Final meeting	Evaluation		Semi-structured interview

1. FIRST MEETING – Informative interview/Information gathering

Information provided and explained, ethical forms signed, allowing time for questions. The following techniques used to gather biographical information:

Graphic family drawing:

The subject is asked to use a circle to represent all the person's living in the same house as him/her, including himself/herself. The circles are numbered in the sequence in which they are done and given names. Each person is then described doing the activity in which they are most often seen doing or a position. Next, each person is labelled with a nick-name which typifies him/her. Then the person is added an emotion, the person is considered to have most often. Lines are drawn to indicate who is looking at whom (Blom, 2004:72-73; Venter, 1993; Venter, 1988).

Self-schemata:

Own circle/"pie"-chart designed. Inscriptions or comments on self-perceptions/self-concepts are made into various areas and each specific field's self-esteem rated as "I'm ok/not ok" on a scale, where the scale ranges from zero to ten with ten representing very good.

2.1 PHASE 1 – MARK-MAKING

First Activity Subject and therapist each make their **signatures** (Edwards, 1986:58, 59) (Time allocated: 10 minutes):

Exploration: Compare the signatures in the light of their uniqueness, perceiving it as art-peaces, expressions of identities.

Variations:

- Attempt to do the signatures backwards (start from the back).
- To extent the experiences, they might both attempt to use their non-dominant hands to do the signature again, without looking.
- Turn the signatures upside-down and try to copy it.

Optional independent activity:
Subject can make a colourful drawing of her name, any which way, with pictures if she wishes.

2.2 SECOND PART OF PHASE ONE

Right-brain technique: Contour hand-drawing (Time allocated 20 minutes):

Tape a piece of paper down in a position where you can draw, with your body turned sideways, as not to be able to look at the paper. The person needs to look at his/her non-drawing hand in a steady position, held beside and to the back of the body, but still completely visible- perhaps resting an arm on a chair-back. Position the drawing-hand on the paper in readiness to start a drawing of the other hand held at your side, and "*very slowly, creeping a millimetre at a time, move your eyes along the edge of your hand."* Take great care to study each little detail on your hand. As your eyes move, also move your pencil very slowly on the piece of paper and do not lift it from the paper, recording every little piece of information your eyes pick up. Move around over the paper to draw all of your hand, without lifting the pencil (Edwards, 1986:146-147)

Explanation: Remember not to look at the drawing/ not to peak at the drawing, as it might re-activate the critical left-brain. Do not think of the end-product as it is of no concern in the experience. Do not attempt to make a beautiful drawing or a very accurate representation of a hand. Ignore the complaints from the left-brain, tell it to 'calm down' as it will all be over soon enough and enjoy the experience in quiet. The result may be completely strange, more a resemblance of a doodle/squiggle.

Exploration: The therapist can ask the client to consider the following questions: "*Can you describe how you felt/feelings at start of the experience and again nearing the end of it? What do you feel now having completed it?*"

2.3 PHASE ONE - THIRD PART

Subject and therapist take turns to do **mark-markings.** (Time: 15 minutes):

- Taking turns in making marks fast, slowly, heavy/hard, light/soft, even, ragged, flowing, broken, etc. (Edwards, 1986:61.62)
- Do it very fast, slowly, very very slowly.
- Repeat a couple of lines fast, copy them very slowly. Do a curve very fast, copy it very slowly.

Exploration: The therapist can consider doing the same simultaneously, comparing afterwards the uniqueness and expressiveness of the lines and considering feelings experienced while doing it. Consider personal developmental stages. Consider individual styles and meanings carried by the activities (Amendt-Lyon, 2001:226).

Drawing Borders: (10 minutes)

- The request could be to draw a free, bold line near all four edges of the paper, rounding the corners and not lifting the pen or pencil.
- Then bring some lines across the paper and more vertical or horizontal lines, diagonal, in which ever way it might be pleasing to the client.
- A further attempt might include circles and waves or perhaps triangles, diamond shapes, or any other geometrical forms as pleased (Edwards, 1979:14).

3. PHASE TWO – DRAWING OUT EMOTIONS

Introduction: These will be marks which are analogue drawings, visual representations, evident of your personal thoughts and feelings (Edwards, 1986:66 - 68).
The client has to "doodle" or "scribble' or make analog drawings of 8 various emotions in 8 blocks on an A4 paper.

Preparations:
Four sheets of paper folded into 4 squares each providing 4 pages of 4 blocks each to eventually do 16 drawings of emotions – the first 8 chosen by R (to facilitate some comparison with the other subject), and the last 8 chosen by participant from a list of

emotions (provided here below) to stimulate ideas, but also allowing her to portray any emotion she wanted to do.

Instructions/Guidelines:

- Do not draw any pictures and do not use any recognizable symbols, such as stars, hearts or arrows.
- Think back to the last time you were really angry for example, and feel within yourself what that anger was like.
- Imagine you are feeling the emotion again, that it flows first from deep inside, then into your arm, down into your hand, and into the pencil, where it emerges from the point of the pencil.
- Through the pencil on the paper the emotion will record/present itself in marks that are *equivalent* to the feeling – marks that *look like* the felt emotion – an "image of the emotion that seems to fit the emotions *as it feels to you"* (Edwards, 1986:67-68).
- The marks need not be done all at once, but can be adjusted, changed, erased if necessary in order to achieve the expression of the emotion.
- Take your time.
- These will be private drawings and you need not censor yourself.

A: First four emotions: Anger; Peacefulness or tranquillity; Joy; Depression. B: Next four emotions: Illness; Energy or power; Femininity or masculinity; Any emotion – own choice.

C: Redraw some of it again larger and on its own, time allowing.

Next set of Guidelines:

The SIAG put together her own choice for the next sheet of blocks. /From For this list from the themes in research on the emotional life of an SIAG, in chapter 2, the following emotions are selected for the first real experience of AD:

D: Circle 4 emotions from the list below to draw

E: Underline 3/4 more from the list or provide your own choice of emotions to draw. F: Redo one larger on its own in colour.

List of Negative emotions:

anxiety/*angs*,
blood/*bloed*,
bad/*sleg,*
confusion/*verwarring,*
damaged/*beskadigd*,
fear/*vrees*,
guilty/*skuldig*,
hopeless/*hopeloos,*
hurt/*seer,*
loneliness/*eensaam*,
neediness/*behoefte,*
neglected/*verwaarloos*,
numbness/*verdowing*,
numbness/*verdowing*,
sadness/*hartseer,*
stress/*spanning*,
obsession/*obsessie*,
pain/*pyn*,
punishment/*punish* ,
rebellion/*rebellie*,
racing (thoughts)/*gejaagd*
scars/*littekens*
shame/*skaamte,*
turmoil/*turmoil,*
trapped/*vasgevang*,
worthless/*waardeloos*

List of Positive emotions:

body (image)/*liggaam(sbeeld)*
boundaries/*grense*,
bravado/bravade,
calmness/*kalmte*,
courage/*dapperheid*,
connecting/*verbintenis*,
control/*beheer*
communication/*kommunikasie*
courage/*dapperheid*,
covering/*bedekking*,
desiring/*verlange*,
ecstasy/*ekstase*,
escape/*ontsnapping*,
euphoria/*euforie,*
growth/*groei*,
healing/*genesing*,
heroism/*heldedaad-moed*,
hiding/*wegkruip-steek*,
intimacy/*intimiteit*,
nurturing/*koestering,*
overcoming/*oorwinning*,
protection/*beskerming*,
quietness/*stilte*,
release/*verligting*.
relief/*verligting*,
soothing/*strelend,*
strength/*sterkte*,
worthiness/*waardigheid*,

4. PHASE THREE – PORTRAIT OF A PERSON

Instructions/Guidelines:

- These are instructions to learning how to use AD initially and then to be able to do it on your own later.
- Think of an important person in your life or let's choose one from your graphic family drawings or self-schemata.
- Your are not going to draw the person but you will make an analog pattern with lines and shapes that *stands for* the person.
- Use lines and geometric shapes or any uneven shape or form, but no realistic human parts, to draw your feelings about this person. Do not use recognizable symbols, letters or words, or any recognizable objects.
- You do not plan what the drawing will look like, but will work with what is already at some level of awareness but also with what is unconscious and not obviously part of your thoughts. (Spontaneously on what is already in your inner world/brain, cognitively and intuitively.) The purpose is to make visible what is already in your mind. This drawing will be 'true' as you sense the ideas already in your brain.
- "Think, first, about the person, scanning the complexity (whole) of the personality without words, if possible. See the person in various situations, see the expressions on the face. Sense the underlying and unspoken messages. If, in your imaging, the person is speaking, try not to hear the words; watch the person but hear nothing, like watching a movie without sound (Edwards, 1986: 97-98).
- Allow the pencil to draw, making marks "as it must be made". You do not know beforehand what the drawing will be like and you do not know when it will be completed until you reach a stage where the drawing tells you it is finished.
- This is a private drawing and you need not censor anything. (The participant will give permission prior to including drawings into the report for publication.)
- You do not have to do it all in one single attempt, but can leave it for a while and the return to it, to add or take away something.

Exploration of the drawing: You have drawn your insight, your seeing into the person (Edwards, 1986, 98). This was to practice finding more perceptions in your mind about the person that you do not know consciously/with awareness. Your drawing can be read, allow it to talk to you. Tag the drawing by writing insights on the back of it.

Can you try to answering some of the following questions (Edwards, 1986:101):
"Were you surprised at yourself, how easily/difficult it was for you to accomplish this drawing?

I found myself drawing...
I'm surprised by....
What I didn't realize is ....
I didn't really understand before that...
I see now that....
What did your portrait-drawing reveal to you?
Do you 'see' something now that you had not seen before?
Is that person less of a mystery than before?
Were you surprised about some insight into the personality?"

Simplified version:

'***Dit was maklik om....***
Dit was moeilik....
Ek't net outomaties....
Ek's verbaas oor....
Ek't nie geweet...
Ek sien nou....
Ek verstaan nou....
Die persoon is....
Die persoon is nie....
Ek voel nou.... **'**

"Can you name the parts of the drawing and what they stand for symbolically?" If not successful in finding meaning do a drawing about that person again or take a fresh look at the drawing (Edwards, 1986:98). The process of person and individual speed will allow for more drawings. All questions as supplied with this model are only examples and can be adapted as the therapeutic situation requires.

5. PHASE FOUR – DRAW A PROBLEM

Instructions:

- Select a current problem from you situation, from the self-schemata, which you don't understand or where something doesn't fit or doesn't make sense. It can be a problem which only concerns you, or someone else or some group in relationship with you. It can be any sort/type of problem. It should however be important to you.
- Do not give the problem a name yet, only after the drawing is done.

- Thinking about it beforehand, consider these questions: "What I know about this situation is ... What's bothering me is ... At this point, the way I see it is ...." '***Daars iets wat my pla.... Ek sien dit so.... Wat ek van die situasie weet is...'***
- You do not need to know what the drawing will look like.
- Do not censor yourself. This is private/not shown to anyone.
- Do not draw any objects, not recognizable symbols, no words. Rainbow, question marks, no daggers, lightning bolts.
- If you want to make changes without erasing it - start on a new page.
- When completed hold it at arm's length and 'read' it.

Next step is to **capture the "analog in words**" (Edwards, 1986:105).

- Only to 'tag' it not a long description. "To complete this exercise, then, consult your drawing again, seeing what is there, and then capture its message by stating it in words, either silently (in writing) or out loud to yourself or to someone else.
- Write on the back or on another a sheet of paper. You may write at length and use detail or as brief as one word.

6. PHASE FIVE – PROBLEM – UPSIDE DOWN

Further questions: Edwards (1998:123)

- Turn your problem analogs upside down, now its ....
- Altered ....now you can consider anew what is puzzling or missing which will propel you to finding a solution. Reading it can reveal meaningful elements.
- "I wonder why...?" ***'Ek wonder waarom ...?'***
  "What if...?" ***'Wat as...?'.***
  "How come...?" ***'Hoe het dit ...?'***
  "But where is...?" ***'Maar waar is ... ?'***
  or "But what is that?" ***'Wat is dit ...?'***
  "what could it mean?" ***'Wat sou dit beteken ... ?'***
  What could be different in ingredient, material, power, approach, tone of voice…..?"
  'Wat sou verander kon word ... ?'
  "What could be reversed…..?" ***'Wat sou teruggevat kon word ... ?'***
- "New ideas or possible solutions to my problem would be….?"
  Write the new insight on the back of the picture

7. PHASE SIX – ALTERATIONS

Edwards (1986:42,118,119,143):

"Can it be made larger, smaller, split up?"

'Kan dit groter, kleiner, gemaak word? Opgebreek word?'

"Can it be reversed, turned upside down, turned inside out?"

'Kan die omgekeer word, omgedraai word, omgedop word?'

"Can it be made stronger, multiplied, lower, shorter, thicker?"

'Kan dit sterker gemaak word, vermeerder word, laer wees, korter, dikker?'

"Can it be multiplied, exaggerated, streamlined, arranged differently, torn up?" ***'Kan dit herhaal word, vererger word, vereenvoudig word, anders rangskik word, opgeskeur word?'***

"Can colour be added?" ***'Kan kleur bygevoeg word?'***

"Can any parts been redrawn?" ***'Kan dele oorgeteken word?'***

"Are there other uses…..?" ***'Is daar ander gebruike?'***

"Modifications….?" ***'Wysigings?'***

"What could be in different in the layout, sequence, space, place…?"

'Wat kan anders wees in die uitleg, spasiering, plasing?'

"What could be superimposed, combined…?"

'Wat kan oorvleuel, gekombineer word?'

In this phase an **electronic copier machine** at hand to facilitate such changes without damaging the original drawings will be useful. For an enlargement of an A4 drawing to an A3 drawing, some planning would be involved to take the chosen drawing(s) of the participant to a photo shop where enlargements can be done.

Instruction for the cut and paste: A photocopy of the initial problem is made and then the person can cut or tear basic shapes out of it - as they think they see some shapes. The BACKGROUND is separated from the FOREGROUND shapes and both sets of pieces are glued onto coloured or black A4 paper.

Instruction for colouring it: Using an A3 **enlargement** of the original problem again, various colours can be painted, splattered or smeared onto the drawing. Choose some colours to represent light/airy space; bright/strong; pale/natural; dark/deep and darkest/deepest.

8. FINAL INTERVIEW AND RE-INTERVIEW(S)

Instruction: View the portfolio of drawings

Having kept it all (or copies of it) in a portfolio holder or file make it possible to look back on the therapeutic progress and evaluate growth – for the client as well.

Possible questions for final interview:

"Can you describe whether it became any easier along the process to do AD?
Can you describe whether you at any time felt threatened or scared along the way?
Which ones would you remember as standing out from the rest?
How did you experience the descriptions of the drawings after you did it?
Can you draw now without planning? :
How would you draw a person in AD now?
What is the possibility that you may be scared to draw as it may upset you?
What is the possibility that you will use it on your own?
Did you learn anything new which changed things for you?
Could you experience the right brain being at work?
Can you tell me whether you discovered anything about yourself or your situation?
What is the possibility that these sessions can be viewed as training?
What is your opinion around the possibility that drawing can alter a mood? How did you experience to turn a drawing around?
Can you describe how you experienced the following?

- drawings of your families in the family graphic drawings?
- the graphic self-schemata?
- the mark-makings, signatures, lines?
- drawing without looking at your hand?
- the left hand drawings?
- drawings of emotions?
- drawings of persons and problems?
- doing a walkabout on the drawings?
- turning drawings around?
- to tear a drawing up?
- to use colour on it?"

Re-interviews:

"Can you describe what you have learned from the AD sessions and whether you could use it at the moment?"
"May I ask you if you did cut again?"

209PPENDIX D
– FULL DESCRIPTIONS OF THERAPEUTIC ANALOG DRAWING SESSIONS

Keys used in this appendix are:

Analog drawing: **AD** Self-injuring adolescent girl: **SIAG** (Drawing guidelines are in Appendix C)

The participant will be called **S** (for subject). The researcher will be called **R.** The researcher is called **T** (for *"Tannie"*) by the participant.

Unique personal data were marked as **patterns.** Typical self-injuring adolescent material found in literature was marked as **themes.**

Significant **awareness moments**, emotional, insight, **reframing** are printed **in red.** **Gestalt-**ideas are printed in **turquoise.** Some **important ideas** are printed **in blue.** Important **verbal recounts** are marked in turquoise. Important **goals** for the study are marked in yellow. **SI** material is marked in pink. **AD** material is marked in green. Idiosyncratic material about her personal **self** is marked in blue.

1.0 FIRST MEETING

Resistance (**SIAG** THEME) was experienced from S prior to the meeting when S requested the meeting to be postponed as she did not have proper clothing.

1.1 Relationship-building was achieved quickly as R and S immediately found affinity during the first interview. The Gestalt "I-Thou" principle of respect towards the client was attained. Background information gained during the relationship-building period included the aspect that the **boyfriend** (hereafter **called D),** with whom S is living together at his grandparent's home, is currently under house-arrest. S defended him (PATTERN/THEME: Choosing flawed relationship indicated in literature as a tendency for a person from an abusive background.) S also positively referred to her upbringing form her mother (THEME: The "good" parent), although she has very little contact with her mother (THEME: Longing for intimacy).

Both **non-verbally and verbally** S expressed nervousness and insecurity, as well as appropriately withdrew at times when feeling too exposed. On the other hand she uninhibited asked questions, sharing selected information with ease and honesty, seemingly relaxed at times.

The process of the participant can be indicated as quiet-spoken; friendly and polite; eager to please (PATTERN) and to do the right thing; slow and contemplative. Her social skills seemed acute, her cognitive processing possibly average and her moral understanding presented as principled. She would aim to do things the correct way (PATTERN) and often

pardoned (PATTERN/THEME: self-apologetic) her own behaviour or remarks (PATTERN), but in other instances showed some assertiveness (PATTERN: personal strength).

1.2 RESEARCH PROCEDURES AND ETHICS

R explained some aspects in regard to left and right brain functioning and provided examples of analogy drawings. S seemed to feel reassured when aspects around confidentiality and free choices were explained.

Both **verbally and non-verbally** S indicated a dislike in the video-camera and asked repeatedly what would happen to the videos, which would not be made available to any other persons apart from the researcher who needs it for reliability/validity purposes. At times she seemed bored with the discussion, looking away, but nonetheless expressed interest in receiving copies of all the work done during sessions. S showed definite anxious reaction when the word court (whom could override confidentiality) was mentioned. S agreed that she is there on her own free will and prepared to do 10 sessions. S mentioned being confused about the way one can see emotions in analog drawings and found examples of analog drawings "different", indicating specific ones to be "interesting." S called R ***"Tannie"*** **(hereafter indicated as T.)** Significantly S remarked: "T won't hurt me and I won't hurt T", adding "I will stop T when I don't understand", said with assertiveness (PATTERN: strength). (**Comment:** Trust established)

1.3 FIRST ACTIVITY: FAMILY GRAPHIC DRAWING

R explained the idea of focussing the drawing sessions on current THEMEs and problems in S's life, according to her needs. Utilising Venter's (Venter, 1993; Venter, 2006; Blom, 2004:72) Family Graphic Drawings, graphic circles were made to represent the current family S stays with. S made one for each person in his/her own corner, herself at the most remote end (THEMES: disconnection and isolation).

Content/Information: Firstly, **Grandma (hereafter called N)** was easily, quickly and vehemently described as "nasty old woman", herself disconnected from the lady. Conversely S. once mentioned N. with tenderness, (THEME: Longing for intimacy). N. scolds when S gets visitors and demands that S and D do the housework. N. was (linearly) connected to D and G., but not to S. With some pondering S. described **Granddad (hereafter called G)** as not involved in the family, his emotions non-descript too. **The boyfriend D,** she swiftly and clearly described as trouble *"moeilikheid"* and an unhappy "bully". Describing **herself** she thought a while and then firmly labelled herself as an angel, quiet and peaceful *"rustig",* apart from the others and "not like them" (THEME: feeling different/isolated), while the others are all active *"op-en-af".* She later described herself furthermore as, "calm, friendly, a person who attempts to do the right thing, gentle and often nervous – then she starts to shiver" (THEMES and PATTERNS). She was connected to B and G but not to N.

Non-verbally S seemed to want to retract as mention of a family graphic drawing is made, nonetheless she easily commenced to make bold circles, (PATTERN: strength/boldness) eventually seemingly enjoyed the indirect (**goal**) portrayal of a family. She **verbally** expressed that it was a difficult exercise and that she was stressed and nervous and she did

complete it very slowly (THEME: fear/avoidance of difficult situation) (THEME: not able to cope with anxiety) (THEME: isolation).

Meaningful moment: When asked whether she learned something from the drawing – she stared at it a while, with some form of awareness flickered across her face, pondering about it and initially not responding. She then verbally questioned herself, frowning and reflecting about the reason for her placing granddad first in the uppermost corner (THEME: not able to express self). (**Comment:** not trust men/male supremacy.)

1.4 SECOND ACTIVITY: GRAPHIC PORTRAYAL OF SELF-SCHEMATA

A "pie chart" was used to portray contextual-fields and roles which form part of the participant's life. Each specific field is rated as "I'm ok/not ok" on a scale, where the scale ranges from zero to ten with ten representing very good.

Non-verbally S firmly (PATTERN: strength – assertiveness) refused to complete some of the areas and **verbally** mentioned that this activity was very difficult. (THEME: overwhelmed)

Content/information – verbal remarks and non-verbal observations included: she described her **financial** field as "not ok"/ "difficult" and rated it minus zero. (THEMES/PATTERNS: negative perceptions of current situation – not coping.) S. described her **occupation** as "struggling" and rated it with a zero. At the field for **health** she did not look up, stared at it, passed it grimly, almost crying, shook her head a little awareness (THEME: psychosomatic), only marked the "not ok" and a placed a rating of 1. At **love life** she again hesitated, approaching it , then pulling back, verbally she explained that she cannot decide, and eventually marked is as "not ok", slowing rating it a 5 with no further comments (THEME: relationships). **Friends** she sourly described as "having none", rating it with a 5 (THEME: loneliness). **Family life** she somewhat sadly/longingly quietly inscribed "I wish I was never there" (PATTERN: regrets/family of origin) and entered "better" at current situation. S used to love attending **school.** Her **hobbies** she eagerly, smilingly and enthusiastically completed as dancing, singing, music, animals and eagerly asked, again excusing /pardoning herself (PATTERN: apologetic) herself. S said she knows she is still young, but she is extremely fond of children and wanted to add it in. *("Ek weet ek is nog jonk, maar ek is verskriklik erg oor kinders* (THEME) *– kan ek dit insit?").* She said she loves creativity (**comment:** affinity for creative work) such as textile painting and her mother is very artistic. She rated hobbies with a 4 as she doesn't get opportunity to engage in it. Her **spiritual** life she marked as "ok" and rated it 7 but made no verbal comment. When we considered **future hopes and dreams**, she smiled and wrote "professional work, house, lovely car, obtaining grade 12 (which she never attained due to her pregnancy), and education."

More themes and patterns: (THEME and PATTERN: low self-esteem/insecurity); mother (PATTERN); (THEME: relationship-problems); (PATTERN/strength: assertiveness)

1.5 REPORT ON SI-HABIT (off camera):

Non-verbally S shyly (THEME: embarrassment) showed her scars, became animated and talked fast. Resultant from the revelation – She hugged herself and said that she sometimes trembles when she becomes nervous. (**Comment:** significant moment physical arousal /threat)

Verbally S described that she cannot allow herself to sit still and brood about her life, even when she goes outside to think things over, listening to the birds, she would soon found her thoughts racing and spinning. She would become confused about the huge amount of problems in her life and then she "simply" would cut herself, with some kind of razor blade. **She would do it "often" in bouts, about twice in one week and then again the second week from there.** S described it as "too vicious".

More themes/patterns: Brooding (THEME); thoughts racing (THEME); confused (THEME: inner emotional turmoil/no solution); problems (THEME: overwhelmed/hopelessness/not able to cognitively process the situation); "simply" (THEME: solution/impulsiveness/escape –relieve); would cut; "too vicious" (possible THEME: anger, violence turned inwards, overwhelmed by own SI acts); scars (THEME: scars/shame); trembles when she becomes nervous (THEME: anxious/fear).

Comments: She seemed to understand the idea of SI serving as a coping skill and being accepted (**goal** in therapy) with her current "cutting-coping" skill seemed to be very re-assuring – visibly relaxed. Unfortunately she did not describe the routine after the SI.

1.6 UNPLANNED ACTIVITY: SECOND FAMILY GRAPHIC DRAWING

Surprisingly after the previous emotional exercises, S. now requested to do a **graphic family drawing of her family-of-origin** and promptly started with it on her own.

Content/information: She described her **stepdad/"**Oom" (much older than mom) as grumpy "kwaai" and again placed the primary male figure (PATTERN) in the picture first, with her mom and half-sister in line with him. She placed her much older stepsister and stepbrothers together in another line. Herself she placed again last and separated from the rest in a corner (PATTERN: disconnection). On inquiring from R, she replied that she does not know where her real dad is, that she loves him. She is however scared to look for him as she is not sure whether he would want to see her (PATTERN: fear rejection). Lots of information about **mother** portrayed with a smile on the drawing. S crossed the original inscription of "love"(PATTERN: need) out and wrote "busy" over it (**comment:** significant neglect/good parent). **"**I don't have much contact with her since leaving the home" (PATTERN: longing for intimacy). "She drinks a lot (THEME: alcoholism), then slaps everybody in the surroundings". Stepdad needs to hit (**comment:** accepting violence) mom to calm her down. She strongly expressed a great love for her mom – "We were best friends and could sit together, talking for hours without end" (PATTERN: longing for attachment). Her much younger **half-sister** "busy-bee", portrayed smilingly: "I'm very proud of her as she is doing very well at school". **One stepbrother** was portrayed as "loving" but absent (PATTERN/THEME: loss/ abandonment) due to family situation; the **step-sister** as a "cow" and the **other stepbrother** as "nasty". **S, herself** depicted as aside*/"eenkant"* portrayed with a sad mouth and no further comments (THEME: isolation).

More themes/patterns: Primary male figure (PATTERN) in the picture with some supremacy; scared to look for him (THEME: rejection) ; mother (PATTERN) contact;

(THEME: alcoholism); "(THEME: anger/abuse); (THEME: family violence – PATTERN excused, pardoned and accepted); (THEMEs: sadness); love (PATTERN: as before) for her mom ; bitterness (THEME: regret/resentment); (THEME: male-authority); (PATTERN: absent male figures assumption); (strong THEME: isolation).

TABLE 1

First Meeting	**Goals/SI-AD problem addressed**	**Participant's observed or expressed views**	**Researcher's comments**
Ethics and relationship building.	Therapeutic acceptance of SI habit as a coping skill and of the participant.	Initial resistance overcome. Trust expressed. Feelings of safety observed.	Expressed acceptance helped greatly to lessen anxiety about any forced deduction in SI activity. Helped to say that R does not want to change S.
Boyfriend's criminality defended.	Dysfunctional family of origin resultant in future flawed relationships.	Unawareness.	Idiosyncratic material can be included in therapeutic goals.
Longing for mother.	Need for intimacy expressed. Isolation and loneliness expressed.		Life stressor without resolution.
Participant's process.			Honesty and openness greatly enhanced the effectiveness of this study and made it easy for the R to work with S. Slow process at times resultant in duration of session to be lengthened, but relaxed atmosphere purposely maintained (to not contaminate research).
Right/Left brain activities explained.	Not drawing pretty pictures.	Insecurity/inability about drawing expressed. Interest in drawing expressed.	Helped in understanding of not so obvious exercises.
Analog Drawings explained.	Learning a new skill.	Insecurity expressed. Interest expressed.	Examples and Edward's book needed and helped
Graphic family drawing(s) of current situation and of family of origin.	Adolescent in her problematic field and in her individuation process addressed. Disconnectedness in families and isolation of S demonstrated. Problematic	Self-awareness expressed. Emotional expressions observed and expressed. Need for expansion on the subject expressed. Activity enjoyed after initial difficulty.	Not AD, but still graphic drawings. Indirect approach successful. Insight experienced within small period of time. Significant moment as

	relationships expressed.		male supremacy is questioned.
Self-schemata (self in roles and self-esteem evaluated).	Self placed within problematic fields.	Self-awareness expressed. Significant emotional disturbance observed and expressed. Resistance/withdrawal experienced. Self-disappointment expressed. Found the activity difficult.	A more direct/cognitive function which had great phenomenological impact – as S indicated significant self-awareness and emotional disturbance. Idiosyncratic material can be included in therapeutic goals.
SI cutting frequency.	Great amount of material connecting with literature, including anxiety and inability to cope with life stressors.	Animated rendering indicated great emotional connotations.	Baseline established for measuring in the study, not planned but fortunate enough to establish.

2 ANALOG DRAWING SESSIONS

2.1 PHASE ONE – FIRST SESSION

Relationship-building: The first session of the series in applying the analog drawing technique, focused on relaxing into the drawing experience as well as some right-brain experiences and furthermore discovering the uniqueness of mark-making. Some of these experiences were shared, S and R drawing together, whereby relationship-building is strengthened more**.**

2.1.1 FIRST ACTIVITY: MARK-MAKING

Name-signatures were done in various ways, such as backwards, with the non-dominant hand, copying a signature upside down, adapted exercises (Edwards, 1986:58, 59).

Observations of **non-verbal** conduct showed that S struggled to decide (PATTERN/THEME: insecurity) where to place signatures on the paper. **Verbally** she commented that her dominant hand is tightening and wants to take over when the non-dominant hand is used. (**Goal:** right brain / **comment**: This indicates the struggle for dominance between the two brain hemispheres.) At the closing of the session she commented: “I’m not stressed. Just a bit confused”.

Clarification during this exercise was intended to empower identity-forming, indicating that we all have different and unique markings. **An independent activity** was suggested for her to do at home: A creative drawing of her own name, strengthening the sense of self-identity and uniqueness.

2.1.2 UNPLANNED SECOND ACTIVITY: LEFT HAND DRAWING

Left hand drawings were introduced as **improvisation** on the previous activity where S commented on the right hand attempting to help the left hand. These exercises were adapted from the work of Cupacchione (1991). It furthermore reduces the need for beautiful pictures and adds to the experience of fun while drawing intuitively. S did not know where to start and R suggested: "Just put the pencil down and let it begin to move – your subconscious will know what to do". R chose babyhood and childhood (THEMES) as themes for these drawings as the uncontrolled left-hand drawing will be acceptable for these age periods.

Content: For the **baby-drawing** S depicted a person holding a baby (THEME) out/away and up in air and a drawing of her childhood. **Verbally** S commented: "I know nothing of my baby years." The **childhood-drawing:** "I do not know where it comes from". She explained: "I was four when my stepdad came to fetch us the first time, when we were still a perfect-perfect, happy family before all our troubles started. He believes a child is seen and not heard"(PATTERN/THEME: verbal expression not allowed). "Some people, his family, far away sitting on chairs in a row. Me aside (PATTERN/THEME: isolation), playing with tiny porcelain cups and saucers and (rather large) teapot."

More themes/patterns: PATTERN: Self given away/ her own baby given away; (**anger** at stepdad); (Verbal expression at home not allowed – major THEME); (isolation PATTERN and THEME again)

2.1.3 THIRD ACTIVITY: CONTOUR HAND DRAWING

This exercise is considered by R to be a prime example of a right-brain activity (Edwards, 1986:146). R briefly demonstrated and showed the starting point from which she would work: "I will explain while I draw and you can watch what comes out". S stared at the progressing drawing, amused, with some disbelief, puzzled and concerned: "This is the first time I see this". S could not really see the purpose in it but did try it, without great effort. (**Comment**: S could not describe or comment whether she experienced an altered state as expressed in the literature, although R consider the fact that she was concentrating, involved and not talking at all as evidence of such an experience. **Comments/Reflections:** Lesser drawings surprisingly more effective than the supposedly main drawing.

TABLE 2.1

First Phase First Session Activity: Mark-makings	**Goals/SI-AD problem addressed**	**Participant's observed or expressed views**	**Researcher's comments**
		Resistance.	Could be expected.
Name-signatures.	Left-right brain activity activated. Individual uniqueness expressed.	Fun and enjoyment emphatically expressed.	Relationship building achieved in drawing together. Right brain activity clearly demonstrated as dominant hand wanted to take over from non-dominant hand.
Left hand drawings.	Right brain activity activated.	Some level of self-awareness experienced.	Creative therapeutic experimental nature of

	Personal material expressed.	Need for more of these as way to relaxation expressed. See final interview	the Gestalt therapeutic process demonstrated.
Contour hand drawing (unsighted).	Right brain activity activated – a major Edwards's exercise.	Meaningless.	Although R could observe the right brain in action and consider the no-sense result helping to lessen need for pretty pictures, nevertheless it was less valuable than expected as little meaning found by S in the exercise. AD as teaching method need adaptation for therapeutic use.

2.2 PHASE 1 – SECOND SESSION

Resistance: (THEME) S sent a message with an exaggerated excuse that family past away. R knows she has no family in this region and was already on the way to fetch her, whereupon S agreed to wait for R.
Foreground (**Gestalt-principle**): S vividly related an incidence of a beloved neighbour who had passed away the previous night.

Independent work done at home: S did a collage on the outside of her drawing book and a decorated name drawing inside of the book. S said she enjoyed collage so much that she did not want to stop. D helped and said she should stop now and not overdo it. (**Comment:** control and submission) (**Content**: The name-drawing was done on the very edges of the page and not very large (THEME: self-identity).
The **content** of collage included a smile and "positive" in words:"I'm always the positive one around, even while everything may look bleak – I still believe it will get better" (PATTERN: strength), together with pictures of various objects she loves and a baby (PATTERN) too. S commented that she also did a list of her ideals and strengths at home. (**Comment:** empowerment at this stage?).

2.2.1 FIRST ACTIVITY – MORE MARK-MAKING

Various lines and borders were done, some of them R and S working together. These are fun exercises utilising a whole page in front of a person, as well as introducing a person to the possibility of varying lines in pressure, movement, texture and feelings. Borders are drawn freely around a page to break the experience of an empty page staring at you and then to steer a person to use the whole page eventually, adding circles, triangles, and diamonds.

MARK-MAKING: Non-verbal observations: S: Self-conscious giggle, intrigued, some insecurity, but entering into the task seemingly with eagerness. S constantly looked up, for approval or disapproval (PATTERNS/THEMES: attacks expected; blamed for mistakes; insecurity).

Verbally: "Oh no, T, you always have a trick!" S said it smiling, when asked to swiftly follow up on some line drawings with different types of lines (**goal**: fun surprising nature of AD).

BORDERS-DRAWINGS: Non-verbal observations: S tried, but seemed insecure. S stayed/worked at the bottom of the page (PATTERN: hiding), horizontally and some lines diagonally. She became quiet (**goal**: as the right brain is working). S completed borders and looked at it somewhat puzzled/ irritated (PATTERN) (**comment** with the result, as if it is meaninglessness). S added the dates very boldly (PATTERN: strength).

Verbal interaction: R: "Don't lift your hand. Cross over the paper and go inside or repeat horizontal or vertical lines." S said: "Now my right hand feels as if I'm using my left hand?" R (**clarification**): "Its right brain. Allow yourself to do whatever you/it wants to do". S said, resolutely: "Something like this".

Content of border with geometric shapes: S did a steady line of even loops from top left corner down to lower right corner, one square and one triangle along the way, ending energetic and pressuring harder with a spiral-coil in the corner. (**Comment** – contents/forms were not analyzed for meaning.)

More themes/patterns: (THEME: co-morbid S chews her nails); strength – existential; doggies (PATTERN); baby (PATTERN); hair (PATTERN); bright bands of (likes it) colour.

Asked what she saw in border-drawing? S Staring blankly, honestly said: "Really nothing, T." R: "Can you name it?" S thinking awhile about a name, hesitantly: "Triangles?" R: "You may refuse to give an answer".

Exploration/clarification of border-drawing – stimulating thoughts in S, R pointing at specific parts/guiding/demonstrating exploration: "Sunrays, branches, wind, rain, boats, energy, sadness, peace, danger, safety" S: "T is teaching me now to look differently" R: "One can decide what THEME to do beforehand or just do something and then look at it afterwards. What do you see – emotions or a picture?" S: "Like in those movies a tunnel or tornado chaos (PATTERN) where one can walk through, time travel (PATTERN: transition/escape). And I see a kite." S staring intrigued at it: – "What do you see, T?", looking up. R: "Fun! – do you want to **turn it over (phase five)** and give it another name?" S turned it over: "Thread with knots (PATTERN: problems) in it. I don't know why I did triangles? This is an odd thing." (**Goal**: attempt to make sense of the unconscious)

Further exploration: R requested S to make a sentence with the words "thread/knots/ triangles" in an attempt to get an alternative thought about the drawing, but S just looked at it blankly and did not respond (**goals**: reframing reconstruction did not work). R asked about emotions experienced while drawing. S was not sure how to respond (THEME: emotions-not expressed): "Fun, not frustrating and not tiring at all" (**goal**: various) "T is the first person who works with me and who does not upset me with those deep stories and digging", said with a smile.

Clarification: Every individual's marks differ from another's. When the left brain thinks something is silly, the right brain takes over. Graphic drawings can carry meaning if you study them afterwards. S:"T, you are teaching me to use both brains", said with a smile.

Comment/goal: learning to use AD – clarification/good example.

2.2.2 AN UNPLANNED analog drawing of an EVENT: Death of "K"

(Gestalt –experiential) challenge earlier emotion of the day – first real analog drawing. R based on way the borders were done: "Just put your pencil down and begin. Do not think ahead or plan. You may lift pencil if you want to and go back again to add to the drawing or to change it".

Exploration of content: R: "Tell me what you did?" She did loops (PATTERN), filled with dark colouring (not explained). S: "Knots represent insecurity as not knowing which way or what to do. Darts, because a person does not know what happens after death." (PATTERN**:** to and fro, as if undecided about direction). Dark scratches in one corner with which she started: "confusion/chaos" (THEME). Uneven and wider spaced lines in another corner which she did secondly, as "I'm now calm about the man." A couple of long teardrops drawn on the paper: "It is the tears and crying of last night". R: "Can you see it is a **secret language**?" S realization lightened on her face. (**Goal**: significant MOMENT) R: "No need to always turn it on its head, but let's use this one as an example again". S turned her head sideways and made no comments, disagreed non-verbally. R: "Do you feel different now about what happened?" S: "No, it's just what happened". "One is relaxed. It makes one feel good. I'm just a little bit confused. It doesn't feel disturb at all, just peaceful, calm."

Comment/reflection: Amazed that a real AD did turn up so early. Flow experienced during analog drawings.

TABLE 2.2

First Phase Second Session Activity: Mark-makings	**Goals/SI-AD problem addressed**	**Participant's observed or expressed views**	**Researcher's comments**
Mark-making lines	Learning to draw various emotional and textural lines	Great fun expressed.	Very effective to initiate ability of line variations for future use in emotional expression. Relationship-building and trust increased during the exercise.
Mark-making borders	Learning to utilize paper.	S intrigued by the ability to find pictures in unplanned line drawings. S intrigued by forms appearing spontaneously in line drawings. ATTEMPT to reframe with new key words and sentences did not work yet but it did work in later attempts.	Guidance by R to exploit use of line across the page helped greatly for future drawings, although S tend to use smaller disconnected independent symbols at times, developing a personal symbolic language.
Drawing of death of neighbour.	Self-expression of current material.	Foreground material closed – gestalt	Foreground material allowed in therapeutic

		completed. AD value not appreciated, but closure reached. Turning the picture around resulted in exploration with more awareness in regard to the particular event-person. Subconscious material processing observed. SECRET LANGUAGE appreciated	process and assimilation of an event observed. Real AD already completed very early in the drawing sessions, with the guidance of R. Turning around and exploration of the drawing already providing valuable processing of foreground material to reaching closure, also in the next session.

2.3 PHASE TWO – THIRD SESSION – DRAWING OUT EMOTIONS

Aim for first part of session: Drawing out emotions using analogy drawings. First group of emotions selected from literature on SIAG to introduce a variance of drawing emotions. The second group of emotions were chosen by the participant from a list provided with the guidelines in Appendix B.

Resistance: S phoned to request that we should start earlier, since D requested it (**PATTERN**: male dominance). At various points during the session S displayed some bodily resistance or disinterest.

Relationship-building: Her mood seemed to fluctuate (observed PATTERN) during this session from cheerful to looking tired (PATTERN), withdrawn, irritated (PATTERN). S was talking about getting something that seemed to be epileptic seizures and the doctors at the state hospital was still trying to work out correct doses for her medication and at times she behaved like a dazed person. S described that she don't want to eat, don't want to sleep and feels really depressed. R observed enlarged pupils and would not exclude the use of cannabis (THEME: substance abuse).

2.3.1 FIRST ACTIVITY: DRAWING EMOTIONS

Emotions to introduce a variance of possibilities were selected, four emotions for each of the two prepared pages.

Observations of non-verbal behaviour : S contemplated **(**PATTERN) for quite a while before starting , thinking or planning what to do, and contemplating more later on in the session. Elbow on the table, resting either her cheek or chin in her hand-palm more than once (PATTERN). S rubbed out fairly often (PATTERN), unsure and correcting herself or trying to get a specific result (PATTERN: need for control). S is rubbing out aggressively, wiping the rubbed bits/particles off the table aggressively too (PATTERN). S was quiet for much of the time and R gave her space to proceed on her own, she seemed more uncomfortable when R looked at her while she's working. S uncomfortable finding a drawing position for her hand, undecided whether to work from the top or bottom (PATTERN). During drawings S shook her head slightly. At times she did not seem eager to do the drawings – on her face, negativity or irritation (PATTERN) showed. At times she covered

her mouth with her scarf, her mouth at one point drawn into a straight line. Later in the session she began scribbling harder (PATTERN).

Observations – second series of emotions: S seemed bored, resistant (PATTERN in this session), almost rolling her eyes skywards, asked for a sharp pencil, stared in front of her without expression, face in hand again, look of unbelief at one stage, staring again, thinking with pouting lips and pencil on mouth. She seemed more uncomfortable when R looked at her, fiddling with the scarf around her neck, bending low over the paper, either covering up or involved, avoiding eye contact (**resistance**) with R. She appeared worn-out (PATTERN). She slowly made wide evenly-spaced lines on one drawing (PATTERN), pushed the paper away for awhile, re-arranged the papers (PATTERN). With eyes not moving, turned body slightly away from R, holding pencil in air but not doing anything, turning head to one side and then to the other side (PATTERN).

Verbal responses: S asked for a ruler to divide her pages into blocks (perfectionism). S once asked whether she is doing it correctly, unsure or trying to please (PATTERN). S asked whether she should do "just basically lines and not any pictures". When R moved about, S said "Sorry (PATTERN), do I take too long**, T(annie)?"** First she did a trial attempt of "anger", very unsure asked "T, I suppose it may not be something like this?" When doing a second page of emotions she did not want to describe some of the emotions: "I do not want to say" (**resistance**).

R provided her more space by moving away a couple of meters and also started drawings. As R drew, the energetic sound of the pencil on the paper seemed to stimulate S to draw more vigorously. It seemed to help her set up a private space to work on her own.

EXPLORATION OF MATERIAL: S did very simple and somewhat stiff drawings. All drawings had bold, repeated, dark lines it them – even ones she claimed she tried to do lightly (PATTERN**:** anger/ assertiveness).

"anger" S: "It is like a cracker, one wants to explode later on when somebody makes you so angry. One wants to grab somebody." She made a strangling motion with both hands, grimacing for a second and then smiling slightly embarrassed (THEME: emotions suppressed/ inner voice not expressed; PATTERN: anger)
"**depression"** S:"for me it looks like this" (PATTERN: assertiveness).
"peace" S: "I love peace" and animated; "I do not like violence at all, when people fight and hit each other, T." She almost had a pleading look on her face. "Peace – it always make me think of the sea, the peaceful cool breeze moving over you and the waves beating", said with expression (PATTERN: avoiding conflict/pain).
"joy" S:"It is like jumping up and down".
"energy or power" "This is like people who trust each other – a lot of them in one room – trusting all of them" (**comment:** image not matching the title: need to belong).
"femininity" "Circles and soft. A woman must be soft, but she also must be very steady/steadfast" (PATTERN: need for security) (**Gestalt**: introjections and projections).
"illness" "Lines of the ups and downs".
"love" "I don't really know what else." "Also ups and downs and the circles, because it goes round and round" (PATTERN: aimlessness/hopelessness).

Comment: Clear and full verbal descriptions of the meanings in her drawings.

Larger redo of her choice ("Anger") from the eight drawings was not effective at all – non-event and non-descriptive – no alterations. No added lines to drawings and no increase of emotional display, apart from crossing over some of the lines more than once to darken it and to emphasize it, almost a controlled emphasis (THEME**:** emotions blocked/suppressed)..

2.3.2 UNPLANNED ACTIVITY: MOTHER'S PHONE CALL

"These drawings make me think back to when I was at school." Suddenly S revealed that her mother called her the previous night. S was pleased to have heard from her after quite a while without any contact. S said it with some sadness (THEME) and quietness, resistance/protest (THEME) crept over her whole body; determination, resignation/acceptance flashed across her face too (observed assumptions). Suddenly smiling: "Little sister doing well at school, I wished I could too". (PATTERN: comparison with sibling). Earnestly looking at R – "T, I would give anything to also reach an 80 mark. My highest were 70's" (THEME: regret/self-blame). Asking her if we could draw mother or the phone call she looked startled for a moment and very unsure: "Without pictures?" (**AD:** unsure/new) R took out some examples of analog drawings of people or problems. R: "You don't need to plan, if you just start your mind will remember what happened and will know what to do." S: Thinking for a while and then quickly responded:"I want to do something like degrees of comparison 'trappe *van vergelyking'* in the form of steps, you know T? With the good words above the steps and the bad once beneath" (**Gestalt**: polarities). R: "Good idea. Can you use little symbols for the words?" Staring up with no expressions and then suddenly began to scratch/draw animated with a lot of energy – fiercely/ moving. S finished quickly with a sideways smile and air of resolution.

Exploration: "I thought of something else. She doesn't make sense, when she's drunk she can curse you and at others times she is nice to you (**Gestalt:** polarities). The stuff is hanging in the air still, because I don't know whether it is ever true or not. Some day the light will shine on it." R: "What would the circles (words hanging in the sky say to the steps or the steps to the circles?" Smiling embarrassed, holding back her reply "T, got me there." R: "Everything here in this room can talk, the dolls, the toys." S starts and stops then said: "Maybe can be darkness – let the sun shine on what is or is not – catch us (circles to the steps) – listen – it is close to falling, maybe they will go to the steps. The sun is the rights and wrongs in our relationship (**Gestalt**: polarities) – me and my mother. The Lord will resolve it. Now I carry it all.**"** Said with sadness, insight, great owning and own clarification.

Awareness/important moment: unfinished business; reconfiguring of hidden material; reframing, reconstruction, integration, assimilation; insight; owning and clarification; emotional release (resistance afterwards lightened); mood altered.

2.3.3 SECOND PLANNED ACTIVITY: CHOOSING MORE EMOTIONS from a prepared list of emotions relevant for SIAG(s) Appendix C.

Verbal and non-verbal responses: "Difficult to draw" – planning again to be able to cope/perform with the task. She is now sitting more straight up with body, working faster and more involved, attempts to draw soft and hard, still using the rubber a aggressively a lot

and then says “sorry T”, one hand now open and resting on the paper as if covering or owning the page, ignoring R, thinking long at times.

Her choices were:
“loneliness” “A person sits alone (PATTERN) in the corner of the class **(rich material)** **(Content:** loops again in the drawing) One should have relationships with others, but cannot.”
“calmness” “Calm straight pathway running down peaceful *‘rustig’* “(PATTERN – peacefulness longing).
“protection” “Stones and rain – it throws one offside – it pushes joy away – stabs you in the back. Umbrella needed” (PATTERN: unprotected, uncared for, rejected)
“longing” “The small black block is sitting in the home and longing for someone who is far and not with you – is that ok?” **(Projections** of inner world, mom.)
“shame” “’*Skaamte’,* meaning ‘shyness’ for her*,* is actually the correct way to walk, not wrong but people have a struggle (PATTERN – inner world projected) at school and amongst friends.”

Comment: Rich in material. Significant choices.

Redo one in colour – now she is loosening up, fast and furious!
Comment/Reflection: AD is a projection-technique - videos help.

Termination of session: S loudly cracks/ snaps all her knuckles. She said she can crack all her joints, neck, back, elbows, knees, tows, ankles. S tired after session. She talked with D on cell phone and sounds irritated when talking to him (PATTERN). R meets D briefly: Very, very, thin and pale. Not much clothing in cold weather, dark glasses as he has red eyes (according to S.)? Barbed-wire- tattoo, stud in chin, and chains on clothes.

Comment: Snapping/cracking of knuckles and joints may be considered **another form of SI,** not described in literature.

TABLE 2.3

Second Phase Third Session Activity: Emotions	**Goals/SI-AD problem addressed**	**Participant’s observed or expressed views**	**Researcher’s comments**
Drawing emotions	Use of AD to do expressive line drawings of emotions which S used independently.	Difficult to do. List of emotions impacted the participant to cognitive-subconscious awareness-connection with those emotions on the list - observed.	Participant’s need to be accurate inhibited the experience initially. Providing emotions relevant to a SIAG was experienced as disturbing. Value of this exercise should not be underestimated as this was the basic way of drawing to which S returned and expressed a need for, even while it

			seemed stiff and organized at the time.
Redo in larger format or in colour		Freedom to move expressively experienced only now.	R initially disregarded these exercises as ineffective.
Mother's phone call	Crucial and severely troubled and impaired relationship entered the here-and-now. Later torn and coloured but in both those instances beautified – deflecting the pain involved. –good parent. NB was it not a research the therapeutic intensity of working on the problem could have been intensified further more in the therapeutic process, connecting mother's words to self-esteem and self-worth.	Some of the pain in the relationship expressed and longing for resolution expressed but not experienced – unfinished business. Comment SHE SEEMED EAGER, GRABBED THE OPPORTUNITY to express ideas by family graphics too Awareness of Contradictions in moms behaviour and words Reframing/reconstruction /integration And own clarifications provided She said it was difficult.	AD could be applied very early in the process again. S cognitively organized the symbolic expression before doing the drawing. Guided in exploration of the drawing self-awareness and resolution were found. AD not effective as such but the therapeutic opportunity to self-exploration fruitful (or the importance of the relationship importance?) S retained this drawing to use twice for future alterations, tearing it up and colouring it in.

2.4 PHASE THREE: FOURTH SESSION – DRAW A PERSON

Aim: Analog drawing of a person of participant's own choice.

Relationship-building: S is relaxed, talking, smiling (PATTERN: moods. S showed her **independent work –** drawing of mom, the drawing torn, pasted and coloured now (**AD goal**: alterations, reconfigurations.) S enjoyed adding small graphic images (PATTERN) in colour all over the pasted drawing. It is still chaotic (THEME), she said. S is considering baking cakes and selling it (**Gestalt:** self-support). As before (and almost each session hereafter) she complained that the grandmother is really difficult, unfriendly (actually antagonistic), neglectful and demanding (THEME/PATTERN: family/relationships and conflict). S has the funeral from previous day of the neighbour on her foreground (Gestalt). She also describes how she looks forward to the sessions often as it helps her to "at least get out of the house for a couple of hours" (THEME: trapped).

Draw a person chosen from graphic family drawings. She chooses stepdad (PATTERN). R described the guidelines of seeing him active but not talking, like in a silent movie. R: "Think how you feel about him and begin to draw without planning." S still relaxed: "He was the source of most of our troubles." R: "We can use analogs to represent him. You know inside of you what is going on with this person – intuitively. The right brain can feel it. Don't plan, the picture will tell the story afterwards. Don't consider any words and do not censor

yourself." She listened with a serious expression on her face. She says she cannot do it (**resistance** /THEME: overwhelmed). R decides to make it easier and to allow S to choose another person. S still looks serious and worried. R: "Let's do one of K."

2.4.1 FIRST ACTIVITY: THE NEIGHBOUR

R guided S initially step by step, by asking her to mention aspects about K as she remembered him and consider how to put it down in a symbolic drawing. After some initially insecurity she completed the drawing very relaxed and smiling, only very briefly interrupting it to contemplate shortly. She seemed pleased with the end-product. She depicted friendliness (a half circle); hugs (two overlaid, crossed arcs); food, cigarettes and chips (blocks and lines); a garden wall he sat on; the road he wandered lonely (more blocks and lines) (PATTERN: symbols repeated/opposing directions); his pain, pills and illness (circles, arrows, curls) (PATTERN non-directional) and funeral (a tear shape). Regarding the funeral she commented that there is not much left to consider about it anymore, smiling: "its ok". His illness she described as "this way and that way".

2.4.2 Unplanned IMPROVISATION – 'WALKABOUT'- exploration of the drawing and forms

R asked her to "walk" through the drawing from symbol/form to symbol/form, not lifting the pencil. S did it very willingly but carefully, even freely repeating some lines, adding more lines. S used straight lines, diagonally and zigzag from top to bottom - connecting the forms.

R: "What do you see now?" S: "T, I see a face. Look there is a nose, mouth, chin (in the connecting lines). But there is something that bothers me. There is something going through his eyes. And that one block bothers me, it does not belong there." R. "Let us remove it, wipe it out". S very reluctantly, almost shocked: "Hey *'Haai'* no! – ok just the square" (**Important AD goal:** alterations/new figure emerging**).**

Verbally and very involved she described the images. S: "Look the person's mouth is open, as if he is blowing out a wind or his last breath (**important goal:** insight). This form irritates me (**important AD goal**: new relational combinations). It does not belong here and I do not know what it means (**goal:** reconfiguration/ reconstructing/reframing). The little man is blushing. I wanted to call it a tear, but no it's blushing." Frowning now **(important AD goal**: assimilation/awareness). "Would T think he took pills? Or is he thinking about life – to walk the straight path?" (**Gestalt:** projection). Shaking her head, she said: "Now I don't know anymore. What I think now is that this swing (one specific form) is like his life, backwards and forwards" "I am not going to write 'swing'. It can mean more than one thing. I'm not sure" (**goal:** reframing of thoughts).

On the back she wrote some of her own observations and comments: "nose; smile; something is going through his eye – a person, a thing; mouth is open – fright or wind; it is not a tear, he blushes (**Gestalt:** deflection); maybe he swallowed pills (**Gestalt**: projection); a person should walk a straight road (PATTERN); uncertainty in his mind (**Gestalt**: projection).

Alterations: R asked her to consider cutting out parts of the drawing **and to enlarge it to re-use it,** perhaps pasting pieces of more than one copy together, as part of phase six - alterations. She is not interested (**Resistance/goal** not achieved).

2.4.3 SECOND ACTIVITY – DRAWING OF STEPDAD

S did a dark square in first top corner; an upside-down "v"; a half circle; arced, crossed lines ending in curls just as on previous drawing; same shapes forming a "v" turned away from each other; a circle with radiating lines from it (later angrily crossed over) and at the bottom two circles with a dark circle in the middle and some radiating lines. Then she used long even strong strokes.

When doing a 'walkabout' from one form to the other, connecting them then without lifting hand – she vigorously crossed from the one form to the other repeatedly and crossed/scratched some over very strongly "sorry T". The paper moved and almost ripped. **S visibly disturbed – angry, shaking and also seemed relieved** (PATTERN/THEME: anger expressed – **goal** reached).

Important moment: emotional release.
Comment: linear visiting of forms worked.

Nonverbal and verbal responses: She did the drawing very quickly with little hesitance, serious and at moments pulling her mouth. When R inquired whether she feels any different now – *'anderste'* – sad? She just smiled slightly embarrassed. She looked away, let her hand then sank down and spoke softly, tapping her pencil slightly irritated or nervous: "It's finished". S said **(Gestalt:** owning): "I am disturbed that one human can upset so many other persons' lives and then feel proud about it too. It is sick. " She sighed, wiped over her cheek, looking tired: "He is quiet and does not really talk much. He gave us food and a roof over our heads. He disturbed our whole lives, mine, my mother and my sister."

Exploration:
R: "Can we now answer/complete some questions?"
S:"It was easy to ... describe him."
"It was difficult to ... to say who he was."
"I automatically only ... I'm angry."
"I'm surprised by ... T I should not say this one, but that he is still alive."
"I didn't know ... what type of person he really is."
"I see now ... what I really think of him."
"I now understand ... that I'm better off" (Gestalt**:** self-awareness).
"The person is ... a failure."
"The person is not ... my dad."
"I now feel ... a bit frustrated"

Comment: A great amount of integration took place. Gestalt – completions of incomplete gestalts.

Further exploration: R: "Can you tell me what the forms stood for?" S: "Dark square – he was quiet and alone, but his heart was black. Those ones are the food in our mouths and the roof over our heads. He gave hugs, but he was ill-tempered. He hit us. He messed up our lives. He's an ass-hole." S again wants copies of it all and a new flip file to put it in.

2.4.4 Report on SI habits:

R: "I want to ask you one more difficult thing. **Did you cut again?"** S: "No T, **I wanted to once (– again animated)"** "I get so frustrated with them all in the house – all of them – so frustrated. I don't know what to do. I later feel like crying later on. Then I go to my room and slam the door shut. And D follows me like a pet dog, because he knows I want to go to cut. I don't know what to do with them. I want to (**forming fists)** (THEME: **aggression withheld**) grab or attack the whole lot of them**. (THEME:** Inability to express emotions.) She is shaking.

Termination: Some self-nurturing activities followed on this emotional session, during which S talked about her boyfriend D's explosive anger and the father of her child, M's violent behaviour. R commented that a PATTERN emerges of **violence** (PATTERN) in the men in her life. S furthermore talked of her inability to trust (THEME) people: "I'm honest, T. I can't trust people. Are you also going to push me away after time, because I am a bad influence on others and because I do not go to church?"

TABLE 2.4

Third Phase Fourth Session Activity: Persons	**Goals/SI-AD problem**	**Participant's observed or expressed views**	**Researcher's comments**
Drawing of neighbour/funeral	AD of a person/event on the foreground which is non-threatening	S enjoyed the activity and did it with ease. Symbols repeated, including oppositional directions and non-directional images.	S guided through the drawing. AD of a less emotional laden situation or person made exploration much easier for the participant.
Walkabout improvisation and turnaround.	Reframing and reconstructing pieces to form a coherent whole done by way of walkabout line connecting pieces and turning the drawing around.	S enjoyed doing the walkabout and turning the drawing around. Assimilation of new insight around the person/event took place.	Exploration is above at table 6-3 AD goal reached: reconstructing and reframing leading to assimilation of id Suggestions to do more **alterations** to the drawing were not accepted.
Drawing of stepdad		Resistance to choose and draw a problematic person expressed and observed. Verbally pardoning her anger indicating the SIAG inability/"banning" on emotional expression. She did not describe feelings of relieve verbally, but did describe great insight into the situation.	The drawing brought emotional release as she scratched over it repeatedly. Some assimilation of the situation where she could see herself within the situation, but as real-life situation cannot be altered, the proposed solution of removing the stepdad is unattainable which is indicative of the

			SIAG's predicament of being trapped within her situation. AD goal to emotional release in drawing experienced.
Sentence-completion			Little variance in her answers on the THEME of blaming the stepdad for relationship/family break-ups.
Cutting report		Animated expression of frustration in current situation with which she can't cope and attempts to escape/isolate herself from the situation.	Entrapment in situation repeated THEME. Therapeutic relationships with researcher may be "holding" the participant. Drawing technique not linked to cutting postponement at this stage.

2.5 PHASE FOUR: FITH SESSION – DRAW A PROBLEM

Aim: To draw a problem from the self-schemata, to turn it upside down and find different views, exploring the possible to reach reframing and ultimately problem-solving if any.

Resistance: The **researcher** feels tired, slow and would prefer shopping or just to relax.

Relationship-building: S is talkative. The boyfriend was angry about neighbours and S did a sensory body awareness-thinking-feeling exercise with him (**goal:** new life skill, therapeutic but NOT AD). S said she is depressed (PATTERN/THEME) and needs medication. She again referred to conflict (PATTERN) with the grandmother. S also added: "I want a hamster or some other small animal to care for and to cuddle, with my whole heart" (**need.**)

2.5.1 FIRST ACTIVITY: DRAW A PROBLEM - COMMUNICATION

Seeking to choose a problem to do in an analog drawing, R asked S to look at the **self-schemata** from the first meeting. S looked alarmed and on inquiry said it's ok if we look at it, but it was difficult (PATTERN/THEME: avoidance of problems/not deal with negative feelings) for her to do. R indicated the positive areas including the future, spiritual, school, hobbies, while S observed intently. She looked more distant however, when R pointed to the negative areas, including love life, family, health, and friends. R told S she can consider any other problem. S just shuffled papers around and said softly that she does not know what and asked which one would be important, love, friends or family. S was pulling a face/grimace (**resistance)**. R **summarized** the sessions for S: "We did signatures, hand contour drawing, lines and marks, emotions, persons, today a problem – it built up to here. Is analog drawing easier by now?" S answered in the affirmative and laughed, loosening up. S chose family, looking about warily, but approached it fairly quickly looking involved, suddenly saying she wants to work on **communication** (THEME) **in the family-of-origin**.

R provided some guideline in asking S to think about the problem: "What bothers you and what do you know about the situation?" S replied: "The family communication – That's all. Nobody communicates with the others as they are suppose to" – hand against cheek, looking sad. S contemplating for a while, rubbing out, wiping bits/crumbs away. She started with a spiral-circular scribble, doing it wildly, over and over again, the pencil even flying away (**goal**: **emotional release)**. S: "Sorry T", initially wanting to talk more but kept quiet, then rubbing out again: "Ag, sorry T" (PATTERN). I don't know why I'm like a perfectionist (PATTERN) today", said with irritation. S then looked pleased and free to scratch drawing wildly. She did two triangular forms overlapping and viciously and darkly scratched all over it.; bold lines ranging from longer to shorter; two simple curved lines with curved endings crossing over (PATTERN: various symbols repeated from previous drawings) added a dark arrow pointing to the middle of the simple crossed curves. S sitting up and sitting back looking satisfied: "That's all." R wanted to look at it to study it and S did not really want to look at it (**resistance**). R described it: "The darkest bit here, one side of the paper loaded and one side more empty, curved lines and straight lines, some more closely together, some apart." S felt free for the first time to go back to a drawing and to add to the drawing, a couple of more scratches, but pardoning herself again. Asked to give it a **title** S said: "**Confusion/chaos/***'deurmekaarspul"* (PATTERN)

Exploration was done by completion of sentences:
"I wonder why... everything is so chaotic" (PATTERN/THEME). S seemed embarrassed and looked down.
"What if ...?" With a self-conscious laugh S asked for an example. R asked what if some lines could perhaps move? S responded enthusiastically (**goal: awareness)**: "...exactly what I wanted to say. What if they could all be on top of each other or closer to each other" (PATTERN: longing for intimacy/lacking communication).
"How come... why is there such a chaotic lot with an arrow pointing to ...pointing to each other?" (**Goal**: reconfiguration/reconstruction.)

R turned the drawing **upside down** and asked S what she saw. S: "Sorry I don't know whether it is correct" (PATTERN: attempt to please and to be correct.)

Sentence-completion: "But where is ..." S answered inaudibly.
"What is that ... " S responded strongly, animated (PATTERN: irritated/animated/strong expressions) "Why is that catching my attention", pointing at right bottom corner (**goal:** reconfiguration**/**exploring forms=gestalts**.**)
"What could it mean ... that the star is scratch over", answered strongly.
"What could have been different ... co-operation. Can I say there was never co-operation", sure of her answer (PATTERN: loss of connectedness in family).
"What could be taken back ... " She thinks about something for a while, but said nothing. (**Awareness)**.
"What's the **message** of this drawing?" S wrote it down: "Since a young age away (from family) up till ... old enough. '*Van 'n jong ouderdom weg tot en met oud genoeg"* (THEME: isolation/rejection – victim removed).

Describing the forms, S sat up straight: "Circles/coils – rubbish. Everything was always chaotic. Pointing at the crossed curves - Oom X must go away. He messed everything up (PATTERN: blaming stepdad, connected to previous week). These are smiles but fake.

Triangular heap of lines is me from young till now older. The star is my sister who received preferential treatment, receiving more". (**Goal:** Self-expression/expression of what could previous not been said.) "Can I give him two names?" **Awareness in exploration**

R asked: "What is new, that you realize now for the first time?" S answered immediately: "Up till today – an older age – away from parents. Basically to say all the years I have been away. " **Awareness in metaphors of AD.** (PATTERN: great loss experienced.) S looked straight at R, not scared to answer, talking as if matter-of-fact. S continued: "I did not know that I am so angry about my sister. It is all so unfair." **Goal: Awareness/insight.** "My sister is the ringleader *'voorbok'*, the special one. She has been favoured. I wasn't this angry before. I didn't realize it before. It is actually unfair. It didn't bother me before that she received more stuff. Earthly goods did not bother me. But I was not special" (THEME: uncared for/neglect) R asked if there is a **solution.** "He must go away. It is not in the picture" (**goal:** goal missed, solution not in the picture). S lifts her chin up and talked fast: "T, don't think funny of me. If my stepdad passes away ... He messed up all of our lives. Sorry I feel like this." (**Goal:** expression of what could previous not been said). **Comment/interpretation**: anger turned inward and by cutting away of him and situation.

2.5.2 UNPLANNED ACTIVITY – EMPTY CHAIR

Based on her repeated solution that Oom X must go away the researcher asked whether she would be interested to do an empty chair exercise as often used in Gestalt

R: "There he sits, tell him." She attacks him intensely. "Sorry T I might get really angry. I hate you and I wish you were dead. You did not only mess up my life, but also my relationship with my whole family and my mother's relationship with her family and her sisters. You hit her and you misuse her. I feel nothing *'vere'* for you."

Comment/rationale: To resolve the anger gradually and to explore her anger around men further, more sets of quick symbolic drawings were done. Men are indicated by her to be a problematic aspect in her life (**Gestalt:** fields) and often placed in prominent positions on her drawings.

2.5.3 UNPLANNED: DRAWING ALL THE MEN in her life.

S did mere little symbols, bent low and involved. Biological **dad** – heart: "Don't know him, but he was loving". **Stepdad** - box shape: "Stone". Head of children's home – flat line: "There, but not really there, giving us a better life." Male teacher at home for pregnant girls – bubbles and hearts filled with hearts. D' granddad – fat tear shape with dot on end: "Respect." Own granddad – little cloud: "I did not know him well". "Some good men but stepdad was the worst." Ratings: dad (5); stepdad (-5); home's dad (6); teacher (9); D's granddad (6); own granddad (7). **Goal:** symbolic language of AD. S: "I'm amazed" **(awareness expressed).**

Exploration: R: "What do you think of men?" S caught unprepared, thinking: "One can't trust men. I thought all men hit women. I did not want a boyfriend. I am scared of older

men. That is why my boyfriends were younger than me. Except D. But he is a good person (PATTERN). There is good and bad apples."
Comment: S is talking about her boyfriend (Gestalt: foreground) who did not feature in the previous drawing and R asked S to follow this up with another drawing.

UNPLANNED: DRAWING BOYFRIENDS
S did three, bent low and involved. J – circles, rated a 6. Moving the paper indecisively around, she decides to skip M and to do D first. She is shaking her head slightly to and thro and wanted to rub out but then fairly wildly adds more waves under the box shape she did and added a score. D depicted by a box-shape: "Stone, unfeeling. Placed on water, but refusing to sink." R: Shape very similar to stepdad's. "What I try to do with D is to say that a rock will sink, but he has so many problems, but he will still lift his head high. I know he is bad on the inside. And he can hurt others."

At M she thinks and very tentatively starts slowly. M (father of her child) – half broken heart, then viciously crossed over – rated 4: "I really loved him". She seems to want to cry. She holds her head and looking very emotional, she wipes over her eyes and forehead: "Oh, oh." (Gestalt: observed unfinished business.) Then she slowly and repeatedly crossed over his symbol: "This is where I catch myself out. I want to give him a good rating again and that is not right." **Awareness: pattern altered.** Somewhat bitter: "I really loved him and he didn't care at all. He broke my heart. I'm upset", said with unbelief. She also described how he aggressively physically abused her, and he was only 15 at the time.
R: "Which one of them was good to you?" S: "None of them really."

DRAWING THE IDEAL MAN
Flowers(happy), hearts (loving), smiling block with chicken-feet(steady) **awareness**, (positive/friendly) , cross (Christian), small even lines then crossed over (not smoking), two longer even lines (PATTERN: walking a straight path), one vertical line (a person with whom you know where you stand), gentle (PATTERN: gentleman). She enjoyed it and laughed spontaneously.
Comment: limited symbolic language, images repeated, her own analog language.

Exploration: Quickly comparing D with the ideal man; he smokes, he is not steady – crime; he is loving only sometimes; he is definitely not a Christian; you do not know where you stand with him as he explodes easily; he is a gentleman; he is a bit positive and sometimes friendly , but total score very low. "Yes, yes! It is not positive" (**Gestalt:** polarities, **awareness.)**

Termination: Unplanned clarification: reading from a crisis book about the abusive man and abused women: "*Ek luister T, ek luister en neem in*." **Awareness**
R and S went into a shop. S gaped at everything.

TABLE 2.5

Fourth Phase Fifth Session Activity: Problem	**Goals/SI-AD problem**	**Participant's observed or expressed views**	**Researcher's comments**
Drawing a problem – family		Problem seen clearly – awareness already. Great	Significant link to literature in her choice of

communication Exploration-sentences.		emotional release expressed non-verbally in violent drawing strokes, with verbal apologies. Verbal expression of need for perfection.	the problem of family communication PATTERNs. Significant verbal written expression of the victim of abuse being removed from a family and the consequences.
Drawing adult men			Individual characteristic symbolic expression is developing into her own language.
Empty chair - stepdad		Pardoning herself but	Anger needs expression, more than just pure AD drawings. Nevertheless the therapeutic situation allowed for anger-expression.
Drawing boyfriends		Emotional awareness and release over father of her child.	Unadorned personal symbolic use. Too much thinking before drawing. Explorations and verbal declaration of value in these instances.
Drawing of ideal man.			
Evaluation of boyfriend.		Awareness.	Resemblance to stepdad indicated

2.6 REPEATING PHASES: SIXTH SESSION – WOMEN

Aim: Planning to practise all of the range – to do some emotion-drawings – a person and a problem drawing if possible. Connecting to the previous session's discussion and drawings of the men in her life, R is planning to draw the women in her life.

Relationship-building: S is sad, distant, irritated (PATTERN), much more quiet than before – almost not able to talk, shaking. Then eventually she rambled on looking down and fiddling with a hair-band all the time: "Not sleeping well, not eating. Need antidepressants but D says it makes one mad (PATTERN: male domination). Need to see a doctor. Not too strong antidepressant type needed, as to not off-set epileptic. Epileptic medication is not strong enough. I'm stressed; also forgetting the pills; need other pills to sleep; need vitamins." (PATTERN: severe psychosomatic complaints.) Comment in retrospect: Did she have epileptic seizures in days prior to the session? Even perhaps before some of the previous sessions.

Sensory – perfumes

Alterations: Asked if we can enlarge any drawing from previous session or make a lot of them, but she didn't want to. **Resistance.**

Relationship-building /connecting with previous sessions: R decided to explore somewhat on her mood: "What upset you most so far?" S: "**Stepdad"** (PATTERN: **abuser)** – definitely not hiding away, moving hands. "Just hearing that word and always thinking of what he did. Mom made me angry too, when granddad was dying with long cancer (– elaborating on the story) and she didn't call me. I was close to granddad, my friend.) He asked for me and mom said S is too busy with school, friends, and athletics. My aunt got me from the home – should not have been too much, my mom should have fetched me. She's everything in my life (– looking at R and talking fast –) Mom's choices with her men, she threw her own and her kids lives away."

"I also did not make peace with M (father of her baby). I don't want anybody to feel sorry for me. **I lose so many people and it hurts"** (PATTERN: **loss),** talking automatically, looking up but in the distance. "Drawing him (M) did not upset me. It made me think about what type of person he is. I actually knew it. I made a difference for him in his life. I have a piece in my heart for him. I don't always want to throw everything away, my friends. And I don't want friends who stab with a knife or something like that (D or M?) Everyone makes his own choices. I think nobody taught him right or wrong. He grew up in a rough family (PATTERN: defending M). I never had a male-figure. AWARENESS.

"In the beginning it upset me when I saw a baby and then I thought about my own baby. (She is open and relaxed with slight smile) I am not used to showing my feelings (THEME: not disclose self), because I don't want to push people away, if I talk about it all the time."

R: How do you feel today? S embarrassed, looking down, almost crying, still playing with the rubber band. "I feel both friendly and irritated? I cry every day, don't worry. I want to be alone, not amongst too many people." (PATTERN/THEME: **emotional turmoil**) R: "Let us make a drawing of how you feel. Do not think about it, just draw how you feel."

2.6.1 UNPLANNED: DRAWING AN EMOTION – THE PATH/ARM:

Non-verbal : She crack/snap her shoulders; stretched; sat up straight; shifted papers; but looked relaxed now; lifted her head; turned head to left and to right to look at what she is doing; played with her hair in self-nurturing (satisfied) way.

Verbal: "T you said an emotion? It is weird to give something a name you just drew. I'm not happy with the thing" (PATTERN: frustration/often unsatisfied with self and others). She made changes and we turned the analog around. S started to laugh. AWARENESS: "Doesn't it look like an arm?" She slapped herself on the forehead (PATTERN: more bodily abuse/self-harm) and laughed (Gestalt: deflection): "I do it often. Ugly habit '*vieslik'*. I tap/slap myself on the shoulder when I hit my forehead."

Exploration: "This is my life with D and his Gran. It is a road full of rocks. I walk a difficult road. It is the devil's fault"
We **turned it over**, S writing something down, now bending low over the paper, looked up, and wiped something out. R: "**Can you make a sentence** with arm?" – S is thinking with her hand on forehead, on cheek, fingers on mouth, looking unsure but involved; starting to talk with enthusiasm: "An arm can give. An arm can hurt." S looking away: "T, are you not impatient with me? I am scared to make people impatient", (THEME: to be blamed) looking down. She is writing on the paper now, stopping to think: "Extra love? (**Need**: SEE the link

here !! to use as therapeutic goal to secure this AWARENESS) No, hurt? Can I come back to this?" **Comment:** R missed something here of what she was experiencing or wanted to say. R summarizes: "There is a THEME of roads in your work?" S: "I think the arm, the road means many things. Like the devil has a big road with rocks and thorns which one has to walk. – *'Elkeen van die slegte dinge en goeie dinge sit in negatief om'* AWARENESS. S looking intent at R: "Or a good thing under the rocks. There is not always something. Good and bad times. Open your mind to any possibility. Is there new or other possibilities of this road?" AWARENESS – her own word-choice! INDECISION. Meaning of life: Is the road/rocks good or bad. S stared ahead of her, looking sad and/or misunderstood. **Comment:** R lost her in the therapeutic needs here.

2.6.2 ACTIVITY - DRAWING IMPORTANT WOMEN in her life:

S sighed and listed her own grandmother, mother, friend, social worker at the home. S repeated many of the contemplating movements of minutes ago, including hand on mouth. S is scratching to and through, making a dark arrow between mother and social worker. S is pulling up her lip as if dissatisfied and sit hunched over in a hopeless heap: "Is this ok?" She sighs:"My **grandmother** is a little pool of water, soft (PATTERN) on the outside, but also with a dark spot as she can be harsh. She is a very cute little person. My **mother** is a flower, soft and happy (PATTERN: good person) on the outside, with a thick stem because of her faults But she is wilted, because she has never enjoyed her life. INSIGHT. My **best friend** stood up for me. She is an example to me. She was there for me always, even through my pregnancy, "*mal oor mekaar*". The social worker (S putting hand on forehead), actually took the role of my mother. She stood with me through thick and thin, throughout life and all the stuff and through my problems. Most of the good things she actually did for me. There is nothing dark here. My **sister** (done in lines and circles) I love her a lot. We went through a lot together. She means the world to me. All the good stuff. She is a star. (Wide circle around star) I think she has always received everything." R: "Do you want to **tear it up or burn it**?" S laughs (**Gestalt:** deflection and polarities): "I don't know. I am angry in a way, but not that angry. I love her a lot. I saw her being born. I changed her nappies for her, when my mom passed out drunk. I had to get up for her at night. I think that is why she means such a lot for me (PATTERN: childhood loss). She (sister) is lovely. My mother says we remind her of each other. My mom is the opposite without the alcohol, loving and soft as opposed to being mean. This is what my sister means to me." "God forbid, '*bewaar my siel'* that my stepdad should molest '*vatterig*' her too", with bitterness around her mouth. She continued with a distant look, shaded eyes, as if automatically rendering recalling the story: "He hit us with the pram. And he pushed us around. I don't know if they fight still. When he was drunk he hit us any place he could find. He used my desk chair, fist, and sjambok." S looking down while telling more about her stepdad molesting her, not overly emotional, more matter-of-factly. ABUSE DESCRIBED (R did not ask her to).

DRAWING OF HER CHILD (after a short break):

S worked with great excitement and filled a page with little symbols: "I don't know the surname of the people who adopted her. They were nervous that day in the hospital. I have a letter for my child. I struggle to complete it. D thinks my letter is lovely. My child's name means rescued/saved. S plays with her hair (**Gestalt:** self-nurturance, **contact disturbance**

or just display of need?) “”Oh, T! I think they have money and my child will have a fairly good future with them. (PATTERNS: symbols, own language). S seems relaxed while she draws. “My child is loving (unrealistic?). I still have a **dark hole** about my child. **(Gestalt: unfinished business).** But still it makes me strong to see how my child grows. I still shed tears, but that is normal. My child is a star in my eyes. A Christian, who will walk a straight road (PATTERN). The dark hole – this whole thing. But let me put it this way. I think the Lord let His sun shine (PATTERN) on it all and He would not have allowed it if there was not a purpose with it all. I think to help the couple. The lady can't have children. The Lord sent me two couples on my road to choose from. The dark hole (PATTERN: repeated here). **I am angry and disappointed in myself. Also a dream went wrong** (PATTERN**:** regret/self-blame/disappointment**). Then the cutting started.** I can't have a child right now. D's grandmom said she will put me out on the street. It is a problem for me, this mother instinct. I like animals and children. I like babies. But that will not fix anything. My good name is gone now.” S looks sad and sullen and switches the video off! (THEME: **disturbed and overwhelmed by the material**.)

Termination/Dropping off: Lots of policemen in the area? S looked nervous, scared, and sad.

TABLE 2.6

Sixth Session Phases repeated	**Goals/SI-AD problem**	**Participant's observed or expressed views**	**Researcher's comments**
Emotion – difficult road.	Intuitive use of AD. The researcher in retrospect questions the possibility of her having had an epileptic seizure.	Verbally the participant now describes her needs in regard to medical help for depression and other problems. Bodily resistance displayed. Some verbal reference to father of her child. Referring to various losses in her life, including the male father-figure. Slapping herself.	AD too picturesque but have phenomenological meaning for participant. The researcher did not succeed in addressing her real inner world. **In retrospect she did verbally link love and hurt in one sentence. Further therapy should have focussed on that connection she made.** It cannot be ascribed to an AD problem but more to a therapeutic problem where not continuing with the research aims would have been the correct route, but more persistent exploration of her emotional here-and-now. Perhaps doing more emotional drawings or using verbal comments in regard to the drawing and to draw out detailed aspects thereof.

			The AD of her difficult road led to some self-introspection on the meaning of life and the good/bad on the road with rocks. **It should have been facilitated furthermore, either verbally or by drawing it out.**
Women		Awareness of the role of the social worker as substitute mother-figure. Describing her taking care of her sister due to mother's alcoholism.	Drawings did facilitate this awareness. Loss of childhood in taking care of sister and being a parent. The adult child of alcoholic parents needs attention too.
Her child		Intense emotional experience, including self-blame and regret.	An idealistic expression. AD lead to emotional disturbance.

2.7 REPEATING PHASES – SEVENTH SESSION – SELF

Aim: General planning to practise drawing emotions, persons, problems. **Relationship-building:** No resistance this time. A very different person from the previous session got into the car, happy, confident, and smiling – (**Gestalt**: projecting it onto R) "T looks merry!" "I took care putting on my make-up today." S relaxed, but holding her stomach with crossed arms on her lap. (**Comment:** R wondering about mood variations, a different personality-side?)

2.7.1 FIRST ACTIVITY: ANALOG DRAWING OF SELF

Non-verbal: Hand on chin or forehead, or with open fingers on her cheek. Wiping crumps away. Contemplating for a short while, little irritated (PATTERN), tapping pencil on the paper before beginning but in generally an open and relaxed position sitting up straight, at times involved and bending (PATTERN) low over the work. Scratching repeatedly (PATTERN) over the same spot for a while. **Verbal:** "Myself? How T, all the little different parts inside of you?" "I don't know how to describe myself. It just shows how well I (don't) know myself really." AWARENESS "How can one draw **sensitive** (PATTERN: characteristic), when the slightest thing can hurt you?" (**Content/**Symbol: flower with petal dropped). **Femininity** (**PATTERN:** characteristic) large circle with plus (**Content**: biological symbol). Ending the drawing with: "I'm a Christian." (**Non-verbal**: little embarrassed but relieved giggle.)

Exploration: She did a walkabout and started to draw aggressively, repeating lines. The image resultant from that appeared for her to be a tent and she made a sentence with that: "tent protect in the storms of life."

Relationship-building / foreground-story: "T, is it not bad to get angry with yourself? I slap myself on the side of my head." (THEME: violence/anger turned inward) "D and I had a fight. I cannot keep my tongue anymore. I am not their '*skroplap'* rag-doll anymore. I'm tired of doing all their dirty work for them. D says I am not the same anymore. I am cheerful, positive, loving, gentle, but when people step on me ... "

UNPLANNED ACTIVITY: Doing a walkabout on the drawing:

"I see a tent, a tent protects in storms." "I am excited about the future" R noticed S sagging her shoulders, and inquired: "You seem to not feel well at the moment?" S responded with hesitation: "**I am bad** (THEME: I'm bad). **If I didn't open my big mouth, our family would not have broken up. Other people said it was all my fault "**(THEME: SCAPE-GOAT). R asked what would have happened had she stayed on. S: "He would immediately have raped me" R replied/clarified: "It was an uneven match. As a child of nine you were innocent, not even yet into puberty or an adolescent". S continued: "My uncle said I flirted with him on holiday." (THEMES: being blamed and losses). The stepdad was drunk. S related how she and another friend discussed alcohol use: "We want to drink only on special occasions and not to get drunk. I get frustrated when I can't smoke."

On the drawing of herself, she connected the symbolic shapes with lines, first free wide lines and then: "T you do not understand. I feel like /*ek's lus vir krap* today" and she starts to scratch over some lines repeatedly. "*Ek word soos rêrig lus om te krap* - I want to see something" (**goal**: AD is working).

2.7.2 EXTRA ACTIVITY - SAND-TRAY (asked for previously):

S a bit wary not to spill sand: She places a nest of eggs and two small birds in a corner, looking around for a mother bird. **"Mother and child must go back there together"** (**awareness**). A sword, pistol and crossed beams were placed close to the nest, **to protect the nest**. Another bird, all of them chickens, was placed at a distance ("**to one side – he is the lost sole so far"),** a tiny pink baby ("cute") a distance from that, with two large girl dolls in an opposite corner, ("same as I used to play with when I was small"). A horse and dog figure is placed distanced from the other objects, including a champagne bottle ("just interested me"). She attempted to tidy the dolls' hair. Bend over the sand tray she moved some objects slightly: "Nobody should come close to their babies." Asked what the objects would say to each other there were some arguments between bottle and protective sword. The gun and sword agreed to protect the children (: protect them well – don't worry, they are like gold to me"). The single distanced bird said: "Help me. I am lost. Why am I so alone? " S **indicated that one as being herself: "I am the lost duckling." (Owning)** The dolls said: "Help the chicken back to its home. Help the baby to go to where it belongs." S stretched, said wistfully:"I wish my life was normal". **LONGING. (Comment:** Rich in material – powerful technique to use combined with AD in this therapeutic situation.)

Termination: self-nurturance and some clarification as with previous sessions

TABLE 2.7

Seventh Session Phases repeated	**Goals/SI/AD**	**Participant's observed or expressed views**	**Researcher's comments**
Drawing self.		S seems to be in a happy	Mood fluctuations?

		mood. I don't know myself.	Awareness of need for individuation, but not the AD but in calling for the task to think about self.
Exploration/walkabout		I'm bad. I feel like scratching. "A tent protects."	Awareness in therapeutic conversation. Intent to scratch - AD goal achieved.
Sand-tray.			Clear expression of need for re-connection with and restoration of family.

2.8 PHASE FIVE: EIGHTH SESSION - PAINTING

Closing the formal/guided analog drawing sessions by using colour on previous drawings of S's choice and to do some free painting:

Relationship-building: S took care with her appearance, as for previous session too – make-up and nails. R. met D's granddad briefly and found him likable and decent-looking, while (very dirty) grandma could not stand on her feet (THEME: dysfunctional family). S said that N takes 6-9 sleeping tablets simultaneously. S and D take some of the tablets at times too, when they can't sleep. S said that they have decided to not use cannabis anymore, but they used to and did combine it with some tablets and alcohol. (THEME: substance abuse). D worried that R dislikes him. N expects S and D to work hard in the house.

2.8.1 REPORT ON SI-HABIT

Verbal information: S. wanted to cut during the weekend. She felt sad, crying, sitting in corner but did not know why. She asked D to buy blades and he refused. INSTEAD S. scratched on a drawing-booklet, eventually tearing it and throwing it in dust-bin – not really feeling better; then took book out again and tried to straighten it. **Non-verbal**: Animated rendering, pulling up sleeves to indicate there is no new cuts. Smoking insistently. Relaxed after talking constantly for a while. **New information:** S indicated some old scars which are fainter than others. S described how she would ask D to do the cutting for her, as his attempts leave fainter marks, although it hurts more, since he inserts the corner of the blade at a slant into her arm and pulls it out then, while holding tight/stretching the skin on her arms. (**Comment:** not in literature. Not sexual sado-masochism, but co-dependency as D is her support system en is an enabler.) Fortunately he lately refuses to help her cut.

S complained that D's family does not consider her needs (THEME/PATTERN). S changed the subject to dresses, music and future occupations (THEME: avoidance of problems; escape. Gestalt: deflection). S would like to design clothes; model; dance; be an air hostess; work in as receptionist; nurse – some profession.

2.8.2 FIRST ACTIVITY: PAINTING

Preparations: R had enlargements made of two previous analog drawings of S's choice: **("Mother" and "Anger"** – done first) and taped one down on a board; filling an egg tray with

gouache paint; paper towel, brushes and water container ready. **Non-verbal**: Smiling in anticipation of the painting activity. Involved, bending low over the paper and with sustained effort trying to make little precise strokes – quiet for a time. Examining her painting at times, looking content, her pace picking up after a while.

Verbal responses: "I don't need to rinse the brush when I'm using the same colour all the time?" (PATTERN: need to things correctly) "I like to be weird and different (PATTERN: self)." "I still have my list of strengths and my good points. I keep my personal stuff ('*goedjies*') in a suitcase (PATTERN: self). There is not much I know about myself. The who-am-I got a bit lost. I know what I like, but that doesn't count. Who am I?" (PATTERN/them: unclear identity-formation) **(Non-verbal**: bitter look around her mouth.) "Do you know T, what I really want to know? I want to locate my dad. I have his name and his ID and I know the town where he stayed last. The social worker would have helped me but she never did. Everything is missing from my life. (PATTERN: loss) I want that father-figure. (**Non-verbal**: troubled look) I realized this weekend I have lost my friends (**trigger** to need for cutting). I have lost my dad, my mother, my baby. (PATTERN: loss) I can never go back to my mother. I am scared of my stepdad. I get epileptic fits. If they fight again and I have to watch it, I will be traumatized again. I don't want to see my mother get hurt again and I don't want to be misused again. My body is a temple of the Lord. (**Comment:** AD 'Flow' loosens the tongue?) Do you know T, I would have been the first in my whole family to reach matric?" "If something happens to my stepdad ... (PATTERN: need to remove stepdad – blame/hate) T, don't think bad of me (PATTERN), when my mother had to take care of me and I stayed with an aunt, she stood on the street corners and later was a waitress. My stepdad knows it all, he helped her out of her circumstances. I should check on my mother to see how it is going. After I left their situation improved. They even went to church for a while and he stopped hitting her, but when I want to visit them they have excuses." (**Non-verbal**: sadness and quiet now)

Exploration by R – "Why did your biological parents split up?" **Verbal responses**: "My family tells me my dad used drugs (PATTERN/THEME: substance abuse) and my mom had an affair (THEME: dysfunctional family) and when she was drunk (or stepdad) they slapped each other. She has a big mouth and she will be blunt and straightforwardly say how things are suppose to be. I love my dad a lot (PATTERN repeated before) and my granny took me to see him secretly because my mom did not want me to see him. How can we make plans to find him?" (**Comment**: observation – relaxed while painting and talking freely.)

PAINTING ACTIVITY - CONTINUING:

Non-verbal: Enjoyed filling the tray with paint from tubes, mixing colours with a smile, careful not to spill, at times annoyed and frustrated when a colour is not to her liking (**goal:** sensory). Lines and burst of energy in the "anger" painting was now painted over in red and yellow. She looked engaged and had a satisfied resolute smile when looking at her painting, sitting up straight at times. S had a hesitant, serious and undecided look at other instances – holding pencil to her mouth and moving the board around or pouting lips before choosing a colour. Taking great care with the background initially and in the finer corners too and working faster later on, with longer strokes, with more fervour and with confidence, even disregarding some borders at times (**goal:** empowerment). Critical look and making small changes later on, disturbed when some colours overrun into each other. S energetically blew the painting to get it dry.

Verbal: "T, what should I do with the background? I don't want it too colourful and I don't want to use red and yellow (**comment**: used many various dark colours). Perhaps one colour in this area and another in that area." (R suggested dividing the background in areas by using colour pencils first.) "I haven't decided on the colours yet." "Look how lovely the purple is!" Looking at R: "Dis lekker tannie, ek's mal daaroor!" "This is nice, T. I am crazy about it!" (**AD goal:** enjoyment – 'flow') – "I didn't know it will be this nice ('*lekker*')" "Is it ok?" "*Ek speel vreeslik lekker hier vandag!"/* "I am really enjoying playing here today. Oh, this is a strange (mixed) colour."

TABLE 2.8

Eight Session Alterations	Goals/SI/AD	Participant's observed or expressed views	Researcher's comments
Cutting report		Animated rendering of attempt to cut but use of drawing material, albeit violently destructing it – AD sessions influenced SI acts. Alarming NEW MATERIAL around SI rituals.	Wants to scratch, tear up, destroy, be violent, etc. AD sessions helped to intercept SI acts. Boyfriend helps her to cut in SUPPORT and Co-DEPENDANCY / ENABLER.
Adding colour to enlarge copies of mother's phone call and anger – drawings.		Relaxed. Flow	It seems that such a focussed but relaxed activity of merely filling areas with colour, facilitate talking about inner world. Researcher often observed this in art classes before.

3 FINAL EVALUATIVE INTERVIEW

R **summarized** the phases and listed the major subjects addressed during the AD sessions.

R asked the participant to describe whether it became any **easier** along the process **to do AD**? S replied that the more she did the easier (**goal**) it became. She said that it was difficult to draw emotions (**goal**), to represent a feeling as a picture. (Comment: S thinks in terms of pictures still? Significant: singling out the emotions as difficult.)

R: Cab you describe whether you at any time felt **threatened** or scared along the way? S: Never (**goal**: non-threatening AD). In the beginning I was a little bit wary as it was a new thing (**skill**), but at the moment, not at all (**goal)**. It is something nobody else can understand (**SIAG/goal:** secret language).

R: Which ones would you remember as **standing out** from the rest? S: The **signatures** were fun, interesting and different (**not goal: deflection**/ minor exercise.

R: How did you experience the **descriptions** of the drawings after you did it? It wasn't difficult for me, because I did not think before a drawing about what really is going on here (**goal**: working intuitive/subconscious).

R: Can you draw now **without planning**? S: Yes, and then see afterwards what I can find there.

R: How would you **draw a person** in AD now? S: I think I will plan. I will first think how I really see the person before I describe him in a picture (**comment**: opposite of previous answer).

R: What is the possibility that you may be scared to draw as it may **upset** you? S: No, it will not upset me anymore (**comment: some emotional disturbance was experienced**), because it helps in a way to **bring out my inner feelings (goal:** non-threatening self-expression.)

R: What is the possibility that you will use it **on your own**? S: To express my **emotions** and to describe how I **feel**, even if it is just scratching – perhaps **not to draw persons**. (**Comment:** some therapeutic situation needed for person-drawing.)

R: Did you learn anything **new which changed** things for you? S: I did not learn anything totally new, except **to take my feelings out on paper** and I feel bit better afterwards (**important goal reached**: NEW COPING SKILL).

R: Could you experience the **right brain being at work**? S: Not really. (**Comment:** Observed by R but not understood by S.)

R: Can you tell me whether you **discovered anything about yourself or your situation**? S: My situation, yes. My whole family and my choice of friends and so on, **everybody** with who I am together and around me, are **aggressive.** (**Comment:** IMPORTANT NEW AWARENESS.)

R: What is the possibility that these sessions can be viewed as **training**? S: I can put it this way, I have received a little bit of training. A paper and pencil is better than a blade in your arm. (**Comment**: IMPORTANT GOAL – COPING SKILL.)

R: What is your opinion around the possibility that drawing can **alter mood**. S: Not completely, a little bit. When I am angry and frustrated, I can take it out on pen and paper, a little bit, but not all of it. (**Comment:** AD enough for full emotional release/relieve.)

R: How did you experience to **turn a drawing around**? S: That was fun to do. It was just shapes and feelings and when you turn it around it is another picture. I enjoyed it. (**Goal**: REFRAMING/RECONSTRUCTION reached.)

R: Can you describe how you experienced the following: –

- drawings of your families in the **family graphic drawings**? S: I felt at ease with the once on the family I am **currently living** with. It described basically who they are, but I would have liked to describe them even more. My **family of origin** also is not fully described and it made me feel angry, frustrated and sad and I realized how much I miss them. (**Goal:** AWARENESS/OWNING.)
- the **graphic self-schemata**? S: That was not easy for me. I enjoyed it to describe what I would want for myself in the future one day. But I felt sad, frustrated and disappointed

in myself as I realized that the goals I had for myself were not achieved. But it opened my eyes for me. (**Goal:** A cognitive approach of self-assessment more direct and did facilitate awareness but less reframing/reconstruction than AD.)

- the **mark-makings, signatures, lines, drawing without looking at your hand**? S: That was fun and I enjoyed it. It was weird and interesting and something I have never done before. I would like to draw with my left hand again. The lines made me relax and I enjoy it to just squiggle/scratch/"*krap".* I would like to do it and to just enjoy myself. (**Important goals**: COPING SKILL TO SELF-REGULATING HOMEOSTASIS.)
- the **left hand drawings of your childhood**? S: I felt hatred and doubt. (**Goal**: NEED THERAPEUTIC ENVIRONMENT to explore further.)
- **drawings of emotions**? S: It disturbed me in a way. In a way it made me think that we do not know what is going on in our brains, until we work on it. (**Comment**: need therapeutic situation)
- **drawings of persons and problems** (men, women, neighbour, mom, stepdad, self)? S: It was very emotional. Especially the ones about my stepdad and my baby (whom she gave up for adoption) stands out as painful. I enjoyed it to do AD about myself, to describe myself, because I realized I don't know myself (**goal**: AWARENESS). The problem about my mom is just that. She is the problem and the choices she made in life (**goal**: INTEGRATION.)
- doing **a 'walkabout' on the drawings**? S: That was great fun and then to get another picture out of it (**goal:** REFRAMING/RECONSTRUCTING.)
- **turning drawings around**? S: That gave a new way to make sense of things? (**goal:** REFRAMING/RECONSTRUCTING)
- to **tear a drawing up**? S: I enjoyed that. It helped me to release my emotions. To use paper like that is a new way of bringing out emotions (**goal** – NEED FOR AGGRESSIVE EXPRESSIONS WITH SIAG.)
- to **use colour**? S: That was nice and interesting, the final products, so different. (**Goal**: ART AS THERAPY.)

TABLE 3

Final meeting	**Goals/ SI/AD**	**Participant's observed or expressed views**	**Researcher comments**
Evaluating the sessions and AD		• Difficult to express feelings. • Non-threatening. • Secret language. • Left hand work enjoyed. • Intuitively used. • Explorations to find images enjoyed.	ALL IMPORTANT FINDINGS

		• Helps to bring out inner feelings. • Independent use for scratching out feelings. • Independent use not for drawing persons. • Right brain activity not observed by S. • Awareness of aggressive people in situations facilitated. • Not completely successful ion altering mood. • Turning pictures around did facilitated reconstruction and reframing. Walkabout facilitated reframing. • Family graphic drawing and self-schemata lead to awareness but sadness as well. Too direct but effective to some extent. • Mark-making is relaxing and enjoyable – self-regulatory. • Left hand material and drawing of emotions uncovered subconscious and needs therapeutic help. • Tearing up drawing helped with relieve of anger • Painting builds self-esteem.	

4 RE-INTERVIEW(s)

Five weeks after the closing of the drawing intervention a planned but not forewarned short interview was conducted with the participant, while R and S shared a cup of coffee.

R: Can you describe what you have learned from the AD sessions and whether you could you use it again? S: Yes, there are other ways to solve problems (**goals).** One does not always have to be violent. All you need to do is to take a pen and paper. I did it again just the other day, just to scratch '*krap'.* Just making lines help me to relax. And I discovered something about myself – that I'm easily influenced. I always have violent people around me. You remember the bricks (drawings of men)? (**Goals**)

R: May I ask you if you did cut again? S: Yes, just last week. She somewhat embarrassed, pulled up a sleeve to show the new scars of two cuts, one longer and one fainter and shorter. R: Tell me more about the incident. S: It did not bleed a lot. And I did not really feel better afterwards (THEME: guilt /shame/). I felt frustrated and angry, irritated. I wanted to be alone and people just had to leave me to be on my own. I lied curled up in a little bundle on the couch. D (boyfriend) played computer games and then he went out and I did it and he was upset. He said I should have used the books and papers and should tear it up or he will give me the saw and axe to go cut into trees and not into my beautiful body. R: Was that the same time when you wanted to draw again? S: I did draw before and afterwards (and it helped somewhat.) (**Comment**: AD USED AS COPING SKILL TO LESSEN POSTPONED SI.)

R: Describe your short-term future goals. S: I still need to get matric and a job to pay for those studies. I still need also to learn more about myself, to discover all about myself. And

what can I do with all the violent people I have around me. (**AWARENESS**) And my health is not good at all, not good at all. S extended on the latter point a lot (THEME/PATTERN).

ONE MORE MONTH LATER:
S again seriously searching for employment: "I did not cut again. T, I am not even thinking about it anymore." (**Comment:** SI LESSENED. Empowered.)

TABLE 4.1

Re-evaluation	**Goals/SI/AD**	**Participant's observed or expressed views**	**Researcher's comments**
Evaluate SI and coping		• There are other ways to solve problems • Making lines help me to relax • No need to be violent, just scratch • Awareness of violence in people around her	VARIOUS GOALS ACHIEVED.
Cutting report Second re-interview.		Did cut and attempted to draw before and after cutting. Did not cut. Not even thinking about it.	6 week interval. SI lessened and postponed. Scars slightly lighter than other marks. AD is a coping skill to some extent. ?? **SI lessened.**
Future goals		Matric and occupation. Violent relationships and health.	

APPENDIX E – THEMES LIST

FULL LIST OF any and all possible THEMES described in the literature and theoretical study that was used for comparison during the study?

SELF-INJURING ADOLESCENT GIRLS (Chapter 2)

abandonment
abuser viewed as good person
addictive actions, craving for
adolescence, commencement of SI
adolescence, turmoil
adolescence unsupported
adulthood, carried into
aggression directed inwards
alcoholism, family-of-origin
anger/rage not expressed
anxiety/anxious
acted out upon own body
addicted to SI
apologetic
attachment , longing for
attachment problems
attacks expected
attention/reward
automic restrictors, limbic system
automatic acting on foreground
autonomy, through SI
autonomy (reaching)
avoidance of problems
awareness altered by SI
bad day
bad person, self
being blamed for mistakes/misbehaviour
blood, soothing
body as the safest most accessible target
body-image damaged
boundaries with mother, lack of
clinging child
communicating the unspoken by SI
communication lacking
companionship, finding own
connection of pain and feel-good/love
contact with the boundary
control, through SI
control over chaos/confusion needed
coping skill
courage
death in family of origin
defences ingrained
depression
depleted of restorative relationships
developmental pressures
development crippled
different, feeling “weird/freak”
disappointment
disassociation
‘disembedding’ from the family
disorders, psychological and behaviour
distrust
divorce in family or origin
domestic violence
eating disorders
embarrassment
emotions, unpleasant/negative
emotions blocked/not expressed
endorphin need increased
escape needed from abuse/critique
euphoric feeling in SI
excitement in SI acts
expression inhibited
false belief systems
family system dysfunctional
fragmented self
fearful of difficult situations
fixed thinking-feeling-acting patterns
fixed gestalt
feelings, not deal with negative
feelings, ignored/denied/disputed
feelings, uncontrolled/dangerous
genetic/chemical disposition
girls more readily admitting
guilt
guilt, absolved/redeemed by SI
habitual SI, learned
high achiever
hiding
hopelessness/helpless
identity-formation
I’m bad
impulse-control, impulsive SI
independence
individuation and separation
inner voice need expression
intellectual abilities failing
isolation
know not how to process
lack of parental empathy
lack of parental acceptance
loneliness
longing for intimacy/connections
loss of control
loss, threats of
loss of quality-of-life
lost
love and pain associated
maladaptive behaviour
manipulation
memories, relieve through SI

memories of struggle/addiction
mental disintegration
need immediate techniques
need coping mechanism
need for self-expression of inner voice
need powerful distraction
needs not expressed
negative consequences
negative experiences
negative turned inward
negative relationships, search for
neglect
not communicating inner experiences
not coping/ineffective choice of coping
not entering into life fully
not self-disclosing
numbed
obsessive acts
over-identification with mother
overwhelmed
over-reaction/exaggerated reactions
pain, physical
pain, internal emotional
parent, aggressive, punitive
parent rejecting, neglectful
peace, sustained
peer pressure
perceptual abilities malfunctioning
personality deficits
personal strength of SIAG
physical violence, injury
planned SI
pleasant feeling with SI
powerless
private ritual
problem-solving constricted
psychosomatic complaints
psychological distress
punishment deserved
quality-of-life loss
rebellion/protest/bravado
recurrent SI
regrets
rejection
relationships, hurt
relationship problems
relieve after SI (tension)
repulsion of SI
resistance
resolutions inhibited by problematic
rituals for SI
thoughts
sadness
scars, marks, wounds
scape-goat
secrecy, added tension about
self, annihilated by parent
self-abuse, self-inflicted
self-blame
self-critical
self-healing
self-esteem, low
self-expression need for the inner voice
self-loathing
self-medication
self-nurturing/self-soothing, maladaptive
self-pity
self-reliance
self-sabotage
self-support
sense-of-self in her field impaired
shame
situations, unpleasant
skin, body containment
skin, boundary
skin, canvas/landscape
spiritual deficit
stigma/labels
stressors combined
stressors, internal or external
submissive child
substance abuse, self
substance abuse, family of origin
suicidal gestures
survivor
tension before SI
thinking repetitive (left brain)
thoughts unpleasant/problematic
threats perceived, not distinguished
turmoil
trapped in pain
trapped in family setting
trauma, abnormal brain development
ugly self
uncared for
unresolved issues
verbal skills lacking
visual images not processed (right brain)
various body parts injured – arms
various forms of SI - nails, bones, head
violated
violence replicated on self
vocation, finding own
vulnerable
withdrawing
worthless, feeling

ANALOG DRAWING (Chapter3)

abstract symbolism
accomplishment
alteration/transformation of the familiar
altered state
analogy/analogous
anytime, anyone, anywhere

anxiety, free of
anxiety of emotional expression lessened
attempt to create a good gestalt
awareness altered
blocking of visual imagery overcome
calm feeling
contradictory/ambiguous information
coping skill, facilitated constructively
creative drawing aid
creative seeing
cultural expression
curative
decision-making
descriptive line drawings
destructive expressions
dreams, expression of
easy skill to learn
elements of the field make sense/fit
ego-strength built
emotions are drawn out
emotional release
energized
escape
experiences demonstrated
exploration of the inner world
exploring the AD
express themselves
facilitation
facilitation of anxiety and anger
fantasies
figure, new emerging
flow
functioning, optimal
geometric shapes
global, spatial processing
graphic
growth, individual
group/duo art, sharing experience in
healing experience
illogical
images, partial
immediacy
implication of behaviour found
inner life of the mind
inner world explored
insight drawn out
intuitive
interpretations from others, not possible
insight
language, alternative/secretive
likeness to something else
meaning found in experience
metaphoric
needs expressed
new combinations
new/novel
new possibilities
non-threatening technique
non-verbal expression
not analytical
ownership
patterns, seeing underlying
perceive things freshly
perception skill
phenomenological
pictures, no real
problems depicted
problem-solving
process, creative
projection of feelings/desires/impulses
psychoanalytic tradition
question self about the experience
relational/spatial components of situation
right hemisphere-activity of the brain
self-actualization
self-regulatory creative activities
shift from left to right brain
silence, working in
simplicity
skill, easy to learn
spontaneity
sublimation
symbolic, meaningful
symbols
time, lose track of
therapeutic intervention
thoughts/thinking represented
trauma processed
unconscious desires
unconscious memories
valuable
visual images
visual language, to give it tangible form
visual processing of information
whole, perceive things in their totality
whole (holistic) person involved

GESTALT (Chapter 1 and 3)

affirmation
alternative and safe options
alternative coping
alternative contact with self and field
assimilation
authentic self-expression
awareness of self
change, paradoxical theory of
choices
choosing a new figure consciously
confluence
contact-cycle interrupted
contact-making
contact at the boundaries
contact disturbances
contact style destructive choice of,

continuum of experience
creative adjustment
cycle of experience
deflection to avoid contact
dialogue, authentic
desensitization as numbing of sensation
egotism as not entrusting self to others
empathic
empowering of the self
experiential
experimental
field
field, adapting self in the
field, figure-and-(back)ground
fields, inner
fields, outer
fields, interrelated/interconnected
fields, influx/changing
figure-and-(back)ground
fixed gestalt
foreground of the client
goals, therapeutic
energy mobilized to contact-making
excitement mobilized to contact-making
here-and-now
holistic
homeostasis/equilibrium of the self
I-Thou relationship
impasse-layer
in-between
incomplete gestalts
insight (also of emerging patterns)
interpretation suspended/bracketed
introjected “shoulds’
need, figuring
needs, repressed
neurotic layers
non-verbal actions
not interpretive
observation/hermeneutics
organismic self-regulation
phenomenological self-expression
polarities
presence/inclusion of therapist
process of client
process, therapeutic
projection
reintegration
reorganization to meaningful whole
reconfiguring of the familiar
reconfiguring/reframing of the field
reframing/ ascribing alternative meanings
reorganising new experiences
relationship, therapeutic
responsibility
retroflection as turning onto self
self-awareness
self-nurturance
self-regulating homeostasis, alternative
self-support
sensory awareness
topdog/underdog
unfinished business, adjust hidden
withdrawal when satisfied

STUDY GOALS/OBJECTIVES

anxiety moderated
alternative choice
cope with stressors
coping mechanism, alternative
creative adjustment
expression of inner thoughts
expressive needs of the moment satisfied
facilitate nonverbal / visually expression
healthy resolutions of needs
insight
mood, altered/elevated levels of mood
negative affect addressed
non-threatening technique
non-harmful
not to prevent SI as such
right brain imagery activated
postpone or lessen habitual SI
problem-solving
process problems more holistically
self-awareness
self-expression
self-support
self-regulation
stressors addressed
reframing of mood and thinking

APPENDIX F – EXTRACTS FROM COLLATIONS

EXTRACT FROM FIRST COLLATING STEP:

2.3 PHASE TWO – THIRD SESSION – DRAWING OUT EMOTIONS
Resistance observed at various points throughout the session – SIAG
Pattern: male dominance – Boyfriend
Relationship-building:
Pattern: mood fluctuations – Self
Pattern: tiredness – Self
Pattern: irritation – Self
Pattern/Theme: psychosomatic complaints – Self/SIAG
Pattern/Theme: depression – Self/SIAG
Pattern/Theme: substance abuse – Self/SIAG (Assumptions from observation)
2.3.1 First activity – First set of emotions
Descriptions of non-verbal behaviour observed
Pattern: contemplation (bodily stance) – not AD/Self
Pattern: insecurity – AD
Pattern: need for control - Self
Pattern: indecisiveness (bodily stance) – Self
Pattern: insecurity – Self
Pattern: dissatisfaction – Self
Pattern: aggressive movement – Self
Pattern: uncomfortable – AD
Pattern: aggressive drawing – AD
Content: evenly-spaced lines (rhythmic, repeated lines) – AD
Pattern: perfectionist – Self
Verbal responses
Pattern: trying to please – Self
Pattern: apologetic – Self
Pattern: unsure/insecure – Self
Exploration of material:
Content: bold, repeated, dark lines – AD
Pattern: aggressive mark-making/anger – SIAG
Theme: emotions suppressed/ inner voice not expressed – SIAG
Pattern: assertiveness in mark-making – Self
Pattern: need for security – Self and Gestalt introjections/projections.
Pattern: avoidance of conflict/pain - SIAG
Content: repeated lines, up and down – AD
Content: circular coils – AD
Pattern: aimlessness/hopelessness – Self
Theme: emotions blocked/repressed – SIAG
Comment: Significant choices of emotion (“anger”) to redo in larger format. Emotions blocked (SIAG) during this attempt.
Comment: Interpretations of content not part of the phenomenological approach. The researcher however would describe the content as line of opposing directions, loss of direction/endless.
Comment: Clear verbal descriptions of meanings in forms – not SIAG and AWARENESS
2.3.2 Unplanned activity: mother’s phone call
Theme: sadness – SIAG
Pattern: resignation/acceptance – (Observed/assumption) – Self
Pattern/Theme: determination/rebellion/protest – (Observed/assumption) – Self
Theme: regret/self-blame – SIAG

Pattern: comparison with sibling – Self
Theme: not deal with negative feelings – SIAG
Pattern: unsure – drawing AD
Pattern: energetic/animated drawing – AD/Self
Pattern: aggressive drawing – AD/Self/SIAG
Pattern: satisfaction in drawing – AD

Exploration

AWARENESS/IMPORTANT MOMENT - unfinished business; reconfiguring of hidden material; reframing, reconstruction, integration, assimilation; insight; owning and clarification; emotional release (resistance afterwards lightened); mood altered.

Goal: unfinished business – Gestalt
Goal: assimilation – Gestalt
Goal: reconfiguring of hidden inner material – Gestalt/AD
Theme: sadness – (Observed) – SIAG
Theme: owning/responsibility/self-identification and own clarification – Gestalt
Theme: phenomenological clarification – Gestalt therapy

2.3.3 Second planned activity – Choosing more emotions

Pattern/Theme: alone/loneliness – Self/SIAG
Content: loops – AD
Pattern: need calmness/peacefulness – Self
Pattern/Theme: longing (assumption: mom) and need to belong – Self/SIAG
Pattern: unprotected, uncared for, rejected – SIAG
Projection of inner world – AD
Pattern/Theme: relationship-problems – Self/SIAG
Theme: shame – SIAG (Not seen often in this case)
Comment: Rich in material. Significant choices.
Comment: Content redone/alteration: AD worked in this instance.
Comment; AD seems to be a good projection technique.
Comment: Observed more forms of bodily harm (Self). NOT in SIAG literature.
Comment: Irritation pattern in this session. May indicate possible co-morbidity of mood disorder/personality disorder.
Comment: Snapping/cracking of knuckles and joints may be considered **another form of SI,** not described in literature.

EXTRACT FROM SECOND COLLATING STEP:

2.1 COLLATION – THIRD SESSION – EMOTIONS:

Patterns connecting Self and Family: Boyfriend

Patterns Idiosyncratic/personal/individualistic characteristics of Self:

Mood fluctuations, tiredness, irritation, contemplation, need for control, indecisiveness, insecurity, dissatisfaction, perfectionism, aggressive movement, longing, need to belong, need for security, aimlessness, hopelessness, perfectionist, trying to please, apologetic, unsure, insecure, assertiveness, resignation(acceptance), determination(resolution), rebellion, comparison with sibling, aggressive drawing, need calmness/peacefulness.

Comments:

Most aspects can be viewed as personal characteristics, varying from insecurity to assertiveness. Irritation stands out as markedly present.
The observed emotional reactions such as resignation/rebellion during drawing of the mother may indicate her being resigned but holding inner protest to a hopeless current situation or relationship. Rich material is presented for future therapeutic work.

Patterns described as themes in literature around SIAG:
psychosomatic complaints, depression, substance abuse, sadness, protest, not deal with negative feelings, aggressive drawing, emotions blocked, emotions suppressed, inner voice not expressed, avoidance of conflict or pain, loneliness, longing, unprotected, uncared for, rejected, relationship-problems, shame.
Themes found in AD:
Contemplation (NOT AD), insecurity, uncomfortable, aggressive drawing, evenly-spaced lines, rhythmic, repeated lines, bold repeated dark lines, up and down, circular coils, unsure, energetic/animated drawing, satisfaction in drawing, loops, projection of inner world, reconfiguring of hidden inner material, redone/alteration.
Important moments expressed in Gestalt terminology:
Awareness, unfinished business, assimilation, reconfiguring of hidden inner material, phenomenological clarification, some introjections/projections about femininity.
AWARENESS reached during drawing of emotions and important moments of reconfigurations and assimilation during drawing of mother.

EXTRACT FROM ALL SESSIONS PUT/COLLATED TOGETHER

CATEGORY: SELF
1.1 Flawed relationship, doing the right thing, perfectionism, apologetic, insecurity, assertiveness, longing for intimacy, different from others, not belonging, need for calmness, nervous, psychosomatic, need to mothering, mother, regrets, confusion, not much shame expressed, dominance of primary male figure, stepdad, longing for attachment, need love, rejection expected/feared, abandonment and neglect, loss, violence pardoned/excused and accepted, sadness /bitterness /regret /resentment / guilt?/secrecy?/shame? (NOT AD)
Comment: Isolation – Important
Awareness: Instigated this activity herself
Comment: Affinity for creative work
2.1 Self given away/ baby given away, loss, broken family relationships (NOT AD)
2.2. Doing the right thing/need approval, bold hand-writing, tunnel/tornado/walk through/time travel/kite, thread with knots/triangles, loops/spiral coil/some geometric shapes, strong marks.
2.3. Mood fluctuations, tiredness, irritation, contemplation, need for control, indecisiveness, insecurity, dissatisfaction, perfectionism, aggressive movement, longing, need to belong, need for security, aimlessness, hopelessness, perfectionist, trying to please, apologetic, unsure, insecure, assertiveness, resignation(acceptance), determination(resolution), rebellion, comparison with sibling, aggressive drawing, need calmness/peacefulness.
Comments:
Most aspects can be viewed as personal characteristics, varying from insecurity to assertiveness. Irritation stands out as markedly present.
The observed emotional reactions such as resignation/rebellion during drawing of the mother may indicate her being resigned but holding inner protest to a hopeless current situation or relationship. Rich material is presented for future therapeutic work.
2.4. Up and down/ to and fro/overlaid/crossed arcs/forwards and backwards/this way and that way, straight road, frustration, crying, not coping, family relationships, physical arousal, irritated (repeatedly), violence in relationships, inability to trust
Comments: Non-directional symbols repeated/opposing directions**.** Interpreted as indecisiveness /trapped/hopeless/no outcome.
2.5. Conflict, need medication, need to express love/mothering, various symbols repeated from previous drawings, perfectionist, attempting to please, expecting to be blamed, confusion, loss of connectedness in family, longing for intimacy, stepdad, sister, defending D, victim removed, abusive patterns.
AWARENESS – **pattern altered,** block, gentleman, walking a straight path PLUS awareness, life skill.

Comments: Symbol for men (all violent) as unfeeling stones repeated and awareness came up when S defended them.

2.6. Irritation, **severe** psychosomatic complaints, male domination, not self-disclosing, abuser, stepdad, loss, defending M, need love, frustration, often unsatisfied with self and others, more bodily abuse, self-harm, soft, childhood loss, dark hole, her child, repeated – IMPORTANT, walk a straight road, angry, disappointed, dream loss, regret, self-blame, disappointment, to be blamed.

Disturbed and overwhelmed by the material

Comments: in retrospect – epileptic seizures

2.7. bending low over the work, scratching repeatedly, **sensitive, isolation, I wish my life was normal,** cheerful, positive, loving, gentle, I'm bad, scapegoat.

2.8. family not consider her needs, need to do things correctly/trying to please, want to be different/ rebellion, Mother, Anger, unclear identity-formation, self-loafing, bitter, loss, lost my friends, losses, blame, hate, need to remove stepdad, don't think bad of me, dad

3.

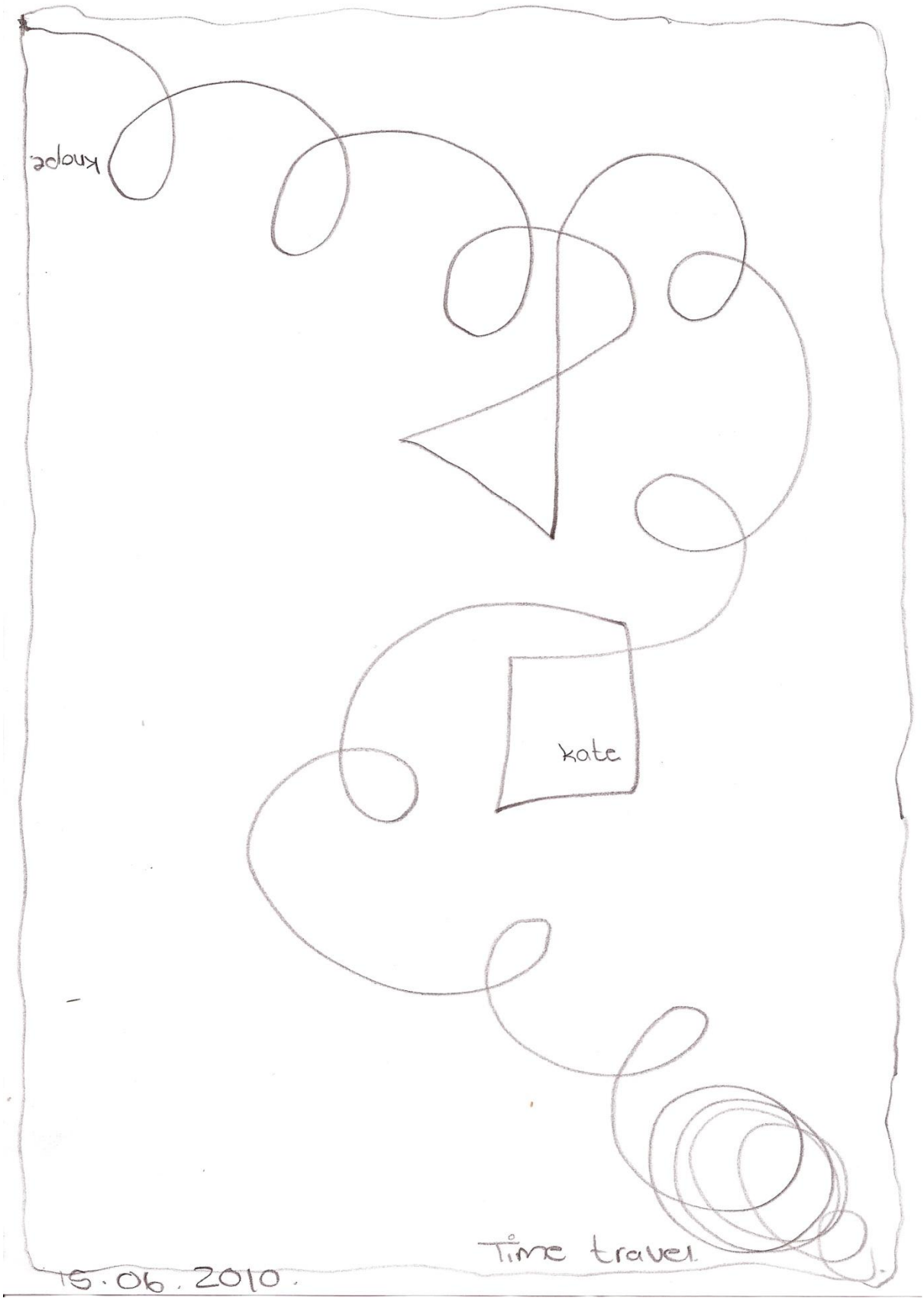
PERSONALITY– symbolic language – content / LIFE STRESSORS – family – psychosomatic– other / NEEDS & HURTS & HOPES do right/moods/irritation/longing/conflict/aggressive

APPENDIX G

DRAWING 1: MARK-MAKING – LINES

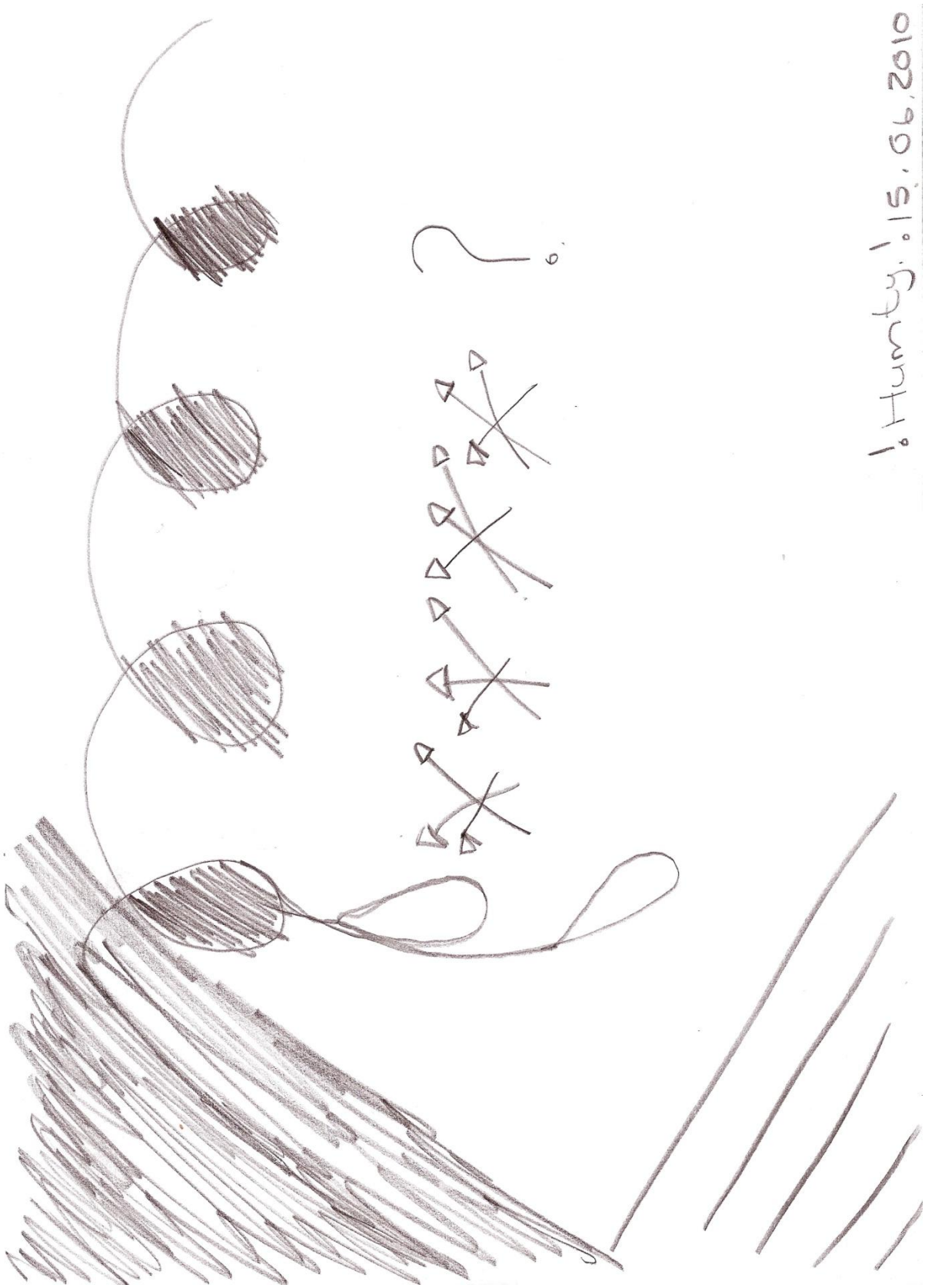
APPENDIX H

DRAWING 2: MARK-MAKING – BORDERS



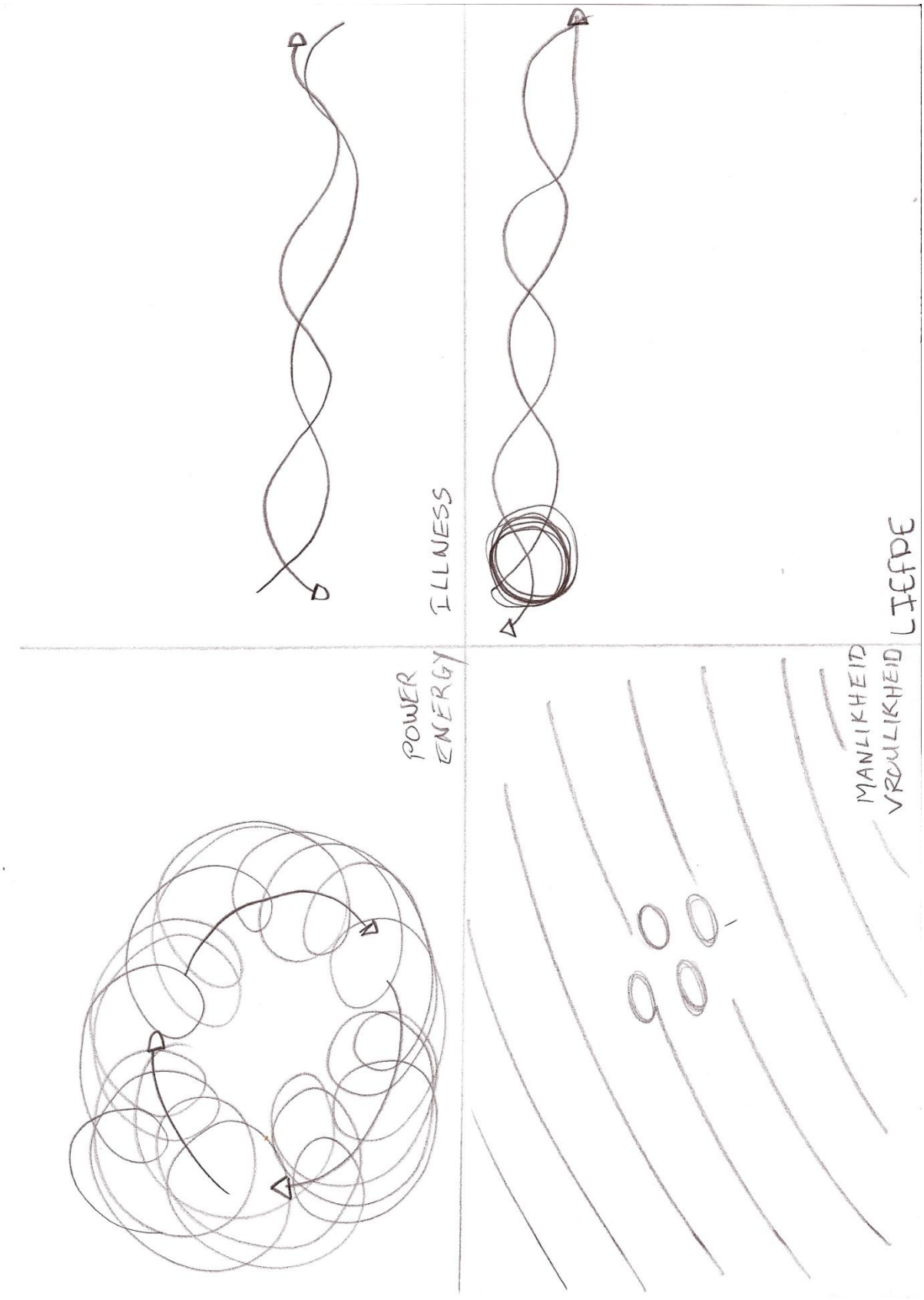
APPENDIX I

DRAWING 3: BORDERS



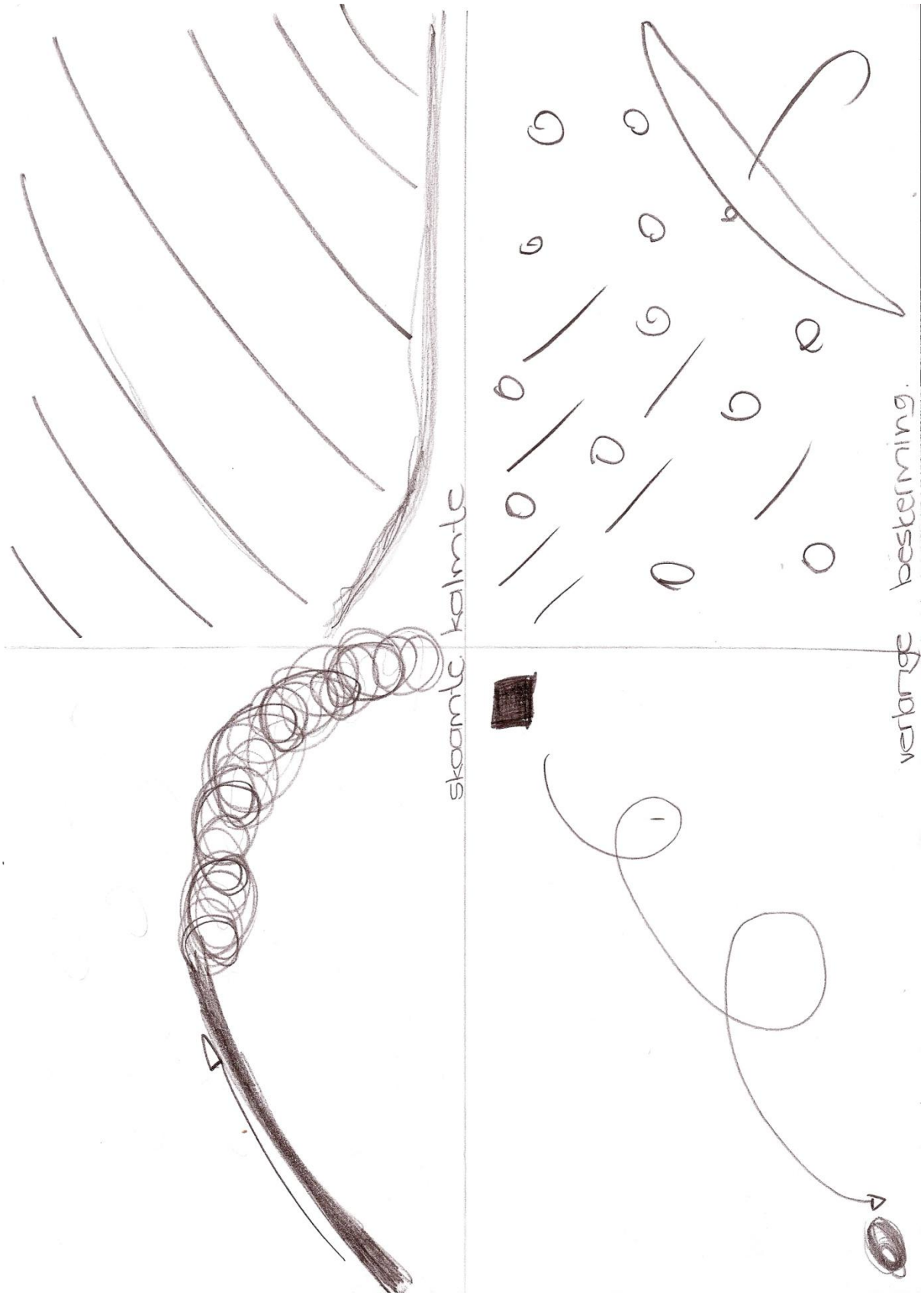
APPENDIX J

DRAWING 4: EMOTIONS



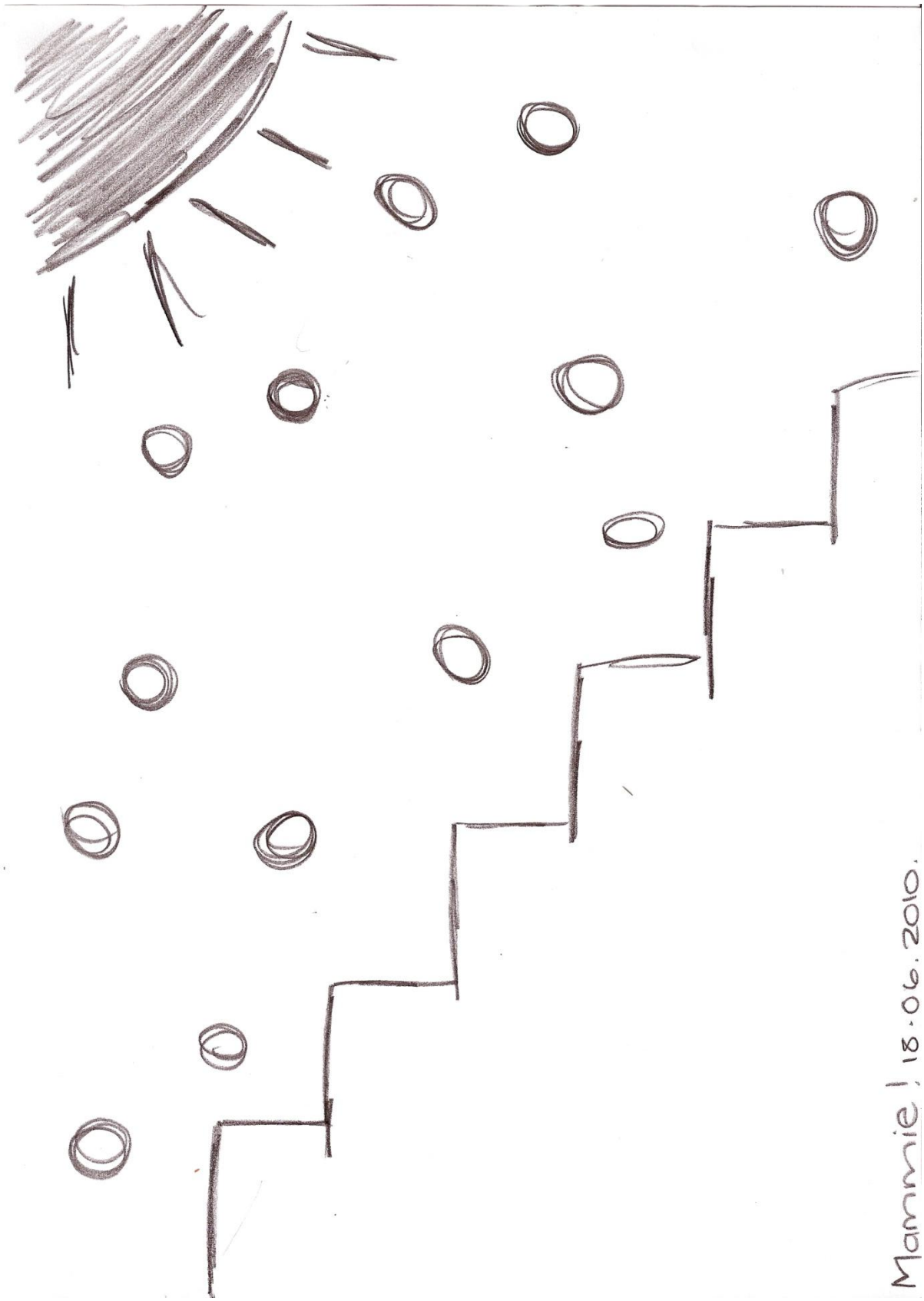
APPENDIX K

DRAWING 5: EMOTIONS



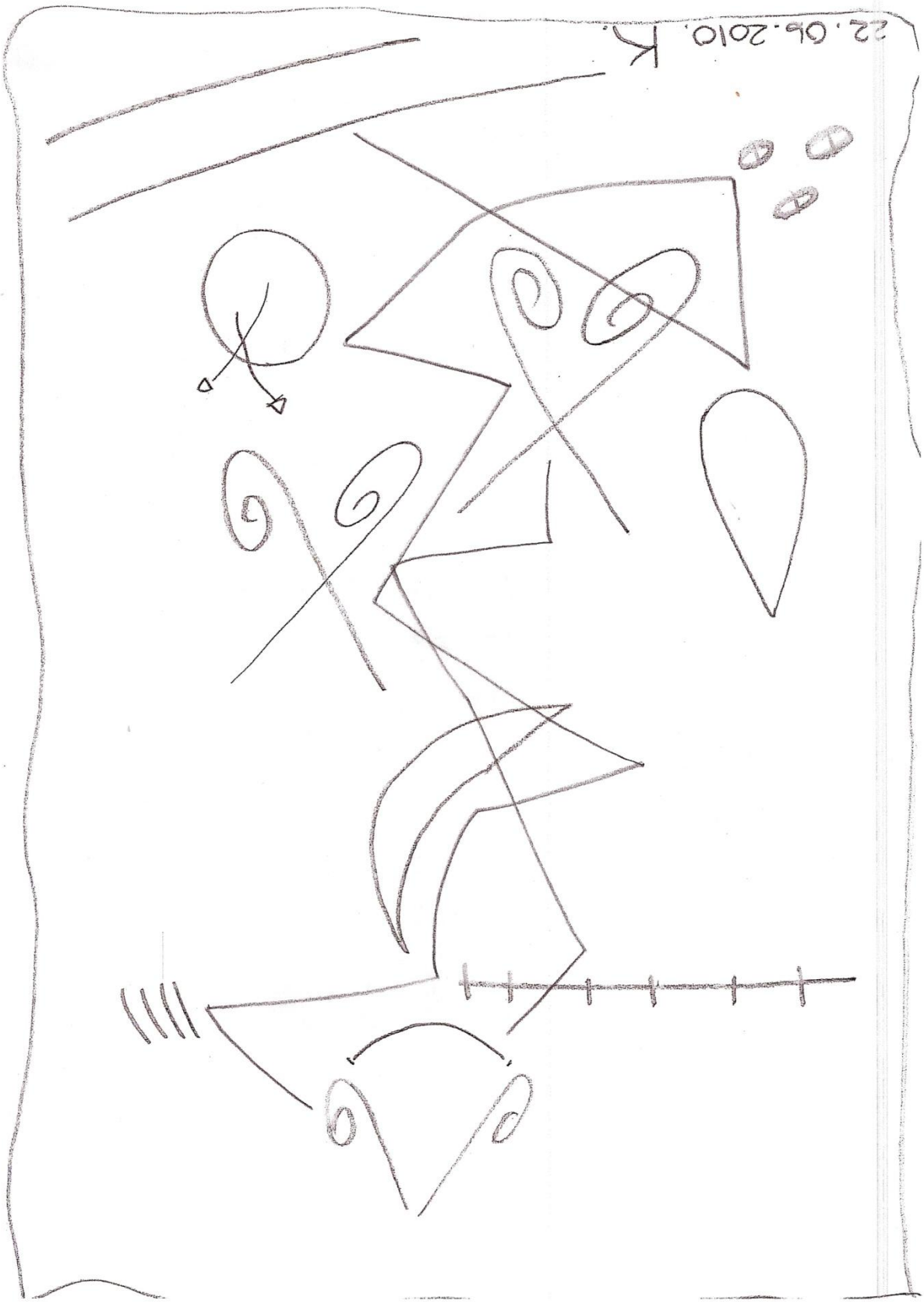
APPENDIX L

DRAWING 6: MOTHER'S PHONE CALL



APPENDIX M

DRAWING 7: DEATH OF NEIGHBOUR

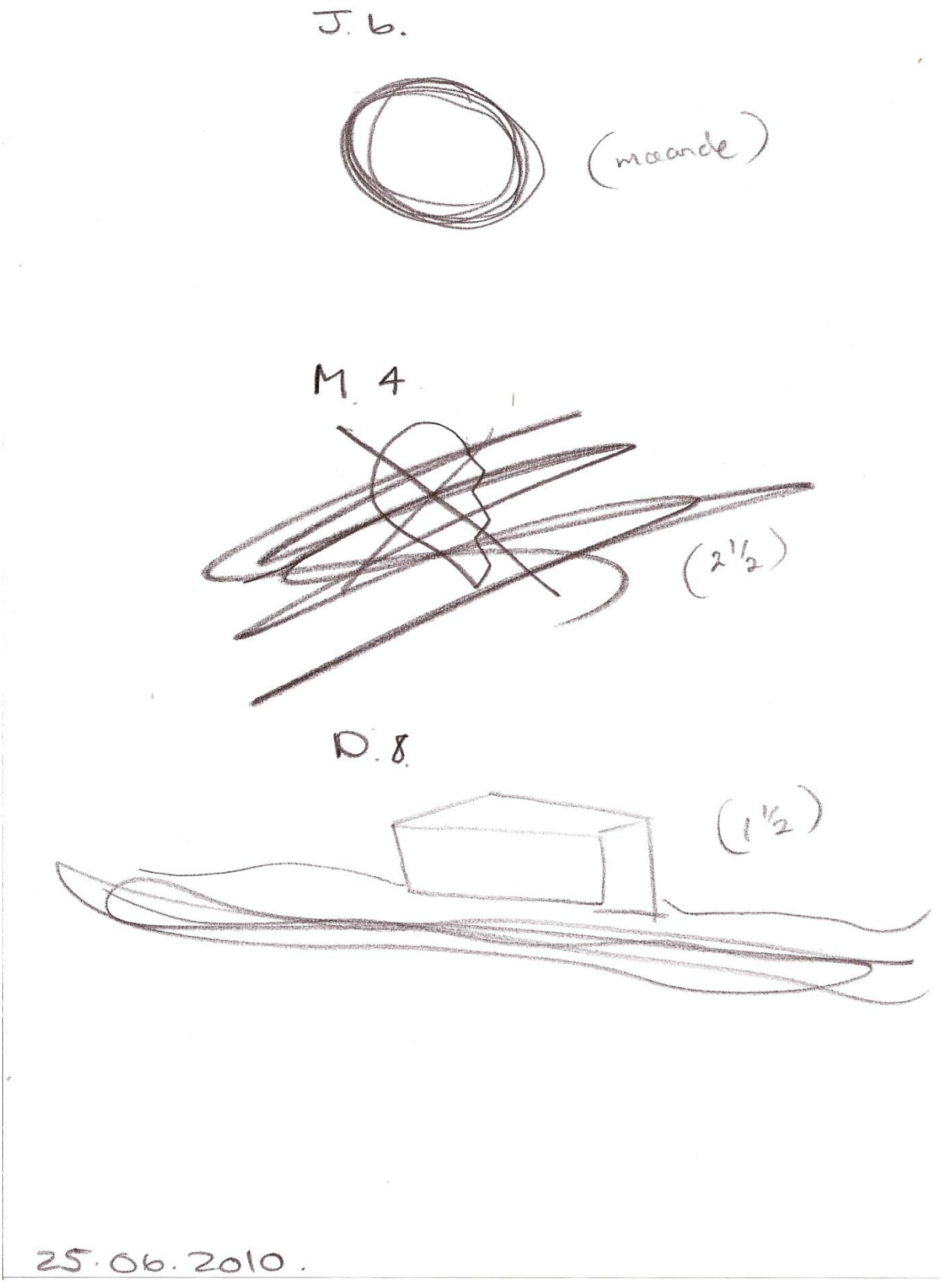


APPENDIX N

DRAWING 8: STEPDAD

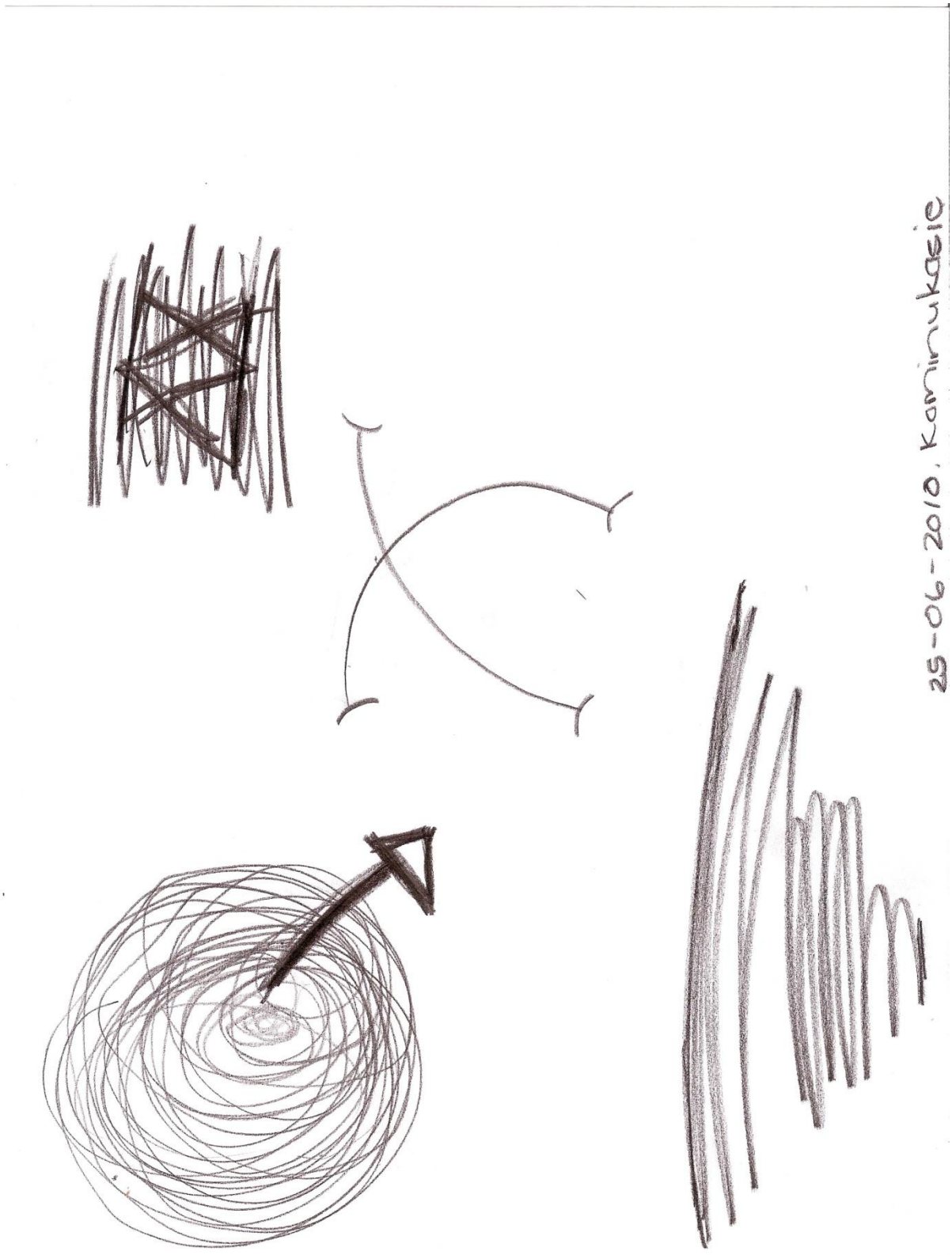
APPENDIX O

DRAWING 9: BOYFRIENDS



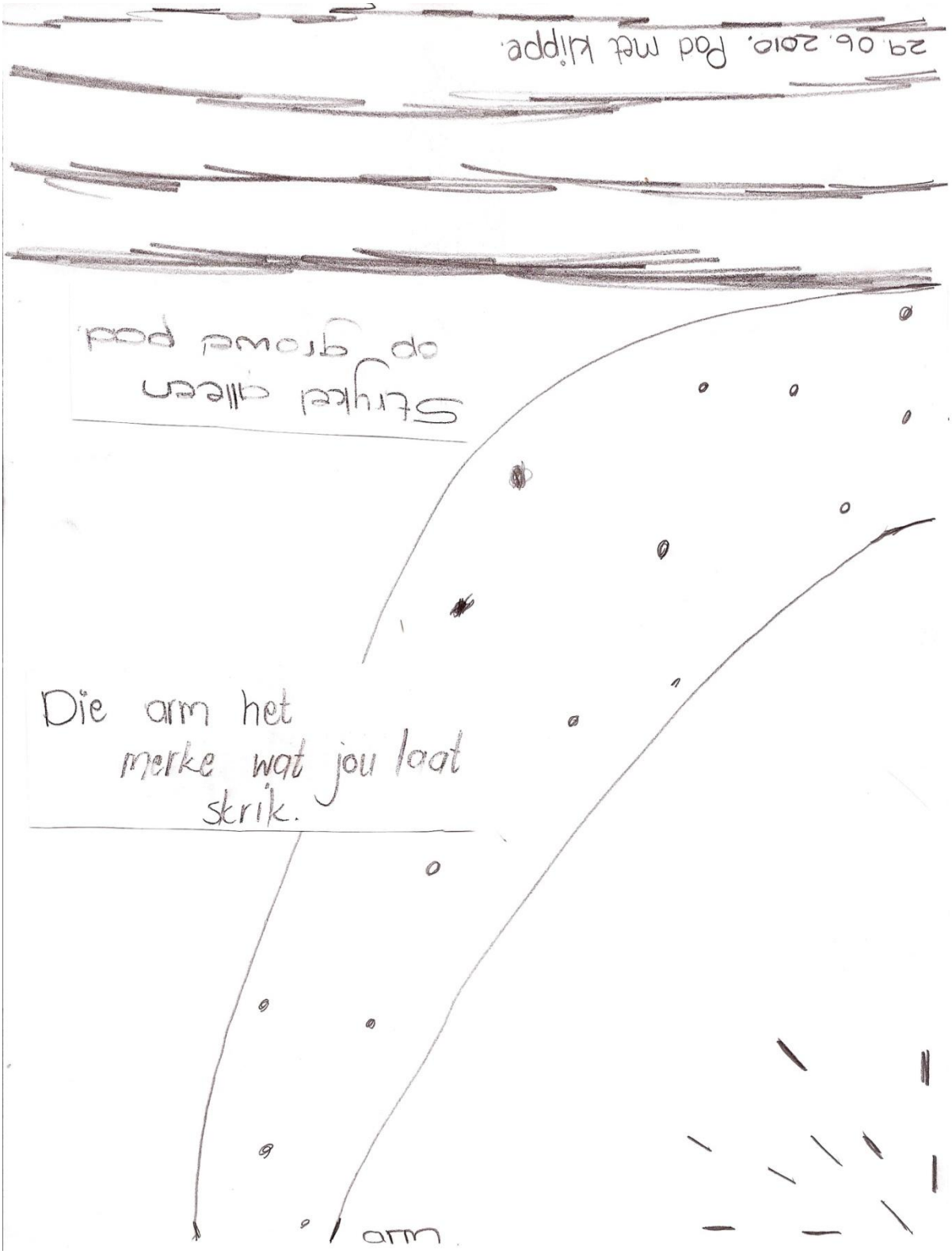
APPENDIX P

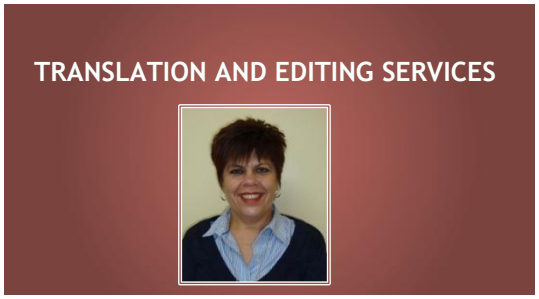
DRAWING 10: COMMUNICATION IN THE FAMILY



APPENDIX Q

DRAWING 11: PATH or ARM





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DECLARATION

This is to certify that the undersigned has duly edited the following written work:

Nature of work:	THESIS
Title:	Analog drawing as a coping skill for a self-injuring adolescent girl: a case study based on Gestalt theory
Submitted by:	Mariana Page
Name of programme:	Master of Diaconiologiae
University:	University of South Africa

Elsabé Diedericks

25 November 2010