

**EXPLORING THE FACTORS THAT CONTRIBUTE TO THE SELF-
CONFIGURATION PROCESS OF JUVENILE SEXUAL OFFENDERS**

By

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“We do not hope for us alone or for those alone who share our hope; we hope also for those who had and have no hope, for those whose hopes for this life remain unfulfilled, for those who are disappointed and indifferent, for those who despair of life, and even for those who have hurt or destroyed life.”

-Paul Tillich-

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The problem that motivated the study was that the way in which juvenile sex offenders are configuring themselves, and the way that self-development is currently understood, potentially has negative implications for the way they may be treated in therapy. The Gestalt paradigm was the lens through which this phenomenon was explored.

The research method was from a qualitative perspective and was an explorative and descriptive analysis of the factors that contribute to this self-configuration. Data was collected by way of unstructured and semi-structured interviews and systematically represented by the emergent themes. Results showed the factors that contribute to the self-configuration of the juvenile sex offender. Recommendations were made to the juveniles, their caretakers and the social workers. The researcher concluded that the Gestalt approach to self-configuration, with its emphasis on the field and relationships, provides a coherent lens through which to approach the phenomenon of juvenile sex offenders.

Key Terms:

Qualitative research, Self-configuration, Juvenile sex offenders, Gestalt Therapy, Exploratory, Field theory, Self – configuration.

Student number: **4335-848-9**

DECLARATION

I hereby declare that **EXPLORING THE FACTORS THAT CONTRIBUTE TO THE SELF-CONFIGURATION PROCESS OF JUVENILE SEXUAL OFFENDERS** is my own work and that all the references that were used or quoted, were indicated and recognized.

SIGNATURE

(Ms C.G. van Huyssteen)

DATE

DECLARATION BY EDITOR

I hereby declare that I proofread and edited the dissertation

**EXPLORING THE FACTORS THAT CONTRIBUTE TO THE SELF-CONFIGURATION
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PJ Jonas
DLitt et Phil

5 November 2010

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CHAPTER 1

OVERVIEW AND RATIONALE OF THE RESEARCH

1.1 INTRODUCTION

This research will form part of a larger research project within one of the focus areas of the Institute for Child, Youth and Family Studies, which is on identity and identity formation. One of the objectives is the exploration of a post-modern concept of the multiplicity of selves (Polster, 2005) within the South African context. An additional objective is to investigate and understand the various field and relational factors that contribute to the way in which individuals are configuring themselves.

1.2 PROBLEM AND RATIONALE

While working as a student intern at Tygerberg Hospital's Tygerbear Unit for Traumatized Children and their Families, the student was alerted to the fact that there were increasing numbers of juvenile offenders being referred to the unit. In addition, the senior assistant social worker at the Tygerbear Unit, Mrs Helene Louw - who has been working at the hospital for 25 years - says that the unit's social workers and therapists have noticed a drop in the average age of the juvenile sexual offender, and that it is quite significant how many nine to fifteen year olds are presenting at the unit. This ties in with research that shows 43% of all offenders reporting to Childline to be under 18 years old (van Niekerk, 2007:266; Bezuidenhout & Joubert, 2008:31). Other research puts the percentage of sexual offenders under 13 at 42% (Meyer & Freaan, 2003 in Bezuidenhout & Joubert, 2008:32). The increased awareness of the very young offender was confirmed by Meys (2010) and Mbinga (2010), who have observed the same phenomenon in their extensive experience, both in the Western Cape and Gauteng (Red Cross Children's Hospital, SayStop Clinic & SPARC). Meys elaborated with research that shows that 50-60 % of adult offenders admit to having begun their offending behavior at these early ages.

These young offenders create a dilemma amongst the unit's therapists and social workers as to the appropriate approach to therapy, due to confusion about whether they are to be approached as

offenders or victims. Many of the attending therapists and social workers expressed the experiencing of this dilemma during the Juvenile Offender Workshop that the researcher attended (August 2010).

Many juvenile offenders have histories of abuse themselves (Bezuidenhout & Joubert, 2008:32). This observation was confirmed by a number of therapists and social workers at the unit. In the South African justice system (Doek, 2006:13) the ten to fourteen year age group are seen as not having the capacity to appreciate the consequences of their actions and are therefore referred to relevant treatment programs (diversion due to rule of *doli incapax*, i.e that they are not capable of criminal intent). There is an emphasis in the South African justice system on diversion programs which both prevent criminal records and stigmatization and incorporate a more restorative-justice framework (Campbell, 2005:90). Rich (2009:3) refers to children and adolescents as moving targets in many respects, with the potential to change from year to year in their capacities, attitudes, sense of self and others. Campbell (2005:221:250) points out that prevention of pre-teen sexual offences will go a long way toward reducing the impact of sexual assault in South African society as research indicates that this behavior will continue if no intervention is provided. This implies that the self-configuration process at this age is a potentially dynamic process which is still very open to change and influence. A description of the factors contributing to this self-configuration process of juvenile offenders can add to the body of theory and in later studies form a baseline of information to inform intervention programs.

Most studies show that many of these juvenile sex offenders experience a deep level of social isolation and have poor social skills (Meys, 2010). Most experience themselves as socially inadequate (Rich, 2009:396). In addition many have been exposed to physical, sexual or emotional victimization and abandonment or are relationship deprived (Erooga & Mason, 2006:9; Melis, 2002:8). This implies that there may be significant difficulty with self-regulation and integration of self-states which may cause damage to the individual's deepest sense of self (Siegel, 1999:295). It is this damage to the self and the process of configuration (Polster, 2005:37; Cooper-White, 2007:57) thereof that inspired the interest in this research.

Classical notions of self are based on a Cartesian split between a subject and an object and tend to view the self as a singular and largely unchanging entity (Wheeler, 2009:21; Philippson, 2009:4; Parlett, 2005:54). Little consideration is given to the influence of the social context and metaphysical aspects (Levitt, 2007:431; Hoffman, Stewart, Warren & Meek, 2009:139). This view of the self has contributed to the problem that young offenders are often seen as, and may learn to see themselves as, inherently problematic. It is the researcher's view that this very way of approaching the child may contribute to the formation of this 'faulty' self that needs to be reconfigured. What is more, the approach of the self in therapy as a single or fixed entity fails to recognize that this very self has developed from a relationally complex milieu. The idea of an integrated self consisting of both member selves (Polster, 2005:46) and essential selves (Polster, 2005:42) as opposed to one singular self may provide a framework within which change and intervention are made possible. This fundamental shift would have an impact on the way therapeutic intervention programs and therapists approach the juvenile sexual offender.

The Gestalt theory of self, which will be utilized in this research, has creatively recast and deconstructed conventional notions of self (Wheeler, 2000). Self in contemporary Gestalt is seen by some theorists as an internal population of different selves (Polster, 2005:28) that configure in response to the environment as persons interact with the world around them. The self is thus not viewed as a fixed entity but as constantly being created and recreated (emerging) in relation to the environment in which it finds itself (Polster, 2005:28; Philippson, 2009:2). It would then be implicit that none of these offenders were born as offenders, but developed into these 'Selves' over time.

Research reflects that for juvenile sexual offenders risk factors are rooted in, and emerge from, the "deeply contextual and interwoven social environment" and all those systems and interactions within these (Rich, 2009:51). Identity's basic structure and its developmental course is dependent on the ongoing interaction between the individual and his or her social context, and thus may vary across different cultural or other such macro systemic contexts (Schachter, 2005:378; Ullman & Wheeler, 2009; MacKewn, 1997:50; Fernbacher, 2005:118). This results in individuals configuring themselves differently in different contexts (Polster, 2005:99). Arguably, the families and communities that are the context of these young sexual offenders may

not be supporting them in healthy self-development. Self is formed in co-creation and so in some significant way the child's environment and the relationships within that environment have created a context in which the child is "selfing" (or configuring) as this sexual offender self. It is therefore necessary to determine the factors that contribute to the self-configuration of juvenile sexual offenders so that recommendations can be made as to how to comprehend them in a more holistic manner and not merely as sexual offender selves.

1.3 PROBLEM STATEMENT AND FOCUS

The goal of problem formulation is to provide focus to the research (Graziano & Raulin in Fouché & De Vos, 2005:100). This may be phrased in a general manner if it is an exploratory research project (Fouché & De Vos, 2005:101) but will nonetheless largely control the way in which the rest of the research process is conducted.

The focus of this research will be an exploration and description of the factors which contribute to the way that juvenile sexual offenders experience themselves, their relationships and their environment. The research problem is that the way in which juvenile offenders are configuring themselves and the way that self-development is understood currently have potentially negative implications for the way juvenile sexual offenders who molest children are treated in therapy.

1.4 GOALS, THEORETICAL POINTS OF DEPARTURE AND RESEARCH QUESTION

1.4.1 Theoretical framework

The researcher will utilize the contemporary Gestalt emphasis of the Dialogical relationship (Polster, 2005; Yontef & Philippon, 2008) and the field theory approach (Ulman & Wheeler, 2009) by combining the two into a theory of self-development, as Peter Philippon has done in his book "The Emerging Self" (2009). Developmental theory will be from a Gestalt perspective (Mortolla, 2001; McConville & Wheeler, 2001) and focused on the relevant age group.

The approach would be to study the juvenile sexual offender through the lens of Gestalt field theory. This is a framework with which to examine a totality of mutually influencing forces

which come together and form a unified interactive and continuous whole, so the individual is not seen in isolation, but in context (Yontef, 1993:321; MacKewn, 1997:51; Joyce & Sills, 2006: 24). The Gestalt theory of self is embedded in this holistic field theoretical approach. It does not view the child as a person with a disease needing a cure, but as a contextually based entity in which non-supportive, incongruent and toxic environments inhibit healthy development (Reynolds, 2005:159). The Gestalt development theory is one in which the child develops through a web of relationships and factors within the field. This field and relationally embedded process of configuration (Polster, 2005) has a radical impact on how we approach therapy with juvenile offenders. One of the points of departure in this study will be the inclusion of attachment theory which the researcher feels is a relatively new and highly relevant topic which dovetails well with Gestalt theory.

1.4.2 Research question

The research question must be related to the goal and objective of the research (Strydom & Delpont, 2005:321). It should also narrow down the research problem into a testable question (McBurney & White, 2009:44). The research question for this study is:

Which factors contribute to the self-configuration process of juvenile sexual offenders?

1.4.3 Research aim and objectives

The aim of research is the same linguistically as the goal or purpose, i.e. “the end toward which effort or ambition is directed” (Fouché & De Vos, 2005:104). The aim of this research is to explore the factors that contribute to the self-configuration process of juvenile sexual offenders.

The objectives of this study are:

- To discuss the overarching paradigm of the study;
- To do an in-depth literature review on juvenile sexual offenders and the Gestalt theory of self.
- To conduct semi-structured interviews with the primary caretakers of juvenile offenders and the therapists/social workers who work with these offenders in a therapeutic capacity.

There will also be unstructured interviews with juvenile sexual offenders, as this will contribute to the exploration of their self-configuration process and add to triangulation (De Vos, 2005:361) of data.

- To provide a description, composition and analysis of the collected data;
- To make recommendations relevant to the self-configuration process to enhance any further research.
- To make recommendations relevant to the self-configuration process to guide caretakers and juveniles in their self-understanding.
- To make recommendations to the social work participants that will serve as guidelines to therapeutic intervention.

1.5 RESEARCH DESIGN

The researcher will utilize the **qualitative approach**, which elicits participant accounts of meaning, experience or perceptions, their primary relationships and the environment around them without needing to predict (Fouché & Delpont, 2005:74; Merriam, 2009:14). Research can be either basic or applied, with basic being knowledge generated for the sake of knowledge and no concern for the usefulness of such knowledge (Whitley, 2002:30). **Applied** research (Fouché & De Vos, 2005:105) will be more appropriate because it is hoped the results of this study will contribute to a body of knowledge about juvenile sex offenders and the scope of Gestalt therapy. In this study the researcher plans to explore (Babbie & Mouton, 2004: 80; De Vos, 2005:106) the perceptions and meaning that the juvenile offenders, their caretakers and therapists/social workers have given to their process and experience of configuration without trying to calculate an outcome.

The need for such a study could, as in this case, arise out of a lack of basic information on a comparatively new area of interest (Fouché & De Vos, 2005:106; Babbie & Mouton, 2004:79). Examination of the deeper meanings behind phenomena means that the research will also be **descriptive** (Fouché & de Vos, 2005:106; Babbie, 2007: 89). In qualitative research the choice of research strategy follows upon the researcher's choices and actions, unlike in quantitative research where the design would determine the choices and strategies (cf. Fouche, 2008:269). So

whereas the quantitative research strategy is more like a carefully laid out recipe, the qualitative researcher may alter the strategy during the research process. The problem is not always precisely delimited and may rather develop naturally from the literature, and there is much more focus on process rather than outcome (Babbie & Mouton, 2004:270). This approach suited the researcher, who will be approaching the research from a Gestalt perspective in which the focus is also on process, so although the ‘why’ is an important feature of exploration, the ‘what’ and ‘how’ are also of concern. The research design will be an **instrumental case study** as the cases will be examined to provide insight into a phenomenon (Merriam, 2009:48) or specific social issue (Fouché, 2005:272).

1.6 RESEARCH METHODOLOGY, PROCEDURE AND APPROACH

1.6.1 Demarcation of study

The universe, according to Arkava and Lane (in Strydom, 2005:193) refers to all potential subjects who possess the attributes in which the researcher is interested. In this case the universe will include all juvenile offenders of sexual abuse, their caretakers and therapists/social workers who work with them, in the Western Cape. The population sets the boundaries of the study and refers to all subjects who possess the relevant characteristics (Strydom, 2005:193). In this study the population will include all juvenile offenders of sexual abuse who have been referred to the Tygerbear Trauma Unit. The caretakers will also be drawn from the same institution in order to ensure that the population with which they have experience is closely similar to that of the juvenile participants in the research. The researcher will, where needed, differentiate between those caretakers who are biological parents and those who are not. This is due to the fact that some factors may be relevant only to biological parents. The therapists and social workers have all had experience with juvenile sex offenders within this community and have worked or are currently working at the unit.

Sampling refers to the process used to select a portion of the population that is considered representative (Strydom, 2005:193). The sample will be selected out of the available cases at the Tygerbear Unit that includes males between the ages of 9 and 15. The study has omitted female juvenile sex offenders as they may have a unique etiology (Hunter, Becker and Lexier,

2008:159) towards offending behavior and the researcher did not want to confound the study. The only modification would be that some of these referrals will not refer to them as juvenile sex offenders but as either sexually abusive children or children with inappropriate sexual behavior. The researcher will take care to make certain that the children in question fall within the parameters of the study and are engaging in coercive sexual behavior. The assistance of the researcher's supervisor at the Tygerbear Unit, Mrs Helene Louw, added an additional sifting and sorting of potential participants. There is elaboration on why these children are seen as offenders and not as abuse-reactive in the literature chapter on juvenile sex offenders. Non-probability and convenience (purposive or judgmental) sampling will be used (cf. Strydom & Delpont, 2005:328; Babbie, 2007:184; Maree & Peterson, 2008:176). The caretakers will be those who have had children referred to the unit for sexual offending, inappropriate sexual behavior or abusive sexual behavior. The children within their care will be within the age range of the study (nine to fifteen), and will be either English or Afrikaans speaking. The therapists and social workers will be those in the Tygerberg Hospital that work therapeutically with juvenile sexual offenders. Prior psychiatric diagnosis for behavior will be a criterion for exclusion from this study in order to eliminate confounding factors and thus ensure transferability to a larger population.

1.6.2 Consultation with field experts

The researcher consulted with the following experts in the field in order to gain insight into their experiences with juvenile sexual offenders.

Mrs H– Senior assistant social worker at the Tygerbear Unit for traumatized children and their families.

Mrs L – Social worker with 15 years of experience with victims of sexual abuse, 9 years experience as a social worker for the SAPD (FCS unit).

Their opinions on the possible areas of further exploration will be considered and their expert advice utilized where relevant.

1.6.3 Literature study

A literature study will be conducted as part of the research and cover several areas, the primary focus being on the self-configuration of the young sexual offender. According to Silverman (2008:300), a literature review should combine knowledge with critical thought. It should thus explain what is already known about a topic and in addition explain what you have to say critically about the chosen topic. In so doing, the researcher aims to bring the reader up to date with some previous research in the area and to point out discrepancies and those areas that may not have been considered previously (Babbie & Mouton, 2004:566). In this study literature relating to the following areas will be reviewed: The Gestalt theory of the self, young juvenile sex offenders, Trauma and Attachment theory.

The researcher did, in the interests of the study, find it necessary to occasionally use a reference that was more than 10 years old. These are considered seminal works and they include MacKewn (1997), Yontef (1993), Wheeler (1997), Jacobs (1991; 1998), Polster & Polster (1974; 1999), Siegel (1999) and Zinker (1978).

1.6.4 Data collection

The study will be an instrumental case study (De Vos, 2005:272) in that it seeks to gain better insight into a social issue. Unstructured interviews will be conducted with the juvenile sex offenders. These unstructured interviews will be completed with an aim to enrich the exploration of the phenomenological experience of the juvenile offender. The unstructured interview is also known as the in-depth interview (Greeff, 2005:292), at the root of which is an interest in the experience of other people and the meanings that they give to their worlds and experiences (Greeff, 2005:293).

The data collection will be triangulated (Babbie, 2007:113) and include the perceptions of the offenders, their primary care-givers, and therapists/social workers. The researcher made use of the semi-structured interview in which questions are used in order to gain a detailed picture of a participant's beliefs or perceptions on a certain topic (cf. Whitley, 2002:323; Greeff, 2005:296). The semi-structured interviews will be used for interviews with caretakers and therapists/social

workers. This would partially contribute to the trustworthiness in terms of credibility, transferability, dependability and confirmability. The researcher will be making audio recordings of all sessions of the unstructured interviews as well as all the semi-structured interviews.

Use will be made of field notes and observations in order to contribute to the depth and richness of the data collected. All interviews will be conducted at the Tygerberg Hospital and will be accompanied by a short debriefing prior to the interview. Some biographical details were already available to the researcher due to the referral system on which the unit operates; these details will also be utilized in the research.

1.6.5 Data analysis

Analyzing the content or text of the gathered data involves “reducing the volume of raw information, sifting significance from trivia, identifying significant patterns and constructing a framework for communicating the essence of what the data has revealed” (De Vos, 2005:333). This process of transformation from data into findings furthermore brings order, structure and meaning to the collected data (De Vos, 2005:333). The goal of data analysis is to make sense of the data collected and to find possible answers to the research question/s (Merriam, 2009:175). In order for open-ended data to be useful it has to be classified into meaningful themes, categories and sub-categories by means of coding (Whitley, 2002:329). The researcher will transcribe the data; this is, according to De Vos (2005:336), when the transition between data collection and data analysis begins in earnest. The researcher will personally transcribe the data as this would allow immersion into the data and could thus elicit some insights that may otherwise have been overlooked (De Vos, 2005:337).

The researcher will do open and axial coding in order to develop significance (Babbie, 2007:389). This process of coding the data is a process by which themes, patterns and categories could be highlighted and extracted.

1.7 ETHICAL ASPECTS

Ethics are typically associated with morality and questions of right and wrong (Babbie, 2007:62). Research in the behavioral sciences is guided by respect for the persons, beneficence and justice (Whitley, 2001:86). Research ethics places an emphasis on the humane and sensitive treatment of research participants (especially juvenile participants) who may be placed at varying degrees of risk by research procedures (Bless *et al.*, 2006:140). According to McKinney, ethical issues are of paramount importance because of the nature of the research topic which concerns aspects of human sexuality (in Babbie, 2007:68). This study will touch on some sensitive topics, and so the researcher will prioritize the ethical aspects of the research.

There are several considerations: Risk, harm or deprivation, voluntary participation, informed consent, confidentiality and support (Whitley, 2001:62; Babbie, 2007:64) that will be discussed below. To ensure that the standards of Ethical considerations were upheld the researcher will aim to implement and meet the standards outlined by several authors (Whitley, 2001:60-86; Babbie & Mouton, 2004:520-536; Strydom, 2005:56-69; Bless *et al.*, 2006:139-146).

1.7.1 Avoidance of harm

Social research should never injure those who are being studied and participants have a right to privacy and to protection from physical and psychological harm (Bless *et al.*, 2006:141). In the case of this research, care will have to be taken to avoid psychological harm, as participants will be asked to reveal sensitive subject matter. The research topic is of such a nature that there is always a risk of unexpected adverse side effects and the researcher has to remain aware of even the subtlest dangers and guard against them (Babbie, 2007:63). It is for this reason that the researcher has decided to ensure that there will be avenues available for therapeutic intervention when needed. The participants also reserve the right to withdraw at any stage during the research process (Whitley, 2001:80).

1.7.2 Informed consent

The researcher will follow the guidelines for ensuring that there is informed consent. Informed consent implies that there is adequate information on the goals and procedures that will be

followed during the investigation, the possible advantages or disadvantages that the participants may be exposed to, as well as the credibility of the researcher (Strydom, 2008:59). This is crucial with a vulnerable population like children (Babbie *et al.*, 2004:523). All participants will be informed of the aims and potential outcomes of the study. The adolescents will have their caretakers informed in their presence, and consent forms will have to be signed (Strydom, 2008:59). All aspects of the research, as well as the right to withdraw at any time and the access to therapeutic intervention will be discussed with the aim of avoiding any unintentional deception (Strydom, 2008:61). Should any unforeseen deception or misunderstandings occur during the course of the study, care will be taken to discuss these with the participants (Strydom, 2008:61).

1.7.3 Confidentiality

Information provided by the participants should be protected and be made unavailable to anyone other than the researchers (Bless *et al.*, 2006:143). According to Whitley (2001:81), confidentiality is of special importance when participants have revealed information that is personal or that could have major impact if revealed. In the case of this research the participants may be revealing very sensitive personal information and so the issue of confidentiality is one that the researcher will take very seriously. The identities of all the participants will not be revealed in the final research document. The researcher will make use of false names/aliases, but the information like gender and age will remain. Whenever the research is confidential rather than anonymous, the researcher has a responsibility to let participants know and it is crucial not to use the term anonymous if one means confidential (Babbie & Mouton, 2004:524). Total anonymity would be impossible with the interview technique as it implies that the researcher also does not know who the participants are (Babbie & Mouton, 2004:352). *Public* anonymity will be strictly upheld and readers will not be able to identify the participants. Each participant will be given a pseudonym.

Research with children raises some specific confidentiality issues (Whitley, 2001:81), as parents often want feedback and potentially want access to the information collected. The researcher thus has an ethical obligation to protect the confidentiality of the children. The parents will be informed at the outset that there is a limitation on their access to any of the information revealed

by the child. Furthermore, the children will be told that they have the right to withhold information from their parents.

1.7.4 Support for participants

In this research, owing to the sensitive nature of the research topic, care has to be focused on the emotional and psychological well-being of the participants, especially the adolescents. Emotional distress is a possibility when doing any research touching on the area of human sexuality (McKinney in Babbie, 2007:68). The research interviews may have an impact on the adolescents' sense of self and/or in their lives, and so processes will be put in place to ensure appropriate referral and that there is counseling available should it become apparent that a participant may require such support (cf. Bless *et al.*, 2006:143). Participants will also be informed that they may at any time discontinue as participants in the research. The researcher will aim to keep the interviews as un-traumatic as possible while still gathering the relevant data. Participants will all be treated with the basic principles of the Gestalt Dialogic approach, namely inclusion, presence, commitment to dialogue, non-exploitation and living the experience. (Yontef, 1993: 218).

Children fall into the category of a vulnerable population (Bless *et al.*, 2006:144-145), and so extra care will be taken so that the children and their primary caretakers are fully aware of their ethical rights. It will also be made clear that the participants can debrief after the interviewing sessions in order to reflect on how the session was for them.

1.7.5 Actions and competence of researchers

Researchers are ethically obliged to ensure that they are adequately skilled and competent to carry out the planned investigation (Strydom, 2008:63). The researcher has worked in an ethically based therapeutic setting for well over two years (Tygerberg Hospital's Tygerbear Unit for traumatized children and their families) and done honours level research projects. As a Gestalt therapist in training the researcher has integrated the professional codes of ethics that govern any therapeutic setting into her therapeutic work with clients and into the way that research was approached.

1.7.6 Cooperation with contributors

The researcher will work closely with her supervisor in order to complete the research project and this will add to the assurance that the research project will follow the overall ethical standards upheld and maintained by the Huguenot College's Department of Play Therapy.

The support of the Tygerberg Hospital is appreciated and is crucial to the success of the study. The Tygerbear Unit will receive a copy of the research, as it would be of interest and use to them.

1.8 DEFINITION OF KEY CONCEPTS

1.8.1 Juvenile sexual offender

It is important to make a distinction between a legal definition and a social definition of what constitutes sexual offending. Barbaree and Marshall refer to a sex offender as someone who has been convicted in a criminal court of a sexual crime (2006:2). This would then be a legal definition. However, as Finkelhor, Ormrod and Chaffin (2009:5) point out, the younger offenders are usually presented as 'children with sexual behavior problems'. Offending sexual behaviors are, according to Finkelhor (in Barbaree & Marshall, 2008:10), those sexual interactions which are forced upon a non-consenting person, true consent being dependant on: full knowledge regarding what is being consented to and, secondly, absolute freedom to accept or decline. He goes on to state that children are by no means knowledgeable or autonomous beings, and as a consequence are neither able nor free to make their own decisions regarding intimate sexual interactions. To stress the point: although a child may be willing, he/she does not have the psychological capacity to consent. This research, owing to the youthful age of the juvenile participants, does not require conviction as a criterion, but the referral must be due to sexual offending or sexually inappropriate behavior of an offending nature.

For the purpose of this study the juvenile sexual offender will be defined as any child or young adolescent who presents with problematic sexual behavior and/or sexual aggression aimed at other children, regardless of his or her involvement with the law. Further elaboration of this definition will be found in the literature chapter on juvenile sex offenders.

1.8.2 Gestalt therapy

Gestalt therapy is a phenomenological, existential therapy based on awareness in the here-and-now, taking into consideration all aspects of the field. It emphasizes the concepts of choice and responsibility. It is also holistic and the whole is seen as larger than the sum of the parts. The ultimate aim of Gestalt therapy is to assist the clients in restoring their ability to self-regulate, to have fulfilling contact with others as well as with disowned aspects of themselves. What is of interest to the Gestalt therapist is how persons are creating their lives in a particular manner and not only why they came to be as they are (Kirschner, 2000).

1.8.3 Field

The person's context is what is referred to as his/her field. Every emerging figure is context dependant for its meaning (Joyce & Sills, 2006:24). The individual is always organizing the field with current needs or earlier configurations that are still residue of past unfinished business (Joyce & Sills, 2006:25). There is a mutuality of influence between the organism and its field. According to Gestalt theory (Yontef, 1993) the problems that a child experiences do not exist in isolation but as part of the whole milieu of which the child is part, and has been part. In other words human beings are in themselves self-regulating, growth orientated and that they cannot be understood apart from their environment (Blom, 2006:22).

1.8.4 Self Configuration

Mackewn (2004:73) makes the observation that the self is an elusive and controversial concept and is the subject of much lively debate amongst theoreticians. The self as a concept has evolved over time and within the humanistic and existential perspectives, of which Gestalt is one; there is an idea of self that is both fluid and integrated. In Gestalt, the self is seen as a process, a verb rather than a noun. Self is not seen as a fixed structure but changes according to the needs and demands of the environment. It is also the capacity of the organism to make contact with the environment and a function within this organism-environment field. We learn to know ourselves by means of relationships, and so past relationships impact on the approach we take with current relationships. In this way the self is inter-subjective, a process of contacting and relating

(Mackewn, 1997:73). The Gestalt model is a process model which looks at the way that organisms organize (configure) and integrate this contact, the movement of integrating experience, in order to “map their field” (Wheeler & McConville, 2002:47). Polster has enriched Gestalt theory of self by adding the idea of the multiplicity of self. An individual could have, among his/her selves, an angry self, a loving self, a studious self and so forth. He refers to the many selves each individual has within him/her as a ‘population of selves’ (2005). Polster makes a convincing argument for the therapeutic value of seeing self as multiple rather than a singular fixed entity and this will be elaborated on in Chapters Three and Six. Briefly put, configuration is what happens when clusters of experience collected from the field order themselves into a particular pattern in relation to the current field (Polster, 2005: 7). These clusters of experience form various selves that each present as the different field conditions command. These experiences could be positive or negative, however according to Grobler (2009b: 34), if the experiences are traumatic it is a largely subconscious process based on rigid introjects. These unassimilated experiences become a “false self” and require tailoring before assimilation can take place (Grobler, 2009b: 35).

1.8.5 Dialogic relationship

The Gestalt principle of dialogue is based on the work of philosopher Martin Buber, most notably his concept of I – Thou. In Gestalt there is a concern for what happens between people and noticing more than just the content of what is spoken about. Yontef (1993:33) puts it this way: “we grow by what happens between people and not by looking inward”. The Dialogic relationship has several fundamental principles, namely, Inclusion, Presence, Commitment to dialogue, Dialogue is lived, and Non-exploitation, all of which encourage an atmosphere of acceptance which is crucial to change. This atmosphere of acceptance, which is implicit in I-Thou style of relating, is, according to Yontef and Fuhr (2005:96), one that validates the growth potential of the client.

1.8.6 Attachment

“Attachment” is an inborn system in the brain that evolves in ways that influence and organize motivational, emotional and memory processes with respect to significant caregivers (Siegel, 1999:67). The attachment system motivates an infant to seek proximity to parents (and other primary caregivers) and to establish communication with them. Siegel adds that at the level of the mind, attachment establishes an interpersonal relationship based on the parent’s emotionally sensitive responses to a child’s signals that help the immature brain use the mature functions of the parent’s brain to organize and to modulate negative states. Trauma and emotional neglect, or even the parents’ own emotional unavailability due to trauma, leads to disorganized attachment (Fosha, 2003). Studies of attachment have revealed that the patterning or organization of attachment relationships during infancy is associated with characteristic processes of emotional regulation, social relatedness, reflection and narrative (Siegel, 1999:67).

1.9 CONCLUSION

The way in which juvenile sexual offenders’ ‘self’ is viewed may be contributing to the confusion about how they view themselves and how they are treated therapeutically. It is the hope of the researcher that the exploration of this problem (the way that self is currently viewed) within a South African context may reveal areas upon which interventions can be built. By building on a child’s internal support factors (sense of self) and external support factors (family support, social networks) one could promote success and well-being into his/her life.

In this chapter an overview of the rationale and method of the study was described. The problem formulation, aims and objectives and research question were discussed. Key concepts were briefly defined and described. Chapter Two will be an explanation of the paradigm perspective from which this research was done.

CHAPTER 2

PARADIGMATIC AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

In the previous chapter a general introduction and overview of the rationale for the study was given. In this chapter the paradigm from which the study intends to be done will be discussed. A paradigm serves as a basic guide or framework for observation and understanding, which shapes both what we see and how we comprehend it (Babbie & Mouton, 2004:645). According to Wheeler (2000:11), a paradigm refers to all the complex and interrelated set of underlying beliefs, ideas, attitudes and assumptions, or otherwise put, our world view, which is often out of awareness most of the time. Every theoretical system begins with a set of assumptions; all theories have to begin somewhere, even if the underlying assumptions cannot be proven beyond all doubt (Crocker, 2008:124).

Most research is done within a single paradigm (Terre Blanche & Durrheim, 2006:9). This research will be done from within the paradigm of Gestalt theory. The researcher will use a non-positivist humanistic (Whitley, 2001:9) stance which is based on a belief that reality consists of people's subjective experiences and the meanings that they give to those experiences. This could also be called an interpretive approach (Terre Blanche; Durrheim & Painter, 2006:7). Nieuwenhuis (in Maree, 2008:65) refers to this as the post-positivist approach which assumes that reality is multiple, subjective and mentally constructed by individuals. The researcher chose this post-positivist humanist approach in order to study the subjective experience of selfhood of the juvenile sexual offenders, their caregivers and therapists/social workers who work with them therapeutically and the meaning which they give to this experience.

It is from the Gestalt paradigm that the researcher approached the participants in the research project. Utilizing Gestalt's post-positivist and humanistic foundation the researcher considered each participant as unique and considered holistically from the Gestalt phenomenological perspective, without attempts at an interpretation of answers given during interviews. It was also

paramount to the exploration that field factors from their embedded fields, both past and present, be explored. The emphasis fell, not on what “should be” but on “what is”. The focus was on a phenomenological enquiry into the situation and the meaning of that situation for each of the individuals that were participants in this study. In other words, what is the influence of the environment on the difficulties the individual is dealing with and how has the individual’s interaction with the field been internalized over a lifetime, and in a sense still ‘lives’ in the present (Crocker, 2008:130).

2.2 THEORETICAL ASSUMPTIONS

The researcher is training in Gestalt therapy and therefore this research will utilize this Gestalt perspective. The main conceptual pillars or underlying assumptions of Gestalt therapy will be explained, including: phenomenology, field theory, holism and existential dialogue (Yontef, 1993:124-128). Additionally some of the basic Gestalt principles and concepts with which this research will deal will also be addressed.

Two of these concepts will be elaborated on in Chapter Three, namely the concept of self and the development of the self. The way in which Gestalt views self and its development is fundamental to this research, and so it is necessary that a more detailed depiction be given on these topics in a separate chapter. Some of the central Gestalt therapy concepts will now be discussed in order to give an idea of the paradigm from which the study is done.

2.2.1 Gestalt

Although this German word has no exact English equivalent (Blom, 2004:18), it has become so used by the English language that it has been practically adopted as a term. The word refers to an organized whole, a configuration or pattern whose organization makes it greater than the sum of its parts. Gestalt therapy draws from all of these meanings (Kirchner, 2000). In this study each participant will be viewed as an entity that is more than the sum of the various parts. The juvenile sex offender is not just an offender or just a victim but an embedded holistic entity with many different facets. “Human living can be grasped and appreciated only if it is understood in its bodily, cognitive, affective, interpersonal, socio-politico-economic, aesthetic, and spiritual

dimensions. To look at only one or two of these is to miss the whole, and thus to settle for a partial view of what it means to be human” (Crocker, 2000).

2.2.2 Gestalt therapy

According to Yontef (1993:200) Gestalt therapy can be defined in terms of three key principles: Gestalt therapy is phenomenological, that is, it has a goal to amplify awareness; Gestalt therapy is based on Dialogic existentialism; and finally Gestalt therapy has as its world view Gestalt, that is, it is based on holism and field theory. The researcher is of the opinion that all of these concepts dovetail with each other, fundamentally interlinking in such a way that one cannot fully appreciate the nuances of one area without an understanding of the others. One of the fundamental goals is for integrated functioning of the organism.

Gestalt therapy was forged from various influences in the times and lives of the founders: physics, Eastern religion, existential phenomenology, Gestalt psychology, psychoanalysis, theatrical performance, systems and field theory (Mackewn, 1997). Contemporary Gestalt therapy has continued to integrate current trends and enrich its theoretical base. Gestalt therapy is grounded on the belief that individuals are born with the resources and the ability to be in rewarding contact with others and the environment, at the same time being able to lead satisfying and creative lives (Joyce & Sills, 2006:7). What happens is that often in childhood or sometimes later on, something could interrupt the process and the person becomes stuck in fixed patterns and beliefs about themselves that get in the way (Joyce & Sills, 2006:7). The juvenile sex offender has every capacity to be in good and fulfilling contact with the environment. However, considering the circumstances there have possibly been introjected faulty beliefs that are causing this not to be the case. It is then the task of the therapist to support the client in overcoming some of the blockages to healthy self-regulation.

Gestalt therapy is thus a field-theoretical approach, recognizing that any understanding of a person’s life must take into account his exchanges with those factors in his environment that influence him in significant ways (Crocker in Brownell, 2008:129). In other words all reality is a mixture of context and perspective.

The Gestalt approach to therapy will form the background of the study. This implies that the juvenile offender will be seen in terms of this humanistic approach which will be further elaborated in the sections below.

2.2.3 Holism and field theory

Holism as a concept was pioneered by South African Jan Smuts in 1926 and is largely similar to the word Gestalt (see 2.2.1) (Yontef, 1993:84). Thus the individual person is more than the sum of the various parts including mind, body and spirit (Blom, 2004:46). The juvenile sex offender will thus be considered as a holistic entity, taking into consideration all the various aspects and processes that make up the unique individual. It is not possible to gain a realistic view if the offending behavior is seen in isolation of all the other developmental and field factors. These field dynamics have such a vast influence on the individual, and it is to the field which the discussion now turns.

It is the concept of field theory or more accurately phenomenological field theory that serves as the backdrop to all other Gestalt therapy concepts. According to Parlett (2005:43), *field* has become one of the most frequently used terms in current Gestalt literature and is an indispensable and theoretically central aspect of Gestalt. It is seen as a unitary and encompassing concept (Parlett, 2005:44). In this research field theory and self-development are intertwined to the extent that self cannot be discussed without alluding to field theory.

Although classical Gestalt had the idea that existence precedes essence - the organism has no meaning apart from the environment (Perls, Hefferline & Goodman in Yontef, 1993:297). The revised and contemporary Gestalt view is that essence and existence interchange, develop and adjust in an infinite progression of interactions within the environment. According to them they are created simultaneously and in an ongoing and interactive process (Yontef & Bar-Yoseph, 2008:185). In other words there are no human traits or consciousnesses without the relationship between the organism and the field. The person and the field are interdependent and this interdependence between the two is one of the main beliefs of the Gestalt approach. This points toward the difference between being in-a-field or of-a-field (Yontef, 1993:300). The juvenile sex

offender was created by the field and became a 'self' by adaptation within a particular field, and is a fundamental interactive part of that field.

Field theory is about reconfiguring and constructing a far more context-sensitive picture of who we are as human beings (Ullman & Wheeler, 2009:xvi). The reality within which the juvenile offender views the world is individually constructed; however this is always in relation to the field within which he or she has existed. In other words, the juvenile sex offender's reality is a blend of the inner field and the outer field. From a research perspective it would be fundamentally inadequate if the juvenile sex offender was not viewed as a contextually formed organism that has a particular field situation. The context in which the individual is formed also includes the relationships with others. Jacobs (in Ullman & Wheeler, 2009: xvi) describes it as a double helix of relationality and field theory when she speaks of how our phenomenal fields emerge from our lived contexts. For the purposes of this study and its emphasis on the configuration process of the self the researcher will elaborate on the relational aspects of the field later in this chapter.

Field theory is a phenomenologically defined and relationally created process (Spagnuolo-Lobb, 2005:26; Yontef, 1993:294). All three areas of the phenomenological investigation, the internal world, the external world and the relationship between the counselor/researcher and the client/participant, would fit under the label 'field' (Joyce & Sills, 2006:24). The researcher will explore the thoughts and feelings of the juvenile sex offender's internal world, the family and environmental circumstances that the juvenile sex offender is surrounded by and finally the relationships between all these factors. It is clear that the researcher has an influence on what constitutes the field that is being studied, so it is only possible to fully understand this research if one understands which perspective the researcher is coming from. The phenomenological field is defined by the observer and the client, and is only meaningful if one is able to understand their frame of reference (Yontef, 1993:125). It is therefore important for the reader to gain some insight into the Gestalt approach which informs the researcher.

The relevance to this study is apparent if one looks at dysfunctions in the organization of the field because it stands to reason that the understanding, meaning and solution of these dysfunctions also exist within the dynamics of the field. The power of both health and pathology lies in the current field, even though the forces may have started at some prior point (Yontef,

1993:311). The juvenile offender is, like any individual, always organizing the field according to both current needs and earlier configurations, which may contain rigid self-organizations (fixed Gestalts) or unfinished business. So, although the offender may have configured in this particular way and the reasons may lie in prior fields, it is currently pathological, but the solution to this lies within the current field.

2.2.4 Phenomenology

Phenomenology is, for the purposes of Gestalt therapy, to be understood as the ability to look at what is happening in this moment as it is. The then-and-there is always looked at as it occurs in the here-and-now. "Phenomenology takes as its only data what is immediately and naively experienced at a moment" (Yontef, 1993:239). So it is a look at the multiple possible subjective ways of organizing the field or situation. The juvenile sex offender will have a unique way of organizing or viewing his situation, and it is one of the goals of this research to explore and describe as best as possible those subjective meanings. The aim is to try to get as good a sense as possible of what it is like to be juvenile sex offenders, what are their experiences, where do they interrupt themselves and what resides in procedural memory that the client may need to become aware of so that he or she may begin to take control of the processes (Burley & Bloom, 2008:174).

Gestalt shares the phenomenological premise that it is not possible to establish one absolute singular truth but that there are multiple versions of reality, because people form highly individual ideas and so endow events with substantial subjective meaning (MacKewn, 1997:59). This study will be an attempt at *co-discovering* what reality is for the participants.

The phenomenological method has three rules: epoché, description and horizontalization (Joyce & Sills, 2006:17; Burley & Bloom, 2008:172). In the matter of this research the researcher will have to remain aware of her own phenomenology and try to avoid unconscious projecting of her own perspective, biases, prejudices, preconceptions, or assumptions on the situation; this would require bracketing or **epoché** (cf. Burley & Bloom, 2008:170). The second rule - **description** follows logically from epoché and requires the expression of immediate observations and sensations without interpretation. It is a lack of concern for whether the stories are objectively

true or not but concern for the client's understandings and meanings of those experiences that Crocker argues makes it a hermeneutic task (Crocker, 2005:68). It will then rely on the researcher's experience, with all perceptual-sensory inputs, of the participant and the description thereof (Burley & Bloom, 2008:171).

From this data that is gathered from the exploration and description arises the last goal, that of **horizontalization** or equalization, which means that all this information is given equal weight in terms of potential importance. No piece of evidence should be valued more than any other and each should be considered equally. These bits of data may then be placed into meaningful groups, with repetition and redundancies discarded (Burley & Bloom, 2008:172). In the research methodology outlined in Chapter One the researcher described coding (DeVos, 2005:338), which will follow a similar procedure. The aim is to show a synthesis, an illustration of themes and patterns. While not being the essence of the experience, it will nonetheless be a clear statement (abstraction) of the experience (Burley & Bloom, 2008:172). In terms of research methodology it is clear then that these basic principles and rules of the phenomenological method, which are foundational to Gestalt therapy, can be utilized and applied.

To summarize, phenomenology helps people stand aside from their habitual ways of thinking so that they can become aware of what is actually being perceived and felt in the here-an-now of the current situation and what is residue from the past (Yontef, 1993:124). The concepts of awareness, figure/ground, organismic self-regulation and here-and-now will be elaborated on, as they are fundamental to our understanding of the phenomenological method.

2.2.4.1 Awareness

Understanding awareness is fundamental to understanding Gestalt therapy and the phenomenological method. Awareness leads to Gestalt formation and the integration of a problem (Polster & Polster 1974:210; Yontef, 1993:179; Joyce & Sills, 2006:39). Yontef (in MacKewn, 1997: 114) has gone so far as to suggest that the sole aim of Gestalt is in fact awareness. It is also fundamental to the Dialogic relationship, the paradoxical theory of change, sense of self and a primary function of experiments (Joyce & Sills, 2006:40). According to Polster and Polster (1974:211), awareness is, at its best, a continuous means for keeping up to

date with oneself. The therapist therefore needs to support the clients to develop this deep awareness of themselves and of their unique styles of contacting and interacting with their world (MacKewn, 1997:115).

Awareness is only one step on the road to integration and self-configuration, which also includes the responsibility for responses. Awareness and responsibility are two interlocking concepts that are significant to this study of the juvenile sex offender. If behavior is without awareness, then it cannot be owned and if it is not owned then one cannot exercise the power of choice and responsibility. In this research the researcher will be exploring the levels of awareness that the juvenile sex offender has and perhaps heighten the different aspects of awareness. It may provide the research with a much richer idea of the experiences of the juvenile sex offender. Awareness and responsibility also depend on the ability to know what one is and is not responsible for within one's life. Juvenile sex offenders may not be responsible for the environment in which they find themselves, but are responsible for how they may act within that environment, and with increased awareness underlying needs can be explored. More elaboration on this will be found in Chapter Three, which deals with the self and development, where the researcher will look at the ego functions and their role in terms of figure/ground formation and subsequent choice making.

The importance of raising awareness for the juvenile sex offender is apparent, because it is only with raised awareness and subsequent choice and responsibility that any integration of self can happen. Polster and Polster (1974:210) point out that there are four aspects on which awareness can be focused:

- Awareness of sensations and actions;
- Awareness of one's feelings;
- Awareness of wants;
- Awareness of values and assessments.

Joyce and Sills (2006:31) argue that although the individual is always seen holistically and not split into levels, it may be useful as a metaphor to do so. They have utilized Perl's three zones of awareness, namely the inner, middle and outer zones as such a metaphor. It may be an advantage to know where the juvenile sex offender is blocked in this process and how to guide the exploration, by having a background in these levels.

The **inner zone** is often imperceptible to the therapist and includes bodily sensations, breath, tension, heartbeat etc.

The **middle zone** is made up of our memories, thoughts and imagination, it involves both internal and external stimuli and organizes these in order to understand, predict, plan and make choices. However, this is also the seat of self-limiting beliefs. According to Joyce and Sills (2006:30), there is a tendency to get caught up in the past or future.

The **outer zone** involves contact with the outer world by way of the contact functions of seeing, hearing, speaking, touching, smelling and moving (Joyce & Sills, 2006:30).

It will therefore be important for the researcher to remain alert for the non-verbal and verbal aspects of the participants' communication and to check with the participants how their inner zone is, their breathing, their heartbeat etc. This will aid in the participants becoming more aware of their various processes, both internal and external. This is important because awareness, then, is the means by which individuals can regulate themselves by choice. This choice is based on responsibility and the owning of that choice. Response-ability is, simply put, the ability to respond and to be the primary agent for determining behavior (Yontef, 1993:180). According to Yontef (1993:179), awareness is being in vigilant contact with the most important event in the individual/environment field with full sensor motor, emotional, cognitive and energetic support. This would mean that the individual has the ability to differentiate between figure and ground. The researcher will now discuss the concept of figure and ground within Gestalt therapy.

2.2.4.2 Figure/Ground

Figure is the object of attention at any given moment whereas ground is the context of that figure (Burley & Bloom, 2008:163). There is a mutually dependant interaction between figure and ground, in that as figure changes ground too will reconfigure (Burley & Bloom, 2008:163). It is thus impossible to study ground without making it figural. For Philippson (2005) figure/ground formation is synonymous with ego functions. Ideally this figure/ground formation should move along smoothly; however, there are often interruptions to this process, causing contact problems.

According to Yontef (1993:179), awareness is a form of experiencing, which he then elaborates:

It is the process of being in vigilant contact with the most important event in the individual/environment field with full sensi-motor, emotional, cognitive and energetic support. A continuing and uninterrupted continuum of awareness leads to an Aha! an immediate grasp of the obvious unity of disparate elements in the field. New, meaningful wholes are created by aware contact. Awareness is therefore to be understood as an integration of a problem.

This would mean that the figure/ground formation needs to be flowing smoothly. In other words it is important to know what the *predominant* need is. This highlights the importance of awareness in the organism's ability to tell figure from ground. For example, when acting without awareness the individual may respond in anger towards someone, only to, with increased awareness, realize that this is in fact a need for love. The juvenile sex offender may be acting out what was originally a need for relationship and contact but has been diverted into inappropriate behavior.

2.2.4.3 Organismic self-regulation

The organism is not just a passive agent but can self-regulate and choose how to allow the actions of others and events to influence him/her. When individuals identify a need they try to satisfy that need in order to gain homeostasis or balance, at which time the next need can come into the foreground. Essential to this process of self-regulation is a good sense of self in order to make good contact with the environment and satisfy needs. This requires dialogue within the self between various polarities and potentialities (Grobler, 2009a:257). At each moment the organism goes through a self-regulating process. This self-regulation can also be achieved with resistances and contact boundary disturbances like projection, introjection, confluence, retroflexion etc. For the therapist to have faith in the process of self-regulation means accepting clients as they are at present and confirming their potential and their "becoming" (Yontef, 1993:213).

2.2.4.4 Here-and-now

In Gestalt and in the course of this research the focus will be on the here-and-now. However, that is not to say that the past or future is irrelevant (Polster & Polster, 1999:28). What the

participants bring in from the past will be *memories* from the past (Philippon, 2001:115) that are happening in the here-and-now. Future hopes and imaginings will also be happening in the here-and-now. The goal is to explore the meanings that these memories and imaginings hold for the participant and how they are currently used in their lives. The focus on the here-and-now provides concentration in that moment (Polster & Polster, 1999:28). If there are memories of abuse or difficult relationships, how do they affect expectations in the here-and-now of the interaction with the researcher? Staying with the unfolding of the here-and-now is one of the central features of Gestalt therapy (Parlett, 2005:49). However, that unfolding includes the anchoring effect of a coherent self-narrative or life story including, memories, current situation and future hopes which all help with the sense of enduring selfhood. It may be of special importance to help the juvenile offenders become aware of their own life story in order to provide this sense of being anchored.

2.2.5 Dialogue/Relationship

Gestalt theory sees the relationship between two distinct phenomenologies as a key to therapeutic success (Yontef, 1993:250). Gestalt therapy thus holds that the relationship is the most crucial variable in therapy (Yontef & Bar-Yoseph, 2008:186). The relationship takes precedence over any technique and this would be even truer for the juvenile sex offender who needs to experience an accepting relationship.

This concept of the Dialogic relationship was originally developed from the ideas of the philosopher Martin Buber. Buber (in Jacobs, 1989:7) states that it is through Dialogic relation that one's soul is unified. It is through contact that we, in a sense, exist and it is the boundary between "me" and "not-me". Buber states that the person ("I") has meaning only in relation to others, in the I-Thou dialogue or in the I-it manipulative contact. I-Thou is a moment in which there is a mutual meeting of common humanity without any need to change what that person is right at that moment (MacKewn, 1997:81). The I-it style of relating is much more of a means to an end style of relating. In day to day life there is a natural oscillation between these two modes of relating. In the case of the juvenile sex offenders, it may be that they have no such I-Thou attitude and that they regularly relate to others with an I-it attitude. It may be that the absence of

strong relational attachments in early life has served to create a fixed way of self-regulating (cf. MacKewn, 1997:84). The I-Thou concept will be more thoroughly described in Chapter Three as it has special significance to the development of self.

Dialogic relating is a specialized form of mutual contacting where the figure of interest to both parties is the interaction that is happening between them as people (Yontef, 1993:205). The relationship in Gestalt grows naturally out of contact (Yontef, 1993:218). When two or more phenomenologies come into contact, each forms a separate field and then creates a new field through the meeting. The joining of the fields becomes a new field and is larger than the sum of its parts. The situation in which the researcher meets the juvenile sex offender is one in which both fields meet and in turn create a new field. According to Jacobs (1991), one of the principal reasons why people go for therapy is because their capacity for dialogue has been impaired. MacKewn (1997:84) adds that it is often the absence of confirmation from another that has 'fixed' the individual's self-regulating mechanism and that it is this that eventually causes him/her to seek therapy. What is more, their sense of selfhood may also have become fixed and is no longer adapting in a flexible way to the changing environment. Relational difficulties with others, resulting in social isolation and possible and poor attachments, may give rise to the problematic behavior seen with juvenile sex offenders. Early relationships with caregivers have an enormous impact on the developing brain and may impact on the style in which the individual approaches future relationships (Siegel, 1999). The emphasis in Gestalt theory on the Dialogic relationship may provide important reparative inputs to a mind that is still plastic (Siegel, 1999:285).

The Dialogic attitude is when the therapist approaches the client with an I-Thou attitude regardless of whether the client also has this attitude. This attitude is taken by the therapist irrespective of the client's inclination. "It is the expression of the latency of the I-Thou" (Woldt, 2005: xxi). There is no demand that the patient enter into an I-Thou relation. So the participants will be treated in this way, along with an attitude of creative indifference on the part of the researcher to allow them to be as they choose to be. This atmosphere of acceptance, which is implicit in I-Thou relating, is, according to Yontef and Fuhr (2005:96), one that validates the growth potential of the client. Zinker (1978:7) states: "Our deepest, most profound stirrings of self-appreciation, self-love and self-knowledge surface in the presence of the person whom we

experience as totally accepting”. It is possible that the juvenile offender has not had much experience with acceptance and this would be exacerbated by the current issue of sexual offending. This is where the I-Thou attitude on the part of the therapist could have deep impact. Woldt quotes Hycner as teaching that “true healing in Psychotherapy is in the hyphen between I and Thou” (Woldt, 2005: xx).

There is a slight variation between various authors, but generally there are the following five key characteristics to the Dialogic attitude: Inclusion; Presence; Commitment to dialogue; Dialogue is lived and Non-exploitation. These characteristics are now discussed, with a particular emphasis on how they are relevant to this research on juvenile sex offenders.

2.2.5.1 Inclusion

Inclusion means putting oneself as fully as possible into the experience of the other without judging, analyzing or interpreting, while simultaneously retaining a sense of one's separate, autonomous presence (Yontef, 1993). Therapy in Gestalt is a horizontal relationship rather than vertical relationship, in which the therapist is on an equal level to the client. The juvenile sex offenders are the experts on what is happening for them in the here-and-now, both in their internal and external fields. This requires that the researcher make use of bracketing and puts aside the personal perspectives and personal beliefs about what counts as relevant data and appreciates the validity of another reality and a different set of data (Yontef 1993:219). It is therefore also important that this safe-space is created within which the juvenile sex offenders can explore their own phenomenology. Of fundamental importance is the paradoxical theory of change (Beisser,1970), in that the researcher has no interest in changing the juvenile sex offenders, but merely wants to see the world as if from their perspective, to meet the participants where they are.

2.2.5.2 Presence

Presence is, according to Melnick and Nevis (2005:110), being focused on the here-and-now, to be aware of oneself, and to bring the self into the therapist/client encounter. Presence is, according to Yontef (1993:201), one of Gestalt therapy's chief tools without which it would be difficult to practice inclusion and confirmation. The Gestalt therapist enters into the therapy

situation with his entire being and is required to be authentic; this is contrasted to “seeming” (Yontef, 1993:219). To use one’s presence is “to use your highest self as a vehicle for sensing, embodying and enacting emerging futures” (Scharmer in Chidiac & Denham-Vaughan, 2007:9). One is open to be impacted on by another without being overwhelmed. The researcher will use herself (her-self) as process and function in the emerging field in the service of the juvenile sex offender. Yontef’s (1993:219) proclamation about going beyond Buber’s call for accepting the other as he is, but confirming the person’s fullest potential, beyond the present manifestation towards that which is becoming, is crucial when looking at the juvenile sex offender. The juvenile sex offender may be stuck within the current configuration of self and may not be aware of other possible ways of being which may have become alienated along the way. With this awareness the responsibility of that choice to configure the self differently will also become figural, as will the concept of hope (see Chapter Three).

2.2.5.3 Commitment to dialogue

Contact is more than something two people do to each other but is, more accurately, something that happens between people that has come about spontaneously (Yontef, 1993:221). The researcher will have to surrender to this interpersonal process and by so doing, allow contact to happen rather than manipulating, making contact, and controlling the outcome (Yontef, 1993:221; Yontef & Bar-Yoseph, 2009:185). This is particularly true for a research that is aiming to be exploratory.

It is vital to enter into dialogue with absolute faith in the client’s ability to self-regulate. The commitment to dialogue does not exclude the use of techniques, however, as Yontef (1993:227) stresses that good psychotherapy requires that the therapist be both technically competent and relate well. Buber (in MacKewn, 1997: 85) summarizes the interplay between technique and the I-thou based style of meeting as follows: “Without methods one is a dilettante. I am for methods, but just in order to use them, not to believe in them”.

2.2.5.4 Dialogue is lived

"Lived," emphasizes the excitement and immediacy of doing (Yontef, 1993:233). The mode of dialogue, as previously discussed, can be verbal or non-verbal. It could be dance, drama, words,

clay or any modality that expresses and moves the energy between or among the participants (client and therapist). The researcher will therefore be aware of the non-verbal communication and energy flow that happens during the interviews with participants. All of this is done with a focus on the here-and-now of the current situation. The relationship in Gestalt is a full one and includes all aspects of the human condition because if there is a lack of attunement due to blind spots, then we reduce the relationship (Yontef, 1993:234). The aim is to bring about increased awareness where there were once avoidances and blind spots (Yontef, 1993:234). It is clear that the authentic relationship is crucial, as is the need to be vigilant about potential blind spots or avoidances on the part of the researcher, creating increased opportunity for enhancing awareness on the part of the juvenile sex offender.

2.2.5.5 Dialogue is non-exploitative

A client must not be treated as a means to an end and the therapy session must not serve merely to fulfill the needs of the therapist. The same is relevant for the research process. The researcher would have to approach all participants with an I-Thou attitude rather than as a mere means by which the research can be completed. In a therapeutic situation the therapist is not there to save or transform the client; this would imply a very top/down stance. The therapist is not a change agent and the patient must leave feeling empowered to help him- or herself. If the therapist is in the helping role, then there is dependency on the therapist for change that can only come from within the patient. In Gestalt therapy both the therapist and the client leave changed by the meeting.

When working with children it is as important as working with adults to be multi-culturally competent and to tolerate diversity. If the therapist sees his culture as superior or is even in a state of unawareness as to how he may carry across some of his pre-conceived and automatic assumptions, then this could harm the relationship. If clients come from another culture or sub-culture, the therapist should explore this culture and its customs. For example, what is the other culture's attitude to childhood? What in the child's field is the prevailing attitude towards discipline? Is there a gender bias with female children getting different treatment in comparison to male children? All these types of questions are relevant to a culturally sensitive therapist.

The therapist or researcher should also show respect and not adopt a superior attitude in relation to the child based on the age-gap or to the fact that the child has behavioral problems. Giving advice is not the goal and care should be taken that the child is not overwhelmed by the therapist's knowledge. It is far better and far more effective to help the child to make his or her own decisions.

2.2.5.6 Acceptance and change

The therapist, or as in this case, the researcher must not need or want to change the client in any way, because the implication would then be that there is something intrinsically wrong with the client that needs fixing. The therapist's position of neutrality is important for the clients to self-actualize rather than try to please the therapist (or researcher) or some idea of self-image. Forced change is an attempt to actualize an ideal image, something external and removed from who the client actually is. In Gestalt, the researcher will accept the participants exactly as they are in this current time and space. In a therapeutic situation this would serve as a catalyst for the clients to learn to accept themselves. The Gestalt view is that it is only through self-acceptance that we can change. According to Beisser (1970) "Change occurs when one becomes what he is, not when he tries to become what he is not". The emphasis is on meeting the client, having contact without aim. As was discussed previously, the quality of this contact has an effect on the success of therapy. The therapist and the client are both changed through this meeting. Van Huyssteen and Wiebe offer the following description "Self-transcendence through empathy, then, entails a regard for the other as other, openness to the other as subject, and ultimately a transformation of the self" (2010). If the absence of healthy contact has led the juvenile offender into the current dilemmas which create a need for therapy, then the development of healthy contact within the safe therapeutic setting is of fundamental importance to healing.

2.2.6 The self

The researcher will give a brief overview of the Gestalt theory of self which is elaborated on in depth in Chapter Three. The Gestalt view of the self goes back to its inherited roots which according to Crocker (2009:126) are from an Aristotelian rather than Platonic philosophical

assumption. The Aristotelian paradigm is one that gives priority to change and motion, a field-theoretical way of knowing as opposed to the focus on essences which is more static.

Self is seen in Gestalt therapy in process terms and not only as a fixed and unchanging structure but as an emerging process (MacKewn, 1993:74). Yontef (in Brownell, 2008:139) argues that the self is revealed mainly in the way in which a person acts and the processes that lead him or her to act in a specific way. Juvenile offenders have certain processes that have led them to begin to act in a particular way and it is part of the scope of this research to explore these processes. This way of understanding the self is radically different to the more traditional ways of viewing the self which are much more individualistic and structural.

Field theory is an essential aspect of any understanding of the self and it is fundamental to understanding the development of the self in that we are both of the field and part of the field – we exist in co-creation with the field. The self is the integrator of the field and is in constant flux in relation to experiences in the field in which it exists (MacKewn, 1997:74). The self is always emerging at the contact boundary between organism and environment. Through time and changes in the field, the self also changes.

Self is not a thing but can only be understood in relation to other (Philipson, 2001:127). Self then is a process of contacting and relating on the basis of needs and interests (Philipson, 2001:127). This means that the juvenile sexual offender will be viewed as a self-regulating, developing, process bound organism that changes over time and re-integrates at each moment at the contact boundary. How the juvenile sex offenders make this contact will be part of the research as this would provide some indication of their sense of self.

Polster has provided a model of the self that allows for multiplicity by dividing self into member and essential selves. These selves are formed in relation to the client's field at the various stages of their lives (Grobler, 2009b:34). The organization of these selves is called the configurational reflex (Polster, 2005:7), which acquires all the details of an experience and “forms them into a unified pattern”. These selves configure in response to the environment in which the individual finds him- or herself. Grobler (2009b: 34) argues that this patterning in instances of trauma occurs far more subconsciously than when trauma is not a factor. These traumatic events may also cause an inability to assimilate experiences of self-formation and lead to the acceptance of

rigid introjects as truths about the self (Grobler, 2009b:35). In the sections on development and on shame that follow, this creation of false selves will be elaborated on.

2.2.6.1 Developmental theory

Development from a Gestalt field theory perspective is always contextual or field based as well as based on self as changing process. So even though there are standard developmental tables (for example Erickson & Piaget), they provide a practical guideline into what is considered average development but never replace or overshadow the contextual nature of the Gestalt approach to development. The approach is to integrate opposing theories into an approach that is flexible in response to each unique situation (Polster & Polster, 1999:21). What Gestalt shares with many of the standard developmental theories, according to Mortolla (2001:46), is the concept of disequilibrium; disequilibrium being the destabilization children experience as they move from one developmental level to the next.

Gestalt's deeply contextual approach automatically also encompasses the fundamental importance of the relationship for self-development. The self is developed in relation to other from the beginning of life, and this is reflected in the contemporary and rapidly developing field of attachment theory (cf. Siegel, 1999).

Many children introject numerous faulty beliefs about themselves that have been imposed from their environment and these may lead to the development of a false self where they may live according to labels (Blom, 2006:32). This development of a false self may be a consideration within this study of the juvenile sex offender along with the concept of shame, which follows.

2.2.6.2 Shame

Shame is an integral part of the relational approach to therapy and is to be understood as a field phenomenon – shame is the lack of support in the field, it is the opposite of support (Lee & Wheeler, 2008:9). This lack of support in the field may have occurred at some earlier moment and eventually becomes masked by, for example, inappropriate behavior like aggression or indeed offending.

Lee (2007:42) feels that if shame is a constant then it becomes trauma, especially if a child is unlucky enough to have parents who do not have the ability to support in an attuned manner. Trauma may heighten the sense of awareness of what has or has not been supporting us – what was predictable is now uncertain (Fairfield & O’Shea, 2008:36). Lee and Wheeler (2008:13) add to the body of knowledge by noting many researchers who have documented the link between rage and shame. Aggression is a frequent strategy in shame avoidance and Lee (2007:43) refers to this as *ground shame*, which now controls their underlying yearning to connect. This is often the case for children in unsupportive environments as they have learned to mask and cope by utilizing aggression or in this case sex offending. The rupture within the self-process has been overcome by concealment, but not healed. The child then devises a way to hide from shame, usually without awareness (Lee, 2007:42). Therefore a link between the shame and the unacceptable need has been created and loss of awareness of the original needs (Lee & Wheeler, 2008:9). The shame of the act of aggression or offending is less than the original unmet need and resulting shame. Without strong support people will move towards the path of lesser shame because they cannot bear a rupture or disconnection in their most relevant field, whether current or past (Wheeler, 2008:238). In other words, the juvenile sex offender could be acting out as a protective mechanism for what was perhaps once a need for love.

This continuous lack of support can create shame-binds which result from internalized shame which becomes part of the basic belief about self and contact possibilities (Wheeler, 2008:10). Shame from a Gestalt perspective is thus a major regulator of the boundary between self and others (Wheeler, 2008:10). To restore the individual’s sense of self and flexibility, the shame will need to be supported in relationship with the therapist with the aim to restore attuned connection. A false self that is based on unassimilated introjects develops. For the juvenile sex offender these false beliefs and fixed patterns may have had their cause in a past field, but are contributing to the way in which they are ‘selfing’ in their current field. Thus the importance of context in understanding shame is clear; the child’s symptoms point to a lack of support in the field.

2.2.6.3 Contact boundary disturbances

When an individual makes appropriate use of the environment to satisfy his/her needs then it is referred to as good contact (Blom, 2006:29). What happens, however, is that sometimes this environment is inhospitable and unreceptive and so individuals use resistance processes to protect themselves from hurt or anxiety (Spagnuolo Lobb, 2005:33). A contact Boundary disturbance in Gestalt is also known either as a resistance or as a creative adjustment to an inhospitable field. This loss of ego functioning is seen in Gestalt, not as pathological, but as a creative adjustment to that environment. It is important to bear in mind that each contact boundary disturbance has a positive and a negative expression. The juvenile sex offender by this very categorization either as an offender or as a child with sexual behavior problems is having difficulty making good and appropriate contact within the current field situation. It is important to point out that, taking into consideration the Gestalt view of the self as a process, these contact boundary disturbances be seen not as characteristics but as processes (Blom, 2006:31). It is, however, when these contact processes become contact styles and move from figure to ground that they become problematic (Reynolds, 2005:164).

The juvenile sex offender has problematic boundaries at both the interpersonal (between self and others) and intrapersonal level (between self and aspects of self). Aware contact is essential to growth and change and so it is important to aid the juvenile sex offenders in raising awareness of the underlying needs which may be interfering with their behavior.

The researcher works on the pragmatic notion of resistance equals assistance (cf. MacKewn, 1997:106), and so, if there is resistance, then it is important to uncover the reason for it – what assistance does it give the child. In other words, are the juvenile sex offenders protecting themselves from further hurt and disappointment by developing various contact boundary disturbances? The juvenile offenders, from a Gestalt perspective, are seen as using unsuitable means in order to get their needs met in order to attain homeostasis or equilibrium. This is not to say that the need was not perhaps important as a protective mechanism at some previous field, but it is no longer appropriate for the current field. This interruption to contact, if done with frequency and/or intensity, will interfere with the development of fulfilling relationships. The researcher accepts MacKewn's (2004:2007) explanation of these resistances as parts or poles along a continuum. To elaborate on these continua, the researcher finds Reynolds's (2005:165)

ideas on impressive and expressive techniques useful; these are useful techniques in therapy and address both poles along this continuum. The use of the opposing resistance style is utilized to lessen the impact of the other and thus bring the individual into a more balanced style which can then flexibly move along the continuum, as the environment requires. The primary expressive contact boundary disturbances are introjection, projection, deflection, retroflection, confluence, desensitization and egotism. These contact boundary disturbances or resistances will be briefly discussed below, as well as unfinished business and polarities.

- *Introjection*

Introjection refers to the unquestioning acceptance of everything that is given, all the “shoulds”, and these then become the building blocks of self-formation (Blom, 2006:32). This has the implication of a person not forming his or her own beliefs and therefore not developing a true self. Blom (2006:32) points out that it is often the way that parents discipline that can teach a child that certain emotions are wrong or will not be received in the field. However, not all introjection processes are negative and this is an important tool in the therapeutic process when through tailoring (Polster, 2005:36) the individual will deconstruct introjects and assimilate them differently into their self-process.

- *Projection*

This occurs when the individual disowns an aspect of him- or herself and so will project this onto others. The environment or others get the blame for what is done to the self (Blom, 2006:33). Lies and the denial of emotions are symptomatic of projection. The juvenile sex offenders could also blame others for the emotions that are actually theirs. The ability to project is, however, also an important aspect of creativity.

- *Retroflection*

This occurs when individuals do to themselves what they would like to do to others. In other words, the juvenile sex offenders may have come to learn that to express certain emotions is dangerous and not considered valuable by their caregivers (Blom, 2006:35). These ‘forbidden’ emotions may, especially in children, lead to psychosomatic symptoms such as stomach aches or headaches or even hyperactivity (Blom, 2006:35). There are times when the juvenile sex

offender may need to find alternate ways of holding back the anger and expressing it in a more appropriate way.

- *Confluence*

This occurs when the individual merges to an unhealthy level with the other and forms no distinct sense of self. There is no separation between the 'I' and the 'not I' (Blom, 2006:34). The juvenile sex offender may, for example, go along with the thoughts and behaviors of an influential peer group or gang. In the therapy room, however, it may be the case that the client is very lonely and isolated in his/her life, in which case he/she would need to 'learn' some aspects of healthy confluence.

- *Desensitization*

Desensitization is often part of the range of problems that are seen with trauma. This can be on the level of the body or the level of emotions. The juvenile sex offender may have become desensitized to being harshly disciplined and the feelings of shame or sadness that accompany this. It is important for children who have been abused or experienced some form of trauma to learn to make sensory contact again so as to develop a much stronger sense of self (Blom, 2006: 38). This avoidance of the feelings creates a situation where there is no longer any connection to it. These original needs become obscured and eventually go out of awareness. They could turn emotions outward and project their anger towards others in a destructive way (Blom, 2006:29). Triggers to emotions such as anger may be because of oversensitivity and should then be worked through to find healthy ways of working with triggers.

- *Deflection*

Deflection occurs when the individual blocks the impact that another person or the environment is making on them. This is an avoidance of full contact with the other and a defense against the possibility of being touched by the other (Blom, 2006:36). Lack of eye-contact, daydreaming, continuously changing the topic or avoiding a topic would be a sign of this contact boundary disturbance. There would be times when someone may struggle with relationships because of excessive bluntness and so some impressive techniques may be useful.

- *Egotism*

This is often the contact boundary disturbance in question when the children lack spontaneity and do not make emotional contact with themselves or with others (Blom, 2006:39). The focus is thus on the self and not on the other and so poor contact results. It is a desperate attempt to control the uncontrollable. Spagnuolo Lobb (2005:36) argues that if the self in Gestalt is based on respect for the integrity and spontaneity of life, then this principle must be validated in the therapeutic relationship. If the juvenile offender is impulsive and does not pause to make contact with the self, then by way of impressive techniques the child can learn to dampen the impulses.

- *Unfinished business*

If the individual is not able to make satisfactory contact with the current figure of interest the Gestalt will remain incomplete. If it is an important need, it will exert a strong influence on the way in which the field is organized by that individual (MacKewn, 1997:24). To bracket off this need that is calling for attention, requires considerable energy expenditure. This energy is then unavailable for growth and current needs (MacKewn, 1997:24). It is therefore important to explore the ways in which past events influence the client's present living and how certain facets of these interactions have been internalized and are still "alive" in the present (Crocker in Brownell, 2008:130). There have been interruptions to the process and these cause the individual to become stuck in fixed patterns. The individual may lose touch with the original need and respond to situations based on a necessary adaptation that is false to his/her true nature (MacKewn, 1997:25). At some point the juvenile sex offender may have been unable to make satisfactory contact to get needs met or experienced a traumatic event and so has had to adjust creatively to that situation by suppressing those needs.

- *Polarities*

According to Polster and Polster, the individual is a never-ending sequence of polarities (point/counterpoint), so that when one trait is recognized the opposite is also present. "There it rests as background, giving dimension to present experience and yet powerful enough to emerge as a figure in its own right if it gathers enough force. When this force is supported, integration can develop" (Polster & Polster, in Joyce & Sills, 2006:136).

Polarities often create confusion with children, especially when they may experience angry feelings towards a parent whom they also love. This may be particularly true for those children

who have been abused, which is often the case with the juvenile sex offender population (Erooga & Mason, 2006:9; Melis, 2002:8). During therapy children should be guided to become aware of polarities within both themselves and their lives so that they can integrate them and thus their 'selves' (Blom, 2004:46). The goal for a healthy functioning self is to move flexibly along the continuum between the two points of the polarity, as the situation demands. Therefore all of the variables along the continuum are necessary for a flexible response (Joyce & Sills, 2006:137; Polster & Polster, 1999:17).

2.3 CONCLUSION

In this chapter the paradigm and theoretical framework from which the research will be done, were discussed. An introduction to the main concepts within Gestalt therapy and a definition and brief explanation of key terms were given. This overview will provide some insight into the way in which each participant was approached from this Gestalt framework. Chapter Three, which follows, will look at the juvenile offenders and the issues that pertain specifically to them, particularly with regards to self-configuration. As outlined in this chapter, in the Gestalt paradigm the self-process happens in context and in the next chapter the researcher aims to:

- Do an in-depth review of how Gestalt therapy views the notion of self as opposed to traditional approaches;
- Elaborate on the ways in which juvenile offender's self may develop;
- Elaborate on how the field in which they exist contributes to their process of configuration;
- Describe how the field views juvenile offenders as selves and currently approaches work/interventions with them.

CHAPTER THREE

THEORY ON THE SELF

3.1 INTRODUCTION

In the exploration of self-development the researcher begins with a broad overview of the traditional and modern notions of self-development. These will then be contrasted with contemporary and post-modern theories on self-development. The primary focus, however, will be the Gestalt theory of self-development because this is especially relevant to this research on juvenile sex offenders. Some of the major theorists within the field of Gestalt theory will be explored, along with other theorists. This will serve to underscore Gestalt theory's cutting edge relevance in this field.

It is the researcher's opinion that it is particularly with regard to notions of self that one can trace versatility and unique applicability of Gestalt theory. As the very field of Gestalt theory moves from modernity to post-modernity and beyond, its theories of self have evolved to keep self-adjusting to the changing circumstances. This chapter will elaborate on some of these changes and discuss how these changes show flexibility for allowing assimilation of new research in other fields. This assimilation enriches the existing strong theoretical basis of Gestalt theory.

In doing so it hopes to answer the question of whether it is possible to rely on the accepted models of self-development that rely heavily on earlier more traditional ideas of selfhood; or whether there needs to be a shift in existing entrenched ideas of self. The emphasis will be on exploring how these fresh ideas of self-development would impact on the way in which therapy is approached, and more particularly, therapy with juvenile sex offenders.

According to Crocker (2008:138) a good model of self in a therapeutic approach should closely match what people actually experience in their contact with others and should have some value in guiding practice. This research has the aim of showing how the Gestalt model of self is just such a model. Most importantly, what can this Gestalt approach, as an alternative, offer the client who has obstacles to development (like a juvenile sex offender) in terms of therapy? These are

big questions - in no way will the scope of this research hope to provide ultimate solutions. However, it will point to the general trends and direction changes.

The first section, *self as construct*, covers a brief look at the self as it has been seen in the recent past as well as the implications of this for the juvenile offender. Following this the post-modern context is the background for self as an *emerging process*. Here the fundamental shifts in notions of self as stable and individually based, to self that is flexible and fluid will become clear. The advantages of this view for the sex offender will be explored. The Gestalt emphasis on field theory forms the basis of the self in *context*. Gestalt therapy has always seen the *relationship* as the heart of therapy; the next section highlights the particularly crucial role of the relationship in Gestalt theories of self-development. This co-creative aspect will be examined with the addition of some insight into attachment theory and a particular look at the role of *shame* and the reparative role of the *I-Thou relationship*.

The *self-functions* are the topic of the next section where some of the primary models within Gestalt will be contrasted and compared. A current topic in many disciplines, including contemporary Gestalt theory, is the idea of the multiplicity of selfhood. This *self as plural* will be explored in some detail, as it is here that the Polsters in *A Population of Selves* have delved into ways that this may be an advantageous tool in therapy. The researcher will position some of the main conceptual constructs with which they have built their model of self.

To conclude the chapter there will be a discussion on *self as enduring* and the importance of, and ways in which the individual can maintain a sense of stability and cohesion of self within an unstable field.

3.2 THEORY ON THE SELF

3.2.1 Self as construct

Classical notions of self are based on a Cartesian split between a subject and an object and tend to view the self as a singular and largely unchanging entity (Parlett, 2005:54; Lee & Wheeler, 2008:24; Philippson, 2009:4) In this view of self there is little consideration given to the influence of the social context and metaphysical aspects (Levitt, 2007:431; Hoffman, Stewart, Warren, & Meek, 2009:139). The juvenile sex offender under these traditional theories would have been seen as a problematic individual and little notice would have been taken of the context from which this individual has come. To saddle these children with the oppressive idea that their offending 'self' is fully formed and should therefore be 'controlled' for the rest of their lives is, according to Thakker, Ward and Tidmarsh (2008:315), almost to defeat the purpose of treatment before it begins.

These theories were themselves developed from, and embedded in, their own particular historical and cultural context or field. This way of understanding the self still predominates in many of our development models; its legacy lingers on, as it is still a dominant cultural paradigm (cf. Wheeler, 2002:44). It is also crucial to see that these traditional theories have a somewhat myopic view of self based only on a Western paradigm and so may not have universal applicability. The most influential of these models come from Erikson, Piaget, Kohlberg and Kohut and primarily from the psychoanalytic, cognitive/behavioral, and existential/humanistic traditions (Wheeler, 2002:42).

Within these traditional developmental theories individual behavior is the basic unit of research and relied on the development of norms which were created for a variety of human behavior including among others, personality, aptitude, intelligence, age-based learning curves, development, etc. These norms became the focus along with notions of deviance and abnormality without much concern for social context as possible contributor (Levitt, 2007:431). Psychological growth was seen as purely linear and set into a series of stages that are individual and biologically programmed. This meant that to fall out of step with this line of development would imply a fault that lies securely at the level of that individual, with little regard for the environmental or field contributions. If a juvenile offender was, by way of example, struggling with school work, it would be seen with little regard to the circumstances at home but as an

individually based problem. This implied that solutions were also focused on fixing individual distortions and not simultaneous environmental distortions. Self was thus to be understood as being a deep inner experience, completely separated from the environment and existing in this sense prior to relationship or field (Wheeler, 2002:44). The juvenile sex offender would thus be distinguished as inherently 'flawed' and the inappropriate behavior would be something that emanated purely from individually based characteristics. So although these linear models provide valuable frameworks that could provide guidance for assessments, they are perhaps no longer sustainable as a primary perspective.

There are some of the theories, it must be noted, that have looked beyond self as essence. Wheeler (2002:44) does acknowledge Erikson's and Kohut's attempts at grounding internal factors within a social/cultural field. However, he argues that these psycho-dynamically derived models are still based on an approach that is not relational and furthermore sees the culture as an external constraint on development.

3.2.2 Self as contextual

Moving from the modern and traditional approaches to identity formation and looking at the post-modern context in which change and diversity is the norm, and then arguably static developmental theories are no longer applicable as standard theories. The post-modern shift represents the first major change in the history of Western thought which called the assumption of ultimate knowable truth into question and emphasized social or cultural factors, thus locating truth in a complex relational matrix (Hoffman *et al.*, 2009:139). The context of post-modernity is characterized by globalization, relativism, diversity, a growing technologically based communication and a rising skepticism towards objectivity and rationality (Schachter, 2005:380).

This means that there is a need for an approach that can orientate and support therapeutic work while still being able to understand traditional approaches, in order to work effectively alongside other professionals. A model of self-development has to do justice to both developmental reality as well as contextualism, both inner and outer worlds (Wheeler, 2002:42). Schachter (2005:376) asserts that context has become one of the new focus areas in developmental discourse and that

this entails an increased focus on how different contexts can enhance or restrict various forms of development. According to Schachter (2005:376), context may even contribute to the formation of basic developmental processes. This view allows for the emergence of human beings in an environment that is connected to their emergence rather than one they are simply faced with (Philippson, 2009:41). This shift from an “inner self” to a “whole-field self” has, according to Wheeler (2002:46), far reaching implications for our ideas of self-development and self-experience. Shweder (in Schachter, 2005:377) argues that because there are so many diverse cultures, there should be many diverse developmental psychologies, that these things/structures are not universal. Studies regarding length of adolescence or childhood and even the psychological characteristics of the transition to adulthood in Western-developed societies exemplify this, demonstrating that these are embedded in specific historical and economic circumstances (Schachter, 2005:378). Most important then is the realization of how crucial and dramatic the impact of social, economic and political forces is on the development of the self. They become more than background, but rather become integrated into the self-structure of the person (Wheeler, 2002:50). The juvenile sex offender is embedded in a society with a particular socio-political history and a resultant set of economic circumstances and all of these factors play a role in the development of their selves. It is illogical to study the phenomenon of juvenile sex offending without taking into consideration the very environments and histories that have given rise to this ‘self’ of a juvenile sex offender.

What is required is an integrated model and Gestalt theory is able to provide this model as it aims at integrating the false dichotomies of individualistic theories and endeavors to integrate individual and relational, affective and cognitive, personal and political, physical and spiritual aspects (Wheeler, 2002:38). Although many traditional development theories and approaches are integrated into the Gestalt field model and most notably many share the concept of disequilibrium, Gestalt is primarily focused on the lifelong need for relationship and empathic mirroring (Mortola, 2001:45; Wheeler, 2002:43). In fact Mortola would contend that it is to Gestalt theory’s great advantage that we link up with a century of development theory through this concept of disequilibrium and self-regulation (Mortola, 2001:55). Gestalt theory of development moves beyond linear organization and set developmental stages to one in which development has been reframed as a dynamically interrelated set of tasks which take place

recursively (McConville in Wheeler, 2002:55). The accomplishment of one task serves as the ground for the next task which becomes figural. To have a solid knowledge of the traditional developmental theories is always an advantage but, according to Reynolds (2005:155), development does not always occur in these precise phases.

Gestalt has radically re-visioned the understanding of self, self-experience, human nature and process (Wheeler, 2002:37). Individuals are both in the field and *of* the field and socially co-constructed, born into cultures, participate in them, co-construct them and are embedded within them (Cooper-White, 2007:48). Nature and nurture cannot be separated and both have influence on the development of the organism; as van Huyssteen and Wiebe (2010) put it: “The self is certainly rooted in genetically shaped biological potencies, but these biological roots are in turn manifested in and shaped by social and cultural interactions”. Contemporary Gestalt theorists like Wheeler and McConville (2002), the Polsters (2005), Philippson (2009), Brownell (2009; 2010) and Crocker (1999; 2010), among others, have expanded and spotlighted some of these current trends in self-development. They endeavor to engage with theorists from other relevant fields and thereby continue to add aspects of these theories into an expanding notion of development and sense of selfhood.

3.2.3 Self as emerging process

There are many debates as to the exact construction of the self. Some see individuals as born with a certain self that remains largely unchanging throughout the span of a lifetime; others have the view that individuals are constantly changing as they make contact at the boundary.

Gestalt theory, which is derivative of humanistic and existential perspectives, favors the idea of a fluid and changing, but integrated self. The self is seen as a process rather than a fixed entity and is always in flux, ever changing rather than stable (Polkinghorne in Hoffman *et al.*, 2009:152). Not surprisingly this view is not completely new; Sartre believed that each reflective act gave birth to a new self different from that created by the previous act. Thus, in Sartre’s view, the self is impermanent because it is unendingly changing, a constant project (Hoffman *et al.*, 2009: 156). The Gestalt model of self is a process model, that which happens at the boundary during contact and it is the way organisms organize and integrate this contact, the movement of

integrating experience, in order to “map their field” (Wheeler & McConville, 2002:47). The integration of the self, as should be evident, is necessarily an ongoing process that adjusts to the fluid nature of the self. Self emerges as an ongoing process and function of the organism/environment field (Philippson, 2009; Bloom, 2009). This emphasis on self-emergence follows from the principle of contemporaneity and focuses on what is emerging into awareness at each moment (Yontef & Bar-Yoseph, 2008:266). Philippson (2009:118) points out that in a sense the individual is facing a death and rebirth of the self at every moment. Therapy is a way in which to engage with this process of self-formation (Philippson, 2009:129). “Self” does not refer to a “thing” but to aspects of process. Gestalt has moved the concept of self from a fixed and static noun to the self as a verb or “self as function” (Spagnuolo Lobb, 2005:27). The researcher elaborates exact parameters of this system of self-functions later in this chapter.

This idea of self as *changing* process is exactly where the researcher understands that the power of change becomes not simply an ideal but a reality, that is, change on a fundamental level of selfhood and not on external behavioral modification. In fact traditional theories which relied on a model of self as essence deemphasized the element of choice (Yontef, 1993:207) and rendered the power of transformation impotent. Unchangeable aspects of the person are then seen as causal and “the organism as a whole has little potential for transcending the determining power of his essence” (Yontef, 1993:207). It is with the idea of self as emerging process that transformation of self becomes a potent possibility. This has radical implications for the ability of the juvenile sex offender to repair a self that was on a particularly problematic trajectory. The juvenile sex offenders are already suffering under the narrow classification that has become their summation of who they are. It is then a primary aim of therapy to release them from what they may experience as the givens of their lives and to “recognize flux in their environment and versatility of their own powers” (Polster, 2005:16). Identity, then, needs to be addressed continuously within the here-and-now (Grobler, 2009b:45). This moves ‘self’ to ‘selfing’ at the contact boundary between the organism and the field.

Striving for a balance between the modern and singular self and the post-modern and multiple self is something that will be investigated later in this chapter.

It is worth noting the concept of the impasse as this is an important aspect of the therapeutic process. Here the focus will be the concept of the impasse with an emphasis on the emerging self.

3.2.3.1 Impasse

Perls (in Philippon, 2002) describes several layers of neurosis, of which the impasse is one, which the researcher has outlined below:

Cliché layer: This is the layer of casual conversation and daily chit-chat and avoiding what is significant. This would more likely be the layer at the start of therapy when the juvenile sex offender is still ‘feeling it all out’. Philippon (2002) stresses that the therapist should avoid joining in this layer. The researcher, however, feels that this is only partially accurate, as it remains an important aspect of relationship building, especially with children and then even more so with traumatized individuals.

Role-playing layer: Roles are often played out in the therapeutic setting, e.g. the role of nurturer on the part of the therapist and the role of nurtured on the part of the client (Philippon, 2002). According to Philippon, experiments can be useful in this layer in order to explore the boundaries of the role, and what “lies beyond the confines of the role that is important for the client” (Philippon, 2002). These roles (configurations) may be due to experiences in a past field. The juvenile sex offenders may see the therapist in the role of someone who will point out their problematic behavior from a top down or even punitive position or at the very least as someone with advice. They may have cast themselves into the role of someone needing advice etc. However, Clarkson (in Pack, 2007) cautions that it is an error to ‘hand back’ the individual’s idealized view of the therapist too early in therapy as, in her opinion, it deprives them of hope.

Impasse/phobic layer: This is when there is no external support and the perception is that they cannot support themselves (Perls in Yontef, 1993:56). In fact Philippon notes that it is both the therapist and the client who are in impasse and at an uncertain point in which, true to the Gestalt method, no advice is forthcoming (Philippon, 2002). This uncertainty as to which way forward is due in large part to the person's strength being divided between impulse and resistance (Yontef, 1993:56). The client has adopted the fixed role, not as assistance in contacting, but

according to Philippson (2002), as a defensive tactic to avoid risking exactly this point. This is when, as the researcher understands it, there is a great potential for the rise in shame states (cf. Jacobs, 2008:311) and the therapist has to be particularly alert to the covert ways in which this shame may manifest itself. Therefore the client becomes phobic of the unknown. The juvenile sex offender may, for example, want to express some other aspects of self but may still be unsure of reception in the field. In Philippson's (2002) experience the individual usually tries to sidestep into something more known. The therapist will draw attention to avoidances and this phobic behavior is then worked through in therapy (Yontef, 1993:56). This is often the point in therapy at which the greatest potential is for growth if the therapist can manage to balance support and frustration within an I-Thou relationship (Yontef, 1993:56). The task of the therapist is to encourage the client to stay with the unknown, to acknowledge that this is a 'safe emergency' rather than an intolerable one as it may have been when the client first withdrew into the role. The researcher will therefore make sure that there is a well-developed atmosphere of I-Thou within which the various aspects of the juvenile sex offender's self can find a voice.

Implosion: Philippson (2002) rather poetically refers to this as being the existentialist's 'vertigo of possibility'. This is the point at which choices have to be made and responsibility has to be taken (calling in the ego functions). Again Philippson (2002) stresses that the therapist needs to avoid helping the client having an easier time. He uses Goodman's term 'premature pacification' as the word for helping too early. In work with children though, the researcher has in the past used suggestion of multiple options as an alternative to this, as children cannot always think of other possibilities.

Explosion: "Not strictly a 'layer', but the release of energy in action and emotion as the client makes his/her own authentic choice of path" (Philippson, 2002). The therapist is present as a non-threatening witness to this emerging, this becoming.

3.2.4 Self as relational

Buber (in Cooper-White, 2007:50) stated, "In the beginning is the relation". The field of the child is irrevocably determined before birth by numerous factors, from larger cultural and societal factors to how the child's parents have received the pregnancy, the parents' individual

histories etc. (Fernandes, Zinker, Nogueira, Lazarus & Ajzenberg, 2006:102). This is why the interviews with the caretakers could provide some important insights into the receptiveness and support that may or may not have been available from the beginning of their lives. From the very beginning of self-formation there is an interaction with the other and a mutual co-construction of reality. Many relational and inter-subjective theorists point out that there is no baby and mother as separate entities but only baby and mother as a unit (Winnicott, 1987:181-183; Cooper-White, 2007:106). Inter-subjective bonding and reception emerge as the first key field criteria and characteristics for full human development (Wheeler, 2002:77). From the beginning development is seen as circular and successive processes of creative adjustment and as these experiences of contact are assimilated, they create the structure of the self, and at the same time provide a supportive jumping board for new changes (Fernandes *et al.*, 2006:99).

According to Stern (in Fernandes *et al.*, 2006:105) “choreography of maternal behavior is the raw material from the outside world with which the baby begins to construct his knowledge and his experience of everything that is human”. The child’s creative-adjustment to a changing field occurs with a recursive pattern, the child adjusts to the field and thus behaves in a particular way, and then the response of the field to this behavior becomes the basis for the next adjustment (Fernandes *et al.*, 2006:106). Our sense of self and sense of other are intertwined and recursive developmental processes in which each gives rise to the other in ways that a development model that sees self in isolation cannot address (Wheeler, 2002:40).

It is exactly in this sense that the shortest route to the self is through the other: the self only returns to itself after numerous hermeneutical detours through the embodied language of others, to find itself enlarged and enriched by the journey (van Huyssteen & Wiebe, 2010).

The Gestalt perspective is that development itself is inter-subjective with self and field as poles of experience in what Wheeler (2002:47) refers to as a dynamic figure/ground relationship, each one being the context for the other. There is mutual development in that they could also be mutually arrested or distorted (Wheeler, 2002:47). This mutuality is a crucial and unavoidable key to the exploration of the juvenile sex offender’s experiences of selfhood. Building an identity is a process of assimilation and integration allowing for continuous creative-adjustment (Fernandes *et al.*, 2006:107). The juvenile sex offender has thus had reason in the past to

creatively adjust to his or her immediate field in a way that has given rise to a problematic behavior pattern. This adjustment is relational and leads to a personal style “imbued with the representation that the child has formed of himself/herself in the world (Fernandes *et al.*, 2006:107).

When speaking of development from a Gestalt perspective it fundamentally includes the development of the whole field (Wheeler, 2002:50). If the outer field of juvenile offenders is an integral part of who they are, it is required that the outer field also changes in order to support a different type of development. The outer field must grow and develop to present different selves to meet the developing self-process of the child (Wheeler, 2002:50). The community and society of the child is not simply to be viewed as the environment of the child but as a dynamic part of what the child is integrating into the self-process (Wheeler, 2002:50).

What is being brought into the therapy room is a problem for the whole family and extended field which is then “encoded” in the self of the client (Philippon, 2009:102). Children largely live out what they see reflected in their parents' and important others' (community) eyes. If what is reflected is the disdain and unacceptability of their developing self, that self will be discarded in order to meet the image in the reflective mirror of their world (Harvard report, 2004:1).

Gestalt theory's relational field model and neuro-scientific and attachment theories show remarkable similarities and convergent zones. The above-mentioned aspect of ‘encoding’ falls in line with the new and exploding field of neuro-science in which attachment theories have greatly contributed to theories of co-construction of selfhood. It is estimated that up to 70% of our neural pathways are only formed after birth (Philippon, 2009:42). The neural pathways that are not used in these early years atrophy and so our brains are “sculpted into an image of the infant's environment and its relational possibilities and deprivations” (Philippon, 2009:42). The strength of early attachment relationships will consolidate the infant's sense of him- or herself (Fernandes *et al.*, 2006:106). An individual could therefore be predisposed to have either pain or pleasure as figural because trauma can alter brain chemistry and so in this way the infant's brain is sculpted into an image of its caring environment (Philippon, 2009: 42). Toxic stress in early childhood is associated with negative effects on the nervous and stress hormone systems that can damage developing brain architecture and lead to lifelong problems in behavior, learning, physical and mental health (Harvard,2009:9). Attunement of caretakers to the infant is essential for both the

child's future ability to relate as well as the development of the brain itself (Cooper-White, 2007:50).

In line with this argument Philippson (2009:43) points out how in this sense these facts directly implicate that diverse culture could give rise to diverse neural development in its infants. If the juvenile sex offender has been raised in a specific environment with particular cultural norms and values, then this could have significant impact on the neural development too. Cultural norms may differ, most notably in terms of child discipline. Considering the implications of inter-generational trauma and attachment difficulties it becomes clear how culture has influence across multiple generations (see elaboration in Chapter Four under *Ghosts in the nursery*). In other words, if there was any neglect or trauma there is a neurological implication for the development process. The brain's plasticity after these neurologically crucial first two years then slows down (Philippson, 2009:42). However, a problematic early environment can still be addressed therapeutically and this is because of mirror neurons (Philippson, 2009:44). For Siegel (in van Huyssteen & Wiebe, 2010) processes such as 'self' are actually created by our neural machinery that is designed to be altered by our relationships and experiences of these relationships. So the Gestalt emphasis on the Dialogic relationship is crucial to self-development of a previously traumatized individual, even on a neurological level.

Mirror neurons are what give individuals the idea of intention behind the others' actions in what would be a transpersonal inter-subjectivity (Philippson, 2009:46). Mirror neurons stamp empathy onto the individual's neurology and this discovery supports the fact that humans are biologically determined to be of a social field (Bloom, 2009). It is the researcher's opinion that there is a need to emphasize how crucial the therapeutic relationship is to the healing and re-establishment of these neural pathways and perhaps even to the development of empathy. The juvenile sex offender may have relational problems and this has a "serve and return" (Harvard report, 2004:2) loop with brain development.

Gestalt's emphasis on the importance of the relationship within therapy necessitates an understanding of shame issues and the reparative role of the I-Thou relationship. These two topics will be discussed in more detail below.

3.2.4.1 Shame

In the Gestalt model of development shame is also taken out of its individualistic frame and placed within the relational field. Shame is a feeling of being dependent on and connected to the field, needing, but not getting validation, reaction or support from others (Wheeler, 2002:69). In the individualist paradigm this dependency on the response of others and lack of independence was seen as shameful, weak and a crutch (MacKewn, 1997:248; Wheeler, 2002:69).

Looking from the standpoint of a field model of development, individuals are never without the need of support because they are connected to and part of the field; mapping the field is also one of the self functions (Wheeler, 2002:69; 2008:64). In an ideal situation the given environment would provide support to the developing capacities and skills (inner support) of the child and evolve to continue matching the child's growth over time (Wheeler, 2002:64). The question then arises as to what happens when the intimate support needed for the development of self is not forthcoming. More specifically, in the case of the juvenile sex offender, what is being supported and what is not being supported in the development of an 'offender self'? What is penalized, shamed, not received or confirmed and what is encouraged or validated? What has led to the formation of shame states within the configuration of the juvenile offender?

Shame is a negative reaction to one's very sense of self and is usually a learned reaction to other affects (Yontef, 2008:353). If some part of the juvenile sex offender's developing field does not accept some aspect of juvenile offender's self, the juvenile sex offender may come to see these parts as unacceptable. Aspects of self that are continuously not receiving support become linked with shame (Lee, 2008:178). The individual then behaves in a way that will hide the shame as well as the emotion from which it originated. These behaviors are often associated with blame, rage, control, striving for power, contempt, etc. (Lee, 2008:178). Put another way, these behaviors are a creative adjustment to an unsupportive field. These contact styles have a tendency to become rigid because of this fundamental belief that some part of the self is unacceptable (Lee, 2008:179). This shame linked part may then become split off as 'not me' (Lee, 2008:179). The child may split into a self that identifies with, for example, the rejecting parents and the needy self (MacKewn, 1997:247). The child may therefore also react angrily towards the needy self and it is this retroflective act which is the birth of the shaming process (MacKewn, 1997:247). Wheeler (2002:70) affirms that the presence of shame indicates that the

field is too deeply split for healthy integration. This trauma will eventually give rise to the suppression of aspects of the self and the emergence of a false self (Wheeler, 2002:70; Grobler, 2009b:35). Shame is consequently a threat to self-cohesion and integration (Wheeler, 2002:71).

When the trauma is consistent it begins to affect the way life experiences are organized and the way in which contact is made (Lee, 2008:178; Crocker, 1999:208). In this way inner feelings and sensations that are intolerable are evacuated by projection onto the other (Cooper-White, 2007:107). Attacking the other is an attempt to reduce shame by lowering the self-worth of the other (Cooper-White, 2007:117). Shame may be behind the behavior of the juvenile sex offender, giving rise to the anger and violence towards the other. Those aspects of self which are out of awareness are often the cause of projection (Cooper-White, 2007:107).

The goal then would be for the therapist to facilitate the juvenile offender to become aware of this split off parts of self. Traumatic events are often the cause of a lack of integration of self and so it is only by re-integrating these parts of self that the individual will regain the ability to make contact in a more flexible manner (cf. Lee, 2008:11). Re-owning of this lost part of self requires a change in the way self and others are mapped (Lee, 2008:200). This necessitates the need for a supportive environment in which these aspects of self which gave rise to shame are accepted. This support is one of Gestalt therapy's strengths because of its emphasis on Dialogic relating and more particularly the I-Thou mode of contacting (see 3.1.4.2).

3.2.4.2 I-Thou relating

The support that is discussed in the above section on shame is a support that is based on a Dialogic relationship and most significantly in the I-Thou attitude. The juvenile sex offender will need to have a safe space and an atmosphere of acceptance in which the kaleidoscope of the self can emerge without judgment. This safe space and accepting atmosphere is a very crucial aspect of Gestalt therapy known as the I-Thou mode of relating. In fact the "I-Thou – Here and Now" has been referred to, according to Yontef (1993:64), as a capsule description of Gestalt theory. The concept of I-Thou entered Gestalt therapy theory by way of existentialist theologian and philosopher Martin Buber. I-Thou is a special form of human meeting and is, according to

Jacobs (in Yontef, 1993:208), perhaps the most highly developed form of contact, most notably when both parties address the Thou of the other.

The juvenile sex offender may not be accustomed to this style of relating and may relate on an I-it level, but this does not detract from the researcher's need to have an I-Thou attitude. Crocker (2000) points out that in the therapy room there is always a natural oscillation between I-it and I-Thou, but that the I-it is always in the service of the I-Thou (Crocker, 2000: Online). This will create an atmosphere in which the juvenile sex offender can experiment with new ways of being without the threat of shame; it will allow a new self-configuration to emerge.

3.2.5 Self as function

Perls, Hefferline and Goodman (in Wheeler, 2002:46) relocated self-function out of the individualistic framework and toward an all-encompassing position as the integrator of experience. They were the first Gestalt theorists to set forth a theory of self (1951) and in doing so adopted much of the Freudian terminology, most notably that around the structure of self (Crocker, 2008:135). Philippon (2009:93) has also used these original terms to explore the formation of self as he felt that the PHG model focused on assimilation. In this model, self is a choosing functionality and chooses from the variety of experiences (id/chaos) in the field. These choices are made by the ego function (process) and then over time form personality (structure). The areas of personality choice are for Philippon (2009:93) beliefs, values and commitments. Self is also the meaning maker; the self is continuously reintegrating and evaluating experiences in ever more complex fields as development continues (Wheeler, 2002:49).

Crocker's argument against the use of the Freudian terms id, ego and personality, despite these terms having been revised, is that they are restrictive. The researcher will outline both Crocker's views and the original PHG self-functions and then add the very relevant executive functions of Brownell.

3.2.5.1 Original self-functions

Id functioning is the physical root of experience which includes sensory-motor contact, physiological needs and bodily experiences (Spagnuolo Lobb, 2005:28). The function of the id is the registering of experience, of the embodied felt sense of the situation.

Ego functioning utilizes the figure/ground concept and requires an active choosing process. The ego's function is contact and it is via this contact that the individual can have an impact on their environment (Philippson, 2009:20). The ego gives the individual the sense of being able to be deliberate (Spagnuolo Lobb, 2005:30).

Personality functioning is that self-function that provides continuity of personal history–memory of previous contacting. Its function is autonomy (Philippson, 2009:21). It is the way that the individual explains him- or herself to him or herself and to others with an ongoing life story (Brownell, 2010:80). To the extent that experiences from the past continue to contribute to present functioning they are in the domain of personality functioning. It can thus have a negative side in that it could remain rigid by only engaging in a way that confirms this rigid identity or it could self-regulate flexibly and allow for deepened connections. Most people, in Philippson's (2009:135) opinion, come to therapy because of problematic personality functioning. The personality function may have become rigid, and this is not supportive of the situation in which they are now and “they have not been able to re-evaluate their basic orientation in that situation”. These functions are not independent structural entities, but are interpenetrating dimensions of experience that influence each other reflectively (Philippson, 2009:22).

3.2.5.2 Crocker's self-functions

Crocker (2008:136) argues that the PHG terms of id, ego and personality are not phenomenological and not suggestive of the self's capacities to carry on certain processes. Furthermore, they tend to see the self compartmentally rather than as a holistic entity in which all the various aspects mutually interact with each other (Crocker, 2008:136). According to Crocker, they are also incomplete in terms of their analysis of the self's capacities to function in the process of contact and are materialistically reductive (Crocker, 2008:136). Crocker's idea of six functions of self provides a broad body of concepts with which to understand self-functions. Crocker describes self-regulation as the study of the self's functions (in Brownell, 2009:66).

These six self-functions are necessary for the person to solve the problems that are presented in the environment (Crocker, 1999:48). The self-functions can also be thought of, according to Crocker (1999:65), as self-*powers*. It would be important to explore the juvenile sex offender's level of self-function and to restore some of these self-functions in order for them to make better contact with the environment. Dysfunctional contact with the environment is one of the features of a juvenile sex offender and so the self-functions of the juvenile sex offender are very relevant. There is a reciprocal relationship between all these functions and the contact processes (Crocker, 1999:49).

- **The interested excitement functions**

This function is similar to PHG's Id function. When something arouses the person's interest he/she responds with interested excitement, mobilizes bodily energies, and engages his/her cognitive and evaluative processes (Crocker, 1999:45). This is a figure formation process.

- **Decision-making function**

This is loosely related to the ego function but does not take action (Crocker, 1999:45). Figures become clearer, and imagination of solutions and a weighing up of alternatives occurs. A decision between solutions may take place in which the individual identifies with one alternative and alienates the rest (Crocker, 1999:45).

- **The choosing function**

The move from decision which is largely cognitive, into action involves a unity of body, mind and emotions (Crocker, 2008:137). Crocker points out that the PHG model fails to make a distinction between the decision and the actual doing something about it and that choosing involves acting (Crocker, 1999:45).

- **The Synthesizing or whole-making function**

Humans are constantly synthesizing (configuring) wholes and developing a map of their world. The self makes perceptual, meaningful, cognitive, and historical wholes, organizing and re-organizing of experiences for the entire lifetime of the person (Crocker, 1999:45). This function pervades and influences the person's process of contact.

- **Habit-forming function**

This, according to Crocker (1999:45), is similar to the personality function in PHG but it differs from it in that it is a product of a function and not the function itself. Habitual behaviors can be done with the minimum awareness and so without this function we would have to learn everything anew every day. This function becomes dysfunctional when behavior becomes stereotypical and predictable.

- **Contact and withdrawal function**

Here the self is available to make contact or to be in a state of withdrawal in which the person is able to pull away from contact. Contact with others is needed before an individual can withdraw as a separate and knowable entity: “We cannot separate ourselves separately” (Philippson, 2009:49).

Crocker points out that this model provides a framework for assessing where a client’s blockage may lie. If the childhood environment was inflexible, inadequate or abusive, there is a good chance that essential self-functions will not be adequate and these will continue to be like missing pieces in a stairwell of the self (MacKewn, 1997:201). Of particular relevance to this research, Crocker (2008:138) points out that the decision-making function which is characterized by excited interest is often not in use by those who have been abused or neglected. That is, individuals may not be aware of any interests and if they are they are not convinced that anything can or has to be done to change the situation. By creating rigid boundaries around the self the individual is able to lessen the anxiety of choice, and for Philippson the splitting of the polarities of self is a way for the individual to avoid choice. This anxiety is what is experienced in Perl’s impasse layer, the existential awareness that “Everything fades, alternatives exclude” (Yalom, 2003:149). Individuals need to make peace with the ending of possibilities in the alternatives not chosen, the configurations that were discarded in favor of others.

Here it is the therapist’s task to raise awareness and to give support as the client starts wanting to make a change (Crocker, 2008:138). These clients with impoverished maps of the world are often unaware of any solutions to their problems while, according Crocker (2008:139), some see many possible solutions but cannot come to any decisions. If circumstances present with seemingly impossible choices like those of an abused child who both loves and hates the abuser,

then the two states will split. It is important to guide the juvenile offenders into an awareness that they are not just on the receiving end of life but through awareness will realize that their self has the function of choice.

3.2.5.3 Brownell's executive functions

Brownell makes a strong case for the fact that it is the concept of self-regulation that neuropsychologists call the executive functions (2009:67). Brownell adds that there are many neuropsychological similarities between Gestalt's self-regulation and the executive functions (2009:63). It is these correlates which may open up fertile ground for the application of both concepts in practice (Brownell, 2009:73). The executive centre is that area of the brain where the individual's sense of self comes together (Brownell, 2009:67).

Executive skills allow us to organize our behavior over time and override immediate demands in favor of longer term goals. Through the use of these skills we can plan and organize activities, sustain attention, and persist to complete a task. Executive skills enable us to manage our emotions and monitor our thoughts in order to work more efficiently and effectively. Simply stated, these skills help us to regulate our behavior (Dawson & Guare in Brownell, 2009:69).

The five specific capacities associated with executive functions are as follows:

- **Response inhibition** is the capacity to think before one acts. Resisting the impulse to say or do something allows time to evaluate the situation.
- **Self-regulation of affect** is the ability to manage emotions to achieve goals, complete tasks or control and direct behavior.
- **Task Initiation** is the capacity to begin projects in a timely fashion.
- **Flexibility** is the ability to revise plans when faced with obstacles, new information, or errors and to adapt to unexpected and changing developments.
- **Goal-directed persistence** refers to the capacity to follow through to completion and not being put off by competing demands or interests (Dawson & Guare in Brownell, 2009:69).

The choices people make are not inherent in the situations at hand. They are the complex interplay between the properties of the situations and our own properties, our aspirations, our doubts and our histories. It is only logical to expect that the pre-frontal cortex is central to such decision-making, since it is the only part of the brain where inputs from within the organism converge with the inputs from the outside world (Goldberg in Brownell, 2009:70).

To free one's self from reaction based on previous responses, according to Brownell (2009:76), is one of the hallmarks of the executive functions. In other words, not reacting from fixed Gestalts that may have come from a past field, but responding to each new situation as is appropriate. In conclusion Brownell (2009:76) states that self-regulation and executive functions are overlapping and almost exactly the same thing. These executive functions will then help the juvenile sex offenders to regulate their behavior.

3.2.6 Self as plural

As stated previously, post-modernity is characterized by globalization, relativism, diversity and growing technologically based communication and a rising skepticism towards objectivity and rationality, and, according to Schachter (2005:380), some writers claim that such a context threatens the viability of a stable and integrated identity and thus potentially leads to a fragmentation of identity. However, this negative view is not the only one and the “dethroning of the unified self” has led to the development of contemporary self-theories that embrace multiplicity (Turner, 2008:5). Cooper-White argues against any notion of self or subjectivity that is static or monolithic, and stresses that multiplicity of self is indeed a sign of health. Cooper-White believes that the concept of multiple selves is a powerful bridge to empathy, especially toward others that are perceived to be different (Cooper-White, 2009: 16). According to Turner (2008:3) this revised view of self as multiple has pointed to a realization of the potential malleability of developmental processes and the complexity of the relationship between inner and outer realities.

Previously the idea of having a fixed and unchanging character was seen as a psychological strength. However, as the field changes so too has this very idea, and in Gestalt and other contemporary theories of self, a flexible and multifaceted self is what is considered a psychological strength. “We have paid too much attention to such central tendencies, and have ignored the range and complexity of being; the individual has many potential selves” (Gergen in Hoffman *et al.*, 2009:146).

The post-modern argument then is that this idea of a singular, unchanging and enduring self is unnecessarily constrictive. “Multiple changing identities are becoming accepted and celebrated as this contributes to a more adaptive and flexible personality” (Schachter, 2005:381). In fact it may actually contribute to the individual having a renewed appreciation for the various possibilities that the diversity of self allows. In other words, the juvenile sex offenders may have become rigidly fixed onto a certain self-state and yet what is needed is for them to become aware of the different possibilities that may exist within themselves. In parallel to this it would be equally important that the field has a view of this potential to change and its role within that change (field implying the primary caretakers and therapists).

What is perceived as the self is then seen as a configuration of positions taken within a social network (Hoffman, 2009:144). This is remarkably similar to Schachter’s (2005:391) call for identity formation being better described as the ongoing attempt to create a reasonably workable identity configuration. Southgate (2002:89), in her work on multiplicity and dissociation, uses an interesting approach whereby she breaks the notion of multiplicity up into four different archetypes, namely: The associating multiple person, i.e. relatively good emotional health; The repressed multiple person, i.e. ordinary neurosis; The dissociating multiple person, i.e. who blames the self but has no psychotic selves; The dissociating multiple person, i.e. who blames the other and has psychotic selves.

Polster explores this idea of the self as multiple and promotes its uses as a therapeutic tool. This organization is called the configurational reflex; it acquires all the details of an experience and “forms them into a unified pattern” (Polster, 2005:7). Individuals are thus populations that may include various ‘selves’, e.g. the angry self, the kind self, the funny self, the insecure self, and the confident self, the student self and so forth. These internal selves may then be either in harmony or in conflict with one another.

Within this idea of multiplicity, Polster (2005:42-49) refers to essential and member selves and the configuration is actively chosen both internally and interpersonally. In health this configuration process is done with awareness of the implication of co-construction as a call to socially responsible choices. In other words, one has a choice (ego function) as to how to configure these multiple aspects or selves that constitute the self in a way that would be mutually beneficial for self and others in a mutually co-creative way. The selves will rely on experiences within the person's past and these experiences will then contribute to the decision on patterning during the configuration process (Grobler, 2009b:34). It is then in this way that Polster has managed to integrate the self as figure (process) and the self as ground (stable/enduring). The configurations made by the juvenile offender have to be understood as contextually chosen configurations, even if those contexts may have been in the past as is the case with unfinished business and fixed Gestalts.

This process of configuration may take place both consciously and subconsciously. However, Grobler (2009b:34) is of the opinion that when they were built on traumatic events, the patterning is mostly subconscious and they could then be considered false selves and formed from a foundation of rigid but needed introjects that have not been assimilated. These introjects may have enabled the individual to cope with a traumatic situation but may cause self-processes and self-experiences to become fragmented (Grobler, 2009b:34). This fragmentation leads to a lack of cohesion and a self which cannot respond flexibly to a changing environment.

Awareness is a cornerstone in a healthy configuration process; therefore the goal would be to heighten awareness which would then require a look at the clients' introjects about who they are. The Polsters (Polster, 2005:33) do not view introjects only as problematic but see them as an aid to therapy in that it is not the introjects themselves that are harmful but rather the blind belief in them as true without having fully integrated them. It is not introjects that are harmful but alienated introjects that are problematic (Polster & Polster, 1999:230). Tailoring is part of the therapeutic process of utilizing the introject system in the integration process. The integration of self, that is, all the poles of self-experience into a healthy, flexible and functioning entity would be one of the primary goals of Gestalt therapeutic intervention. Tailoring is a process that needs to happen in order to achieve a healthy assimilation of self-states (Polster, 2005:33). It is only

when our experiences can be assimilated that authentic selves are formed as well as an identity that is true to who the person is (Grobler, 2009 b: 35).

The tailoring process, then, consists of contact, configuration and tailoring. In contact there is the contact with the therapist as an accepting other. Configuration takes place as a process of reshuffling the various internal selves with each retaining its own identity (Polster, 2005:35). Tailoring is the de-structuring and reshaping of introjects (Polster, 2005:36). It is through tailoring that Polster believes the individual has a more positive and life-rewarding configuration process because there is a reworking of introjects that do not fit into harmony with them (Polster, 2005:37).

It is also important that all those experiences that have not been allocated a home – a self - be sorted and organized within therapy. This will allow the client to understand his own nature much more clearly than the “jumbled understandings and fixed beliefs with which he entered therapy” (Polster, 2005:29). This process by which clusters of experience are named, animated and placed into dialogue will be expanded on below.

Polster indicates four key processes that deepen an understanding of the person and considering the importance of Polster’s work on the Gestalt notions of self, it is worth elaborating on these.

3.2.6.1 Point/Counterpoint relatedness

This concept comes from the composition of music and Polster uses this as an analogy. In music various notes can be broken down, some of which will be complimentary and some of which will be dissonant, but all are needed to complete a rich and pleasing piece of music. In other words, the whole is greater than the sum of its parts. Polster argues that there is no “real” self that is obscured by surface experience, but rather a community of different selves that all strive for ascendancy or the upper hand (Polster, 2005:5). For Polster the aim of wholeness is to hear all these voices simultaneously. The juvenile sex offender may need to have, for example, an angry self as well as an empathetic self and so it would help with their integration process if they could become aware of these poles. In fact Gestaltists, according to Clarkson, do not deny difference but attempt to reconcile or dialogue between poles (Blom, 2006:41). Polster disagrees with Perls who calls for a synthesis into a third entity but prefers that each polarity is kept, creating

synthesis within diversity (Polster, 2005:15). In other words, there should be an ability to flexibly move between the two poles, as each situation requires. This would require, as mentioned, acknowledgement of the previously denied part of the self. This frees the individual to “exercise experiential freedom in the creation of self and meaning” (Schneider, 1999 in Hoffman, *et al.*, 2009:159).

3.2.6.2 Configuration

The Polsters have come up with a concept of self that is based on a configurational reflex that creates clusters of characteristics, and so the therapist will help to name and sort them in order for the clients to re-integrate so that they can add it to their sense of personal identity (Polster & Polster, 1999:31). Taking these disparate parts of self and putting them in a unified pattern is an organizational reflex and is part of what it means to be in healthy and flexible contact with the environment. As Schachter (2005:383) puts it “the concept of configuration, therefore, resonates with current theoretical trends in cultural psychology and allows us to broaden identity theory’s ability to deal with diversity of structure in interaction with cultural context. From a Gestalt point of view this configuration process would open the individual up to change - to spontaneously interact with/make contact with the field as the foreground needs arise. Identity in this way would be relational and not based solely in either internal or external demands.

Polster has set up a hierarchy in which initially there are firstly experiences or raw data (Polster, 2005:9); these experiences then form into clusters of characteristics which over time and significance may develop into selves’ These selves then are divided between member and essential selves. It is within this process of forming the selves that the unfortunate potential to sum up incorrectly exists because the success of this configurational reflex is never guaranteed. The individual may be continuously challenged with seemingly irreconcilable and disconnecting behavioral and emotional options (Polster & Polster, 1999:20). The juvenile sex offender may have built a ‘false’ sense of self and this false self may have been registered from a particularly traumatic experience (cf. Grobler, 2009b:34). The therapist would then have to discover where the juvenile sex offenders’ “addiction” (Polster, 2005:10) to these self-criteria comes from, and how to begin to untangle these. It would then be necessary to reconstruct the incorrect summary

into a broadened idea of self. The therapist needs to re-engage and with the help of the client, re-configure both his sorrows and his multiple self-possibilities (Polster, 2005:10).

The researcher feels that this zone between the deconstructed ‘old’ self and the reconfiguration of the ‘new’ self is where the client may be placed into what Perls refers to as the previously mentioned impasse layer (Yontef, 1993:56). The researcher understands this to be the point at which the ego functions of choice enter into the therapy and clients that have not been aware of this ability to choose will be in a position where it can be exercised. The client is gradually or suddenly faced with a choice between original self and/or false self and new configuration.

3.2.6.3 Animation

The self, according to Polster, is far more than a simple accounting of experiences but is composed of the human inclination to create fiction and thus to create characters out of characteristics (Polster, 2005:10). This idea of narrative as an essential aspect of selfhood is elaborated in the section below on the enduring self. It is this process of naming and working with the different self-parts that strengthens the individual’s sense of self-cohesion rather than fragments it (Cooper-White, 2007:206). The juvenile sex offender could be told that his ‘offender self’ is talking or his ‘angry self’, rather than just referring to him or her being angry as an entire singular self. This anthropomorphic approach puts the aspects of self into awareness and is a conduit into understanding and empathy for those selves. This recognition and accentuation creates empathy within the person, for the self (Polster, 2005:12). This empathy paves the way towards self-acceptance – even when this is in the face of disappointment (Polster, 2005:12). In this way the characteristic has become animated and can proceed to the next step, that of dialogue.

3.2.6.4 Dialogue

The internal selves all vie for a dominant role within the host person and therefore there is usually some friction between them (Polster, 2005:12). Philippon (2009:33) calls it the act of polarizing, the leading function of self, and it is these various polarities that also strive for dominance within the person. Philippon (2009:99) would agree that this is inherent in a theory

of relational selfhood because we naturally show ourselves differently to different people. However the danger is in the split becoming rigid. This happens when we lose the awareness of the availability of the opposite pole (Philippson, 2009:99).

Here Polster borrows from Perls and gives attention to the Topdog/Underdog split which is an animation of conceptual splits within the person (Polster, 2005:12; Yontef, 1993:77). The rejected aspect of the split is usually projected outwards and seen as something to be avoided (Philippson, 2009:99). The idea is that through animation and dialogue between these two mutually opposing aspects of the person, they can come into harmony with one another (Polster, 2005:13). The Polsters give equal importance to each of these aspects of self in terms of living a fulfilling life. Additionally, individuals learn to adjust and appreciate different sides of themselves and this appreciation for diversity within themselves and others replaces the need for a stable singular self (Hoffman *et al.*, 2009:149). The previously alienated aspects of a person are acknowledged and called into dialogue with other aspects of self, thus identifying and energizing alienated aspects (Polster, 2005:14). The juvenile sex offender may reintegrate the ‘needy self’ or the ‘empathetic self’, selves that had previously been disowned. This reintegrated self, which is more prone to adjust within each context, is comfortable with playing many different roles. The stable self is replaced by an inter-subjective self, which is created anew in different contexts (Gergen in Hoffman *et al.*, 2009:148). The juvenile sex offender may have been cast into a certain self, but can then with new awareness begin to see the mosaic of self-possibilities that can be chosen from. This brings us to the final section of this overview of self-development which is these on-going and enduring aspects of selfhood.

3.2.7 Self as enduring

Polster and Polster (1999: 31) acknowledge that the over-emphasis on multiplicity is problematic and so there needs to be integration between the more classified self and the fluid self. Gestalt thus honours both self as process as well as self as structure. That is not the same as self as construct which was discussed earlier, which implies constructs from outside the self placing boundaries on the self. The structural aspects of self are co-created with the individual having lively involvement. Wheeler (in MacKewn, 1997:75) echoes this and has argued that Gestalt has

focused too much on the changing aspects of self (the figural aspects) and neglected to focus on the more enduring aspects (ground or personality aspects).

However, the concepts of self-unity and self-multiplicity are not incompatible (Turner, 2008:6; Cooper-white, 2010). There is sameness and rigidity on one side, chaos and novelty on the other (Siegel, 1999:320). The researcher feels that Philipppson's new book *The Emergent Self* (2009) has a specific emphasis on process leading to a type of structure, most notably in his chapter entitled *Chaos, Process and Structure* (63-87). However, Philipppson does not ever refer to multiplicity of selves but rather to the process of self-formation.

Both multiple and singular aspects of self are possible. However, the more enduring self also changes but at a slower and more imperceptible pace and is thus partly an illusion (MacKewn, 1997:76; Philipppson, 2009:3). The difficulty now becomes one of maintaining some sense of stability over time while not remaining rigidly fixed in one set of configurations.

Philipppson's (2009:3) view is that the continuing self is partly illusion and partly construct but that it is nonetheless important to have some sense of continuity in order to deepen contacts. However, in order to allay some of the anxiety provoking uncertainties there is also a chance of this continuity becoming too rigid and thus avoiding deeper contact.

The fluidity of wholeness is maintained only through continuing responsiveness to its paradoxically "manifold" nature and requires continuing integration. The need for wholeness is so primordial, so compelling, that it is often achieved *prematurely* through the exclusion of contradiction and diversity, whether this be the exclusion of certain people or certain principles. This exclusionary process does not come easily because it is opposed by the alienated forces that continue to seek union. The resulting fluidity of this configurational process leaves much room for error and instability; unwisely formed exclusions will create losses that may prove to be haunting handicaps. (Polster & Polster, 1999: 247).

To over-emphasize either the plurality or the singular nature of self is problematic and so this is why it is important to integrate the two concepts into a coherent theory of self. Some current

theories tend to see identity as diffuse and then moving on over time into something more singular, fixed and recognizable or as Shachter (2005:379) phrases it: “a universally desirable developmental trend toward an identity structure characterized by self-consistency, stability, and autonomy”. The researcher understands this as the self’s journey through awareness of polarization to the process of integration, back into simplicity. However, that simplicity is only momentary before the next configuration takes place. The Polsters have achieved this integration with a flexible model that allows for the continuous interaction between the two ‘types’ of self. This is similar to the figure ground concept described in Chapter Two with self-narrative being the structured ground which provides self-stability while allowing for endless figural possibilities.

3.2.7.1 Memory and narrative

“Memory is the ‘gateway to the self’ and to personal identity, and since there is always a narrative component to memory, our remembering always implies narrative experience” (Ricoeur in van Huyssteen & Wiebe, 2010). We can, as humans, range over the past with memory and into the future with the use of imagination (Crocker, 2008:131). There is a need for sequential connectedness to allow for fluidity of expression (Polster, 2005:107). Wheeler (2000:331) says that our self-process is in fact a narrative process and that memory is narrative in form.

Bromberg (in Sinason, 2002:87) states that psychological integration does not lead to a ‘real you’ or a ‘true self’ but it is the ability to stand in the spaces between realities without losing any of them ... the capacity to feel oneself while being many. According to Bromberg what is required is that these multiple realities be held by different self-states and find opportunity for linkage (in Sinason, 2002:87). For Bromberg this linkage would be through narrative, as it is for Wheeler (2000:349; 2002:74) who then adds an important emphasis in the inter-subjective nature of story and support. Narrative provides the sense of stability and the orienting factor in the course of individual development.

This idea of narrative as the establishment or solidifying of selfhood is not a novel idea. However, Wheeler places it in the Gestalt field context. According to Wheeler (2002:74), one’s

voice emerges either in early developmental history or else in later corrective relationships. Giving voice implies having a responsive listener without which the voice atrophies and the self is diminished (Wheeler, 2002:75). Narrative organizes our developing sense of self and gives meaning to both our inner and outer fields (Wheeler, 2002:77). The constructing of personal self-image requires the role of story (Polster, 2005:108). So the self is choosing from its memories those which fit the current field situation and telling those to others and the self. Ricoeur (in van Huyssteen & Wiebe, 2010) saw narrative as a direct line to the development of empathy for others as we are able to identify with them and look past self-reference only. The researcher understood this as a development from building a full narrative of ‘self’ that would inevitably lead to the ability to build narrative beyond the self and thus be able to stand in another’s shoes. One brings another’s experience into one’s own, and one offers one’s experience to another. Hewitt-Suchoki (in van Huyssteen & Wiebe, 2010) reinforces this idea of self-transcendence through empathy which for her “entails a regard for the other as other, openness to the other as subject, and ultimately a transformation of the self”.

Humans are as a species able to predict, to sense and orientate where we need to go next, and thus survive the ever changing environment and render us fundamentally future orientated by nature (Wheeler, 2002:75). Narrative is what makes the self and so the very act of telling the individual’s story to the other is the same as the creative construction of self (Wheeler, 2002:76). *Monologue* or the telling of one’s self-story to oneself only occurs after *dialogue* or the telling of the story to the other. Here Wheeler links development with the development of coherent, integrated and contextualized life stories. These properties of a good story are energy, clarity, boundaries, structure and cohesiveness, connectivity to the field and *Prägnanz*, which Wheeler (2002:76) refers to as the basic dynamic quality of our essential Gestalt nature, “going somewhere in a purposive, meaningful way, which is development itself”. Added to this we have all our habitual behaviors, as we saw earlier (personality), and an inclination to create fiction (Polster, 2005:10).

These stories have an integrative capacity and can give the individual a workable sense of an enduring selfhood while maintaining the flexibility of multiplicity. Grobler (2009b:36) in his article *The self in an Inhospitable Field* gives the synopsis of his therapeutic journey with a traumatized boy called Jake, in which much emphasis was placed on the recreation of a past – of

a life story. The boy had a need for his past, his story, and this unfulfilled need had created a blockage to his sense of belonging and thereby inhibited the development of his sense of self. It was only when some of his story had been filled in that he could view himself differently and find some sense of belonging (Grobler, 2009b:38). Ricoeur (in van Huyssteen & Wiebe, 2010) has also developed this theme of belonging and identity and speaks of collective memory and that it is this voice from the past that “goes into shaping my identity, my sense of where I am coming from, and thus my sense of self”.

Children with behavioral problems may benefit from an emphasis on reintegrating a ‘self-story’. When the sense of self is inadequately grounded by a limited self-story it is, according to Polster (2005:111), made vulnerable to new experiences of failure, victimhood, rejection etc. In an already meager self-story these threats gain disproportional influence (Polster, 2005:111). It is therefore the researcher’s opinion that the juvenile sex offender may benefit from an emphasis on the life-story in order to provide a sense of an enduring selfhood. It is this sense of an enduring selfhood that may, in the researcher’s opinion, provide a foundation from which the ego functions can operate in full awareness and in which negative experience lose their disproportionate influence. Other aspects of self can be given a chance to become stronger ‘role players’ in the story.

To summarize then, *the formation of self is a small work of fiction* in which characters are created and put into action in the context of the patient's life circumstances (Polster & Polster, 1999:224). If individuals have a fixed and limited notion of their selves they might have restricted self-determination in how they formulate their "work of fiction" (Polster & Polster in Brownell, 2000: Online). In this view, self-identity arises out of our narrative identities and in many narratives the self “as a lived body seeks its identity for the duration of an entire lifetime” (Ricoeur in van Huyssteen & Wiebe, 2010). The therapist then has to utilize this “device” of self to help highlight and enliven the participant’s experiences so that abandoned aspects may be reintegrated into the whole (Polster & Polster, 1999: 226).

3.2.7.2 Promise, hope and imagination

“The self is based also on my doing in the future what I said I will do” (van Huyssteen & Wiebe, 2010). In this sense my claim to be an authentic self is fundamentally based on the promises I make (van Huyssteen & Wiebe, 2010). This would be when the personality is operating in a healthy functional way utilizing figure ground formation in a manner that has a sense of consistency (ground) over time. This ‘promise’ then allows for “a critical assessment of my claims to selfhood, a continuing critical inquiry into the question of whether I am who I say I am” (van Huyssteen & Wiebe, 2010). It is therefore, paradoxically, with the development of a sense of self and its multiplicity that a more consistent mode of behavior is developed and the individual may be less impulsive and more ‘singular’. It is the researcher’s opinion that the juvenile sex offender may be acting from fixed Gestalts and unfinished business and that this could create blockages and inhibit a flexibility of future consciousness imagination and hope. For Hewitt-Suchoki (in van Huyssteen & Wiebe, 2010) memory, empathy, and imagination constitute the movement into transformation, the healthy self. Through the building of awareness of a personal narrative, multiple self-possibilities and the responsibility (and gift) of choice this idea of a positive future may become a reality for juvenile sex offenders. Once again there is a paradox of polarity because, as Pack (2007) puts it, it is when “working with despair and tragedy that hope is also present in the field”

3.3 CONCLUSION

In this chapter the concept of self was explored and the description was divided into seven aspects of self. The self as a concept has evolved over time and within the humanistic and existential perspectives, of which Gestalt is one; there is an idea of self that is both fluid and integrated. The two processes are linked (figure /ground) and play off one another. The self is contextual and relational and this places a responsibility on everyone for self-development and also other-development. ”The concerns we have when we work with children are then also a concern with their worlds, the political and social realities, cultures and values and all factors that contribute to the dynamic co-creation of the interior of the child” (Wheeler, 2002:78). The

juvenile sex offenders, from such a co-creationist approach, would be everyone's concern and the conditions of their development which will become integrated into all individuals are so the conditions of our own development. We are all deeply part of one another and "in our belongingness, to each other and to the field that we share, lies our full humanity, and our fullest individual development of self" (Wheeler, 2002:78).

This chapter explored what is meant by self-development and self-configuration. The empirical chapter intends to utilize this formulation of self in order to explore the way in which juvenile sex offenders have configured themselves and what factors have gone into that. In conclusion then, children construct their selves through "many-sided interactions in a world that encompasses thousands of possibilities" (Fernandes *et al.*, 2006:108). The purpose of this study is to explore how it became this particular construction or configuration, that of sex offending, and not others. The next chapter aims to study available literature and to

- Define the juvenile offender;
- Explore what the characteristics and features of juvenile sex offenders are;
- Explore the contextual features of his group;
- Look at some intervention approaches.

CHAPTER FOUR

THE JUVENILE SEX OFFENDER

4.1 INTRODUCTION

In this chapter the phenomenon of juvenile sex offending will be explored utilizing some of the most current literature in the field. This will serve to give a fuller picture of the statistics and recent research pertaining to this group of the population (cf. de Vos, 2005:125). A review of literature may eliminate some assumptions that could be made about this group as well as enrich the exploration with new perspectives and insights. It needs to be noted, however, that the existing empirical and theoretical knowledge base about juvenile sexual offenders is still very limited (Smallbone, 2007:120). There will be an outline formed of what exactly a juvenile sex offender is and what can be learned from the history of this phenomenon. There is some controversy between researchers as to whether juvenile sex offending is a part of general delinquency or a unique and specialized group (Rich, 2009:96). This controversy will be explored and the features and characteristics of this group will be elaborated on.

Furthermore, there will an exploration of the prevalence of this phenomenon, the characteristics of the individual and the family and environmental dynamics that may have influence. Some of the current intervention strategies will be described and contrasted along with opinions about what the Gestalt approach could offer.

It is important to note that research on sexual offenders has until very recently been focused on adult men and adolescent males with average IQ's and functioning (Rich, 2009:99). This has then excluded cognitively impaired, female, psychiatrically disordered and pre-pubescent abusers (Rich, 2009:99). There is a dearth of information available about these variations and notably most significantly the pre-pubescent age group. It is for this reason that much of the research and literature is based on findings from the adolescent research. However, some of the youth in this study are on the cusp of their teenage years and much of the research findings are relevant to this group. Rich (2009:100) would agree and states that many of the ideas generated from research on adolescent sex offenders are applicable to these other previously neglected categories.

The other significant aspect to note is that many juvenile sex offenders within this young age range fall into the umbrella category of ‘children with sexual behavior problems’. Problematic sexual behavior exhibited by the children who had experienced sexual abuse include “touching the sex parts of another child, touching animals’ sex parts, asking others to engage in sex, rubbing sex parts against other people, inserting objects into the anus or rectum, and trying to undress other children” (Barbaree & Marshall, 2008:59). Of significance is the fact that these behaviors cause considerable emotional distress and often interfere with the child’s emotional development (Friedrich, 2008:9). Friedrich makes use of a further division between *sexually intrusive* and *sexually aggressive* behavior; this study concerns both of these. Sexually intrusive behavior is sexual behavior that includes others and sexually aggressive behavior includes coercion and force (Friedrich, 2008:10). The extensive and current work of experts on the phenomenon of juvenile sex offending and children with sexual behavior problems will be utilized.

Rich (2009:99) also makes it clear that most of the previous research does not include cultural and ethnic backgrounds different from the Western culture. Levitt (2007:456) puts forward that a specific intervention strategy is needed for South Africa’s unique context and that caution should be practiced when interventions from other countries are used. The traditional theories regarding development were based on research originating in Europe and North American contexts and thus reflect most of the assumptions stemming from those societies (Badenhorst, 2006:150). These presumptions do not take into account the reality for the millions of children who do not come from these contexts and do not take into account the impact of such factors as family, culture, social and economic status etc. on the process of development (Badenhorst, 2006:150). The researcher has supplemented where possible with South African research. However, it should be noted that there is not much current available research on pre-pubescent juvenile sex offending.

4.2 DEFINITION OF JUVENILE SEX OFFENDER

It is important to make a distinction between a legal definition and a social definition of what constitutes sexual offending as not all juvenile sex offenders fall under the jurisdiction of the law. Barbaree and Marshall (2008:2) define a sex offender as someone who has been convicted

in a court of law. However, owing to the youthful age of the juvenile participants, this research does not require conviction as a criterion, but the referral must be due to sexual offending. In fact, as stated in Chapter One, many of these children are referred to the Tygerbear Trauma Unit as offenders, sexually abusive children or children with sexual behavior problems. In the researcher's opinion this is part of the reason why the problem of young sex offenders may go unnoticed when records are analyzed. In fact, the intake forms have no allocation for the category of juvenile sex offender. The researcher took care to look at sexual behavior that was coercive and had victims younger than the juvenile participants. There is some argument that these children are simply abuse reactive (Johnson in Rich, 2009:176). However, Rich points out that simply because there is a response to a personal experience or environmental condition, it does not make the behavior any less significant. Rich (2009:178-181) continues to elaborate on the evidence that indicates that the recidivism rates in the younger child are higher than those in adults and so it would be a mistake to assume that it does not represent as a risk. Furthermore, research shows that a substantial number of adolescent and adult offenders began their sexually abusive behavior prior to the age of twelve, and as young as nine (Burton 2000; Zolondek, Abel, Northey, & Jordan in Rich, 2009:180). It is for this reason that the researcher chose to let her youngest participant age parameter be nine years old.

As mentioned in Chapter One, in South Africa there is the common law term *Doli incapax*, which means that between the ages of 7 and 14 there is a presumption that the child cannot commit a crime. The words 'youth' and 'juvenile' are both used, but you will be perfectly understood legally if you talk about juveniles and the juvenile system/courts etc.

Sexual interactions forced against a non-consenting person seem to be the bottom line, true consent being dependent on:

- Full knowledge regarding what is being consented to;
- Absolute freedom to accept or decline (Finkelhor in Barbaree & Marshall, 2008:10).

Finkelhor (in Barbaree & Marshall, 2008:10) goes on to state that children are by no means knowledgeable or autonomous beings, and as a consequence are neither able nor free to make their own decisions regarding intimate sexual interactions. So although children may be willing it is felt that they do not have the psychological capacity to consent. According to Van Niekerk (in

Badenhorst, 2008: 114), children under the age of 14, whether perpetrators or victims, are not aware of the implications and consequences of their sexual activity. When children commit sexual behaviors which would be regarded as criminal when they are older, they are described as “children with sexual behavior problems” or sexually intrusive children (Charles & McDonald, 2005; Barbaree & Marshall, 2008:3). There has been some debate in the past research as to whether juvenile sex offending is simply part of general juvenile offending. The most current theory is, however, that juvenile sex offending is a specialized and unique variant of problematic behavior and cannot be pooled with general delinquency (cf. Brownell, 2005:178; Rich, 2009:96).

4.2.1 Other Criteria

According to Milner (in Rich, 2009:96), there are two types of juvenile sex offenders, i.e. those who abuse children and those who abuse peers or adults. This study will focus on those sex offenders who abuse children. There is also the possibility that some juvenile sex offenders may simply be sexually aroused by children and as it stands, the *DSM-IV* does not allow the diagnosis of pedophilia until at least the age of sixteen (Rich, 2009:98). In other words, it would require an entirely different focus if the predisposition to **paedophilia** were also part of the research.

Along with other variations in juvenile sex offender populations, Rich (2009:98) highlights that typology has only a limited utility and provides indicators but not mirrors to reality; therefore it is pointless to make allegations as if they were a single group. It is part of the Gestalt approach to avoid such sweeping generalizations and to look at each individual as a unique and complex entity.

There is much research on the various differences between sub-sets of juvenile sex offenders but, other than the previously mentioned criteria, there are enough homogenous characteristics to study juvenile sex offenders as a group. That said, as with all therapeutic encounters within the Gestalt paradigm, each individual case will be approached as unique. This research will deal with those offenders who arguably offend due to self and relationship problems.

4.3 PREVALENCE

Campbell stresses that pre-teen sexual offending is becoming a serious problem in South Africa; however, the seriousness remains underestimated due to underreporting (2005:250). When speaking about adolescent offenders, Charles and McDonald (2005) state that sexual offenses committed by adolescents are underreported because of the stigmatization and shame felt by victims, the use of threats by offenders and reluctance to label or stigmatize the offending individuals. They go on to add that some underreporting also happens due to the fact that many offenses occur within families, most notably sibling incest, which means that it is often kept secret (Charles & McDonald, 2005). In the case of the even younger age group these reasons for underreporting would be further exacerbated by the even younger developmental age. The additional problem of underreporting is that there is a greater chance of the behavior continuing if there is no intervention (Campbell, 2005:250).

Rudd, Efraime, van Niekerk, Higson-Smith and Lamprecht (in Levitt, 2007:456) report figures from their experience in the services for abused children in South Africa which indicate that child sexual abuse is rising, that victims and perpetrators are getting younger, that violence is increasing, and that boys are as likely to get abused as girls. In 2000, 43% of all offenders reporting to Childline (SA) were under 18 years of age (van Niekerk, 2007:266). There is an increase in awareness of the young sexual offender within the South African context (Meys, Kriel, Mbinga & Rieper, 2010). Barbaree and Marshall (2008:2) claim that up to 20% of all sexual assaults are perpetrated by juveniles.

The face of child abuse is becoming younger, according to Serrao (in Badenhorst, 2008:113), and some statistics show that up to 25% of sexual abuse is committed by young children. In another study Gray, Busconi, Houchens and Pithers (in Barbaree & Langton, 2008:59) found that in their sample of children (aged 6-12), sexual victimization predominated in the children's experiences (95% of 66 children). Physical and emotional abuse came next (48%). What is interesting to note with regard to this study is that in the above study 16.7% of these children were abused by 5-10 year olds (Barbaree & Langton, 2008:60). Another study by Burton (in Barbaree & Langton, 2008:60) concludes that most serious sexual offenders in his study started abusing before the age of twelve. The researcher feels that despite some slight variation in numbers, this is a strong indicator that much abuse is perpetrated by significantly young children.

Futhermore, these children were in turn often also abused. (22% were abused between the ages of 11 and 18). As mentioned in Chapter One, Meys stressed the fact that there is research that found that up to 60% of adult offenders admit to starting their offending behavior at an early age.

In the following section the researcher outlines some of the factors that research indicates that contribute toward the development of a juvenile sex offender. Many studies outline risk factors but these are risk for the continuation of the behavior whereas this research concerns itself with factors that contribute to first time behavior. As Rich (2009:388) points out, we must ask why possibly rising numbers of pre-adolescent children are gravitating towards sexually abusive behavior. The researcher took all risk factors of recidivism into account as they may provide crucial indicators of which factors contributed in the first instance.

4.4 FAMILY DYNAMICS

Joan van Niekerk (in Levitt, 2007: 457) states that in her wide experience with child abuse the heart of the child abuse problem is difficulties in family life. Most of the offenders that Childline South Africa has dealt with over the years come from problem families characterized by disintegration of the family and/or sexual, physical and/or emotional abuse of women and children within the family unit (van Niekerk, in Levitt, 2007:267). In particular the family life (or lack thereof) of offenders is characterized by severe emotional, relational and/or physical deprivation. Many of these children lack guidance and control, the opportunities to learn family values, and the opportunity to learn relationship skills like empathy, negotiating the fulfillment of needs via relationships, etc. Father figures and role models are often absent – if not physically then emotionally (van Niekerk, 2007:267; Barbaree & Langton, 2008:61). This standpoint is echoed in Marsa, O'Reilly, Carr, Murphy, O'Sullivan, Cotter and Hevey (2004:239) who note that when compared with community controls, the child sexual offender group reported significantly poorer relationships with their mothers and fathers. Similarly Marshall quotes research that shows that the families of juvenile sex offenders show low warmth and cohesiveness and are often characterized by family violence, physical abuse, substance abuse, instability and disorganization (Bennett & Marshall, 2005:277).

Although abusive behavior and sex offending is strongly influenced by both the family environment and the experience of childhood sexual abuse, these are not definitive indicators of future offending (Barbaree & Langton, 2008:58). However, according to Burke, research shows that children who are exposed to harsh, inconsistent or neglectful parenting are at a significantly increased risk of involvement in offending (Burke, 2008:205).

Campbell (2004:55) cites research that strongly suggests that the South African juvenile sex offender comes from an environment characterized by overcrowding, sexual and physical abuse, substance abuse, domestic violence and crime. There is also a significantly increased likelihood of offending if an older sibling or parent has been involved in crime (Burke, 2008:205). Neglect, family conflict, deviant behavior and attitudes on the part of parents and disrupted family life are all interrelated parenting factors that contribute to the problem of juvenile offending (Burke, 2008:207).

Children with sexual behavior problems appear to come from more troubled families than those of their peers. According to Barbaree and Langton (2008:61-63), these families from which sexually abusive behavior comes are characterized by:

- Instability and a lack of resources;
- The failure to establish strong emotional bonds, particularly between parent and child;
- Early exposure to sexual material or behavior;
- An environment in which there is a high risk for sexual abuse or sexual exploitation by an adult; and
- Lack of resources to cope with child sexual abuse after it has been disclosed.

Families show significant parent-child conflict, inadequate monitoring and a lack of positive involvement (Pithers & Gray, in Barbaree & Langton, 2008:61). The parents also mentioned that they found these children over-reactive to change, generally demanding and hard to calm down. These factors contributed to a feeling that parenting was unrewarding (Pithers & Gray, in Barbaree & Langton, 2008:61). It is this attitude that has a role in the way the children mirror themselves from the very beginning of development, as was noted in the previous section. Relational and inter-subjective theorists point out that there is no baby and mother as separate entities but only baby and mother as a unit (Winnicott, 1987:181-183; Cooper-White, 2007:106).

In a study by Ford and Linney (1995) it was found that up to 42% of juvenile participants were exposed to hard core pornography by the ages of 5-8 (in Barbaree & Langton, 2008:62). Many children with unconfirmed abuse may have been exposed to sexualizing environments according to Friedrich (2007:19), who has never seen an investigative body identify sexualizing environments as sexually abusive. These sexually exposing environments are perhaps neglectful, but there may never be a treatment referral. Thus it is important to think about sexual abuse both broadly and more narrowly when working with these families (Friedrich, 2007:19).

It has been found in some studies that most of the young offenders were sexually or physically abused (in Barbaree & Langton, 2008:62 & Endrass, 2008:38). According to Levitt (2007:461), the links between the experience of abuse as a child and a future of child abuse are strong, even if non-specific. Levitt (2007:461) argues that it is the link between past abuse and future abuse which makes intervention with juvenile sex offenders and their families important. However, it is important to note that not all juvenile sex offenders or sexually intrusive children were necessarily abused themselves. Friedrich (2008:39) in fact cautions therapists against having a dogmatic focus on possible past abuse because the net effect is that the therapeutic relationship cannot move forward. It could therefore detract from what is happening in the therapeutic setting in the here-and-now. Charles and McDonald (2005) point out that although not all sexually abused children become offenders it is important to recognize that children who have been sexually abused *may* be more likely to become abusers. Campbell quotes research that concludes that the rates of physical and sexual victimization for pre-teen offenders were much higher than that of adolescent offenders (2005:54). In a study done on pre-teen sexual offenders in South Africa, 93.6 % of the juvenile participants had suffered from some form of abuse (Campbell, 2005:292). Some children who have been sexually abused “re-enact their own abuse on others in a perverse attempt to gain mastery of their own experience” (Charles & Mc Donald, 2005). They conclude with the statement that “what is known is that sexually inappropriate or aggressive behavior in children should rarely be seen as being experimental in nature ... as it is often an indicator of a problem and a potential indicator of later, far more catastrophic-related behaviors” (Kavoussi, Kaplan & Becker, in Charles & Mc Donald, 2005).

According to Friedrich (2008:39), the primary reason that therapy with children with sexually problematic behavior is ineffective is that important relational factors get ignored. Children with sexual behavior problems have extremely high levels of insecure attachment and typically grow

up in multi-problem families characterized by parent-child relational strain (Friedrich, 2008:39). Parenting is then one of the key influences, both in terms of risk and in terms of protective factors (Burke, 2008:207).

The history of the parents plays a very influential role in the manner in which they form bonds with their children. This inter-generational effect of trauma will now be explored by looking at the concepts of attachment and the idea of 'ghosts in the nursery'.

4.4.1 Attachment

John Bowlby argues that offending behavior is due to a lack of close attachment in the formative years (in Burke, 2008:117). Barbaree (2006:61) notes that most juvenile sex offenders suffer from some form of attachment disorder which is characterized by the development of inappropriate relationship formation. Attachment experiences are linked to coercive vs. cooperative relations, regulation of negative emotions, the capacity for empathy and even the development of expectations about the reliability of others and the worth of self (Smallbone, 2007:122). Poor attachment is sometimes referred to as reactive attachment disorder (RAD) which is a disturbance of social interaction and relatedness based on past child neglect and maltreatment (Meys *et al.*, 2010).

Often the juvenile sex offenders' families have not provided the secure base so essential for healthy attachment and the development of respectful relationships (Friedrich, 2007:23). Some research has explored the significance of insecure childhood attachment among sexual offenders which leads to disruptions in empathy and failure to reach intimacy in adolescence and adulthood (Barbaree & Langton, 2008:61). The behavioral problems that are caused by attachment problems are discussed in more detail in 4.5.2.

Friedrich (2007:61) points out that those children with sexual behavior problems often have disorganized attachment styles. Friedrich goes on to say that this type of insecure attachment is often associated with parents who have a history of unresolved trauma or maltreatment, prolonged absences from their child, substance abuse, maltreatment of their child, or major psychiatric problems (Lyons-Ruth & Jacobvitz, in Friedrich, 2007:61).

4.4.2 Ghosts in the nursery

Friedrich (2007:84) in his book on *Children with Sexual Behavior Problems* borrows the term “ghosts” from Fraiberg who worked with unconscious issues that still played a role in parent-child relationships. If these ‘ghosts’ are left unresolved they are often clear contributors to the child’s sexual behavior problems (Friedrich, 2007:84). The researcher feels that this is very similar to Gestalt’s concept of unfinished business, which similarly, if left unresolved, plays a significant role in future relationships and attachments (cf. Joyce & Sills, 2006:130).

Campbell in her extensive research on juvenile sex offenders claims that up to 72 % of families have at least one sexual abuse victim, excluding the juvenile sex offender (2005: 52). The author adds that when one looks at the extended family, there is a 62% chance of another person who has offended sexually. Friedrich (2007:73) cites research showing that mothers of perpetrators reported much higher rates of sexual victimization in their own childhood (55%) than mothers of victims (30%). Furthermore, both mothers of perpetrators (72%) and mothers of victims (50%) reported high rates of domestic violence.

Siegel (2003:225) refers to the fact when a primary caregiver’s emotional responsiveness and availability is lacking, often because of her own trauma or loss, then the child’s development is compromised. It is this inter-generational history of abuse which increases the probability of the parent having a disturbed attachment style with the child (Friedrich, 2007:84). This is because the child’s emotions may be triggering negative emotional states in the caregiver (shame, helplessness etc.) and the result is even more disengagement by the caregiver (Siegel, 2003:225). The author goes on to explain that the child, in a desperate attempt to maintain or restore the attachment bond, will suppress the emotions that caused the caretaker’s aversive reaction in the first place. So it is the researcher understands that the child in its need for a relationship with the caregiver will willingly compromise its own healthy development.

Shapiro (2009:47) states that what is in fact the ‘patient’ is not just the child but also the relationship between the child and the parent within the context of the culture and the family. When parents have a history of unresolved abuse they can become disorganized in their parenting style and these unresolved problems place a child at risk for insecure and disorganized

attachment relationships and corresponding behavior problems (Friedrich, 2008:68). Caregivers with this type of history will not be the child's source of safety and this contradiction between love for the parent and fear of the parent is too much for children to integrate into a coherent working model at this early stage of life. Consequently, their behavior is often paradoxical and disorganized (Friedrich, 2007:61). It is therefore the researcher's opinion that this is why working with polarities (point/counter-point) and their integration could be an important aspect of therapy with juvenile sex offenders. Friedrich refers to the pervasiveness of a "repressive coping style" in these mothers, which is characterized by the mothers' or caregivers' lack of awareness of the needs of those in their care. Their findings do point to the need for assessing the multigenerational symptoms in the families of disturbed children (Friedrich, 2007:73). If left unresolved, a parent's sexual abuse history is often a clear contributor to the child's sexual behavior problems (Friedrich, 2007:84). The child, according to Friedrich (2007:85), may have more impulsiveness and less ability to self-regulate. In addition, there may be a distorted perception about relationships and an ineffective judging of how to become close to others. The following section will explore some of the behavioral problems that manifest in the juvenile sex offender population.

4.5 INDIVIDUAL CHARACTERISTICS

Rich (2009:90) concludes from all recent research that the juvenile sex offender differs from non-sexual offenders in terms of personality traits, social skills and past relationship experience. Research repeatedly documents that some of the difficulties identified in these juveniles who present with sexual behavior problems are deficits in social competence, inadequate social skills, poor peer relationships, and social isolation (in Veneziano & Veneziano, 2002:251). Juvenile sex offenders have been noted to have poor impulse control, poor judgment, poor problem-solving skills and are thought to have less empathy for others and difficulty in recognizing emotions in others (in Veneziano & Veneziano, 2002:251).

4.5.1 Lack of social skills and loneliness

There is evidence that child sex offenders have a history of problematic parent-child relationships and emotional loneliness across the life span (Marsa *et al.*, 2004:230). Compared with community controls, the child sexual offenders reported significantly more emotional loneliness and a more external locus of control (Marsa *et al.*, 2004:228). A lack of intimacy skills and the subsequent experience of loneliness felt by juvenile sex offender's means, according to Marsa *et al.* (2004: 229), that they may tend to engage in coercive sexual activities with children in order to satisfy their emotional needs. Sexual offending is thus a "distorted attempt to seek interpersonal closeness in the absence of the ability to form appropriate relationships" (Marsa *et al.*, 2004:229). Generally, these youngsters are socially more isolated because of their poorly developed social skills and (therefore) have less or no normal contact with peers (Rich, 2009:94). In other words, they have underdeveloped inner support and a lack of healthy mirroring of self. It is here that the restorative and reparative use of Gestalt therapy's Dialogic attitude may be a crucial part of any intervention process. Intimacy is the process by which the individual makes his or her inner life known and gets to know the inner world of the other and it is the necessary developmental ground for learning about how to know the self (Wheeler, 2002:63). Subjectivity thus depends on intimacy and this is the case throughout life. It is why it is especially important to create this intimacy with clients with a weak sense of self, to see and receive their inner worlds and in so doing, support them in their emerging selves.

According to Rich (2009:90), juvenile sex offenders are less psychologically skilled and less outgoing than their peers are. Campbell states that these youths have difficulties in their interactions with peers and these interactions are often characterized by antagonism, uncertainty, low tolerance, fear and many disagreements (2005: 65). This syndrome of social deficits and disabilities may lead to all kinds of distorted thoughts and fantasies (cognitive distortions) that may ultimately predispose a youth to committing a sex offence (van Wijk, van Horn, Bullens, Bijleveld & Doreleijers, 2005:31). There may be a deficit in empathy development in the juvenile sex offender population and this may be due to the lack of empathy that these youths may receive from their primary caretakers and a history of child maltreatment (Calley & Gerber, 2008:69). This lack of empathy may even be part of the reason why these youths struggle to make and maintain attachments with others. Milner (in Rich, 2009:94) suggests that juvenile sex

offending is driven by both socially isolated and normless behaviors rather than by aggression. It is noteworthy that this group tends not to use serious aggression or force and tend to see their victims as people (Rich, 2009:90, 93). Marsa *et al.* (2004:228) interestingly point out that the child sex offenders match the profiles of non-violent offenders and community controls when it comes to anger management. In other words, the need for social connection is behind much of the behavior and this social connection is needed for a sense of self.

In South Africa there is a unique aspect to offending due to our extreme poverty, crowded living conditions and dysfunctional families which predispose pre-teen offenders to social impairment (cf. Wood, Welman & Netto, 2000 in Campbell, 2004; Meys, 2010). The juvenile sex offenders are socially troubled and socially inept rather than criminally minded (Rich, 2009:97). The researcher is of the opinion that Gestalt therapy, with its focus on the relationship, has the potential to be a therapy of choice with this population group, as they will learn to become aware of and accept themselves as they are and have the space to then experiment with new ways of making contact.

4.5.2 Attachment problems

Attachment problems, intimacy deficits, and loneliness contribute to a propensity to offend sexually (Smallbone, 2006:118; Rich, 2009:396). When 29 child sex offenders, 30 violent offenders, 30 nonviolent offenders, and 30 community controls were compared, a secure adult attachment style was four times *less* common in the child sex offender group than in any of the other three groups (Marsa *et al.*, 2004:228). This insecure or disorganized attachment style can lead to a host of psychological problems. Early attachment relationships have significant influence on how the brain develops and insecure attachment may serve to exacerbate the chances of psychopathology (Siegel, 1999:68). Trauma and emotional neglect contribute to disorganized attachment and actually have a serious influence on the structure of the developing brain (Fosha, 2003:221).

According to Friedrich (2007:84), an important point is that insecure attachment often translates into increased behavior problems in the child and the child may have problems with self-regulation because the parent typically has not been the secure, modulating base the child needs.

Consequently the child becomes more impulsive and less self-controlled, and as a further result is more likely to have coercive and distorted perceptions about relationships and have poor judgment as to how to become close with others and to meet needs in healthy ways (Friedrich, 2007:85). In the case of children, Siegel (2003:222) notes that security or insecurity of attachment is not a characteristic of the individual but is rather a characteristic of the relationship the individual has been involved in. The author further notes that there is fortunately also much compelling evidence showing that through the healing power of the therapeutic relationship much of the negative influence of trauma can be neutralized. Therefore, from a developmental perspective, attachment insecurity may lead to difficulties with emotional regulation, empathy, problem solving, courtship and even eventual parenting skills (Smallbone, 2007:118). In Smallbone's (2007:118) view the sexual behavior may stem from the need for attachment by, for example, both providing and receiving comfort.

4.5.3 Behavioral difficulties

Conduct disorder is the most common diagnosis for juvenile sexual offenders; other frequent conditions include attention-deficit/ hyperactivity disorder, academic problems and depression (Moeller, 2001:229; Brownell, 2005:182). With regard to problem behavior and personality traits, sex offenders as a whole had a higher score on bad contact with peers (Van Wijk, van Horn, Bullens, Bijleveld, C & Doreleijers, 2005:31). According to Wheeler (2002:79), attention deficit disorder and attention deficit hyperactivity disorder are types of difficulty in organizing the field. This inability to regulate their behavior is reflected in the research that shows that juveniles who sexually offend typically have had trouble in the school setting, including disruptive behavior, truancy and/or a learning disability (in Veneziano & Veneziano, 2002:251). The Gestalt therapy approach, with its emphasis on awareness, can be of benefit with these problems with self-regulation, as will become clearer in the empirical chapter.

According to Campbell (2003:81), in her experience children who molest often have a low average IQ, and display aggression and poor peer relations and have few friends. Furthermore, she says that they are impulsive and have a poor frustration threshold. There is also more than likely an unsatisfying relationship with their parents and these relationships are often fraught

with conflict. Often there has been physical violence to which the child was either witness and/or victim.

Based on a 2004 study Milner (in Rich, 2009:95) declared that with male juvenile sex offenders there is a high level of the experience of male inadequacy. Daversa and Knight (in Rich, 2009:95) follow up with a 2007 study, concluding that there are general experiences of inadequacy, submissiveness, anxiety and rejection. These features all indicate a poor sense of self and perhaps underlying shame. Any intervention that plans to restore the sense of self may therefore need to take into consideration the high likelihood of shame and shame-binds.

4.5.4 Trauma

Past trauma, often pervasive, chronic and occurring in the absence of environmental protections and supports, is prevalent in the histories of prepubescent sex offenders (Veneziano & Veneziano, 2002:250). According to studies (in Veneziano & Veneziano, 2002:249), early developmental trauma and familial dysfunction seems to be more common and severe in the histories of youths with sexual behavior problems than in those of adult sexual offenders.

According to the American Psychological Association, a 1996 report states that children reared in a socialization environment of chaos, violence, parental aggression and harsh and abusive discipline lack the opportunity to develop empathy, self-control, and higher order problem solving skills that might allow them to modulate their strong impulses (Newman&Newman, 2006:297). These pre-pubescent offenders display psychiatric, behavioral, social and educational disturbances that appear to be related to their abuse histories, exposure to violence, family dysfunction, neglect or rejection from caregivers, leading to poor self-esteem and the inability to form attachments, making youths susceptible to becoming sex offenders (Veneziano & Veneziano, 2002:250).

According to the Harvard forum on the developing child, toxic stress in the early years can damage developing brain architecture which may lead to learning and behavioral difficulties. Toxic effects include poverty, child maltreatment, and/or exposure to violence, in the absence of stable, nurturing relationships with adults in a child's life. Brain plasticity decreases over time and this is why getting things right early is more effective and less costly to society and to

individuals than trying to fix it later (Harvard report, 2004:1). Brains are built over time and the interactive influences of genes and experience literally shape the architecture of the developing brain. This is part of what they term “serve and return” (Harvard report, 2007:6) nature of children’s engagement in relationships with their parents and other caregivers in their family or community. An important aspect of this serve and return notion is that it works best when it is embedded in an ongoing relationship between the child and an adult who is responsive to the child’s uniqueness (Harvard report, 2007:6). Here the similarities between ‘serve and return’ and attachment theory are clear – both emphasize the importance of the early relationships in the child’s developmental process.

The previous chapter explained how trauma can give rise to the splitting of self and the creation of a false self (Chapter Three). This damage to the self leads to a loss of integration and stability is maintained by employing protective measures like impulsive actions and attacks to self or others (Sanderson, 2006:302). This violence towards the self or others is, according to Sanderson (2006: 302), an attempt at regaining equilibrium and mastering the inner fragmentation. One of the juvenile offender treatment programs called SPARK, support program for abuse reactive children, has utilized a combination of theories on PTSD, an addiction model and sexual abuse cycle model, as well as Finkelors and Arajji’s four preconditions of abuse model (in Campbell, 2004:125). The model of intervention thus emphasizes the treatment of the offender’s own prior trauma.

4.5.5 Development

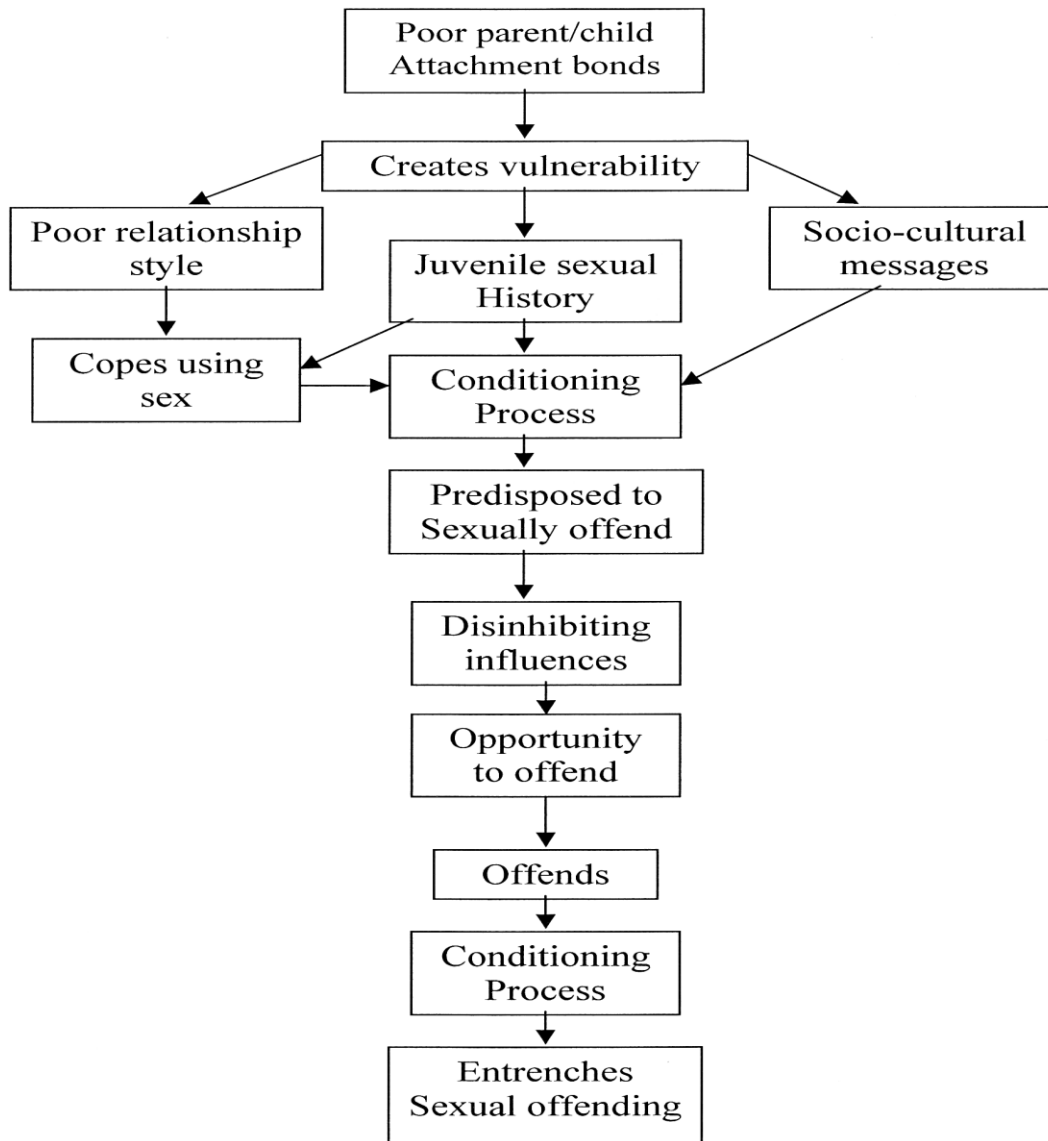
Lewis (in Rich, 2009:70) stresses that juveniles should be understood as “in development” and focuses on the contextual situation in which the juveniles find themselves as development takes place. There is for Lewis (in Rich, 2009:71) no sense in the idea that development has a clear sequence, direction and thus is predictable. Instead he proposed that it is in context that lives are formed. Factors within the present environment determine development via responsiveness and adaptation to those current circumstances (Lewis in Rich, 2009:71). Brownell (2005:180) points out that context includes memories from the past, the current experience, hopes for the future and also cultural, community, family, school influences and the surrounding physical environment.

It is an important shift in the understanding of the juvenile sex offender because it means that current factors are dynamic and it is still possible to intervene in a developmental trend that may be problematic. It also means that any assessment of a juvenile sex offender is also a dynamic assessment and not a once off assessment. Rich (2009:71) goes on to caution that it is these dynamic developmental risk factors which over time become more static and resistant if there is no timeous intervention. This would be in agreement with the fact that the brain's plasticity slows down over the years (Philippon, 2009:42). An important goal for work with juvenile sex offenders is that of preventing some of the risk factors (mentioned above) which may harden into more static factors by the time adulthood is reached (Ryan in Rich, 2009:71). Lewis states that how people behave is determined by their attempt to adapt to situations and problems as they find them (in Rich, 2009:72). This is in agreement with the Gestalt notion of creative adjustment (Parlett, 2005:55).

Environmental factors increase risk within the individual, but then the behavior of that individual also influences that very environment and adds to future risk factors in the environment (Rich, 2009:72). This strongly echoes the Gestalt notion of the co-creative and field aspects of Gestalt therapy. The juvenile sex offender's behavior is a mix of current and past influences, with the past creating a lens through which current circumstances are seen by them. This implies that if there were favorable past circumstances, there may be enough protective factors present to render the individual resilient to current negative environmental contexts.

The following table describes the etiology of offending behavior diagrammatically. It gives an overview of how several predisposing factors need to be in place before this behavior will occur. When these factors come together, the individual could configure into a juvenile sex offender. This research explores and describes some of these contributing factors. Each individual offender will have a variation in factors or strength of influence of the various factors.

Figure 4.1: Etiological steps to sexual offending:



Marshall and Marshall (2000).

4.6 INTERVENTION

Within the Modernity model individual behavior was the unit of study with little regard for context. Within this model 'norms' were established and so deviance from these norms was seen

as an individual abnormality (Levitt, 2007:431). Humans could be understood, it was thought, without their contexts (Levitt, 2007: 433). Offending behavior came to be seen as the sole responsibility of the individual.

According to Burke (2008:115), Freud had two different explanations for criminal behavior. Firstly, that behavior was criminal because of mental disturbance that was created at one of the psycho-sexual levels of development. This disturbance often came from unconscious factors in intimate relationships and took all responsibility away from the parents for having an offender child. Freud's other explanation was one of criminals having a weak conscience or a less developed degree of unconscious guilt. This model is clearly embedded in a predetermined model of criminal behavior (Burke, 2008:116). Barry (2006:189) states that current criminal justice policies which isolate the offender behavior from the external circumstances in which that behavior manifests, is according to her not only 'dispensing with justice' in a cold calculated vacuum, but is also 'dispensing with justice' because of its "oppressive and discriminatory focus".

Brownell (2005:176) states that there is a need for an organizing model and theoretical home upon which offender treatments can be individually customized. He argues that the "patchwork" approaches that are based on empirical support leave the individual therapist or clinician to make sense as they see fit and that the search for an integrative model is long overdue (Brownell, 2005:177).

While therapeutic services to children are already somewhat insufficient, there is no doubt that the therapeutic service to the perpetrators are even less adequate (Killian & Brakarsh, 2007:13). Brownell (2005:177) describes how early research was always based on the adult male population and these results were simply transferred onto all other variations in the sex offender population. There is a need to explore new ways of being as the offending behavior is not something ingrained and therefore unchangeable (Thakker, Ward & Tidmarsh, 2007:326). As stated earlier in this chapter, the young brain is neurologically plastic and changeable, whereas the adult may be more fixed and static. There is much scope for a positive outcome while characteristics are still malleable.

According to Barry (2006:189), constructive work with offenders is limited by an overemphasis on changing the individual's behavior and not looking at structural issues. Interventions with these children are typically individual in nature and focus on altering cognitions related to the child's sexual behavior (Friedrich, 2007:4; Levitt, 2007:15). Brownell (2005:181) would be in agreement with this as he points out that many of these treatments have been overly preoccupied with the cognitive components of individual experience and conceptualizing phenomenology "under the banner of thinking errors alone".

According to Brownell (2005:181), the juvenile sex offenders have interpersonal problems that often lie at the heart of their behavior. It is their ability to interrupt awareness of these interpersonal problems and this often occurs by means of projecting on to their victims.

From the point of view of Gestalt therapy's concept of field it is clear that there is a cultural ground on which any intervention with the juvenile offender needs to rest. Therapists need to understand the important influence of current effects and have to intervene in the social, psychological and physical spaces of their clients and get involved in multi-systemic work (Brownell, 2005:180). According to van Niekerk (2007:273), it is essential that programs are developed for juvenile offenders that address the fact that many of these young people have been abused themselves. However, Levitt (2007:434,441) cautions that to focus only on child sexual abuse obscures the powerful effects of abandonment, parental neglect, domestic violence and the range of subjective experiences involved in circumstances in which people do not feel valued, respected and cherished for long periods of their lives. Sexual abuse is a part of a wider problem of child neglect and abuse. Most of these juvenile sex offenders have a poor sense of self and Rich (2009:397) powerfully reminds those working with them that "we can consider sexually abusive behavior as a crime of *relationships* rather than a crime of *violence*".

Because of this history of early impaired relationships, it is very appropriate that primary treatment is also relationship based. In addition, developmental issues also support treating the child in his or her family and tailoring individual treatment to the child's developmental level (Friedrich, 2007:55). Specifically, those conditions need to be the conditions of intimate, inter-subjective receptivity that are explored in Chapters Two and Three. This receptivity would incorporate all the various aspects of the Gestalt relationship. According to Wheeler (2000:350), receptivity and safe-space is especially important when the narrator of the story is the perpetrator

of destructive and/or abusive acts. He argues that this is because these particular stories are more than ever not likely to be told and heard. This is both because of the shame in the telling and then because of the listener's fear that inter-subjective reception of the experience of the narrator/perpetrator will be taken for interpersonal acceptance of the behavior (Wheeler, 2000:350). This fear is itself supported and magnified by the way the individualist paradigm obscures the dynamic relationship between experience and visible behavior itself and the way experience gives rise to behavior, not just the other way around (Wheeler, 2000:350).

Brownell (2005:179) strongly advocates for Gestalt therapy as the integrative and overarching model because, as he states:

Its theoretical corpus provides everything needed for an assimilative integration of the best practices in juvenile sex offender treatment, while still providing a guide for the choice points – those pivotal moments in clinical practice - when a clinician might choose one method over another.

4.7 CONCLUSION

In the Chapter Three it was concluded that from a Gestalt therapy paradigm, the juvenile sex offender needs to be seen as a dynamic, changing, process orientated, individual who needs to be viewed as an embedded and holistic entity. The individual and the environment are co-dependent and so any model that sees the offender as the sole problem is deficient. This literature study of the juvenile sex offender has yielded much useful insight into individual character traits and family dynamics, some of which has been outlined in this chapter.

Within this chapter the definition of the juvenile sex offender was elaborated on to include sexually aggressive and sexually intrusive behavior. The impact of the family and possible trans-generational trauma is enormous and early attachment relationships play a large role in risk factor development. Some of the literature that explores individual characteristics of the sex offender population was extrapolated. Mention was made of some of the current ideas on intervention. The study includes an exploration of intervention strategies because, although the empirical chapter does not include intervention, it is nonetheless the ultimate aim towards which this research hopes to contribute. It is inadequate to view the way in which the individuals have

configured at this point as the total summation of who they are. The risk factors are carried within the individual but are nonetheless a product of the external conditions (Rich, 2009:15). Rich (2009:75), with his extensive experience with juvenile sex offenders, echoes this sentiment by stating that the juvenile sex offender is thus more than the sum of past behaviors and circumstances and is capable of making change over time. There are risk factors and resilience factors within both the individual and the environment and both aspects have to be taken into consideration when working with this population.

What is readily apparent is that a vulnerable sense of self and poor relationship skills are some of the dominant features of this group. Often this vulnerable sense of self seems to have developed from a problematic family circumstance. The next chapter plans to explore this often vulnerable sense of self and the behaviors that this has manifested. This will be done via an unstructured interview process with the juvenile offenders and semi-structured interviews with their primary caretakers and the therapists/social workers that work with them. The exploration will include the various forces, both internal and external and both past and current, that have shaped the juvenile sex offender.

CHAPTER FIVE

RESEARCH REPORT AND FINDINGS

5.1 INTRODUCTION

In the first chapter it was made clear that there is a growing need for research on the young juvenile sex offender as this is a growing concern in South Africa. In the previous two chapters the relevant literature was explored, providing some important background to the empirical portion of this study. The literature study also served to provide the researcher with guidance and direction for the unstructured and semi-structured interviews that took place with the juvenile sex offenders, caretakers, social workers and therapists. This chapter is a hands-on look at how the information that was gleaned from the literature weighs up against what is happening ‘in the field’. In this chapter the method by which data was collected will be outlined as well as descriptions of the research strategy and the actual empirical results.

5.2 RESEARCH APPROACH AND DESIGN

The empirical findings of this study were made within a **qualitative approach**, as described in Chapter One. The researcher used the qualitative approach to explore the factors influencing the self-configuration process of the juvenile sexual offender. The researcher explored the perceptions and meaning that the juvenile offenders, their caretakers, social workers and therapists assign to their worlds and the relationships in which they are, without trying to calculate an outcome. This meaning that the research participants give to their own experience is referred to as phenomenology. The researcher made use of this Gestalt-phenomenological approach in order to learn about the participants in a holistic way.

As Barber and Brownell (2008:37) convincingly argue, the qualitative method is well-suited to the Gestalt therapist. It comes naturally to practitioners who work with direct perception to discover how persons are sensing, thinking, feeling and imaginatively projecting information, in order to constellate their world. The reality within which the juvenile offender views the world is

individually constructed in relation to the field within which he or she has existed and it is to this that the research has attended (cf. Barber & Brownell, 2008:38).

The researcher used an **applied** research method that is both **explorative** and **descriptive**. Exploratory research was used to gain insight into and to find out how juvenile sexual offenders view themselves and their world and which factors contributed to their current self-configuration (cf. Babbie & Mouton, 2004:80; Fouché & De Vos, 2008:106). This explorative study has also been selected due to a lack of basic information about the incidence and characteristics of the juvenile sex offender who is younger than 15 years of age, as well as a lack of information on this population within South Africa. Most of the existing literature focuses on the juvenile sex offender who is in adolescence. The reason for this was somewhat explained in Chapter Four and lies with the actual terminology, with most young offenders being categorized as youth with sexual behavior problems. The researcher also used descriptive research which focuses on “how” and “why” questions in an attempt to adequately describe the subject. The focus is on the formation of the self, and how that self has come to be configured in this particular problematic way.

The research design or strategy was in the form of an **instrumental case study**. The juvenile sexual offenders were observed and listened to in order to gain insight into how they are configuring themselves and which factors may have contributed to this configuration. The primary caretakers, therapists and social workers who work with them were also listened to in order to give a fuller picture. All of this was done to gain increased knowledge about a specific social issue (Fouché, 2005:272), namely the perceptions of juvenile sex offenders under 15 years of age, the caretakers and parents as well as the therapists and social workers who work with them.

5.3 DATA COLLECTION PROCEDURE

In order to obtain the most relevant data for the purposes of this study, particular data collection methods and measuring instruments were selected.

5.3.1 Sampling plan

Sampling is less structured with qualitative research, largely due to the diverse types of data collection (Strydom & Delpont, 2005:327). Sample size is dependent on what the researcher wants to know. As mentioned in Chapter One, the researcher made use of non-probability and purposive sampling (Strydom & Delpont, 2005:327). Purposive sampling was used because the researcher selected juvenile participants based on age and offender status; in other words, there was a specific purpose to the selection (cf. Maree & Peterson, 2008:178; Whittaker, 2009:35). This non-probability sampling was separated into the category of convenience sampling (Maree & Peterson, 2008:176), because the researcher had access to the juvenile sexual offenders entering, via referral, the Tygerberg Trauma Unit at the Tygerberg Hospital in the Western Cape. The sampling relied on those referrals for inappropriate sexual behavior and/or sex offending that came to the Unit within the period of the research.

There was a thorough sifting of candidates so that there would be as little skewing of results as possible. Four juvenile participants were eliminated from this study (discussed below), as the researcher did not want to influence the ‘purity’ of the data. The researcher received referrals for one participant that was eight years old and after spending some time with him in order to evaluate suitability for the study reached the conclusion that he was too young to adequately answer the research question. The researcher decided to use juvenile participants from age nine through to fifteen. This is a dynamic age range and literature shows that there is a wave of neural development within this range (Rich, 2009:67). This implies a very positive scope for any interventions that result from this. The researcher also received a referral for a female juvenile participant. It was after a review of the literature and careful consideration that the researcher decided not to include her in the study. The researcher had concerns about potential gender differences that would skew the data. Another referral that was omitted was referred as a child who was molesting other children but the researcher could not get corroboration on this when she spoke with the parent, child and school and therefore felt it would be unethical to include the child if he may not in fact be an offender. One of the potential juvenile participants suffered from a substance abuse problem which had become so severe that he had been sent into a rehabilitation facility and was therefore not suitable to be interviewed. Participation in the study was entirely voluntary for the juvenile sex offenders, the caretakers, therapists and social workers.

Sampling went on until the point of redundancy (Merriman, 2009:80), in other words when no more new information was forthcoming or, otherwise stated, until it was the opinion of the researcher that saturation had been reached according to the different categories. The researcher decided that saturation had been reached after fifteen participants (five juvenile sex offenders, five social workers, and five caretakers) took part.

5.3.2 Semi-structured and unstructured interviews

The interview is the most frequently used method of data collection in a qualitative study (Babbie & Mouton, 2004:289). The researcher made use of both unstructured and semi-structured interviews. Unstructured interviews were utilized with the juvenile offenders and semi-structured interviews with caretakers and some of the therapists and social workers who work with them. Owing to the age group with which the study dealt, the unstructured interview was the most conducive to data collection. However, with some participants follow-up information was required, at which time it was decided that to facilitate this, the interviews would be of a semi-structured nature. Interviews were selected as a method of inquiry, as it could give in-depth first-hand accounts of the topic at hand. The semi-structured interviews were used to get a more direct and detailed picture of a participant's beliefs or perceptions on a certain topic (cf. Greeff, 2005:296). The researcher aimed to do an in-depth exploration and description of the research participants' (juvenile sex offenders') sense of self, field and relationships within that field, by way of an unstructured interview process.

5.3.2.1 Semi-structured interviews

The interviews with the therapists/social workers and caretakers were of a more information gathering nature and were thus conducted by way of the semi-structured interviews. The semi-structured interviews are organized around a specific area of interest, while still allowing for considerable flexibility in scope and depth (Greeff, 2005:292). In the case of this research the area of interest was the details of the field from which the juvenile sex offenders have emerged and the way in which they are viewed by their caretakers. The research also encompassed the insights and experiences of therapists and social workers who have worked with juvenile sex offenders at the Tygerbear Unit. This allowed for a broader, although not direct, base of

‘offender stories’ as each social worker or therapist had experience and/or narratives about this population.

These ‘collateral’ interviews are, according to Rich (2009:333), aimed at gathering a full picture of the juvenile sex offender’s psychosocial development, functioning and interactions, including also family history and living environment. The author is of the opinion that these collateral interviews are essential for the evaluation of the juvenile sex offender. In the case of this research it was also found to be essential, owing in part to the fact that juveniles are still deeply embedded in their family environments. It is with the wealth of insight that these interviews yielded that the researcher realized that they would play a far more important and parallel role in the data collection and analysis, rather than solely as support the offender responses.

The semi-structured interviews added additional insight into the phenomena that were being studied and were most effective with the participants (caretakers and social workers/therapists) used in the triangulation of data. These interviews had a general guideline of questions and areas to explore (See Appendix 3) and were conducted in a 30 - 45 minute sitting. The interviews with the therapists/social workers and caretakers were much more directive in their style of questioning in order to get the optimum data to substantiate the juvenile sex offenders’ responses. There were, however, many open-ended questions with which the participant could lead the nature and direction of the questioning.

This structure was advantageous because it allowed for greater possibilities of comparison between interviews, because all the (non-juvenile) participants were asked the same questions. This interview schedule was offered to each participant to have a look at before commencing with the interviews. This served to put them at ease with the interview process and to clarify any uncertainties with regard to what may be expected. In the case of these semi-structured interviews less emphasis was placed on the process and more on the content; however, process was always taken into consideration. The way in which things were said, voice tone, body movement and word usage, was considered an important but not primary adjunct to the content of what was said. One of the criticisms of the one-on-one interview is that there is a possibility of the participants giving “official accounts” (Greeff, 2005:299) which are not valid. It is for this reason that the researcher remained vigilant to the process and allowed for a level of flexibility to use a more conversational style to allow the participants a more natural response.

5.3.2.2 *Unstructured interviews*

The purpose of the research, which was to describe and explore the factors contributing towards the juvenile sex offender's self-configuration process, lent itself to the unstructured interview process. The experiences of the juvenile sex offenders and the meaning they make of these experiences, rather than an evaluation, were at the heart of the interview process. Each individual participant was given due consideration in terms of cognitive levels, language differences and other factors like time of day and energy levels. In the unstructured interviews with the juvenile sex offenders there was an emphasis on process along with content because the researcher and participant were mutually exploring new territory. The interviews were guided by what emerges during this process (cf. Greeff, 2005:291).

The questions themselves sometimes changed direction or depth as the links and relationships developed between various bits of data. To focus on the process meant that the interviewer had to read between the lines of what the participant was saying and the 'how' of the responses (cf. Greeff, 2005:291). The relationship between the researcher and the participants was fluid and changing and provided valuable information with regard to the process. The researcher used the dictaphone as a method of recording these interviews, allowing the researcher to focus on the 'unspoken' (process) as well as the spoken, knowing that the content could be subjected to a detailed analysis at a later stage. The researcher's experience was that both the primary experience of conducting the interviews, as well as the secondary analysis, benefit the outcome. This secondary analysis may illuminate aspects that were not noticed during the initial experience.

Greeff (2005:293) points out that it is important for the researcher to define the information that is required. In the case of this research the unstructured interviews were conducted to collect information revolving around the factors contributing towards the self-configuration process of the juvenile sex offender. One of the challenges was for the researcher to balance the flexibility of the interviews with enough consistency to allow for a worthwhile system of theme development and analysis. This implied that the researcher needed to maintain focus and to minimize the possibility of wandering into areas that were not relevant to this research project.

The researcher tried to overcome this dilemma by having a loose and general goal for each interview while still allowing enough flexibility to alter this goal, should the situation call for

that. Use was also made of follow-up interviews in those cases where it was the opinion of the researcher that some additional information may be required. The interviews ranged in duration from forty to sixty minutes, depending on several process factors. This is especially noteworthy with the young age group of the juvenile participants in this study, as they would struggle to continue with a long interview.

5.3.3 Participant information

The juvenile sex offenders were given a number with a capital 'J' to denote juvenile, in order to protect their identities. The therapists and social workers were labeled by the letters SW (denoting either social worker or therapist) and a number. The caretakers were split into those who were biological parents, who were labeled with a P and caretakers who were labeled with a C. The reason for this division was for relevance and clarity, especially for questions that were only relevant to biological parents like those exploring inter-generational trauma. The juvenile participants' biographical information was taken from a combination of their referral forms and files and the information provided by the caretakers. The juvenile participants were all under fifteen years of age, with the youngest being nine.

5.3.4 Document study

The researcher made use of all the referral information (official documentation) on the files of the juvenile participants. Besides the general biographic details, the referrals also denote the primary behavioral problems and the types of trauma that the participant may have been exposed to, as well as current living arrangements. This information was useful because it meant that some facts were already known and need not be obtained during the interviews. It was also advantageous in that the referral forms all followed a standard format which allowed for easy comparison between the various juvenile participants' documentation. It also gave some indication of how the field was receiving these juvenile sex offenders as the information came from schools, courts and social workers, depending on the individual case. The researcher did not assume any information and did verify with the participants wherever necessary and/or

possible. In this way the content of the documents was compared with an external source (Strydom & Delpont, 2005:318).

5.3.5 Previous experience

The researcher has done therapeutic work with juvenile sex offenders within the Tygerberg Trauma Unit and attended some current and extensive workshops and seminars on the topic of juvenile sex offenders. The youths that the researcher has worked with were thus from the same context from which the study's participants were selected. The researcher developed an interview outline and some basic areas which needed to be explored in order to fulfill the requirements of the research and answer to the aims and objectives thereof.

The work that the researcher has done with this population in the past was part of what alerted the researcher to the need for research within this area. The researcher thus feels that some description of and insights developed from her previous work may add some additional information to the research and concluding recommendations that follow.

5.4 TRUSTWORTHINESS

The soundness of the research refers to its trustworthiness or "truth value" (Lincoln & Guba, 1985:290). The researcher will now outline the soundness of this research utilizing Lincoln and Guba's constructs of credibility, dependability, transferability and confirmability. The researcher has also included triangulation.

5.4.1 Credibility

In qualitative research, the participants' perspective is emphasized and the researcher will try to understand their actions, decisions, behavior and practices (Babbie & Mouton, 2004:271). This research was an in-depth exploration and description of the experiences and meanings that these experiences have for the juvenile sex offender. With the question of credibility the researcher asks whether the constructed reality that is made matches the actual reality of the participants. The researcher feels that the previous experience she has gained in working with juvenile sex

offenders has ensured that she has had some engagement with similar groups and so repeatedly questioned the data received in terms of its credibility. Additional use was made of peer debriefing to further weigh up credibility.

All the interviews with participants were recorded on dictaphone to allow for re-checking and accessing the interview directly to check for errors in assuming intentionality. These recordings also provide a means by which the researcher can access the responses directly. Follow-up interviews were used to make sure of the intentionality of the participants where and when this remained uncertain. In order to further check observations and eliminate confounding factors use was made of triangulation.

5.4.2 Triangulation

The method of triangulation is used because the researcher wants different sources of data in order to explore the research question from different angles and to use these multiple sources of data to confirm research findings (Merriam, 2009:229). This may improve the validity and the reliability of the data (Nieuwenhuis, 2008:80; Silverman, 2008:121). If social reality is believed to be constructed differently depending on the different context, then to rely solely on the interviews of juvenile participants would not give an adequate view of reality. The data was collected from juvenile sex offenders, their caretakers and the therapists/social workers with experience in this population. Data was also collected by way of existing referral documentation and observation.

5.4.3 Dependability

Dependability is an alternative to reliability which assumes an unchanging universe where inquiry could be easily replicated (De Vos, 2005:346). In order to ensure that there would be overlap if the study was replicated with the same participants; the researcher gathered all the data according to set procedures and as far as possible suspended any unwarranted personal input and opinion on the data that was collected. That said, the interview process remains a creative endeavor that can never be duplicated exactly but only approximately (cf. Shea in Rich, 2009:353). The collected data was continuously discussed with colleagues in the field as a form

of peer review that ensured that data was not being contaminated by the researcher's personal perspective and/or bias. The researcher concluded that this was important because of the fact that when working so intimately with a subject it becomes easy to make the inadvertent mistake of incorrectly overlaying data with one's own mental pattern formed over a months of literature study.

5.4.4 Transferability

The main concern of this research was to understand social action in terms of a specific context rather than attempt to generalize to a theoretical population (Babbie & Mouton, 2004:270). This in-depth description is deeply embedded with data within a particular setting, population and theoretical framework and is thus valid (de Vos, 2005:346). The context of the juvenile sex offender that is referred to the Tygerbear Trauma Unit is of concern to this research and there is no necessity to generalize to the general population. The researcher did, however, make sure that the data collected was sufficiently detailed to provide a rich description of the juvenile sex offender that could be tested against other similar samples. Although the researcher made use of purposive sampling to purposively include juvenile participants with varying ages within the sample parameters, the data could not be generalized to populations that stand outside of the stated parameters of this research.

5.4.5 Confirmability

Confirmability is akin to the traditional concept of objectivity (De Vos, 2005:347). It asks the question whether the results of this study could be confirmed by another study of this nature. The researcher ensured that this would indeed be the case with a similar population in a similar context by making sure that the sampling process was unbiased and voluntary, the interviews flowed from extensive literature reviews and no conclusions were reached without them being based on evidence. The analysis, documentation and conclusions were supported by both collected data and literature studies and ensured internal coherence. All interviews were transcribed and themes developed directly from this raw data in order to ensure that the minimum contamination took place.

5.5 DATA ANALYSIS

In order for open-ended data to be useful it has to be classified into meaningful categories and be coded (Whitley, 2002:329). The raw data collected from interviews along with information from referral documentation had to be broken up into meaningful units. According to Merriam (2009:176) units are meaningful segments of data which is a potential answer to part of the question. These units, which the researcher refers to as themes, are then organized into categories and sub-categories. Within this research project data was analyzed using coding. These codes were then grouped. This process is referred to as axial or analytical coding (Merriam, 2009:180).

The naming of categories is a largely intuitive process (Merriam, 2009:183), but is also guided by the researcher's purpose and knowledge. The transcription of the interviews allowed the researcher to immerse herself fully in the data that was collected and gradually pull out the various themes and sub-categories from the mass of data (cf. in De Vos, 2005:337). Personal transcription had the added advantage of several 'hearings' of the information, allowing for more certainty in terms of voice, tone, intention and other factors which are not always caught the first time around.

This will ultimately conclude with an understanding of the research problem based on multiple contextual factors (Ivankova *et al.*, 2008: 258). This research concludes with an understanding of the various contextual factors that influenced the configuration process of the juvenile sexual offender. De Vos (2005:334-339) provides an integration of two theorists' work on the process of data analysis. This process begins with the **planning and recording of data**. The researcher made use of the dictaphone for audio recordings which were subsequently transferred to a computer and then to CDs. All the interviews received the same careful handling, whether their purpose was primary or secondary, as in those used for triangulation purposes. **Data collection and preliminary analysis** was done by analyzing some of the data during collection and modifying the collection procedure where necessary (cf. De Vos, 2005:335). The researcher **managed and organized data by** keeping consent forms and interview schedules in a flip file before the data collection began. The researcher stored all the transcribed material in computer files along with back-up files in case of theft or fire. All the files were dated and categorized according to the participant and participant category, namely juvenile offender, caretaker or

social worker/therapist. The researcher transcribed all the semi-structured and unstructured interviews.

The researcher transcribed the material, and this allowed the case notes to be read and re-read as data collection proceeded. The transcripts, once completed, were **read several times** in order to get a feel for the interview as a whole and to become familiar with the minutiae of the data. The more data is read and re-read the more chance there is of themes, patterns and categories to emerge from a seemingly overwhelming body of work (De Vos, 2005:337). Memos were **written** on the hard copy (not master) version of the transcripts in order to begin the process of finding meaning within the data. In the next stage the **themes, categories and sub-categories** were identified. The researcher immersed herself as fully as possible in the various levels and nuances of the data, while simultaneously taking care not to become overwhelmed by the richness of the responses. It required a process of seeing the patterns in each participant's transcript individually as well as patterns in the collective group of transcripts. Other than notes made on the transcriptions, different colors were used to highlight those pieces of text belonging to a particular theme. From this various categories and sub-categories were also **coded**.

The researcher continuously **tested whether the data was matching** the information gathered during the literature study. It was also important for the researcher to remain vigilant as to whether the collected data and subsequent analysis were serving to answer the research question and how central the data was to the unfolding story of a particular social phenomenon like juvenile sex offending (cf. De Vos, 2005:339). The researcher consistently asked whether the data was answering the question of which factors contribute to the juvenile sex offender's configuration of self and was it matching the theoretical information that the literature review had exposed.

The researcher had to **ask the question whether the emergent data is plausible**. Usefulness and centrality of the data were also questioned. There was consistent verifying and double checking with the literature in the field. Care was taken to extract the most useful and pertinent data, while being vigilant that the data that is discarded does not threaten the conclusions that are drawn. The patterns that the researcher considered were apparent were challenged to see whether any **alternative patterns** co-existed within the data. The researcher tested and re-tested a variety of potential words and retained only those that were considered to be the least limiting to the

integrity of the research. The words that were chosen in the summation of categories were thought by the researcher to conceptually capture the essence of the ideas encapsulated within the data. The researcher relied on a **written report** or dissertation with which to present the research findings.

5.6 RESEARCH FINDINGS

As mentioned, data that was collected was sorted by main themes and sub-themes, and the data that was important to the various themes was elaborated on and use was made of relevant quotations. To ensure easier reading of the data, the term ‘offender’ was sometimes used rather than the term ‘juvenile sex offender’ – although this is what was meant. The abbreviation SW (social worker) was used rather than the full words ‘social worker/therapist’.

The themes and categories that were generated from the data have been tabulated into a format that allows for both reduction into essence (themes and categories) and a quick overview of the data. These themes and categories were then also elaborated on, making use of, where relevant, direct extracts from the original data in the form of quotations. The main themes serve as umbrellas under which the categories and sub-categories are placed, in order to lend coherence to the project. These themes follow the aspects of selfhood that were outlined in Chapter Three on The Self. The researcher argued that this would provide the research with flow and consistency and would serve to address the research question. The umbrella themes are self as contextual, self as relational, self as function, self as construct, self as plural and self as enduring.

5.6.1 Biographical details of the participants

5.6.1.1 Juvenile participants

J1 is a 13 year old foster child who has raped a seven year old girl and who grooms and molests young boys. **J2** is a 15 year old boy who has sexually molested a two year old and was having inappropriate sexual contact with his step-brother. **J3** has been accused by the school of inappropriate sexual behavior of which there is very little other information. **J4** is a 9 year old boy has been referred by his school for inappropriate sexual behavior, touching and exposing

himself at school. **J5** is a 14 year old boy who lives with his parents and has been sexually molesting his eleven year old sister since 2009. His sister has been removed.

5.6.1.2 Caretaker participants

C1 is a foster mom of an offender who has become so problematic that she wants to send him elsewhere. **C2** has adopted a child who is now accused of offending at school. **P1** is a single mother of a thirteen year old drug addicted offender. **P2** is a single mother of an offender who was recently sexually abused. **P3** is married and has a child who has been accused of offending behavior at school

5.6.1.3 Social worker and therapist participants

SW1 has been working at the Tygerberg Hospital since 1987 and now specializes in behavior problems, trauma, terminal illnesses and sexual molestation (including offenders). **SW2** was Chief Social Worker at the Tygerberg Hospital and has twenty years experience with sexual abuse, both victims and offenders. **SW 3** has been doing play therapy on a volunteer basis at the Tygerbear Unit for four years. **SW4** is a social worker with 20 years experience, who now works at the Tygerbear Unit. She also worked in court with general juvenile offenders. **SW5** is a social worker who trained with Rinda Blom. **SW5** is also a supervisor and trainer at the Department of Social Work at the Tygerberg Hospital and privately sees clients under the age of 18. She also assists with the training of students.

5.6.2 Content features of the interviews

The content will be organized by first giving a visual overview of the issues that were mentioned by each participant during the interview process (See Table 5.1 below). Then the elaboration of the interviews under each theme, category and sub-category will be done, utilizing verbatim extracts from the interviews with participants. Statements by participants are presented without correcting their language or editing their style.

Table 5.1: Overview of research findings

Participant	J1	J2	J3	J4	J5	C1	C2	P1	P2	P3	SW 1	SW 2	SW 3	SW 4	SW 5
SELF AS CONTEXTUAL															
Family Dysfunction	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Disruptive living conditions	✓	✓	✓		✓	✓						✓		✓	✓
Absent father figure	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓		
Family Violence	✓	✓	✓		✓		✓	✓	✓	✓				✓	✓
Parents' own trauma								✓	✓	✓	✓	✓	✓	✓	
Exposure		✓	✓		✓	✓		✓			✓	✓		✓	✓
Substance abuse		✓	✓				✓	✓				✓		✓	✓
SELF AS RELATIONAL															
Poor Social Skills	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Early trauma	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
Lack of friends	✓	✓		✓	✓	✓	✓		✓	✓			✓	✓	✓
Loss or abandonment	✓	✓	✓	✓	✓	✓									✓
Poor relations with parent			✓		✓	✓	✓			✓	✓	✓	✓	✓	✓
Lack of responsibility/empathy	✓	✓	✓		✓						✓			✓	✓
SELF AS FUNCTION															
Poor Self-Regulation	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Anger	✓	✓		✓	✓		✓	✓		✓	✓	✓	✓	✓	✓
Problems at school	✓	✓	✓	✓	✓		✓	✓	✓	✓				✓	✓
Contact boundary disturbances	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SELF AS CONSTRUCT															
Fixed ideas on Selfhood	✓	✓	✓	✓	✓										
Shame	✓	✓	✓	✓	✓										✓
Introjects	✓	✓		✓	✓						✓				✓
SELF AS ENDURING															
Lack of Life Story	✓	✓	✓	✓	✓										
Longing	✓	✓	✓	✓	✓	✓					✓			✓	

5.6.3 Self as contextual

5.6.3.1 Family dysfunction

All the juvenile participants came from dysfunctional families. The dysfunctional styles varied in intensity from modest to severe. This was also acknowledged by the social workers and therapists, who all pointed out that the children's context was problematic. **SW1** put it this way:

"It is almost like a 'sick family'". It is often not just the child that needs healing but also the

family system. This is mirrored in **SW1**'s statement: *"You know, it is not just the offender that needs treatment"*. **SW2** listed several aspects of family dysfunction that she has come across in her work with juvenile sex offenders under fifteen, among which were substance abuse, neglect, poor boundaries, abandonment, overcrowding and poor role modeling. There are examples of each of these categories in the extracts which follow. **SW4** said, *"The juvenile offenders that I have seen, under that age, usually come from very bad socio-economic backgrounds"*. She then lists poverty, violence and substance abuse as some of the features that stood out in her experience with juvenile sex offenders. **SW5** answered, *"Often you find that the offender comes from very dysfunctional family set-ups, maybe there has been divorce or violence especially, alcohol or drug abuse, poverty, unemployment etc. Although that cannot be the primary determining factor, the majority of the offenders we see come from that"*. **SW5** added, *"Lack of parental input, lack of parental guidance for these children, and then obviously children just left on their own, and parents that are forced to work and moms that leave home early in the morning, the children are just there"*.

5.6.3.1.1 Disruptive or crowded living conditions

For the purpose of this study disruptive living conditions refer to constant moving, removal or being transferred from one family to another.

This was a feature for all of these children. **J3** had vivid recollections of being removed from his biological mother and having been placed into a foster home. **J2** reflected on how often he moved and pointed out that it was unpleasant for him: *"We stayed everywhere, we would just move in and then we would pack up and move again within a month or so"*. **J2** also later sadly reflected on how this affected him at school, as he would just get settled and start to adjust to the new friends and then have to leave again. He currently lives in a single room with his parents and brother. **J5** was moved between home and boarding school. His sister has been removed by Social Services and lives with an aunt. **J5** also used to share a room with his sister (whom he molested). His father also slept in the bath due to lack of space. **J1** recalled how he was moved into a foster home. **SW2** felt that it is often the case that poverty and overcrowding lead to many of the issues facing juvenile sex offenders. **C1** spoke about the boy that she looks after as having

been removed from his biological mother and placed in a place of safety; thereafter he went into an abusive foster home and then ended up in her care. **SW3** said that the family of her client lived in a small single room Wendy house with no bathroom facilities, along with her parents and three siblings. **SW5** pointed out that many of these families come from overcrowding and poverty.

5.6.3.1.2 Emotionally or physically absent father figure

The lack of a strong father figure was a feature which emerged from the first interview and then remained a feature throughout all the interviews. **J3's** biological father was in jail and then was murdered. He said: *“When my daddy passed away ... they stab my daddy four holes in the heart”*. **J1** mentioned that he did not know where his biological father was but that he did occasionally see his father. **J2** had little contact with his biological father, who has visited very few times in his life, and mentioned that he had no idea where he even was. The researcher asked **J2** about his relationship with his stepfather and he replied that it was not good. According to his mother **J4** has an emotionally distant father who is far more involved with his younger sister. **J5** has been physically abused by his father, but maintained that their relationship was good. **SW3** said that her client had an absent father who had left the house when she was three years old. This child also had a very strained relationship with her step-father who verbally abused her and she felt that she could do nothing right in his eyes. **SW5** said that she did not think that they had an absent father but that even if the father were present there was often a lack of communication.

P2 is a single mother and has no other relationships. Her son is raised by herself and her grandmother. **P1** is also a single mother and has her children raised by herself and her biological mother. She spoke about how her son gets a lot of attention from his grandmothers but not any attention from his father. **C1** filled in the details of her foster son's biological father who she had tried to trace for her foster child's sake: *“They said that he sleeps on the street or otherwise at the police station, all the police know him, he gets picked up for drunkenness and then they keep him with them”*. **P3** detailed the relationship that her husband has with her son by pointing out that he did not even want to have anything to do with the visit to the Tygerbear: *“Look he absolutely has no interest; he did not even want to come with me today”*. Then she added that it

is her belief that there may be a reason behind this lack of interest by saying: *“I think what is bothering him is that he knows X spends all his time at his mother’s and perhaps he is worried that something will come out of the wood work there, then I do not know”*. **P2** pointed out that her son’s biological father stayed away and only began to be interested in his son many years later: *“His father only became part of his life when he was five”*. She then mentioned that he is inconsistent with his allocated visits with X and sometimes does not show up and that *“it all touches X”*. **C1** mentioned: *“X and my husband do not have a great relationship because he cannot really get around this thing (reference to the offending), you know how men can be”*. **C2** said that her foster son’s father is dead and that the relationship he has with his foster father is currently strained.

5.6.3.1.3 Family violence

In this study many of the juvenile participants mentioned violent behavior at home that affects them negatively. The researcher has also added physical punishment in some instances. The use of the hiding is a controversial issue. However, the researcher only added this when it was clear that it was excessive and/or because of the parents’ lack of self-regulation.

P1 spoke about her son still being very young when he witnessed, *“How his father abused me”*. **P2**, on the other hand, talked about the physically abusive relationship she had with her ex-husband. When the researcher asked about how her son would have experienced this she replied that although her son did not witness the abuse directly, he was very aware of the physical manifestations of the abuse. She said *“Children are not stupid; he clearly saw my blue marks and scars”*. **P3** stressed that although they do often scream at each other in front of the kids it is only occasionally that *“one loses ones head and does things like that”*. **C2** spoke about the bruises and scars that she noticed on her foster son when she got him, that he still has a big scar across his head from an accidental fall, and that she is still suspicious about it. **J1** was stabbed in his head by his biological father when he was young. **J5** spoke to the researcher about the bruises he got from his father. Photographs were taken by his aunt, for evidence. He said that his father *“when he gets very angry, he becomes blind”*. The researcher noticed that the primary method of punishment for many juvenile participants was physical, and not simply physical but harsh. **J1**

spoke about getting hidings when his stepfather is angry: “*He hits me or he smacks me*”. **J3** gets hit with a sjambok and **J2** said that his stepfather will “*hit me or smack me if I make him angry*”. The only participant who did not think that a hiding was appropriate (C2) was locking her son alone in a dark room. **SW5** mentioned family violence several times.

5.6.3.1.4 Parents’ own unresolved trauma

SW1 said that she has found that many of these families have at least one parent who has also been a victim of abuse. **SW1** also expressed exasperation at the fact that she felt that these parents that had personally suffered from abuse would be more alert to the abuse of their own children: “*When I think of the parents then they are also usually victims of sexual abuse. I can never understand that parents do not protect their children or support them so that they can prevent them from becoming victims or prevent them from becoming perpetrators*”. **SW2** said that in her experience some of the mothers were also victims as children and so when the child then presents as a victim or a perpetrator the mother remembers what was kept secret and thus reacts very strongly to the child’s experience “*as victim, sympathetic, as perpetrator, very upset because she realizes the long term effects of it*”. **SW3** recalled a case where the mother had also had very problematic relationships with her own parents. **SW4** put it this way: “*Parent trauma – Yes it is something that often goes from generation to generation and because it is never properly treated it just continues to the next generation; you often find that these kids come from homes where the parents have been subjected to some abuse when they were young*”.

P3 was sexually abused by a family member when she was fifteen; she has never received any counseling for this. **P2** was gang raped when she was eighteen and has never had any therapeutic intervention for that. What also added to her trauma was the fact that her mother was so wrapped up in her own life that she did not even tell her parents about the emotional pain. She acknowledged that it would have helped to be able to speak to someone “*but on an emotional level they were not available*”. **P2** elaborated on this by adding: “*my mom was too wrapped up in my dad’s life, to be available to him, and so she forgot about us – I really needed her then and she was not there for me, not physically as someone that I could talk to*”. **P1** suffered the death of her husband, which left her alone with three children. **P2** also contracted AIDS which had a

big impact on her life and then suffered the sudden loss of her father. *“That was very traumatic for me,”* she said of hearing his last breath as he died of a heart attack in her kitchen. **P1** was a foster child who feels that it had a big impact on her life. She refuses to have much to do with her biological mother and she knows nothing of her biological father and has no interest in finding anything out.

5.6.3.1.5 Exposure to sexually explicit material/boundary problem

The researcher did not pursue the role of general media but did ask some juvenile and other participants about pornography.

SW1 said that in her experience *“the offenders are getting younger and younger and that the stimulation that they are exposed to, via TV, through parental example, via older children ... you know, just makes them a bigger risk ... you know, I almost want to say ... of getting caught up in this behavior”*. **SW2** felt that it is often the case that poverty and overcrowding lead to the witnessing of sexuality and/or nudity. **SW4** said that in her experience most of these children have been exposed to pornography; in fact it is a big issue in her opinion. **SW5** spoke about the fact that the children are often left unsupervised: *“The child where the parents are absent – where the child is exposed to pornography – or sexual molestation themselves for that matter”*.

J3 said that his brother shows him the videos but that he ignores them. This could have been said for the researcher’s benefit. **J2** said that he visits pornographic sites on the computer. The lack of boundaries also became clear when **C1** spoke about her foster son’s physique: *“X’s build is that of a man, sometimes when I wash his back and so on (en daai goed) and it is like a grown man. He can do damage to young children, his privates are big”*. **P1** also said that up until the offence her children bathed together, which is notable because of the huge age gaps between the siblings. **J5** remembered seeing a pornographic movie that his parents were watching. He said that he and his sister could hear it and so they went to have a look. **J5** also told the researcher that he saw a lot of pornography on the internet: *“but it is dangerous stuff – jinne, but some people like to watch it”*.

5.6.3.1.6 Substance abuse

The caretakers and parents could give the most extensive input on this feature. The juvenile participants were not asked to tell me whether there was any substance abuse in the home but only of their own. **SW2** felt that *“adults under the influence of strong alcohol or drugs often will have sexual relations/intercourse with their ‘partners’ in the presence of the children”*. **SW4** worked in the courts with drug abuse and pointed out that this was often a problem in these cases. **J3** did, however, have very strong memories of his biological mother’s drinking problem. He was removed from her. He stated, *“I don’t know what place and my mommy just lay there because my mommy was drunk and she just put my sister in her arms and the police came. I remember the police came and the police arrest her. And so the police took the baby away from her”*. **J2** shared a story of how his mother was removed from the home by the police: *“There was one night that my mother was very drunk and then my aunt called the police, then the police took my mother away”*. **C1** told the researcher about how the extensive drinking eventually had her foster son removed from his biological parents: *“He was two years old, I think, and then sometime between one and two in the night, she was drunk on the street and so they removed X. Then they took him to a place of safety”*. **P1** said that her son’s father was a heavy drug user: *“The father is a drug addict”*. According to **C2** her son’s two biological parents were both alcoholics.

5.6.4 Self as relational

5.6.4.1 Poor social skills

All the juvenile participants had suffered trauma and as the literature studies showed, this has a direct impact on the way in which they relate to others. All the juvenile participants struggled with the relationships in their lives. The juvenile participants had conflict with their peers and often presented with the fact that they were bullied. The researcher noted that several juvenile participants would refer to ‘friends’ but when the conversation continued it became clear that what they really meant was ‘children they play with’. It was not possible in the scope of this research to fully explore the level at which they refer to another child as a friend.

5.6.4.1.1 Juveniles had early trauma

The researcher noted that traumatic experiences were part of most participants' histories and even **J4**, who had no such experience mentioned on his referral, was showing many of the signs of PTSD. This was mirrored by **SW2** who said that in her extensive experience (20+ years) many of these children were victims of early sex abuse or other traumas. All the participants had early trauma or suspected early trauma. **J1** suffered from physical and sexual abuse. **J2** suffered sexual and emotional abuse. **J3** was abandoned at a young age. **J4** has been referred because of suspected sexual molestation. **J5** comes from a home in which his younger sister was sexually abused (sold) and there is a strong suspicion that he has too.

The researcher asked **SW1** whether there was anything noteworthy for her in her experience of working with these children and she explained that *"yes, you know, these children were usually first victims of sexual molestation. It is very rare that they will not also be a victim before they become a perpetrator, which stands out (as a feature)"*. **SW1** then added, *"when the victim does not have the words for their experience, for what has been done to them, then there is a higher risk of them becoming offenders"*. **SW3** said her client (a girl of twelve) was exposed to sexuality by being molested by an older niece. The researcher spoke about sexual abuse with three of the juvenile participants. The other two had, as part of their referrals, suspected sexual abuse. **SW4** said, *"It has been my experience that most of these children have been (sexually) abused themselves"*. **SW 5** added, *"There has been trauma or there has been loss and grief, or there has been some kind of things"*.

The researcher had a referral for **J1** that also listed previous sexual abuse as part of the referral. The researcher asked **J1** about this because he knew that the researcher knew and when the researcher asked about the rapes he acknowledged that they had happened. He also said that he had never received therapy. **J1** was asked what his feelings were about the abuse he had endured and he responded: *"I felt like it was my fault"*. This is noteworthy, because the rapes took place many years ago and he has still not received any therapeutic intervention. **J1** recalled being raped when he was four years old and **J2** was molested by his aunt when she used to bath him: *"My aunty did last year, when she washed me, when I was little"*.

C1 said that the social worker had removed x from his previous foster care due to the fact that he had been repeatedly raped over two years by the other teenage foster boys. The foster mother had left the children alone all day while she went out. **C1** added that she noticed when visiting there that the little boy was a very scared child, and gradually she began to suspect that something was amiss. *“They had told him that he may not talk”* and she went on to explain how it had become normalized that they would bath and rape him in the afternoons. *“He felt that it was just a part of his life and that it would have to be like that, he was very small still ... I also think there was a fear along with that”*.

P1 spoke about how her son was raped by his friends: *“Nothing came of the case, his friends tried to rape him, we went to the Karl Bremer where they confirmed it and we made a case”*. **P2** said that her son was raped by a neighbor when he was only three years old. **P2** whose son was referred for sexual offending recalled how she discovered her son’s abuse: *“What happened was that a friend and I went for a drive and when we climbed into the bakkie he said “Mommy, uncle X licks me on my bum (tussen my boude) and when he said that, that is when I knew”*. **P2** went on to say that there had been much more sexual abuse and according to the medical report *“they did all the tests and stuff and you should have seen the report, my mouth dropped open when I saw it – all the things that that man has been doing to my child, what they told me”*. **P2** was visibly still affected by the memory but was fine to continue with the interview. **P2** told how her son who was sexually abused by a neighbor then went on to offend in a mirror pattern on his cousin: *“It was probably about two months ago when we were all at home ... when my sister entered the room ... he (her son) was busy with his niece, to lick her on the buttocks”*. **SW5** said that in her experience *“they have not necessarily been sexually molested themselves. Like I said in the beginning it could be something that they learn about from other children – and they themselves have inadequacies and unfinished business and that now comes out in that way”*.

5.6.4.1.2 Lack of friends

Few of the juvenile participants seemed willing to acknowledge that they had few friends and the researcher was aware of a certain need to remain in a role-playing layer and pretend that they had friends. The researcher considered whether this may have been a shame response in that they

were aware of being ‘different’ or ‘outsiders’ and so did not want to acknowledge a lack of friends. **SW4** said that in her experience most of the children “*don’t come from backgrounds where they learn the skills for making genuine friendships*”. **SW5** spoke about the fact that either they are loners or else they attach themselves to a group or gang.

J2 spoke about struggling to make friends, which was exacerbated by the fact that he often changed schools. He noted that “*if I get to new schools then it takes me long to make new friends*”. **J2** mentioned that he was shy and was scared to show people how he really was and that he sometimes felt lonely. **J3** was often in fights at school and told the researcher: “*I don’t hit other girls – only that thick girl, she likes to tease me and then I hit her*”. **J3** agreed that he felt that he was being singled out, picked on at school, and described it in the following way: “*They are teasing me, they are hitting me*”. **J1** also felt that he was being teased at school, and **J2** admitted: “*They bother you in the class, and if they have not brought stuff then they bother you for your Pritt or pens or they ask to lend the stuff and then just take it*”. **J5** said that he had only one friend and told how he used to have false friends who only took his stuff “*and if I don’t have stuff then they are not there*”. **J5** also said, “*I find it difficult to make friends, I am very shy*” and then proceeded to list “*my weak points which are very bad*” which were all the school subjects that he struggled with. **J5** said that there was bullying at school and spoke about some kids who have singled him out and bully him. He also mentioned that he was not taking anyone to the school prom and planned to leave early.

P3 mentioned that her son used to have friends but that “*I notice that nowadays he tells me that the children don’t really want to play with him anymore*”. **P2** said that her son simply did not make friends easily. **C1** mentioned a concern that her foster child’s ‘friends’ were often younger and were often his victims which, in her opinion, he had been grooming: “*His first circle of friends was young boys and so I had to keep a watch and there were some that he had already ‘gotten’*”. **C1** also pointed out that her foster son often got into trouble for misplaced humor. The researcher asked **C2** whether her foster son had friends to which she answered that he had many. However, on probing it turned out that these ‘friends’ seemed to be in conflict most of the time and she said: “*His friends are bad influence*”. **C2** reported that his friendships had a lot of conflict and it seems as though she was very protective of him and she would get involved and speak to the other kids: “*He is bullied a lot, his friends do that to him – he is crying most of the*

time". In **C2**'s opinion he struggled at school with friends and she thought that it was because, according to her, "*he is the type of person who wants all the attention all the time*". She went on by saying that he could not get that attention all the time and this led to acting out on his part. **P1** described her son's isolation as follows: "*He was always around me, he came out of school and then, well he was never really a playful child. We never let him out and so he would stand at the safety gate and watch the other children play*". **SW3** told of a client of hers who always complained to her about the problems she had with friendships and bullying at school.

Many of these children seem to have problematic friendships that involve a lot of fighting. **C1** said that she is often called to the school to resolve fights and **P3** said that the teacher has "*placed him completely on one side of the class because he constantly bothers the other children*". **C1** mentioned the marks she saw her foster son coming home with and stated, "*I was so sad when I saw the mark on his head, they must have thrown hard*". **P1** recollected how her son was always picked on: "*From when I can remember he was always the one that was hit amongst his friends and he would also come home every afternoon and they would either have taken his bread or something else, so he was always bullied by certain people*". **P2** described her son in the following way: "*X has always had a reserved self-image, so people will bully him; he won't stand up for himself*". She went on to elaborate on how she has tried to empower him: "*I don't know how to help the child, everyone walks all over him and I always tell him he may not hit. Now I tell him that if someone hits him then he must, you know I can't allow it, I mean his self-image is already so broken and he is already so unhappy*". **C2** spoke about a lot of people: "*I don't want to say hate him, but they don't understand him*".

5.6.4.1.3 Loss or abandonment

The loss implies the loss of someone or something that was important to the child (Blom, 2006:187). Many juvenile participants had divorced parents and so had certainly experienced loss or abandonment. **P3** said that her son was quite devastated when the grandmother's boyfriend passed away. The children had become close to him and at the funeral "*he and his sister cried terribly*". **P2** also remembered her son's devastation at the loss of his grandfather who had become like a father figure to him: "*On the day of the funeral X went white and*

actually wanted to pass out, he could not understand why my father was in the coffin, it was very traumatic for him". **J3** also lost his father to a violent death. He mentioned, "When my daddy pass away ... they stab my daddy four holes in the heart". He then also witnessed the death of his mother: "My mommie's sister talk to her and just swear her so she gets sick and she just lay there and the ambulance came. So when they put that uhm, pipe in her mouth so that they can hear how she breathed, so she didn't breathe, and so she is dead. So the morgue come fetch her and take her away. I was sitting there with her looking actually". **J5** Spent lots of time away from his parents at aunts and boarding schools. **J3** claimed that he remembered being abandoned by his mother in a field. He was seven months old (according to records) and so the researcher could only assume that this is a memory that he has created out of what could only have been a traumatic early environment. When the researcher asked him if he could remember what it felt like to be a baby and lay in the bush he said, "It feels sad ... if I lay in the bush, so my mom just passed and saw me there and I just sad and that". **J2** recalled how difficult it was and how he still struggled with the memories of being locked in the house: "That they kept me inside and locked the gate". **SW3's** client suffered from the loss of her biological father who abandoned the family when she was three years old.

5.6.4.1.4 Poor relationship with one or both parents or caretakers

As mentioned above, for many juvenile participants there are problems in their relationships with their fathers. Some noted that they had strained relationships with their mothers too, although this was less of a feature.

SW2 said that she has learnt from her experience in the field that the juvenile sex offenders generally had poor relationships with their parents. Often the parents work all day and children are left unsupervised. According to **SW2** these children "wander around and come into contact with bad influences and then do not want to accept the parents' discipline anymore" and this, she continued, "leads to the development of a poor relationship or the worsening of an already bad relationship". **SW3** said that her client did not get along with her stepfather and although the girl loved her mother, she felt that her mother never really seemed to care for her. **SW4** felt that it is crucial that therapy addresses the relationship between the child and the parents. **SW5** felt

that it is not necessarily only absent fathers but a general lack of communication between parents/caretakers and the children: *“There is lack of communication between the parent or the carer and the child ... in terms of sexual behavior ... what is acceptable and what is not”*.

C1 pointed out that her relationship with her son had become worse and that he would rather talk with his paternal grandmother. **P3** claimed that although she loved her son, they simply did not have a good relationship. **C2** said that she was feeling a strain with her adopted son, as she was not given the respect she felt she deserved. **J3** was in inner conflict because of his biological mother and his adoptive mother. **J5** admitted to playing off one parent against the other: *“What I don’t get right with my dad, I get right with my mother and what I don’t get right with my mother, I get right with my dad”*. When the researcher asked **J5** about his mother he fought hard to keep his emotional control and I was not sure if he was going to rage or cry. **J5** had a problematic relationship with his mother and spent time telling me how stupid she was and that she left school in grade 5.

5.6.4.1.5 Lack of sense of responsibility/empathy

The development of empathy is a complex field and there is controversy about exactly how and when it develops. However, as pointed out in Chapter Three, when there is healthy attachment, then, by way of mirror neurons, the child learns empathy. **SW4** said that often these children are too young to understand the seriousness of what they are doing. **SW5** had a similar opinion: *“There is extreme shame about it, that is what my experience has been, extreme shame, guilt and shame and withdrawal ... a fear you know, about what they have done you know, so I think a lot of the children that I have seen know”*.

The researcher asked **J3** whether he thought it was his victim’s fault or his, and he answered: *“I know I was serious – I touched on the girls and it was my fault”*. The researcher probed further, asking him if he felt like he had harmed them, to which he answered: *“I did hurt them but I do nothing to them then they just smack me or do something to me”*. **J2**, as mentioned earlier, did not realize his ability to choose his behavior and felt that the solution was to be controlled from the outside by being sent away. The researcher asked him whether he felt sorry for them, and he dropped eye contact and answered with a confusing gesture, so the researcher repeated the

question and he just looked down and ignored her. **J2** also seemed indignant about the community being angry with him and did not ever show any understanding of it. He told the researcher that he was unhappy because he did it but seemed more concerned because people have turned against him than that the actual behavior was problematic. **J1** also seemed more shocked by people's reactions than by the deed itself. **J1** told the researcher that he did not expect the serious reaction he got and if he had known that, he would not have done it. This too made the researcher realize that it was the reaction that he felt bad about and not the actual perpetration. **SW 3** said her client simply said, "*that she did not know why she was doing it but she just was*". **J5** was extremely angry with the family members who had discovered the fact that he was molesting his sister and called the police. He said that he would never speak to them again. When the researcher asked how he imagined it was for her, **J5** did however say: "*It was bad for my sister, very bad*". The researcher did notice that **J5** seemed almost betrayed by his sister because she saw a sexually explicit movie at her aunt's house and then told the whole story.

5.6.5 Self as function

5.6.5.1 Poor self-regulation

All the juvenile participants had difficulties with making good contact and displayed various contact boundary disturbances. This could be because of PTSD or due to a system of introjects. The researcher was aware, however, that these resistance processes were also a result of the situation of the interview. Many contact boundary disturbances in this setting would therefore be because of shame or more specifically shame avoidance. Although all these behaviors fall under contact boundary disturbances, for the sake of clarity the researcher chose to separate the categories. **SW 4** said that many of these resultant behaviors stood out for her: "*Behavior, ADHD, lying, stealing ... in general stand out as problem children and often have learning disabilities*".

Impulsiveness and the inability to employ executive functions as necessary was a feature with many of the juvenile participants. **C1** said that she constantly worried that she had to watch X: "*He is alright with my supervision but when I am not there ... if I am not there then X is let loose*". In fact, she continued by saying that "*if I look for him then I see that he wants (young*

female family members) *them to sit with their legs like this* (demonstrates straddling over the lap) *then I have to call him and say No, don't let them sit like that on you*". **SW4** also felt that peer pressure and displaying offensive behavior to fit in with peers was sometimes a feature in some cases. **J1** said that he thought that his rape had the effect of making him do the wrong things in life. Rather than blaming it on an event **J2** explained his behavior by saying that it was the influence of his friends: *"A person has the wrong friends and then one learns wrong things, a person then does what they tell you"*. The researcher probed and asked whether he would jump if they said jump and he replied in the affirmative. **J2** was also convinced that the solution to his dilemma was, *"I must be kept away from her"*, when speaking about his two year old victim. **J2** also believed that by being sent away to a 'boys' town' type place he would be taught that what he did was wrong, implying that he was not aware of the seriousness of it. The researcher asked him how he thought such a place would help him and he responded: *"They will teach me right from wrong"*. The researcher also asked him if he did not know that what he did was wrong, and he answered *"No"*.

The behavior problems that accompany sexual offending are numerous and the researcher thought that it is important to note this, as many of these behaviors are symptomatic of trauma. **SW4** agreed that these children *"in general stand out as problem children"*.

From referral forms and what was noted by parents, caretakers, social workers and therapists, the researcher saw that all the juvenile participants had concentration problems; all participants had problems with anger and aggression; three participants were marked as shy, isolated and reserved; two were bed-wetting, two were self-harming and one was listed as lying and harming animals.

5.6.5.1.1 Anger

The researcher has included anger as a category, while realizing that it is often masking underlying pain, sadness, shame and fear. **J1** said that although he was not a fighting person, *"if I am angry, if you make me angry, then I don't even think any more"*. When the researcher explored this anger he spoke about he added the following line to an incomplete sentence: I sometimes feel *"as if I ... want to hang myself up ... if I am angry ... sometimes to kill myself"*.

The researcher asked how often he felt like this and he responded that it was not often. **J4** was visibly irritable with the researcher's questions and simply showed his aggression by responding in silence or with "*I don't know*". **J2** said that he gets very angry, especially when "*you do something and they keep saying that you are doing it wrong ... but it is right*". **J5** was angry with his family members who reported his molestation of his sister, and he said he got very angry when anyone spoke about the incident. **J5** also said that he got into rages and could not control his anger. He told how he hit a kid so hard that his teeth fell out.

P1 was extremely concerned about her son's aggression, so much so that she feared for the other children in the house: "*I am scared, he could hurt them by accident, we (herself and ouma) can still defend ourselves but what if those two are alone (two little children), so you understand, I really fear that he can hurt his sisters if he does not get his way*". When asked whether **P3** thought her son was aggressive, she answered "*Very, very*". She added that she and her son also fought a lot and he would "*tell me that he hates his sister and he tells me every day that he wants a new sister or a brother*". [During the conversation, her phone rang and it was her mother who was calling because she was struggling with her son]. **P3** asked her mom: "*What is he doing, is he breaking things ... he performs like that,*" she said after the call. The interview was ended. She cried, saying: "*My mother is in tears there, I told her to call the police, but she says that she cannot call the police because he is her grandson*". **P3** also mentioned, "*He is rude, or how can I say, X is a danger. He gets so angry that he will grab a knife and will do anything*". **C2** expressed concern that her son gets rages and that the 'wrestling' games with his siblings were getting worryingly rough and that she feared that someone would get badly hurt. **SW5** was emphatic that anger and aggression is a feature of these children and pointed out that there is a need to work through these emotions in any intervention. **SW2** felt that children who have been molested often have aggression that they are unaware of, which they channel towards molesting other children. **SW1** felt that the child needs to be made aware of alternative ways of showing anger. **SW4** put it this way: "*Anger is often a punishment towards something or someone for what has been done to them and a way of 'acting-out'*" and "*they punish the victim to act out angry feelings*".

5.6.5.1.2 Problems at school

On the referral forms every one of the juvenile participants was labelled as having poor school performance or lack of concentration.

SW5 said that in her experience *“I think a lot of those kids struggle at school, they struggle to concentrate ... bullying and they bully other children. They belong in little peer groups that stick together and then bully children”*. **J1** said that school has been tough that year and his mother told the researcher that he has been advised to repeat a grade. Likewise, **J2** was being kept back a year. **J3** was referred for, among other things, poor concentration at school. **J4** has also been referred with poor concentration, presenting as part of his behavior. **J5** had it marked off by the school, as well as him telling me how he already had to stay behind a year. **J5** said that he struggled to sit still at school. **P1**, when asked how her son had adjusted to school, responded with: *“It was probably nice in the beginning but look X is not one that you can box in and so sitting in a class all day is difficult for him, he cannot sit still”*. When the researcher asked whether she felt that he could be having attention deficit problems, she agreed. **P3** said that her son was *“terribly hyperactive, he cannot sit still and watch TV, he has to be busy the whole time”*. **C2** also mentioned that the teacher has moved her foster son from the back of the class to the front because of his inability to sit still and concentrate. **C2** said that they warned her that he would probably have to stay back a year because of his poor grades.

P2 has been advised by her son’s teachers to go and have the Connors test for ADHD done. His school work was suffering and his grades were dropping. *“It was bad this month, which is why they said that they thought that he was ADHD”*. However, she did not want medication and said that she would rather let him drop a grade.

5.6.5.1.3 Contact boundary disturbances

All juvenile participants had contact boundary disturbances. Introjection was omitted and added to the theme of ‘Self as Construct’ because it is often these introjects that cause the juveniles to have a rigid and often false idea of who they are. Some juvenile participants were **projecting** disowned aspects of their selves onto the environment and were not acknowledging or being

aware of the possibility of individual choice and responsibility. When the researcher asked **J2** about his friends, which his mother said were a group of ‘bad’ older boys in the neighborhood, he responded with *“they let one get into trouble”* and continued with *“a person has wrong friends and they make one do wrong things”*. **J5** also projected his feelings onto others by mentioning how tough life was for them, when actually he began originally by mentioning how tough his life has been. When he gets frustrated, he throws things until they break.

The keeping of things to themselves that they would rather express towards the environment (retroflexion) was also a feature. The researcher noted but did not verbally pursue the fact that most of the juvenile participants bit their nails. **C1** mentioned that her foster son breaks his clothing: *“I recently brought him a new jersey and he ate holes in it”*. She continued with *“I also brought him a game and he also bit it to pieces”*. The researcher asked her whether, in her opinion, this was an aggressive act directed at her or more an action that he did without awareness: *“Yes (unaware) but it is possibly what he does when things get too much for him”*. **P1** said that her son cuts himself on his hand and scratches at any scabs that he has. *“Then I ask him whether it is not sore”*. And he told her: *“No, it is not sore”*. This is a mixture of **retroflexion** and possibly **desensitization**. **J2** told how he had handled his anger: *“Last week I just went to the shopping center and walked around because I was so angry”*. **J2** banged his head against the wall while both **J1** and **J3** wet their beds.

Changing the subject, being distracted, humor, dropping eye contact ... all these actions are forms of **deflection**. **J1** was asked what he does when he gets angry with someone and he answered: *“I do not bother with that person”*. The researcher clarified and asked if he would ignore the person and he said yes. **J3** simply changed the subject when the researcher began to ask about how he would change if he was granted a wish to change his life. He began by speaking about wanting to change and then suddenly he abruptly changed the topic: *“Like last night the movie is the name ‘The Mummy Returns’”*. I tried again: *“OK, so you would come back like somebody completely different?”* and he countered with *“but there are a lot of movies I like the most”*. **J3** also changed the topic when he was asked about being bullied at school. He spoke of the fact that some kids were hitting him. The researcher pursued this and asked whether this was at school. **J3** kept quiet and then abruptly said: *“Game finished”*, ending the interview. **J3** also broke eye contact several times during the interview. **J4** simply answered: *“I don’t know”* if

he did not want to respond. **J2** said that he controls his anger by going for a walk around the shopping center until he cools down. **J2** also deflected in the conversation when the researcher asked him about his difficult time with his foster mother. He would suddenly answer with something they did, for example: “*We went to the beach on Saturdays*”. **J5** deflected when he was asked why he said that he did not have a nice life. He began to talk about squatter camps that were being flattened etc.

J3 showed a certain level of desensitization which becomes necessary for someone like him who has faced multiple traumas at such an early age. As mentioned previously, **J3** lost his father to a violent death. He then also witnessed the death of his mother. This must have been a shock for a child so young. However, when he told it, the researcher could detect that there was a level of desensitization in the ‘matter of fact’ way that it was weaved into his story. **J5** also seemed desensitized because of the normalizing of potentially traumatic events. He listed a litany of events, house break-ins, fights, many dead pets – all in a very matter of fact way.

5.6.6 Self as construct

5.6.6.1 Fixed ideas of selfhood

The participants had very tight criteria of selfhood. This is not to say that self as structure is wrong, but rather self as construct. Many children, based on their age and position, live with many introjects. Some of these are healthily assimilated but some of them are possibly inhibiting natural emotional expression and by so doing inhibit their selfhood.

5.6.6.1.1 Shame

The researcher noted that none of the juvenile participants in this study and of others who did not participate but formed part of her base of experience was loud, bombastic or threatening types that people commonly stereotype as offenders. In fact, there were strong elements of shyness; they often sat ‘small’ in the chair with hunched shoulders and awkward gesturing, not quite knowing where to place themselves. Many of the contact boundary disturbances which have been discussed are a result of the shame complex. It is, of course, also probable that the very act

of juvenile sex offending is likely to be shame related. **SW5** pointed out that in her experience shame and guilt was definitely a feature of this group.

5.6.6.1.2 Introjection

When **J1** was asked how he thought he would be in the future he spoke about being a “good” person, and asked what that meant, he replied *“I am going to change and the stuff that I am doing, I won’t do it anymore”*. The researcher asked him what those things that he did would be and he replied *“Getting angry, getting easily angry with people. And I will be friendly even to people I don’t know”*. **J3** spoke about his sister whom he saw for the first time since being removed, at their mother’s funeral. He spoke about the crying: *“In the church I just stand and look at her. I am not a person who cries, it is just a weakness to cry.”* **J3** inhibited his natural and righteous anger and when it did ‘show’ he felt very guilty. He told the researcher: *“If my behavior is bad ... like I scold my mommy last night because my mommy gave my food just to my cousin because my cousin he is not my uncle’s child”*. When the researcher listened to the story it was clear that he may have had a right to be indignant, but has been taught that to express it was wrong and that it was better to keep quiet. **J1** was asked to elaborate on what he referred to as “happy him”. He told the researcher *“when you ask me to do something then I do it”*. The assumption is made that he had swallowed whole the belief that serving and keeping the peace is the road to happiness. In a sense this is the case in his life where keeping the peace translates into feeling accepted. The researcher asked him, to be clear, if “happy him” was this ‘paraat’ him and he responded that it was.

The prohibition placed on spontaneous emotional expression is something that in the researcher’s experience many children in therapy have to deal with. **J3** had this opinion on feelings of sadness and as many other male children have been taught *“it is just a weakness to cry”*. **J1** was asked about his own self in the future and, choosing to speak in third person, he told the researcher: *“He will be at high school, he will be a different person, he will be a good person and he will love people and not be angry with people”*. The need to prevent anger was something that the researcher noticed as a consistent theme during these interviews and will elaborate on in the next chapter, as it is an important feature of therapy. **J3** had a belief that he was immune to bullying

because “*I fight back with them because they understand – my mom told them I am a welfare child; they mustn’t hit me*”. **J2** said that the bad part of him is that he does not do things when asked and that he backchats, which implies that he has introjected that he is not allowed to speak for himself because it is bad behavior. **J5** spoke about “*the things that are bad about me*” and then listed maths, English etc. **J5** was immensely emotional when asked about those things that he sees as bad about him. **J5** also said, “*I am just like my father; if I get angry I get very angry*”.

SW1 said that the stigma of being labelled a ‘juvenile offender’ or ‘perpetrator’ tends to stick, especially in children’s homes. “*It follows you,*” she said of the title, meaning that these children become nothing other than ‘an offender’. **SW 5** put the introjection process this way: “*... some horrible thing has happened where the child has introjected and they have not expressed and they have not been given the opportunity*”.

5.6.7 Self as enduring

5.6.7.1 Participants have a lack of life-story

Most of the juvenile participants, when asked, “*Tell me about yourself*”, were lacking in any story about their past. They had to be prompted to tell their life story and usually only spoke about themselves in terms of the current problematic behavior.

5.6.7.1.1 Longing for family

It was the researcher’s experience that the juvenile participants all expressed some form of need for the perfect happy family. **J3** told a story about a family function which he attended but that he was disappointed because many members of his biological family are all over the place and were unable to attend: “*So I was sad when my brother was not there*”. The researcher asked **J3** if it felt good for him to meet his biological relatives and he said that it did. **J2** idolizes his biological father who rarely comes to see him and when the researcher asked him whom he felt close to, he mentioned his mom and biological father. The researcher asked him if he had a need to get to know his father and he said definitely. **J1** was going back to try and live with his biological mother, who had abandoned him, and he was very excited. The interview would be one of the last before he went to his mother whom he did not know but he kept expressing the

hope that everything would be fine from then on. When **J2** was asked what kind of father he will be one day he said: *“Friendly and I will not give my children hidings”*, which indicated that he had a need for a father like this. He also expressed a wish that he could be treated with more respect by his parents. The only participant who did not express this was **J4** who did not respond to many of the questions. **J5** was tearful when asked what his one wish would be and said: *“That a guy can just have a nice life because it is just not a nice life”*.

The researcher asked **C1** whether her foster son missed his biological mother and she responded: *“He longs for his mother, what is she doing? Where is she living? He asks questions like that”*. **C1** has also tried to trace his biological father for his sake but he turned out to be a drunk.

SW1 felt that in her experience the juvenile sex offenders do not have good relationships with their parents but that this also causes them never to make a break from the parents (*“Hulle kan hulself nie losmaak nie”*), so that there is always a longing or a need. It is a need for the relationship with that parent to be made whole, to get that self-esteem. According to **SW1**, this is what makes it difficult for a therapist working with these children, because these parents, for whatever reason, sometimes do not want the role of providing self-esteem and love. This need stays with the child and becomes a constant yearning - a yearning to *“belong to, to be someone”*. **SW1** felt that this is what will help the child to satisfy the yearning. The answer for **SW1** lies in the concrete help, but that the spiritual realm must not be neglected: *“It is important for me to give back a child their self-worth via Jesus but the ‘how’ in daily life makes it difficult to give a child that concrete help that they need as a sexual offender”*.

SW1 told the researcher about one of her cases, a female offender who constantly spoke about longing for her mother, and **SW1** realized that the fact that she did not have friends either meant that she was really lonely and isolated.

5.7 THERAPISTS’ AND SOCIAL WORKERS’ IDEAS ABOUT THERAPY

The following section will highlight three questions that were addressed to the social workers and therapists who work with juvenile sex offenders. These questions and their answers will provide idea and orientation to the resulting recommendations which will be covered in the following chapter.

- *What were the particular hurdles or difficulties in therapy with the juvenile sex offenders?*

SW2 mentioned over-crowding and associated problems and that the child still has to return to those conditions. Another difficulty in her opinion is that *“parents that are supposed to be good role models set a bad example with their negative lifestyles”*. **SW1** felt that the conflict between being available for the offender and having concern for the victims was difficult. **SW 3** felt that the refusal to take responsibility for the offence was problematic for her. **SW4** said that the child’s home circumstances presented a hurdle: *“You have to get the co-operation of the whole family, that’s very difficult”*. She felt that the child needs support afterwards and cannot just be placed back into circumstances. **SW4** also added that it is her experience that peer pressure plays a big role. She mentioned a recent case in which a child felt forced to take part in a sex offence in order to be popular. These children do not really understand the seriousness of the crime because they are often too young. **SW5** felt that due to circumstances many of these children cannot come for extended therapy: *“If I can predict already in the beginning that this is not the type of child that the mom is going to bring back or if I know there are bad finances et cetera, I make sure that at least within the second session. You can already pick up you know, this mom is not going to bring the child, or there is other issues there, I would make sure that I address it”* (she was speaking about the offence).

- *What, in your opinion, would facilitate therapy with these youths/offenders? I.e. where should the focus be?*

SW2 felt that there ought to be a focus on value systems, but when this fails, the child should be taught how to handle it. **SW1** emphasized that research into the phenomenon of juvenile offending is really needed. **SW1** also expressed the opinion that the spiritual component needs to come into the therapy room, as well as parent and caretaker guidance: *“You cannot work just with the child”*. This matches the researcher’s opinion, which is that ideally there needs to be intervention with the whole family system. **SW 3** named several aspects that need to be covered in successful therapy, namely that body boundaries and alternatives to expression of negative emotions need to be taught, as well as acceptance of responsibility and dealing with consequences and, finally, support for parents to teach their children about healthy sexuality.

SW4 mentioned support with the practicalities of their situation, like working on family support or school support. When asked about mastery and empowerment, she said that it was crucial for these children who are already facing so many deficits. Building self-esteem also stood out as a real need in her experience with juvenile sex offenders. **SW5** said that individual therapy has a very positive effect: *“My experience has been also that when there is intervention, I believe that there can be improvement with your junior juvenile sex offender because there are very few that I have seen that I can say ‘that’s going to be a pedophile”*. **SW5** also added, *“I think it is so important that that relationship has got to be very solid and good. A lot of time I spend a lot of time on, because before I can even really get to stuff, what I want to get to, I first have to build a good relationship with them. Let the child gain good self-support, express all that anger, that aggressiveness. So I don’t just go into it talking about this and talking about the child getting referred to, that he has molested another child, I never actually get to that, later ... very much later in therapy”*. **SW5** continued with the fact that group therapy may not be the best option: *“... first individual therapy, because you have got to work through the inner feelings with these kids. I know that there are groups that these kids get put into when they go to court, they go to these programs but my concern is that is more educational. They are taught ... this you are not allowed to do, blah blah blah, but I am not so sure how much therapy gets done in that group. If a child goes over to that act, then I feel there is definitely stuff to work with on an individual level. It can be abuse, physical abuse, it can be that that child’s self-image is so absolutely down and poor that he feels he wants control and power about something”*. **SW5** ended by talking about the importance of developing empathy in these children.

- *Have you ever experienced confusion as to whether these children are victims or perpetrators?*

SW2 answered that she is confused in the sense that *“a person realizes that a child is an offender but that their behavior (dada) can be ascribed to the fact that he was actually a victim”*. **SW1** said that it was an uncomfortable situation when you find out that a child is an offender but does not want to tell anyone and you sit with this information, knowing that there is a victim at risk. *“Are you for the offender or are you for the victim?”* is the way that she phrases this. **SW 3**

said, *“With the girl’s first exposure to sex, she did not understand what was happening, or had no understanding of what was happening and what it involved because no one had spoken to her of it. She herself was an offender because she did something that she did not have full understanding of”*. **SW4** said that one *“tries to be professional and so try not to judge and build them up and so try not to have pre-conceived ideas that they are a ‘sex offender’ but remain neutral”* and added that it is a big advantage if one can intervene with the young juvenile sex offenders, as *“The earlier you can get these children for therapy, the better their chances of changing their behavior”*. **SW5** said: *“No, I don’t I think I am very objective – and I believe the child that is sitting across from me is there because he has a need as well. So I, ja, I acknowledge the fact that he has done something wrong, but I don’t see it as any different than a child that has been referred to me because he has stolen, or that has hit another child or is bullying another child. To me it is the same, although I do know that sexual molestation is seen in a very serious light and that is why I make sure that in the course of my therapy that I address that directly with the child”*.

5.8 PROCESS FEATURES OF THE INTERVIEWS

The previous section highlights some of the main aspects of the data retrieved by a careful analysis. However, coming from a Gestalt perspective, the researcher feels that it would not give a full picture if the process did not also get mentioned.

In the researcher’s opinion the children were a ‘tough audience’ and did not in any way have the same easy conversation style that the parents or caretakers had. The researcher was aware that she had chosen to do a form of direct data collection by way of one-on-one interviews with juvenile participants who as a group had difficulties with relating. They often seemed a little wary in the beginning and were visibly anxious to give ‘right answers’. The researcher did her best to put them at ease. Philippon (2009:136) writes about a Gestalt therapist asking the question: *“Who are you, and who am I with you?”*, and this is what the researcher did in the interviews to attempt to ‘tune-in’ to what type of client these children present. The researcher feels that an important piece of this process information is that when many of these children’s referrals were received an inadvertent idea formed about them. When reading some of the referrals it was a list of behavioral problems and offending behavior, and without intending it an

inadvertent ‘typology’ may have formed in her mind. It is important to note, though, that she was usually amazed at what vulnerable and lovely beings these children were. The reason that the researcher feels that it is important to point this out is that in her personal experience almost every case was a surprise. The importance of this information is that even as a Gestalt therapist who is particularly pedantic about the principles of dialogue being applied to the way she approaches clients, she had ideas of these children that were unfounded. This contributed to the recommendation that therapists/social workers really make every effort to bracket their pre-conceived ideas before meeting their clients. That said, there were times when the researcher felt the same dilemma that the Social Worker participants felt, namely that of being concerned about the victims but needing to stay focused on the offender.

The caretakers were in the researcher’s opinion unexpectedly willing to speak about themselves and their own past. The researcher noted that the interview would often take on the feel of a therapeutic session and had to ‘manage’ the interview to steer it back to the child in question. The researcher, when transcribing and re-evaluating the interviews, realized that this indicated and answered to a need. This process data has substantiated what the researcher has formulated into a recommendation in the next chapter, namely that there are often two ‘children’ involved in therapy, the child and the ‘unfinished’ childhood’ of the parent. This is not in any sense meant in a belittling way but as a respect to the trauma that is often part of the parent’s history. This research and literature show that there is often a multi-generational trauma to deal with. The caretakers and parents seemed to have a real need to be heard and to have someone acknowledge them with respect.

The social workers and therapists were very helpful participants and contributed willingly to the study. Many of them expressed a need for research so that they could be empowered to work with these children.

5.9 CONCLUSION

This chapter presented the results of the empirical analysis across all the primary themes. The method of data collection was detailed along with the various aspects of trustworthiness. The resulting data was categorized and these categories were then tabulated as well as elaborated on.

Most of the findings lined up with the information generated from the in-depth literature reviews and thus gave a fair indication of possible areas from which to build recommendations in the next chapter. These comparisons with previous findings will be discussed in the next chapter, along with recommendations for therapeutic intervention. In this way the data that has been generated will be transformed into practical outcomes in the following chapter.

CHAPTER 6

EVALUATION OF RESEARCH RESULTS IN RESPECT OF LITERATURE CONTROL, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

The previous chapter outlined and described the findings that this research made. In this chapter the findings will be evaluated and recommendations made for the juveniles and caretakers and those who work therapeutically (the social workers) with this population. Furthermore, this chapter will also revisit the aims and objectives of the research and evaluate whether they have been reached. The limitations that were embedded in the project will be elucidated and the conclusion drawn from the findings of the research. It is hoped that the recommendations will encourage and inspire some areas for future research endeavors.

6.2 EVALUATION

In this section of the chapter the researcher evaluates the research with an emphasis on the primary themes and categories that emerged from the empirical work. The themes of self as contextual, self as relational, self as function, self as construct and self as enduring are discussed in this order, along with the main categories and sub-categories for each one. The recommendations will follow the same order in which the empirical results were laid out. These recommendations follow from both the empirical study and the literature study; the researcher has integrated these into general areas of importance which the empirical work mirrored. In order for the researcher to make any recommendations it is also important to re-emphasize the fact that no recommendation, technique or experiment is within itself sufficient to bring about change in the client. However, these would contribute towards this end and serve to guide the therapist/social worker.

6.2.1 Self as Contextual

In a model of development in which risk factors are seen to reside purely within the individual, the dramatic contextual forces in the child's life would not be taken into consideration. It would also imply that the self is a constant and that change would only be implicated for the individual, leaving the environment intact. Both of these contributing factors need to be considered. "Individuals don't come preassembled, but are glued together by life" (LeDoux in Rich, 2009: 53).

The research project has yielded results that confirm that the self-configuration of the juvenile sex offender is a result of a complex interaction between field factors, individual factors and the relational dynamics between individuals and their environment. This is, however, bearing in mind that the environment or context in which the children develop becomes an integral part of their development as was discussed in Chapter Three (The Self). It should be pointed out that, in South Africa, multiple risk factors need to be taken into account. It is for this reason that the researcher has chosen to highlight how this co-created and contextually based view of self-development would contribute positively to the way in which this population is viewed. Many external field dynamics play a role in the child's development and it is this interplay of these two risk factors, individual and contextual, which collude to contribute to the configuration of the juvenile sex offender's self. Most of the juvenile participants in the study shared certain risk factors that were part of their fields and the relationships within those fields, both past and present. Rich (2009:15) elaborates on this theme by mentioning that if we consider how internal risk factors were originally *internalized*, then it is clear that in most cases it is by way of this interaction between the individual and the environment that those personal risk factors develop.

Family Dysfunction was a theme that emerged from the research, with all the offenders having a family dysfunction of some sort. In concord with this research, Righthand and Welch (2001) conclude that risk factors for juvenile sexual offending include family instability, family violence, poor social skills, and prior sexual experience. Each of these categories that they list was found to be the case within this research and in fact these themes arose naturally out of the interviews. **Disruptive living conditions and overcrowding** is one of the areas in which Meys (2010) said that the South African situation is different to most international research because it is an ever increasing and enormous risk factor (Meys, 2010). Many of the families that the

researcher spoke with lived in homes shared with extended family or else were living in Wendy houses. Many of the children had been moved into and out of foster homes.

Parenting is then one of the key influences both in terms of risk and in terms of protective factors (Burke, 2008:207). **Absent father figures** featured in almost all the juvenile participants' stories. Most are being raised by single moms while others have emotionally distant fathers. There is a connection between fathers and children's emotional, cognitive, and psychological well-being and social behavior (Rosenberg & Bradford, 2006). Father figures and role models (in this population) are often absent – if not physically, then emotionally (van Niekerk, 2007:267; Barbaree & Langton, 2008:61). Many of the juvenile participants had physically absent fathers or alternatively had emotionally distant fathers. Marsa *et al.* (2004:239) note that when compared with community controls, the child sexual offender group reported significantly poorer relationships with their mothers *and* fathers. Similarly, Marshall quotes research that shows that the families of juvenile sex offenders show low warmth and cohesiveness and are often characterized by **family violence**, physical abuse, **substance abuse**, instability and disorganization (Bennett & Marshall, 2005:277). In this study many families featured family violence and substance abuse as well as overcrowding or disorganization.

Another dramatic feature was how the parents had past trauma that, more often than not, they had never dealt with. Most of the parents that were interviewed still had unfinished business from their own past. When parents have a history of **unresolved abuse** they can become disorganized in their parenting style and these unresolved problems place a child at risk for insecure and disorganized attachment relationships and corresponding behavior problems (Friedrich, 2008:68). Campbell, in her extensive research on juvenile sex offenders, claims that up to 72 % of families have at least one sexual abuse victim, excluding the juvenile sex offender (2005: 52). There was also, in the findings of the previous chapter, evidence of **exposure** to sexually explicit or pornographic situations or media with some of the juvenile participants. Rich (2009:389) argues that it is not just pornography but how the media portrays sex in general that should be a concern, but points out that the youth are especially vulnerable to this influence. Other than the media there is also the fact that often the youth are exposed to sexuality purely because of crowded living conditions, and these experiences become part of the youth's developmental experiences. Boundaries around issues of nudity and sexuality are needed to

prevent exposure to **sexually explicit material**. The tables below describe the themes that emerged from the empirical work along with suitable and practically based recommendations to the juveniles and their caretakers, as well as the social workers/therapists.

Table 6.1: Self as contextual

SELF AS CONTEXTUAL		
<i>Emergent categories</i>	<i>Recommendations for juveniles and caretakers</i>	<i>Issue to address in therapy</i>
Family dysfunction		
<ul style="list-style-type: none"> • Disruptive living conditions. • Absent father figures. 	<ul style="list-style-type: none"> • Caretakers need to stabilize the home circumstances as much as possible by providing a sense of routine and consistency. • Caretakers need to help juveniles to find appropriate role models within the family or community. • Fathers need to spend time on building relationships with the juveniles. 	<ul style="list-style-type: none"> • Take note of the impact of the juvenile's environment in offending behavior. • Follow a holistic approach when assessing the case, by taking into consideration all contributing factors • A multi-systemic and individually tailored approach is necessary. • Helping the juvenile to re-define the field. • Facilitate juvenile (and parent) in finding appropriate role models or mentors.

<ul style="list-style-type: none"> • Family violence. 	<ul style="list-style-type: none"> • Juveniles and caretakers need to find alternative ways of expressing frustrations like perhaps through sport. 	<ul style="list-style-type: none"> • Create an anger management program for the family.
<ul style="list-style-type: none"> • Parents' own trauma. 	<ul style="list-style-type: none"> • Caretakers need to find support to work through unfinished business from their own past. 	<ul style="list-style-type: none"> • Refer parents to therapy if it seems necessary
<ul style="list-style-type: none"> • Exposure to sexually explicit situations or material. 	<ul style="list-style-type: none"> • Caretakers need to be careful to put boundaries in place with regard to sexually explicit material/situations. 	<ul style="list-style-type: none"> • General parenting skills need to be put in place. • Talk about boundaries and limitation setting. • Focus, when appropriate, on body boundaries and healthy sexuality.
<ul style="list-style-type: none"> • Substance abuse. 	<ul style="list-style-type: none"> • Caretakers and/or juveniles need to get help with substance abuse and find support programs. 	<ul style="list-style-type: none"> • Assist with finding appropriate rehabilitation and referral to such rehabilitation programs.

The table above shows that any intervention needs to take into consideration the field factors which contribute to the configuration process of the juvenile sex offender. This may require getting support for parents and caretakers in order to improve the relationship between them and the juvenile. Juveniles would also benefit from an understanding of how the field has contributed towards their own current configuration. It would enhance their sense of self to understand that it

is not an individually based flaw but a co-created situation and configuration. It is then crucially important for them to then take responsibility for those aspects where they have a choice of response.

6.2.2 Self as relational

Any methods are only effective in the service of an I-Thou or authentic relationship, especially when working with the self. What became apparent in this research is how crucial early attachment figures were in setting the tone for all future relationships. The **lack of social skills** which is a huge contributing factor to the development of offending behavior was a feature in all the juvenile participants' responses. This is a problematic issue in that it becomes circular, in that the fewer friends they have the worse their sense of self, thus even less success at friendships. It is the researcher's opinion that the Gestalt paradigm with its view of primacy of the relationship is without a doubt an answer to the relational difficulties experienced by these juvenile sex offenders. The therapist would have to work closely with significant others in the child's life, in order to restore healthy contact.

Cooper-White (2007:244) argues that it is the relationship that heals, not because the therapist provides only a model of kindness and love, but that the therapist is willing to hear and accept both the client's loveable and unlovable sides. The Gestalt relationship is based on an unconditional positive regard for the individual. It is evident that many of the juvenile participants were judging themselves in terms of their behavior: was it good, was it bad, rather than in terms of their own intrinsic worth. The experience of unconditional positive regard may be completely new to them and would allow them a safe container in which to express their negative side too. McConville (2001:223) would be in agreement with this and recommends "high receptivity, the simple but powerful offering of a safe environment for articulating, sharing, understanding and integrating what is silently borne alone by the self, is what is healing". According to Vizard (in Calley & Gerber, 2008:76) such transparency of previously secret feelings counteracts the isolation that so characterizes the juvenile sex offender. The researcher made sure that each effort at disclosure of feelings was recognized and acknowledged. This relationship will provide a safe ground for an exploration, learning, and experimentation,

enabling clients to reconfigure their phenomenological and ontological fields and support self-regulation and development (Yontef & Bar-Yoseph, 2008:186). The paradoxical theory of change depends on acceptance of what is, and so for the juvenile sex offender to learn to accept all aspects of themselves would be fundamental to healing.

Lack of friends contributed to feelings of loneliness and isolation for many of the juvenile participants. The lack of friendships and social isolation was noted as a risk factor by several researchers (Marshall and Marshall, 2000; Veneziano & Veneziano, 2002; Marsa *et al.*, 2004; Brownell, 2005; Van Wijk *et al.*, 2005; Rich, 2009). Juveniles who abuse children are less psychologically skilled and less outgoing than their peers (Rich, 2009:90). Studies indicate that the juvenile sex offenders often experience themselves as socially inadequate in relation to their peers (Daverson & Knight, in Rich, 2009:95). The researcher is of the opinion that this feeling of inadequacy further compounds the problem of poor relational skills. Many of the juvenile participants in this study spoke about the lack of friendships. Children with insecure attachment have a poor-sense-self and are less likely to discuss their emotions and, according to Campbell (2004:151), commonly form relationships that further reinforce the negative self-image.

There seems to be some agreement in the literature on the fact that previous **traumatic experiences** contribute substantially to juvenile sex offending (Barbaree & Marshall, 2006; Fredrich, 2007; Rich, 2009). The results of this study also show a strong correlation between previous traumatic experiences and juvenile sex offending with almost all the participants having had a previous traumatic experience. This is reflected in the literature which shows that the links between the experience of abuse as a child and a future of child abuse are strong, even if non-specific (Levitt, 2007:461). In a study done on pre-teen sexual offenders in South Africa, 93.6 % of the participants suffer from some form of abuse (Campbell, 2005: 291).

Many of the juvenile participants had the behavioral symptoms of PTSD which has likely stemmed from their own unresolved traumatic experiences. PTSD can result in many physical, behavioral and emotional problems like outbursts of anger, difficulties concentrating, nightmares etc. The evidence of this study also points to the numerous behavioral difficulties that are some of the key symptoms of PTSD. Trauma is an emotional experience that, according to Blom (2006:184), arises from memories of an event that served to threaten the child's sense of "invulnerability towards pain".

Disrupted attachment combined with a sexual abuse history increases the likelihood of sexually aggressive behavior (Campbell, 2004:151). Many participants in this study showed both poor attachment histories as well as a previous traumatic experience. The individual, who has had poor attachment, has been traumatized or has been exposed to abuse forms a very different configuration to the individual who has had a secure and happy base. Levitt (2007:461) argues that it is the link between past abuse and future abuse that makes intervention with juvenile sex offenders and their families important. Many of the juvenile participants mentioned that they felt they had no one that they could talk to and so it would compound the impact of the trauma. Research (Friedrich & Luecke in Barbaree & Langton, 2008:62) shows that these families often do not have the necessary resources to deal with the abuse after it has occurred and that this further exacerbates the trauma and effect of the sexual abuse. It is for this reason that the researcher has recommended strong family involvement in therapy so that support structures can be put in place for the child.

Many of the participants confirmed that **loss and abandonment** played a role in the way that they have configured. Research shows that children who are exposed to harsh, inconsistent or neglectful parenting are at a significantly increased risk of involvement in offending (Burke, 2008:205). In a study Gray *et al.* (in Barbaree & Langton, 2008:61) found that half of the caregivers of children with sexual behavior problems were single parents and furthermore, according to other research (Blaske, Borduin, Henggeler & Mann in Barbaree & Langton, 2008:61), these families tend to fail to establish strong emotional bonds. Many juvenile participants either had single parents or alternatively were in families in which relational bonds were not strong.

The previous chapter showed that some of the juvenile participants suffered from parental neglect and abandonment. Many juvenile participants also received particularly harsh discipline. It is clear to the researcher that no intervention can ignore the importance of working with the whole family. Shapiro (2009:47) states that what is in fact the 'patient' is not just the child but also the **relationship between the child and the parent** within the context of the culture and the family.

Many juvenile participants showed a **lack of empathy or responsibility** for what had happened. It was beyond the scope of this research to determine the level of self-empathy that these

participants may have. Empathy development may stem directly from self-empathy development (cf. Fosha, 2003; Polster, 2005). The effects of poor parenting and/or poor attachment may lead to a poor sense of self and a lack of regard for self, or self-empathy. According to Ryan and Lane (in Campbell, 2004:240), offending behavior is often preceded by a negative self-image and then the sexual offence brings about negative responses from others, thus reinforcing this negative self-image. The development of empathy is a complex field and there is controversy about exactly how and when it develops. However, as pointed out in Chapter Three, when there is healthy attachment, then, by way of mirror neurons, the child learns empathy. In terms of empathy, studies have indicated that empathy is a factor which is also developmentally variable. Juveniles in general present with less empathy than do adults (D'Orazio in Rich, 2009:66). However, this is not to say that it therefore needs to be neglected in therapy. It is important for any intervention to be adequate to change the trajectory of empathy development.

By means of this awareness the juvenile sex offenders can also own these aspects and realize their capacity for choice and responsibility. As mentioned previously, the awareness of self-development as a process would greatly enhance the juveniles' belief in their own power to change. Another crucial step towards the eventual development of empathy and responsibility is the **recognition of emotions**. Some of the juvenile participants pointed out that they often did not understand the responses they were eliciting from others. The following table describes the theme of the self as relational along with the categories that were extracted from the data. The recommendations that flow from this are all concerned with the theme of relationships.

Table 6.2: Self as relational

SELF AS RELATIONAL		
<i>Emergent categories</i>	<i>Recommendations for juveniles and caretakers</i>	<i>Issue to address in therapy</i>
Lack of social skills		
<ul style="list-style-type: none"> • Early trauma • Lack of friends • Loss and abandonment 	<ul style="list-style-type: none"> • Juveniles need to talk about and express emotions and private feelings about own trauma. • Juveniles need to take ownership of thoughts, perceptions and feelings by, e.g. journaling. • Both juveniles and caretakers need to become aware of their own processes because it will then become apparent where the breaks in contact may occur. • The juveniles should either talk about feelings of loss or find some other expressive means of working through these emotions, e.g.: painting or music. 	<ul style="list-style-type: none"> • Focus should not only be on the offence but also on the child’s own trauma. Offenders must be seen as <i>currently</i> configuring in this problematic way. • Therapists need to have a strong presence in order to model relational skills. • There should be supportive reception from the therapist, of the juveniles’ experience to facilitate self-acceptance. • Make juveniles aware of their processes and focus on social skills/modelling of Dialogic relationship. • Support resistance and interruptions to contact and bring them, when appropriate, into the juvenile’s awareness.

<ul style="list-style-type: none"> • Poor relationship with parents 	<ul style="list-style-type: none"> • Parents should spend time with the juveniles and see to their needs. • Parents and juveniles should spend time with each other in order to build the relationship between them. 	<ul style="list-style-type: none"> • Facilitate family work where juveniles can work towards sense of belonging with parent/caretaker. • Facilitate basic parent/juvenile relationship skills.
<ul style="list-style-type: none"> • Lack of empathy and responsibility 	<ul style="list-style-type: none"> • Juveniles and caretakers need to make a point of expressing what they are feeling verbally and to increase their emotional vocabulary. • Juveniles and caretakers need to understand that the individual has many different aspects to self and to do some self-exploration into the various aspects they may experience within themselves. • Juveniles need to walk in another's shoes by trying to understand experiences from other points of view; group activities may serve to facilitate this awareness. 	<ul style="list-style-type: none"> • Encourage the development of self-empathy and empathy for others by animating and accenting multiple aspects of self. • Facilitate the building of responsibility via community involvement. • Explore the disproportionate influence of the various selves in the configuration process with techniques like exaggeration.

6.2.3 Self as function

The behavior problems that the juvenile sex offender presents with are ways in which they have creatively adjusted to their particular field. How people act is largely determined by their attempts to adapt to the environments and the problems and situations within these environments (Lewis in Rich, 2009:72). Because of the organism's natural striving towards equilibrium or homeostasis children may engage in a variety of inappropriate behaviors in order to achieve this balance and avoid losing the sense of self, but what happens is that these behaviors become the source of more self-hatred and self-derision (Oaklander, 2006:145).

Behavior problems in youths are best understood within the context of the key systems in which youths are embedded (Ronis & Borduin, 2007:162). Many of the juvenile participants had very challenging past environments which included abandonment, loss and abuse. Within Gestalt theory past environments are seen to influence adaptations to current environments. The individual may be behaving according to experiences from a past field and no longer adapting flexibly to the current field. Rich (2009:395) stresses that many of these juvenile sex offenders, by offending, are displaying a failure to understand social norms as well as the inability to empathize with the other. This reflects a level of impulsivity and **poor self-regulation**. Brownell (2009) would refer here to lack of executive functioning. The participants in this study often indicated problems with impulsivity, which gave rise to poor anger management and ADHD-like symptoms. Rich (2009:395) argues that often the ability to distinguish between right and wrong is below the norm for their developmental level. This is regardless of the fact that the goal of the offending behavior may be social connection, or otherwise it is that these youths think they can take what they need that is at issue. Taking into consideration the needs of others is a fundamental aspect of self-regulation. Through awareness and modelling of behavior therapeutic intervention could help to enhance the self-functions. Perls, via his concept of self-regulation, points out that the individual must often inhibit self-regulation for the sake of his or her own interests or those of others (Blom, 2004: 25).

Many of the juvenile participants had anger that they were either suppressing or letting out in an uncontrollable and socially unacceptable manner. Oaklander (2006:69) says that what looks like **anger** often is not, and what does not often is. Most seemed unaware of the root cause of this anger and could not determine what the real underlying need was. If children are not able to

identify the need on their foreground, they will not be able to identify relevant ways to satisfy it. Many juvenile participants had outbursts of rage which are a result of a possible past field circumstance, the anger thus masking the fear or sadness that underlies it. This may contribute to fragmentation of the holistic entity of the self (Blom, 2004:27). However, if they receive the message that a need such as the expression of an emotion is wrong, they will probably learn destructive ways to satisfy this need, as the need for homeostasis will persist (Blom, 2004:28).

Problems at school were a significant issue for most of the juvenile participants. Many of them seemed to suffer from ADHD-like symptoms. Oaklander (2006:190) notes that from a Gestalt perspective, ADHD is seen as a contact boundary disturbance resulting from a poor sense of self. This behavior gives rise to negative reactions from others which then feed into the child's already poor sense of self. **Contact boundary disturbances** were another feature of the juvenile participants but it is not surprising that they make poor contact, given the preceding contextual and relational factors.

The table below describes the categories that emerged under the theme of self as functional. The primary idea is that it is important to see problems with self-function as creative adjustments to a particular field situation.

Table 6.3: Self as function

SELF AS FUNCTION		
<i>Emergent categories</i>	<i>Recommendations for juveniles and caretakers</i>	<i>Issue to address in therapy</i>
Poor self-regulation		
<ul style="list-style-type: none"> • Anger. 	<ul style="list-style-type: none"> • Juveniles should introduce more appropriate means of expressing their emotions, e.g. through music, journalling or painting. 	<ul style="list-style-type: none"> • To facilitate emotional expression and emotional literacy. • To explore with the juvenile some appropriate ways to express of anger, for example through two chair technique.

<ul style="list-style-type: none"> • Problems at school. 	<ul style="list-style-type: none"> • Parents should provide support, praise and encouragement so that the juveniles can build on their sense of self. 	<ul style="list-style-type: none"> • To understand the problematic behavior in a holistic and contextual way. The juvenile may present with ADHD-like symptoms, but these may be because of unfinished business. • Assist with finding extra scholastic support when necessary.
<ul style="list-style-type: none"> • Contact boundary disturbances. 	<ul style="list-style-type: none"> • Caretakers should separate the child from the behavior, especially when reprimanding. 	<ul style="list-style-type: none"> • Work with impulsivity, awareness and problem solving skills in order to enhance contact making skills. • View these problematic behaviors as the way in which the juvenile is currently self-regulating.

There is clearly a need for self-awareness, self-regulation or “mentalization” skills (Fonagy in Rich, 2009:398) which allow an individual to be in touch with the internal processes and in touch with how to appropriately express it. Without these skills, Fonagy points out, the individual has a poorly established sense of identity and mental states and can consequently not read these in others (in Rich, 2009: 399). Working through emotions and finding alternative means of expression can restore many of the functional and relational problems that these children have.

6.2.4 Self as construct

In the previous chapter many of the children were found to be overtly willing to do what it takes to change in order to be accepted by their parents or caretakers. They would do this even if this meant a loss of some aspects of their selves. They knew that they had to change to adapt to their environment and keep their relationships within that environment. The research was of limited scope and could not fully explore the presence or mode of presentation of shame states. Many juvenile participants, as noted in the previous chapter, appeared to be experiencing **shame**, by way of a lack of self-esteem, shyness etc. These shame states usually come from the many childhood experiences of lack of support, and so the children, not understanding the parent's reactions, will likely conclude that they themselves are faulty (MacKewn, 1997:246). Shame is the experience of: 'what is me and what I need is not acceptable' (Lee, 2008:9). This eventually requires that the individual gives up the original need and disowns it in order to attempt being acceptable. This suppression of aspects of self can lead to the emergence of a false self (Wheeler, 2002:70; Grobler, 2009b:35). Shame is consequently a threat to self-cohesion and integration (Wheeler, 2002:71).

Of particular relevance to this research, Crocker (2008:138) points out that the decision-making function which is characterized by excited interest is often not in use by those who have been abused or neglected. That is, individuals may not be aware of any interests and if they are they are not convinced that anything can or has to be done to change the situation. **Introjects** are those beliefs individuals have about how they are and how things are, that have been swallowed whole and had not been assimilated. By creating rigid boundaries around the self, the individual is able to lessen the anxiety of choice. In this way certain aspects of the person come to have disproportional influence on functioning. Reforming this 'introjected self' (Polster, 2005: 37) would require the undoing of introjects formed in a past field.

The table below describes some practical recommendations with which to approach the fact that these juveniles may see themselves as, and be seen by others as, faulty on an individual level.

Table 6.4: Self as construct

SELF AS CONSTRUCT		
<i>Emergent categories</i>	<i>Recommendations for juveniles and caretakers</i>	<i>Issue to address in therapy</i>
Fixed ideas of selfhood		
<ul style="list-style-type: none"> • Shame. 	<ul style="list-style-type: none"> • Both juveniles and caretakers need to talk about their feelings and learn to share some of these previously hidden emotions. • Caretakers need to respect the juvenile at a fundamental level. 	<ul style="list-style-type: none"> • Promote and focus on working with shame issues. Re-integration of split parts of self by e.g. two chair techniques, projection techniques.
<ul style="list-style-type: none"> • Introjects. 	<ul style="list-style-type: none"> • Juveniles need to accept and appreciate all aspects of themselves in the here and now. • Caretakers should let the juveniles express their own choices. 	<ul style="list-style-type: none"> • Awareness/tailoring and assimilation of introjects by using two chair techniques. • Working with polarities and multiplicity.

An awareness of the multiple possibilities of selfhood would, in the researcher's opinion, greatly enhance any possibility for reconfiguration and change for the juvenile sex offender. This reformation of the self requires new contact experiences and the tailoring processes to ensure that these introjects come into awareness and are deconstructed and assimilated within the new supportive relationship with the therapist.

6.2.5 Self as enduring

Siegel (1999: 231) notes that although the continuity of self is an illusion created by the mind, it is nonetheless a necessary illusion needed to create internal cohesion and effective functioning. Most of the juvenile participants, when asked to tell me about themselves, lacked a richness of self-story. It is difficult to ascertain whether this is due to the interview situation, their youth, or their past, but it was nonetheless significant enough to be pointed out. The need to belong and be unconditionally loved was not met in many of the juvenile participants' early environments, so much so that they lost their 'voice' (Lee, 2008:9) and could no longer have awareness of this need. Many did not have a rich life story in which there were shared collective memories. The table below gives practical recommendations that aim to restore the juveniles' lost voice.

Table 6.5: Self as enduring

SELF AS ENDURING		
<i>Emergent categories</i>	<i>Recommendations for juveniles and caretakers</i>	<i>Issue to address in therapy</i>
Lack of life story		
<ul style="list-style-type: none"> • Longing 	<ul style="list-style-type: none"> • Caretakers and children should keep remembering and talking about significant past events together and perhaps works together on a family scrapbook. 	<ul style="list-style-type: none"> • Facilitating the articulation of experience with the juvenile, perhaps by storytelling. • Facilitate the juvenile to find a sense of belonging through others/community. • Make use of a time line to reconstruct the child's life. • Enhancing personality function which includes enhancement of life story.

Narrative provides the sense of stability and the orienting factor in the course of individual development. Giving voice implies having a responsive listener without which the voice

atrophies and the self is diminished (Wheeler, 2002:75). Through helping the children sketch out a life story by way of a time line or diary could help them to form a sense of coherence and belonging upon which they can build into the future.

6.3 SUMMARY

The evaluation of the empirical results has elicited some practical recommendations along all the primary themes of the research.

It is clear from this study that the self is deeply **contextual** and that the field circumstances play an enormous role in the self-configuration process of the juvenile sex offender. Interactions with others from the very beginning of life impact on the way in which individuals see themselves and maps future **relationships**. Many of the juvenile offenders have been in dysfunctional relationships which have played a part in the way that they are currently configuring. The way in which **self-functions** engage with the field may be affected by the current or earlier fields, causing inappropriate behavior. This behavior then creates a reaction from the field which in turn creates further breakdown of self-functions. Many of the offenders have inappropriate behaviors that are creating negative reactions towards them; this in turn feeds their poor sense of self. The swallowed introjects and shame processes that juvenile sex offenders carry with them from a past field situation may create a false self. The individual, and those they interact with, may see this false self as a fixed entity without much scope to change. The goal would be to see the self as less of a fixed **construct** but more as a flexible and plural process. Juvenile sex offenders would benefit from becoming aware of the flexibility of selfhood and realizing that the way in which they are currently configured is simply current and not set for life. This, the researcher believes, restores the crucial idea of hope into their lives. Parallel to this realization of multiplicity, would be to work towards a coherent life story. For the juvenile sex offenders that have had disruptive early circumstances this would re-establish a sense of self as **enduring**.

The interviews with the juveniles made it clear that a different approach to self-development would enhance the way in which they understood themselves and their ability to reconfigure. It is the researcher's opinion that the Gestalt view of self-development gives back hope and control to many who have little of either. The researcher anticipates that this explorative and descriptive study on the phenomenology of the juvenile participants will contribute towards the body of

knowledge that will contribute towards effective treatment programs. The focus of the research was holistic in that all aspects of the juvenile sex offender were taken into consideration, including field, relationships, and then their own experience of these relationships. Programs that target the specific problems of the individual offender would seem more likely to be effective, rather than attempting to apply “canned” programs to all juvenile offenders. Gestalt’s holistic contextual approach ensures that the individual uniqueness always remains primary. Bearing in mind that each child has unique needs there are, as the research has shown, certain commonalities that can be put into general categories but vary by individual and individual life story (Rich, 2009:99). This research has made apparent that there is no one single aspect which will solve everything. However, if all the aforementioned aspects of self-development are dealt with in a holistic approach, the prognosis is good for healthy reconfiguration.

The research has shown that the Gestalt Dialogic relationship is the overarching principle under which a potentially successful **reconfiguration** process can take place. The juvenile sex offenders have largely learnt to relate from the way in which they have been related to in their lives. The parent-child system is, according to Friedrich (2008:15), the corner-stone of sexual offending. Friedrich (2008:13) notes that children are embedded within their families and so for any treatment to be effective there has to be a change in the way the parents relate to the child. The juvenile’s interpersonal model of relating needs to be altered and the child needs to learn an alternative way of relating. It is here that attachment theory could possibly dovetail well with Gestalt’s emphasis on the crucial role of the relationship.

It is clear that the Gestalt holistic perspective would contribute to any intervention strategy because of its focus on all the behavioral aspects without losing sight of the individual. This research has also shown how a process-orientated and contextually sensitive view of self-development will enhance both the understanding of and treatment of these juveniles.

6.4 AIM AND OBJECTIVES

6.4.1 Aim

The aim of this research project was to explore and describe how the juvenile sex offenders have come to configure themselves as offenders. External and internal field factors were explored and compared to the existing research. This in turn provided information with which to make recommendations for future research. The aim of this research project was reached by focusing on a variety of objectives.

6.4.2 Objectives

Objective One: To discuss the overarching paradigm of the study, namely Gestalt

The overarching paradigm and literature framework (Chapter Two) were the foundation on which the research that followed was based. The paradigm of Gestalt therapy was outlined with specific emphasis on the key concepts relevant to the study at hand. As an over-arching paradigm it served to situate the information that followed, lending guidance to its eventual formation into a consistent research project.

Objective Two: To do an in-depth literature review on juvenile sexual offenders, and the Gestalt theory of self

An in-depth literature study was conducted on the two central concepts, which are the Gestalt theory of the self (Chapter Three) and that of the juvenile sex offender (Chapter Four). The literature on the Gestalt theory of self was taken from within the field of Gestalt therapy and supplemented where the researcher saw fit from other fields of study, the most notable being attachment theory. The literature on the concept of juvenile sex offenders was both broad and current. There were, however, limitations to this particular literature study due to the fact that there is little research data on the phenomenon of juvenile sex offending in South Africa and more particularly on the young age group that the researcher studied. This shortage of research data with regard to this pre-teen group was found to be the case in both local and international studies. Most literature focused on the adolescent sex offender and therefore the researcher utilized this literature while remaining alert to possible differences between the different groups.

Objective Three: *To conduct semi-structured interviews with the primary caretakers of juvenile offenders and the therapists/social workers who work with these offenders and to conduct unstructured interviews with juvenile sexual offenders.*

The unstructured interview starting only with the words “Tell me about you” was the method by which the researcher explored the perspective and experience of the juvenile sex offender. Owing to the young age of these juvenile participants the researcher felt that it would elicit the most natural and spontaneous responses. In order to supplement the exploration and check correlation with the literature, the researcher chose to do additional semi-structured interviews with primary caretakers of juvenile sex offenders as well as the social workers or therapists who work in the field with these children. This contributed to the exploration of their self-configuration process and added to the triangulation (De Vos, 2005:361) of data.

The interview process had as its aim to collect enough data for coding and categorizing the information into illuminating themes. The final aim of the empirical work was to provide a description, composition and analysis of the collected data.

Objective Four: *To make recommendations relevant to the self-configuration process of juvenile sex offenders and their caretakers, as well as to the social workers and therapists, and to make recommendations for further research.*

The fourth and final objective was to contribute to the growing body of knowledge about the understanding and treatment of the juvenile sex offender. There is a need for research into the characteristics of the younger sex offender. This has been a largely neglected area due to the blending of concepts like ‘children with sexual behavior problems’ or ‘sexually inappropriate behavior’ for both legal and other reasons. It is hoped that this research has added to this body of knowledge.

In addition the research was planned to contribute to the expansion of the growing field of Gestalt therapy and its application to various populations and settings. The researcher made a strong argument for the utilization of the Gestalt therapy process for work with this population group. The researcher wanted to do this while bearing in mind that from a Gestalt perspective each case is unique and may require an individually tailored approach. It is for this reason that the researcher did not want to make a blanket list of do’s and don’ts but to guide and recommend

intervention *possibilities* to therapists and social workers who work with these children, as well as to the children and caretakers.

The caretakers and juveniles were given recommendations based on the various themes of the self (see Chapter Three). These recommendations were aimed at working through any residual past issues and encouraging deeper contact between the children and their caregivers.

6.5 LIMITATIONS

There are limitations inherent in the current study that need to be discussed.

- The sample was drawn from the intake at the Tygerbear Clinic in Bellville, Cape Town, and as such can only be generalized to that population.
- The sample included only juvenile participants between the ages of nine and fifteen and therefore these findings cannot be generalized to include other age groups.
- There was no control group.
- The limited number of participants, although practically necessary for the current study, was a drawback. Ideally more participants would have provided a greater possibility of generalizing to a larger population.

However, considering that the results correlated with many of the previous research results in the literature, it did ensure that the data was transferable and dependable (de Vos, 2005: 346). Furthermore, use was made of triangulation to gain a deeper and fuller picture of the topic.

6.6 RECOMMENDATIONS FOR FUTURE RESEARCH

The current study provides a clearer understanding of the possible areas of exploration that any future research would want to undertake. Campbell (2004: 4) confirms that there are few existing guidelines for social workers who work with pre-teen sex offenders. According to Campbell, the social workers lack the knowledge and skills to prevent re-offending. It is hoped that by highlighting the phenomenon of very young offenders, more attention can be paid to this previously neglected population. There is much need for more research on these young offenders and several angles branch out from the current study, from which future research could flow.

Firstly, there is a need for the development of an intervention program that is suited to the under 15 age group and focuses on contextualizing it to fit the South African situation. Research could be done from both a qualitative, quantitative or mixed method perspective as all are lacking within the South African context. Owing to the lack of statistical data, there is scope for more quantitative research on the numbers of young juvenile offenders in South Africa. Also notable was that there were few qualitative studies that explored the juvenile sex offenders from their own subjective point of view. This research with its unstructured interviews has hopefully added to a much needed base of such studies.

A limitation of the current study was the age parameters. It would be worthwhile to research those juvenile sex offenders that are even younger than the minimum age of juvenile participants for this study which was nine years of age. The choice for this limitation was due to the methodology which was selected, namely the interview process. The researcher felt that children younger than the sample would not provide enough information on a purely verbal level. This opens the doorway into possible research utilizing projections in various mediums. This research has begun to highlight the need for intervention at an early stage. Intervention-based research into the use of Gestalt Play Therapy (that includes pre-test and post-test analysis) could make use of the current research findings as a stepping stone towards the development of a set of guidelines for doing therapy with these children.

The other area of potential research would be the application of the concept of multiplicity as an aid to therapeutic intervention. It is the researcher's opinion that this powerful idea is currently under-utilized in the therapeutic setting and could be developed into a therapeutic technique.

It should also be noted that owing to the limited scope of the current study, only male juvenile participants were selected. However, there is literature available that indicates a rise in young female sex offenders. This opens up many possibilities of further research on female juvenile sex offenders within the South African context.

The researcher also notes that to embed current studies on juvenile sex offenders or sexually intrusive youth within the broader cultural phenomenon of sex abuse in general could provide much scope for further research. Within this there may be room to review the influences of

patriarchy, apartheid, poverty and social views on childhood. Feminist and womanist viewpoints would be an enriching addition to the growing body of knowledge.

A parallel area of research would be that of current notions of selfhood and notions of identity. There are still vast areas of possible research on concepts of selfhood and identity, especially within the South African context. The reconfiguration process needs to be understood as a crucial tool for any intervention strategy.

6.7 CONCLUSION

In light of the research findings including the literature reviews it is clear that this previously neglected population of very young sex offenders needs to have credible intervention strategies in place. However, these intervention strategies need to take into consideration the field and the relational dynamics within that field and the integral role that these play in self-development. Development of the self, in turn, needs to be seen as a dynamic process and not as a static and fixed entity. The juvenile sex offenders are currently configuring in this way in response to multiple factors. Some of these factors have been explored in this research. The researcher is of the opinion that the idea of selfhood as a multiplicity, or of each individual being a population of selves, is a potentially valuable avenue for healing. To see the self as a process which is open to change is a far better approach than to see the juvenile offender's self as fully formed and fixed.

The researcher found that many of the field factors found in overseas research were equally pertinent to the South African situation. However, as Meys (2010) pointed out, South Africa has some very unique field factors such as overcrowding and lack of supervision. Gestalt therapy with its process view of self-development and sensitivity to the relational field's influence on this process would provide a comprehensive contribution to any intervention programs for juvenile sex offenders. The researcher feels that Rich's statement that "we can consider sexually abusive behavior as a crime of *relationships* rather than a crime of *violence*" (2010: 397) is the essence of much of the research.

It is for this reason that the researcher added recommendations that encourage a more field-orientated and relational approach which approaches self-development as a dynamic process. Because the support of the field is so important, the researcher gave recommendations to both the

social workers and therapists who work with them, as well as for the juveniles and their caretakers. The juvenile sex offender should be viewed as more than just a summation of past circumstance but as a dynamic growth-oriented organism which is *currently* configuring in a problematic way. It is Gestalt's view that the individual is more than the sum of his/her parts and is capable of change. This research provides supportive recommendations, which include aspects of the field, which can be further developed into intervention strategies for young juvenile sex offenders.

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APPENDICES

APPENDIX 1

CONSENT FORM

Mrs.C.G.van Huyssteen

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An explorative study of the factors that contribute to the self-configuration process of juvenile sexual offenders who molest children

The goal of this study is to explore and describe the young sex offender and find out what their experience of themselves and their world is.

Interviews will be held with the participants, namely the juvenile offenders, their caretakers and the therapists that work with offenders. The aim is to explore their self-concept, how they have come to be who they are at this point. The parallel aim is to construct a picture by also exploring the juveniles from the perspective of the caretakers and the therapist's points of view. The interviews will be audio taped and then be transcribed.

The researcher will make sure that the interviews are not exhausting or traumatizing.

Participants may experience some negative emotions around some of the information they give. Should this be the case the researcher will recommend play therapy with one of the therapists on the unit, in order to deal with these emotions?

Participation of the study is voluntary and the participant may withdraw from the study at any point. There will be no negative consequences if early withdrawal is preferred and all information collected thus far will be destroyed. All information will obtained during the research will remain confidential and appropriate pseudonyms will be used to ensure this.

The participants and/or their parents and guardians can contact the researcher at any time during the study for information regarding the study.

Herewith testify _____(Parent/guardian)
that I have read the above information and that I understand the content of it. I herewith give
consent that _____ (participant) may participate on
the above-mentioned research study.

Signed on the _____ day of _____ 2010.

APPENDIX 2

INTERVIEW SCHEDULE – SOCIAL WORKERS/THERAPISTS

1. Professional status/experience?
2. Which therapeutic school/style would you describe yourself as having?
3. Describe your experience of juvenile sex offenders under the age of 15, particularly in terms of their **sense of self** and in terms of their **social skills**. (Isolation, shyness, difficulties in terms of friends).
4. Where in your opinion does the root of the problem lie?
5. Did they have an emotionally distant or absent father figure?
6. Do the parents or caregivers have, that you are aware of, traumatic experiences in their own lives? If yes, could you briefly elaborate?
7. What was your impression of these juvenile's family environments and living conditions (crowding, substance abuse, and violence)?
8. How would you describe their relationship with their parents or caretakers?
9. Are these children, in your experience, also **victims** of sexual abuse or other traumas?
10. If so, which traumas?
11. In your experience have they been exposed to pornography or other sexually explicit situations?
12. What were some of the particular hurdles/difficulties in therapy with them?
13. Were there any other behavioral problems (Lying, Stealing, ADHD etc.)
14. What, in your opinion, is their level of self-knowledge?
15. What, in your opinion, would facilitate therapy with these youth/offenders? I.E. Where should the focus be?
16. Have you ever felt the experience of confusion as to whether these children are victims or perpetrators?

Please feel free to add anything else that you think may be of value to this study. **Thank you for your time and dedication, C.G. Van Huyssteen**

APPENDIX 3

INTERVIEW SCHEDULE -CARETAKERS AND PARENTS

THE SEMI-STRUCTURED INTERVIEW:

The researcher will be using the semi-structured interview, as this will fit with the purpose of the research which is exploratory. The semi-structured interview is often used to gain a detailed picture of a participant's beliefs and perceptions of a particular topic (Greeff, 2005:296). There will be some pre-determined questions but the flexibility to change direction will be available and the researcher will remain attentive to the participants responses so that any emerging themes or lines of inquiry may be followed (Nieuwenhuis in Maree, 2008:87).

Area's covered during the unstructured interviews with juvenile offenders:

Background/Field/context:

- Family History
- Family Relationships
- Personal History
- School experience
- Treatment history
- Sexual victimization
- Emotional victimization
- Physical victimization

Sense of self:

- Naming of different selves
- Ideas on essential/core self
- Polarities of self
- Perception of Strengths and Weaknesses

- Social life/friendships/sense of belonging
- Process of Configuration

Area's covered during the interviews with caretakers (semi-structured):

Background information:

1. Personal status
2. Family status
3. Family environment during juveniles development/experience of pregnancy
4. Juveniles developmental history/attachment
5. Juveniles treatment history – to fill in previous therapy, hospitalizations etc.

Perceptions of juvenile:

6. Discipline in the home
7. Juveniles behavioral development and perception of cause
8. Perception of Juveniles in terms of aspects of self
9. Juveniles social/school
10. Own experience of the incident
11. Perception of Juvenile as a person

Area's covered during the interviews with Therapists (semi-structured):

1. Professional status/experience
2. Impression of offenders/where do they think 'fault' lies?
3. Impression of the juveniles caretakers
4. Primary difficulties encountered during therapy
5. Outlook for successful therapy in their opinion.

APPENDIX 4

EXAMPLE OF CODED UN-STRUCTURED INTERVIEW

Map of Coding process

Colour codes	Theme and sub themes	Page No in text
Green	<p>Self as Contextual</p> <p><i>Family dysfunction</i></p> <p>Disruptive living conditions</p> <p>Absent father figure</p> <p>Family violence exposure</p>	<p>110</p> <p>110</p> <p>111</p> <p>112</p> <p>113</p> <p>115</p>
Purple	<p>Self as Relational</p> <p><i>Poor social skills</i></p> <p>Early Trauma</p> <p>Lack of friends</p> <p>Loss/abandonment</p> <p>Poor relations with Parents</p> <p>Lack of responsibility/empathy</p>	<p>110/116</p> <p>116</p> <p>117</p> <p>119</p> <p>121</p> <p>122</p> <p>123</p>
Blue	<p>Self as Function</p> <p><i>Poor self regulation</i></p> <p>Anger</p> <p>Problems at school</p>	<p>110/123</p> <p>123</p> <p>125</p> <p>125</p>

	Contact boundary disturbances	127
Orange	Self as Construct	110
	<i>Fixed ideas on self hood</i>	128
	Shame	128
	Introjects	130
Red	Self as Enduring	110
	<i>Lack of life story</i>	130
	Longing	131