

**Symbolic work with clay as a technique with a
difficult to reach patient:
A Jungian perspective.**



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Abstract.

This thesis explores the potential of clay work and its symbolic representations as a means to facilitate the integration and individuation of the self in psychotherapy, using a Jungian theoretical framework.

A case study methodology was used, to explore a long standing pattern of environmental failure and trauma in a 16 year old female. The meaning she gives to her experiences according to her current developmental stage and the norms and values of the violent culture within which she lives were also explored. Ten, fifty minute sessions were conducted with the participant at the Delft Medical Centre once a week.

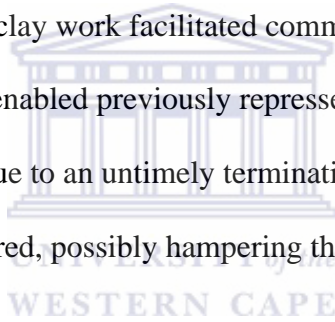
The Edward's clay work method was utilized to guide the use of the clay work and the discussion and exploration thereof. The participant was free to guide the therapeutic process and make as many or as few clay works as she felt necessary. Dialogue was encouraged around each piece. Central to the study was the importance of a search for meaning given to each clay piece, which was achieved through a dialectical interaction and mutual exploration between therapist and client. These sessions were tape recorded and transcribed verbatim in order to be used as case notes. Photographs of the art works were also taken. Consent forms were signed by both the participant and primary care giver.

Thematic analysis was used to analyze the case notes for specific themes. Information was aggregated into large clusters of ideas and details were provided that support the

themes. These themes were then analyzed in an interpretative manner using a Jungian Theoretical Framework.

A brief overview of the major findings of this thesis are as follows. Themes of safety and communication were prominent throughout the therapy and research processes, becoming particularly evident in the participant's clay works. These themes related to both internal and external realities, as her experiences of environmental failure and trauma were mirrored in her understanding of family, school and community interactions.

Furthermore, it was found that clay work facilitated communication between the researcher and participant and enabled previously repressed unconscious material to rise into consciousness. However due to an untimely termination of the therapy, adequate integration may not have occurred, possibly hampering the participant's process of individuation.



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Contents

Abstract	i
Acknowledgements	iii
Contents	iv
Quote	v
Chapter one: Introduction	1
1.1 Aims of the study	5
1.2 Definition of key concepts	6
1.3 Rationale of study	6
Chapter Two: Literature review	13
Chapter Three: Methodology	27
3.1 Participant	28
3.2 Research instrument	29
3.3 Procedure	31
3.4 Data analysis	32
3.5 Ethical concerns	32
3.6 Reflexivity	33
3.7 Significance of study	36
Chapter four: Case material	38
4.1 Introduction	38
4.2 Biographical details	38
4.3 The therapy process preceding the clay sculpture experience	42
4.3.1 Safety	42



4.3.2 Communication	44
4.4 Narrative synopsis of the clay sculpture experience	45
4.4.1 Introduction	45
4.4.2 Reflecting on the experience of working with clay	46
4.4.2.1 “My bed”	46
4.4.2.1.1 A mutual exploration of meaning and specific themes arising from the clay work	47
4.4.2.2 Telephone	48
4.4.2.2.1 A mutual exploration of meaning and specific themes arising from the clay work	48
4.4.2.3 “My boyfriend and I”	49
4.4.2.3.1 A mutual exploration of meaning and specific themes arising from the clay work	50
4.4.2.4 School	52
4.4.2.4.1 A mutual exploration of meaning and specific themes arising from the clay work	53
4.4.2.5 Pills	54
4.4.2.5.1 A mutual exploration of meaning and specific themes arising from the clay work	55
Chapter five: Data analysis	57
Introduction	57
The regression- progression dichotomy	58
Elaborate eating and purging as a revival of the early infant- mother relationship	62

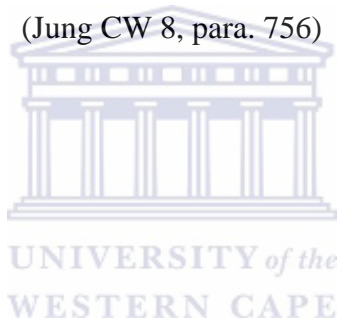


A parent’s impingement on the unconscious of the adolescent	65
Ideation and idealism	69
Life and death imagery	73
Friendship and betrayal	75
Concealment- the self protective shell	76
The adolescent persona	78
The shadow	79
The self regulating system	80
Chapter six: Conclusion	85
Reflexivity	85
Limitations	86
Recommendations	87
Appendix A: “My bed”	
Appendix B: Telephone	
Appendix C: My boyfriend and I	
Appendix D: School	
Appendix E: Pill box and pills	
Consent form	



“In the childish stage of consciousness there are as yet no problems; nothing depends upon the subject, for the child itself is still wholly dependent on its parents. It is as though it were not yet completely born, but were still enclosed in the psychic atmosphere of its parents. Psychic birth, and with it the conscious differentiation from the parents, normally takes place only at puberty, with the eruption of sexuality. The physiological change is attended by a psychic revolution. For the various bodily manifestations give such an emphasis to the ego that it often asserts itself without stint or moderation. This is sometimes called “the unbearable age”

(Jung CW 8, para. 756)



1. Chapter One: Introduction

“The psyche...is structured in polarities. In order for the psyche to achieve wholeness, the ego must recognize and reconcile these polarities. The process of reconciliation occurs through conscious participation in symbols which emerge from the unconscious and bring together the two opposing poles in a third form. This new symbol, by performing the work of reconciliation, puts consciousness in deeper touch with the rest of the psyche, thus, in turn, enriching a person in his relationships with other persons and making him feel more fully in touch with life” (Ulanov in Woodman, 1980)

In South Africa today the despair of unemployment, the break down of traditional values, multigenerational poverty, family dissolution and a long history of an oppressive political system contributes to a sense of helplessness and rage that breeds a violent culture and leads many to find some form of relief in the power of violent crime (Marshall & Herman, 1998). Apartheid can be considered one of the most harmful forms of political violence this country has known. It's negative impact on the functioning of families and communities and how this in turn has undermined the psychological well being of children, particularly their sense of security and belonging, is an important issue to consider (Duncan & Rock, 1994).

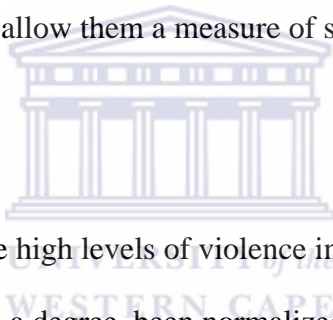
For children, direct exposure to violence provokes feelings of helplessness and fear that run counter to the developing child's wish and capacity for increasing mastery of his or her world. Children pay a high price for their exposure to violence that illicit responses of distress which may include specific symptoms of Post Traumatic Stress Disorder,

disrupted patterns of eating, sleeping, attention and relating, fearfulness and flashbacks (Archard, 1993). Repeated direct exposure to violence may lead to persistent patterns of adaptive but problematic behaviors and modes of functioning. The child may withdraw, appear depressed, display difficulties with school achievement and social relationships or may assume the active role, becoming the agent of aggressive violence rather than remaining its passive victim (Chiland & Young, 1994).

Furthermore, it has been found that incidents of intra community political violence are frequently experienced as far more stressful than other forms of violence, such as state inspired violence. This may be due to at least two reasons. Firstly finding an explanation for the occurrence of such violence is difficult, giving it an unfamiliar quality. Poorly defined divisions between 'us' and the 'enemy', and 'our territory' and 'their territory' and the absence of clearly distinguishable patterns in regard to the onset, recurrence and perpetrators of intra- community violence creates uncertainty among children, that leads to stress and anxiety (Dawes, 1990). Secondly, the more the child is able to identify with both victims or perpetrators of violence, the more stressful exposure becomes (Duncan & Rock, 1994). Therefore if children can make sense of the violence to which they have been exposed, they are much less likely to be traumatized by it than when violent encounters are 'incomprehensible'.

Sexual abuse, being a form of 'incomprehensible' violence affects children to the very core of their psychological being and can leave them with abiding feelings of shame, guilt and self hatred and can have harmful effects on cognitive development, self esteem

and moral development (Archard, 1993). This enduring, debilitating assault on the self disrupts the process of individuation and self realization, setting the child up for later emotional and psychological difficulties. However children who can rely on the support of parents and/or older siblings when exposed to incidents of violence appear to be more resilient than those who do not have such support. This is particularly true for pre- school children, who generally do not have many other effective social support systems, such as schools and peer groups, to take the place of family shortcomings (Duncan & Rock, 1994). Furthermore, as Gibson (1989) reveals, children who deal best with traumatic incidents have parents who are confident in their roles as parents, display concern for their children's well being, and allow them a measure of self direction in their everyday activities.

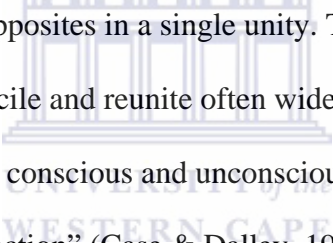


A disturbing consequence of the high levels of violence in South Africa is that it has come to be expected and has, to a degree, been normalized. The perception that the use and force of violence is the only means of resolving conflict is commonplace. The result is desensitization and a loss of respect for human life, even among children (Dawes, 1994). Another consequence of the normalization of violence and the perception that it needs to be accepted and tolerated as part of community life, is the repression into the unconscious of disavowed feelings as a result of a violent experience.

Clay work in psychotherapy can facilitate the healing process by bridging the gap between consciousness and disavowed feelings that have been repressed into the unconscious as a result of abuse or other violent acts (Brink, 2005). A recognition and

acceptance of these negative aspects of the self can lead to a process of integration and healing and a more balanced and adaptive functioning of the self.

At times, children use or choose a symbolic character to represent aspects of themselves and others when they are unable to handle their conflicts directly. It often seems that at some preconscious or unconscious level they understand what is happening but they are unable to consciously recognize it. After a period of symbol making, whether it be art making, play or story telling, children usually begin to be able to talk about the actual situation and characters more directly (Irwin, 2002).



“Symbols are a unification of opposites in a single unity. They can be seen as natural attempts by the psyche to reconcile and reunite often widely separate opposites. This capacity of symbols to unite the conscious and unconscious into a new synthesis is what Jung called the transcendent function” (Case & Dalley, 1992, p. 54). Therefore in symbol making both ambivalence and conflict can be expressed and contained. The potential of artistic images to mediate a holding function and contain disparate parts of the self seems to be specifically important in the context of survivors of trauma, specifically children and adolescents who have suffered sexual abuse. This is due to the fact that youth often have more difficulty in integrating different experiences of themselves, as a full understanding and awareness of the self is still in the early stages of being realized (Smuts, 2004).

Although not much of Jung's writings deal explicitly with the question of adolescence, he described a process called individuation that follows a predictable path through four broad stages which he identified as childhood, youth, middle age and old age.

Developmental tasks are essentially directed towards outward reality during childhood and youth. This means that the individual has to adapt to the environment and will engage in activities that promote this outward adaptation (Abron, 1995).

Some of these adaptations include achieving emotional independence from parents and other adults, achieving new and more mature relationships with peers of both sexes and acquiring a set of values and an ethical system as a guide to behavior. With the move away from the family, the peer group becomes more important and offers the adolescent the opportunity to experiment with different roles, ideas, feelings and value systems (Ausubel, Montemayor, & Svajian, 1997). The school also plays a significant role, as it is an important arena for social interaction and social behaviors are developed and practiced here. These social interactions take central stage in adolescence and play a vital role in the formation of the individual's self concept and identity. Classroom behavior, group participation and attitude to authority are often dependent on an adolescent's sense of self and their ability to adapt to and master the varying demands and challenges of daily living (Boulter, 1995).

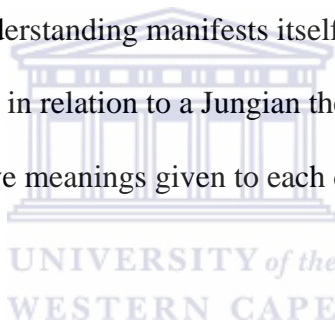
From youth onwards there is a progression in the ability to represent and understand the world in more abstract terms. Therefore, the second half of life which includes middle and old age, is directed more toward 'inner reality'. Jung believed that it was only in

these adult years that an individual could become a 'complete person' as he/she turns inwards to find a clearer sense of self and comes to an understanding of his or her unconscious and spiritual parts (Abron, 1995). In view of the above discussion, the aims of the study are now given. They consist of both primary and secondary aims.

1.1 Aims of the study.

Primary aims:

1. To explore the participant's subjective understanding of her childhood sexual abuse.
2. To explore how this understanding manifests itself in the archetypes, symbols and themes of the clay work in relation to a Jungian theoretical framework.
3. To explore the subjective meanings given to each clay work by the participant.



Secondary aims:

4. To explore the extent to which clay work facilitates dialogue in the therapy process.
5. To explore whether the clay work facilitates the movement of previously unconscious material into conscious awareness.
6. To determine whether this conscious awareness facilitates the processes of integration and individuation.

Given the above aims, a Jungian theoretical framework will be used to facilitate the exploration of archetypes, symbols and themes used in the participant's clay making. In

particular, the work of three Jungian analysts and authors, will be drawn on in this exploration, for their specific expertise on issues such as the female psyche and adolescents. They are namely Marion Woodman, Michael Fordham and Richard Frankel. Their work will be discussed further in the following chapter: *literature review*. Other important Jungian concepts that relate to the process of individuation, (discussed above) and which are relevant to the understanding of the adolescent psyche, will now be briefly discussed.

1.3 Definitions of key concepts.

The structure of the psyche:

Jung defines the psyche as the totality of all psychological processes, conscious as well as the unconscious (Brink, 2005). In other words, psyche refers to the psychological world in which we live (Brooke, 1991). This therefore alludes to not only an inner region enclosed in the individual but also includes an imaginal space that incorporates and surrounds the individual, which influences the development and functioning of the ego and self (Smuts, 2004).

The ego and self.

Jung described the term ego as the centre of awareness and consciousness which typically parallels the traditional Western understanding of the term self (ones sense of conscious personal identity or a feeling of 'I-ness') (Clark, 1980). Jung's concept of the self however refers not only to conscious aspects but includes the totality of the personality and incorporates both the personal and the collective unconscious, aspects of the self that

the individual is largely unaware of (Jung, 1961). The personal unconscious refers to aspects related to personal history, whereas the collective unconscious points to more universal aspects related to the history of mankind (Brink, 2004).

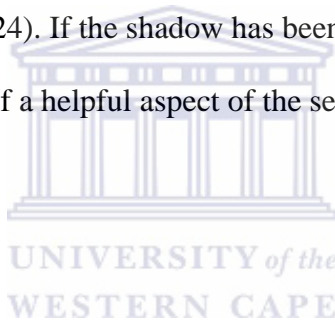
According to Jung, the self is seen as not only the totality of the psyche but also as the centre of the personality. Although seeming to be paradoxical Brooke (1991) states that “the self as centre... does not refer to a reified entity within the psyche but to the capacity of the self as a totality to structure psychic life around a centre.” The polarities or conflicts that exist within the self creates a state of dynamic tension and provides life and momentum to the psyche. The self as the centering function regulates this inner polarity by assisting opposites to achieve a state of balance known as compensation. Jung defined compensation as the automatic correction of imbalances and one sided attitudes, leading to a union of opposites. Therefore Jung believes that the self is characterized by continuous transformation and rejuvenation (Jung, 1954).

The shadow and the persona.

The shadow represents unknown or little known qualities of the ego and resides mostly in the personal unconscious (although it can also consist of collective factors), as a result of suppression due to family and cultural values. Aggressive impulses are often hidden in the shadow, partly out of fear of punishment and partly because of the devastating power with which an individual, particularly a child invests them. When ignored, denied or misunderstood the shadow becomes hostile and threatens the inner balance of the self. (Brink, 2005). The formation of persona takes center stage during adolescence. The

shaping of one's worldly identity is a central task of adolescent individuation (Frankel, 1998). Through symbolic expression with clay work, drawings, play, myths and dreams the shadow can manifest itself and be explored, understood and integrated into the self.

According to Jung the persona is a part of the ego which the individual presents to the outside world. "In a well adjusted person the persona is merely a supple, protective coating that makes for easy, spontaneous and natural relations with the outside world. But it can become a mechanical, fixed mask behind which the person conceals her real nature, in which case the mask freezes to such an extent that the real individual behind the mask wastes away" (Brink, 2005, p. 24). If the shadow has been adequately addressed the persona will function as more of a helpful aspect of the self rather than serve as a hindrance.



Archetypes.

Archetypes make up the content of the collective unconscious but can reveal themselves through dreams, myths and symbolic representations to be integrated into consciousness. Archetypes are universal and inherited psychological patterns that have existed since primordial times. Their number is relatively limited, as they correspond to a certain number of typical and fundamental experiences that have existed since these times (Jung, 1972). They represent a sum of all the latent potentialities of the human psyche and therefore contain a vast store of ancestral knowledge about the relations between people, God and the cosmos. Jung believed that rather than being a definite and rigid image or motif, an archetype has the potential to form representations of a theme which can vary a

great deal in detail without losing its basic pattern (Brink, 2005). The imagery through which archetypes express themselves is extremely varied. In infancy it is different from that of childhood, adolescence and middle age (Fordham, 1969).

Complexes.

Being similar to symptoms, complexes obstruct the normal flow of psychic energy and indicate an imbalance of psychological functioning which necessitates a broadening of consciousness. Complexes have their origin in childhood and are derived from both an individual's temperamental disposition as well as from life experiences. Trauma or the impossibility of affirming the whole of one's individual nature, resulting in suppression of important aspects of the child's natural feelings and impulses, give rise to the development of complexes. Complexes escape from the control of the consciousness and split off from it, disappearing into the unconscious. They comprise of a central element or vehicle of meaning, for example fear of rejection and include numerous associations linked to it like perceptions, wishes, cognitions and feelings (Brink, 2005).

Integration:

Jung's psychology stresses the plurality and the multiplicity of the psyche and therefore integration cannot be fully understood without considering the concept of differentiation. Through differentiation and diversity, integration of the self becomes possible, as the individual recognizes and accepts the polarities of the psyche and assimilates them into the conscious ego personality. Integration therefore, can be described as a unifying process of diverse aspects of the self, without attempting to unify diverse aspects into an

undistinguishable whole. Hillman (1977) and Watkins (1986) believe that too much emphasis on integration may stifle growth and curb a sense of vitality. Similarly, Samuels (1985) believes that a focus on psychological variety instead of psychological oneness will produce deeper insights into emotions, images and relationships.

1.2 Rationale of study.

Existing studies seem to cover a fairly short term therapeutic time span of working with the clay and include only limited examples of the actual clay work. Furthermore, although art therapy is becoming a more popular and trusted therapeutic technique, working with the medium of clay seems to have been less explored in contemporary research than other artistic mediums such as drawing and painting. Lastly, research on child sexual abuse in South Africa and its affects on psychological development in adolescence, although extremely important as it poses a current crisis in our society, is limited (Duncan & Rock, 1994).

A brief description of the chapters to follow will now be given. In chapter 2 *Literature Review*, previous research done around the topic of this thesis will be presented. Issues such as sexual abuse, living in a violent culture, art therapy and sand tray therapy will be explored. Chapter 3 *Methodology*, will outline biographical details of the research participant, as well as details of the research instrument, procedures and data analysis used. Ethical concerns will be addressed and thoughts on reflexivity and the significance of the study will be discussed. Chapter 4 *Case Material* will present the five clay pieces made by the participant and a description regarding her understanding and the meaning

she gives to each piece. Chapter 5 *Data Analysis*, will analyze the symbolic nature of each clay piece and their relation to the presenting problem according to a Jungian framework, drawing specifically from the work of Jungian psychotherapists such as Marion Woodman, Michael Fordham and Richard Frankel. Finally Chapter 6 *Conclusion*, will bring together relevant and important information regarding the aims of the study. A summary of the findings, limitations, reflections and recommendations will conclude the thesis.



2. Chapter Two: Literature review

“The creative process, so far as we are able to follow it at all, consists in the unconscious activation of an archetypal image, and in elaborating and shaping this image into the finished work. By giving it shape, the artist translates it into the language of the present, and so makes it possible for us to find our way back to the deepest springs of life.” (C. G. Jung)

Art therapy is becoming a well established and well researched area of therapeutic intervention. Much of the attention, in the past, focused solely on the use of drawing and painting as key mediums of non verbal and symbolic communication. Recent research however has begun to incorporate the use of sculpture of various mediums, as part of the therapeutic process. I will now discuss research done which has used various theoretical frameworks in order to explore different creative processes in an attempt to facilitate therapeutic intervention.

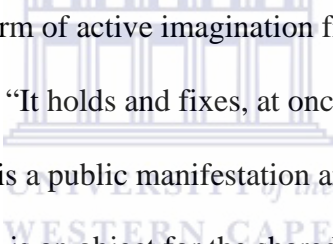
Jung’s interest in pictures and other art works made by himself and his patients were derived from their usefulness in giving non- verbal expression to symbolic images. He obtained them by using techniques of introversion aimed at releasing and raising unconscious fantasies to consciousness. He gave importance to his art method as part of active imagination (Henley, 2002).

In The Journal of Analytical Psychology (2005), Joy Schaverien explores “Art, dreams and active imagination: A post Jungian approach to transference and the image”. In her article she distinguishes between active imagination and other forms of imaginative activity which take place within the transference and countertransference dynamic. Schaverien explains the art form as not in itself being active imagination, although at times it may reflect it. It is the experience of the individual, rather than the medium, that is active imagination. Therefore it is the process and not the product that holds significance. The end product, however, the vision, dream or art piece, as a shared image or object within the therapeutic relationship, is of analytic interest as it is affected by and influences both the transference and the countertransference (Schaverien, 2005).

Schaverien explores three clinical examples intended to reveal the influence of the transference on active imagination. In the first, *Waking dreams*, active imagination is described as a lived experience as visualized imagery generates psychological movement whilst the ego is held in a suspended state. Gradually as they are assimilated these images come into relationship with the conscious mind (Schaverien, 2005).

In the second example, *Dreams*, Schaverien explains that dreams per se are not active imagination but often “set the psyche in motion” and so generate it. She distinguishes between simple and complex dreams, the former being more like signs, illustrating ordinary, every day events and remaining on the surface, whereas the latter is more symbolic and touches depth, employing metaphor (Schaverien, 2005).

The last of the three modes of creative expression Schaverien discusses is *Art*, which is described by Jung as playing a significant role in bridging the conscious and the unconscious. Jung named this process the “Transcendent function”. Shaverien quotes Jung by saying, “ often it is necessary to clarify a vague content by giving it visible form. This can be done by drawing, painting or modeling. Often the hands know how to solve a riddle with which the intellect has wrestled in vain. By shaping it, one goes on dreaming the dream in greater detail in the waking state, and the initially incomprehensible, isolated event is integrated into the sphere of the total personality, even though it remains at first unconscious to the subject” (Jung in Brink, 2005, p. 16).



Schaverien distinguishes this form of active imagination from the other two as it has a tangible and material existence. “It holds and fixes, at once moving and limiting the flow of the unconscious. In art there is a public manifestation and a shared viewing; both people see the same thing; there is an object for the shared gaze of the spectators. This is a significant factor within analysis because unlike other modes of active imagination the traces of its path are recorded for both people to see” (Shaverien, 2005, p. 21).

Here Schaverien reiterates that art and active imagination are not the same thing. Whilst some pictures or art works are powerful examples of active imagination, others are not; similarly, not all art is symbolic articulation. Diagrammatic images or signs have little aesthetic interest and their role in the transference are as signifiers referring to something outside of themselves, needing words to embellish the meaning. The embodied image however reveals far more than the artist consciously intended and in the process of its

creation something changes. “The picture is its own interpretation and words spoken in relation to it could not add anything significant. In this sense it is a product of active imagination within an intensely experienced transference” (Shaverien, 2005, p. 29). It is of this embodied art work that Sheverien shares clinical experience.

Masters (2005) explored a phenomenological- hermeneutic case study of a clay sculpture with an adult client but based the study within an Object relational framework. Two main areas were identified for investigation. Firstly, whether the distancing that art therapy can create could help the client with relational difficulties to tolerate unexpressed and disavowed feelings, in particular the client’s sense of shame about being exposed as defective and secondly, whether the material evoked through the clay work process could assist in furthering the psychological formulation of the particular client (Masters, 2005).

Clay used as a therapeutic intervention with adult survivors of trauma appears to be a relatively well researched area. Smuts (2004) explores the potential of clay work to facilitate the integration of the self in psychotherapy with an adult survivor of childhood trauma from a Jungian perspective. Concepts such as integration, differentiation and diversity are explored (Smuts, 2004).

The focus of Smuts’ (2004) research was on the experience of a sense of disintegration and dislocation, associated to aspects of the self being in conflict as a result of childhood experiences of emotional and physical assault, including encounters with various kinds of abuse and neglect. Clay work was used in an attempt to facilitate the integration of the

self and contribute to the development of a healing dialogue with feared and hated aspects of self. Although only one clay piece was made a number of different themes arose out of the phenomenological-hermeneutic case study such as fear of self destructive tendencies and separation between body and mind (Smuts, 2004). In both Smuts' and Masters' studies the Edward's clay work method was used to guide the use of the clay and the discussions thereof. Both studies also concluded that clay holds major therapeutic potential in the healing of self

Henley (2002) examined clay works more generally in the broader art therapy setting, explaining that a more spontaneous and less controlled form of expression can be achieved through the use of clay compared to other art media. "Clay invites one to feel, to play, to shape and re –shape. Primitive and intimate physical sensations and emotions can be easily accessed and unconscious parts of the self can be communicated in a non-verbal and less threatening manner. The tactile qualities of clay allow for the expression of feeling through breaking, pounding, slapping, pushing and pulling, while its cool, soothing qualities calm. The clay also lends itself to the projection of anger, the externalizing of anxieties and the concretization of feelings. Due to clay being a forgiving material, capable of endless change, it allows for an experiential process of transformation, reconstruction and regeneration" (Henley, 2002, p. 51).

Sexual violence against children, although reported at an alarming rate, has not drawn much academic and research activity in this country. Consequently the true incidence of child sexual abuse in the general South African population is not known or available for

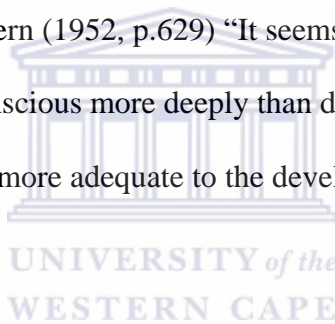
comparison with international statistics (Magwaza, 1994). The therapeutic benefits of working with clay with children who have experienced sexual abuse is therefore also sparse.

One study by Celano, Hazzard, Campbell & Lang (2002) used empirically based cognitive-behavioral techniques in their treatment of child victims of sexual abuse including written and verbal techniques and techniques using games and the arts. Attribution retraining techniques were aimed at decreasing abuse-related self-blame and encouraged the child to attribute responsibility for the abuse to the perpetrator. The article reviews literature that highlights the complexity of self and other blame for sexually abused children in terms of developmental status, the multifaceted nature and interrelationships of abuse-specific attributions, the psychological effects of self-blame and perpetrator blame. Although this study proves fairly effective it is believed that by using non-verbal therapeutic interventions with children, particularly those who have endured sexual trauma a more positive prognosis can be hoped for. However more research in this area needs to be conducted (Celano et al, 2002).

Hanes (2000) explores a case study and discusses the use of catharsis in art therapy with a 16-year-old female who had been sexually abused by her stepfather. The client employed art materials to produce an effigy of her abuser, which she fastened to an altar and repeatedly stabbed with sharpened pencils. That enactment provided an outlet for latent emotions and aggressive drives which could not be expressed in daily life. The opportunity to discharge pent-up emotions stemming from her abusive experiences was

supported rather than disrupted or discouraged. Hanes discusses how catharsis was part of a broader therapeutic context that included both emotional and cognitive components (Hanes, 2000).

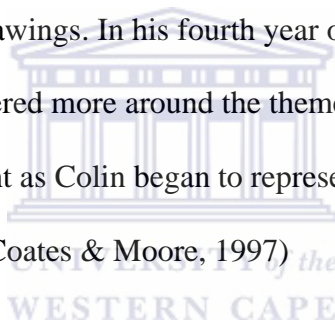
Coates and Moore explore a case study in *Psychoanalytic Inquiry* (1997) *The complexity of early trauma: Representation and transformation*, of a three year old boy, Colin, who suffered significant trauma of a non sexual nature which occurs in the context of his primary attachment relationship. Special reference was made to Colin's drawings in an attempt to understand the impact of the trauma on the child's psychological development. Coates & Moore quote from Stern (1952, p.629) "It seems that the affect emanating from a picture reaches into the unconscious more deeply than does that of language, due to the fact that pictorial expression is more adequate to the developmental stage in which the trauma occurred"



Colin was referred due to the inability to contain aggression against peers and a history of cross gender interests and behavior that began a year earlier. He presented as precocious and compliant but engaged in no spontaneous play and exhibited none of the ordinary joyfulness of a child his age. He showed no exploratory behavior or curiosity in new environments and was very aware of unfamiliar noises. He maintained a hyper-vigilant stance to new adults. It was discovered that due to his mother's unresolved grief and loss associated with the abortion of a Down Syndrome child and other long standing emotional difficulties with her own mother, she would on a number of occasions at the

height of her depression, grab Colin around the neck and shake him hard while screaming at him (Coates & Moore, 1997).

In his third year of therapy, at the age of six, Colin's drawings began to relate specifically to various aspects of the trauma, as his image making gradually became more representative of aggression towards females. Coates & Moore (1997) highlight this as the forming of an increasingly differentiated sense of self and other, as Colin began to acknowledge himself as an agent of aggression and progresses toward greater symbolic representation of his experiences. Around that time there was also the development of creative narratives about his drawings. In his fourth year of therapy, at the age of seven the theme of his drawings centered more around the theme of men rescuing angry, tearful woman. This became significant as Colin began to represent both feelings of anger and sadness in a single character. (Coates & Moore, 1997)



By the end of four years of therapy the impact of the traumatic experiences were no longer so pervasive and compromising of Colin's affective and behavioral flexibility. He no longer manifested a Gender Identity Disorder, separation anxiety and difficulties with aggression and relating to peers. He was also able to develop the capacity for symbolic play and fantasy. (Coates & Moore, 1997)

Therefore Coates & Moore (1997) conclude that a parents' failure to inter-subjectively experience, recognize or comprehend traumatic impact on a child, undermines the child's development of an authentic sense of self as well as a coherent and integrated sense of

reality in an interpersonal context. The multigenerational transmission of trauma, where a mother's own traumatic childhood is repeated in the lives of her own children therefore interferes with her ability to understand her child's experience. In an attempt to restore the derailed attachment relationship the child seeks to share his memories of earlier experience with the mother in order to get her to recognize and acknowledge them. (Coates & Moore, 1997)

The question Coates & Moore (1997) leaves with the reader is "to what extent is the persistence of physical sensations (a characteristic of all trauma) accountable for the relative fixity of the symbolic representation, as these representations show a noticeable tendency to endure despite further psychic growth?" This was asked after follow up sessions with Colin which revealed drawings where the motif of the neck continued to occur, remaining relatively untransformed and undistorted as he struggled to understand it in terms of his evolving meaning making system. (Coates & Moore, 1997)

The American Journal of Art Therapy: Art in Psychotherapy, Rehabilitation and Education published an article written by Hanes (1997) outlining a series of artworks done by a 6-year-old child over a 6-week period during an inpatient psychiatric stay. She described her work as 'messy packages' and repeatedly used art materials to produce a messy mixture that she then spread over a sheet of paper, folded, and ultimately placed in a sealed box for safekeeping. Rather than intervening in or diverting her from this process, the art therapist allowed the child's sense of chaos and provided her an opportunity to address her feelings and to create a "holding form" where confusing and

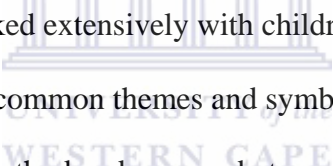
unsettled emotions could be handled and examined, ultimately leading to a process of healing (Hanes, 1997).

Elliot (1993) explored the potential of clay to bridge the gap between the unconscious and the conscious in 'Unconsciousness to the truth: An exploration with clay'. The inherent goal of the human psyche is seen as the quest for wholeness and individuation which involves a psychological journey toward self realization. Individuation includes the ability to transcend all of the polarities within and outside the self, recognizing and accepting both negative aspects of the self as well as discovering hidden positive aspects (Brink, 2005). The psyche is seen as having a symbol forming capacity which is expressed through the clay work. The symbol is the natural mode of psychic expression, enabling unconscious processes to become conscious. Symbols can act as a bridge between inner and outer worlds serving as a mediator between the unconscious and the conscious (Elliot, 1993).

A well researched area of both child and adult psychotherapy which includes another technique of active imagination, similar to that of clay, drawing and painting, is that of sandplay. "Sandplay as a vehicle of psychotherapy and Jungian analysis is rooted in the symbolic play of childhood, and can best be understood as an expression of the archetype of the child"(Stewart, 1990, p. 64). Intra-psychic conflicts are played out in the sand tray with the aid of a variety of different objects and miniatures. 'Sand worlds' are created which have particular meaning to the client. This creative enactment, as an adjunct to other verbal and experiential forms of therapy, facilitates a relationship between

developing ego consciousness and the unconscious and encourages the process of individuation (Bradway, Signell, Spare, Stewart, Stewart & Thompson, 1990).

Sandplay's evolution can be traced over the past century from H. G. Wells's *Floor Games* (1911), to Margaret Lowenfeld's "world technique" (1935), to Dora Kalff's *Sandspiel* (1966). Many present day psychotherapists who make use of the sand tray technique in psychotherapy with clients, find it helpful to relate client's sand worlds to the stages of ego development propounded by Kalff as three stages. The first stage being the animal, vegetative phase, the second, the fighting phase and the last, the phase of adaptation to the collective (Dundas, 1978).

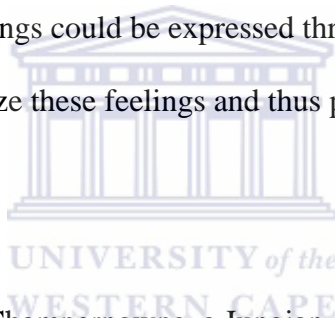


Evalyn Dundas (1978) has worked extensively with children using the sand tray technique and has documented common themes and symbols used among the children, as well as distinct differences of method and process between the genders. More contemporary research tracks the process of individuation in men and women's sandplay over an extended period of time, where as many as eighty sand worlds are created by a client, photographed and explored symbolically together with the therapist (Bradway & Signell in Bradway et al, 1990).

Margaret Naumburg, considered to be one of the founders of art therapy in the U.S.A and a major influence on many British art therapists has drawn on case studies compiled between 1943 and 1945, referring to 'free art expression' and viewing the art activity and art objects as concrete versions of a dream. She developed the 'dynamic' model of art

therapy which made use of the transference relationship between client and therapist, suggesting that art or spontaneous image making was a means to furthering therapeutic communication (Naumburg, 1943).

Another American founder art therapist, Edith Kramer, (1958) considered that engaging in the art making process gave an opportunity to externalize, re-experience and resolve conflicting feelings. Unlike Naumburg, Kramer did not work with transference, but preferred to focus on the art object as a 'container of emotions' and she related to clients through their art. She believed that art could be a means of sublimating feelings, whereby destructive and aggressive feelings could be expressed through the activity of drawing or painting, which would symbolize these feelings and thus prevent them from being acted out (Kramer, 1958).



In the United Kingdom, Irene Champernowne, a Jungian analyst and director of the Withymead Centre for Psychotherapy through the Arts from 1942 to 1967, encouraged many art therapists to make use of the Jungian theoretical model. The model emphasizes the significance of symbolism in dreams and art and believes the art object as having integrative potential rather than being a means of sublimation or displacement (Champernowne, 1965)

Fordham, (1969), a Jungian analyst wrote extensively on psychotherapy with adolescence and the change that occurs at this time as being known as the change from concretization to symbolization in the formation of collective archetypal and self representations. He

believed that from time to time children produce fascinating symbolic forms but, as in dreams, they are infrequent, mostly occupying themselves with depicting well-known objects, common in every day life. “From this developmental stage onwards, the extent of consciousness grows and is consolidated in the development of activities outside of the family, most of all in school. During this period the persona differentiates and the child discovers how to take more part in society and find his/her level in it” (p. 89).

Another well known American Jungian Analyst, Marion Woodman, explored the wisdom of the body, eating disorders, relationships, dreams, sexuality and creativity. Based on case studies and mythology she celebrated the feminine in both men and women, focusing on the struggle to become conscious and the search for personal identity. Two examples of her work include *The Owl Was a Bakers Daughter: Obesity, Anorexia Nervosa and the Repressed Feminine* (1980) and *Addiction to Perfection: The Still Unravished Bride* (1982).

Also, of importance to this thesis is the contextualization of the adolescent participant within a particular developmental stage. Frankel (1998) a psychotherapist in private practice and a clinical social worker based in Massachusetts in the United States explored adolescence from Jungian and Winnicottian perspectives. He showed how this unique stage of human development expresses through its traumas and fantasies the adolescent's urge towards self realization and the impact of contemporary culture on the lives of young people. Cognitive changes resulting in the ability to reason abstractly emerge at this time ushering in a whole new mode of meaning making and the developing capacity

for fantasy and imagination with which the adolescent can be engaged in therapeutically. “The plastic and literary arts- painting, drawing, sculpting, writing and poetry writing- become important tools the therapist can utilize to help an adolescent contain the newly emerging emotions deeply rooted in the body. The protested space of the therapeutic relationship can become a vessel where this kind of self expression is given value and credence” (Frankel, 1998).

In the following chapter the *Methodology* of the research paper will be presented. A short overview of qualitative case study research will be given followed by a presentation of the participant. Research instrument, procedures and data analysis used will be discussed as well as ethical concerns, reflexivity and the significance of the study.



3. Chapter Three: Methodology

“The cosmos in which we place youth and through which we insight youth will influence its pattern of becoming”. (James Hillman)

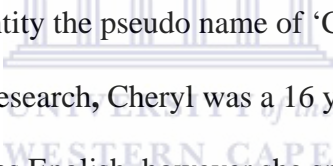
Qualitative research is grounded in philosophical assumptions. It is conducted in a natural setting where the researcher gathers information, verbally or visually, analyzes it inductively, focuses on the meaning of the participant and describes a process that is expressive and persuasive in language, so that the reader experiences “being there”. The researcher therefore can be seen as an instrument of data collection, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them. The main difference between qualitative and quantitative research is the fact that the former relies on one or a few cases and many factors whereas the latter works with many cases and only a few variables (Creswell, 1998).

A Case study methodology was used in this study. “A case study research involves the systematic and in-depth examination of one or more cases of a phenomenon of interest with the aim of gaining an understanding of the phenomenon and developing or extending a theoretical framework” (Edwards, 1998, p.32). Through an inductive process general principles can be generated from detailed and accurate descriptions of a limited number of units such as an individual or an institution (Diers, 1998). This then is the study of a “bounded system” which the researcher situates within its larger context or setting providing an in depth study of this system, based on a diverse array of data

collection materials (Creswell, 1998). In my study I drew on information collected during therapy and research sessions with the participant, which included both verbal and non-verbal communication as well as using the actual clay works as data collection materials. Collateral information from the participant's mother and family doctor were also used.

The reason as to why I used a case study is because the topic required in-depth exploration. Secondly, the researcher was required to take on the role of an active learner who told the story or described the process from the participant's point of view (Creswell, 1998).

3.1 Participant:

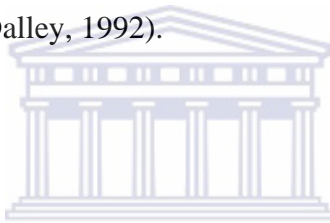


To protect the participant's identity the pseudo name of 'Cheryl' was used throughout this project. At the time of the research, Cheryl was a 16 year old, 'coloured', Christian female whose mother tongue was English, however she spoke fluent Afrikaans. She attended a High School on the Cape Flats in the Western Cape. She was in Grade 8. Cheryl lived with her mother, father and younger brother. Her older sister worked as a security guard and lived on her own, away from home. Her mother was a housewife and her father was a cabinet maker who ran his own business. The family came from a low socio- economic status and financial concerns were part of their everyday existence. Cheryl was reported to have an above average intelligence. She presented as a neatly dressed, friendly and compliant adolescent. Others described her as being somewhat of a perfectionist. She always arrived punctually with her mother for her weekly sessions and was motivated to work.

3.2 Research instrument:

Clay as a therapeutic medium.

Clay can be a very powerful material with which to work as it encourages a physical involvement that not only develops motor co-ordination but also aids release of body tension which in turn facilitates emotional catharsis. Clay has the advantage of being a malleable three dimensional medium. It can be hollowed out to contain or parts can be added. Other materials can be incorporated to form constructions, pieces can be moved and color can be included. The clay can be kept damp at the end of a session so the client can continue to work on it over a period of time. It can also be left to harden naturally or can be fired in a kiln (Case & Dalley, 1992).



Edward's clay work method.

“Research broadly suggests different ways in which therapeutic clay work may facilitate self discovery and improve knowledge of different aspects of the self, which may facilitate integration of the self” (Smuts, 2004, p. 51). However several case studies have explored the therapeutic benefits of clay work employing the Edward's method which will also be used in therapy to guide this case study.

The Edward's clay work method involved the client being given a four kilogram block of clay and a piece of hardboard to work on. Instructions encouraged playful and free moulding of the clay without a specific planned end result. Works were not judged according to artistic standards and the client was invited to free the mind and allow the hands “to do the talking.” The next step involved reflecting on the experience of working with the clay. ”The aim is to facilitate a dialogue between the sculptor and sculpture and

to allow meaning to emerge freely in the subject's own words with emphasis on the subject's emotions and physical sensations in relation to the sculpture" (Diers, 1998, p. 50).

Jung placed more value on client's experiences of image-making rather than on theoretical analysis of the images (Edwards, 1987). Central is the importance of a search for meaning, encompassing concepts of soul and spirit (Case & Dalley, 1992). For therapy to be meaningful it has to be dialectical, it has to flow from an interaction between therapist and client, a mutual exploration of meaning and of possible solutions (Brink, 2005). Therefore the key to treatment lay in the dialogue between therapist and client, unconscious and conscious, in order to obtain psychic equilibrium through the language of symbols. In this study the dialogue between therapist and participant was tape recorded and transcribed. This ensured a more objective and thorough exploration of meaning.

Another important dialogue or relationship that the client enters into is with her image or symbol. Recognizing that although the image belongs to the creator, in that it becomes a personification of his or her inner experiences, it also has a quality of "otherness". This "otherness" of the image often carries hidden sides of the personality which are gradually revealed to the maker and recognized as her own. This discovery is made possible by the distance that exists between creator and image as it allows for imaginative inquiry and dialogue into it. Previously unacknowledged aspects and possibilities of the self then have the potential to be integrated. Jung believed that by making artistic images, patients

started to play an active role in their healing processes, instead of just passively talking about their problems (Edwards, 1987).

3.3 Procedure:

Cheryl was initially referred to me by her mother while I was working as a first year Masters intern, at my placement at the Delft Medical Centre, in Delft Cape Town. She presented with depressive symptoms. Due to her older sister being previously diagnosed with Bipolar Mood Disorder and having attempted to commit suicide three times, Cheryl's mother was very concerned about her younger daughter's safety and requested that she receive medication. After having discussed the issue with the psychiatric nurse at the clinic, it was decided that medication, apart from sleeping tablets, should be avoided at this stage and that Cheryl should rather undergo weekly psychotherapy. Although suicidal ideation was present no clear plan or strong intent was evident. After spending five 'verbal therapy' sessions with Cheryl, I discovered that she had been sexually abused at the age of three by her two adolescent cousins. However Cheryl was not able to access any feelings or thoughts related to the incident. As verbal and emotional expression as well as communication were very difficult for her, after two months of therapy I decided to introduce the medium of clay. She gladly accepted this suggestion.

At this point I requested permission from Cheryl and her mother to use Cheryl as a participant in my case study research. Both agreed and consent forms were signed by both individuals (see back of thesis). I began to work with Cheryl using the Edward's clay work method on the twenty second of September 2005. In order to maintain the

highest level of professionalism I worked with her under the guidance of both clinical and research supervision.

3.4 Data Analysis:

Thematic analysis was used to follow description from the case notes which included the pieces of clay work made by the participant and the transcribed discussions thereof. The data was analyzed for specific themes. Information was aggregated into large clusters of ideas and details were provided that support the themes. The analysis of themes is also known as the “development of issues” (Creswell, 1998). These themes were then analyzed in an interpretative manner using a Jungian Theoretical Framework.

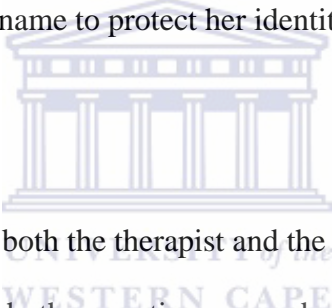
Jung made use of two techniques in his understanding of symbol formation through creative expression, which served as a guide for my own research instrument. The first involves the way of creative formulation which encompasses fantasy, dreams, symbols, art and active imagination. The second was the way of understanding which used intellectual concepts, verbal formulations, conscious awareness and insight. He felt that these two capacities of the mind were bound in a compensatory relationship (Case & Dalley, 1992). All art works were photographed to facilitate a graphic understanding of the case material used (see appendix at back of thesis).

3.5 Ethical concerns:

As the researcher I endeavored to ensure the rights, dignity and welfare of the research participant. All relevant information was made available to the participant before the

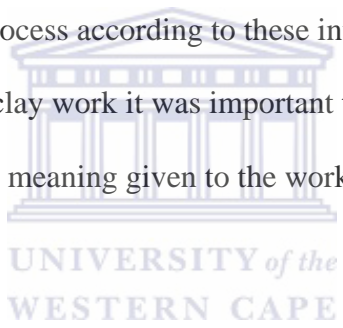
study commenced as this may have influenced her decision to participate in the study. Consent was required from both the participant and the primary caregiver regarding the participant's involvement in the research. Consent forms were signed by the primary caregiver acknowledging her acceptance of the agreement. Consent was also sought to enable the researcher to photograph the clay pieces that the participant creates. The researcher worked under supervision to ensure that an adequate level of professionalism was maintained throughout the therapy sessions. Transparency was practiced at all times. The participant was informed that withdrawal from the study was possible at any time and would not result in any adverse consequences. Confidentiality was ensured as the participant assumed a fictitious name to protect her identity.

3.6 Reflexivity:



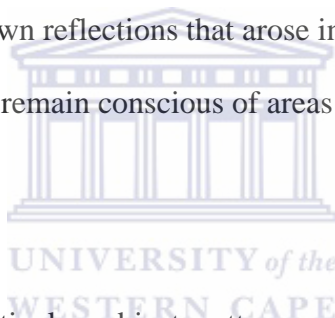
In this research paper I acted as both the therapist and the researcher which needed careful consideration. “The psychotherapeutic process, being an investigative process, is regarded as a research process in itself and of itself and clinical theoretical development has proceeded through reflection upon clinical findings “(Grünbaum in De wit, 2000, p. 68). There are two main objectives in psychotherapeutic process research. One is the study of the process of therapeutic change whilst the other is the study of participants' experiences of therapy. Researchers studying therapeutic change are typically interested in describing, analyzing and understanding what is being changed in the service of the improvement of psychotherapy as an intervention (Rennie & Toukmanian, 1992).

This dual relationship, of being both therapist and researcher introduced some ethical considerations. It was essential that the research was conducted in such a way as to cause minimal disruption of the normal therapist-client relationship. My first and most important obligation lay with offering a therapeutic service to the client. The establishment and maintenance of trust in the therapeutic relationship depended on the focus remaining on the client's needs and not on my own as the researcher. By allowing the participant to guide the process according to her own truth was vital, whether it was congruent or incongruent to my research intentions. Therefore, I needed to be conscious not to steer the therapeutic process which included both the clay making process as well as the post-claywork therapy process according to these interests. In the search for symbolic representation in the clay work it was important to remain open to the participant's understanding and meaning given to the works without trying to impose my own assumptions and beliefs.



Therefore, an understanding of the cultural and socio- economic context from which the participant came and how these factors differed from the researcher's world view needed to be constantly reflected on in order to remain true to the participant's experience. Being an educated, white, upper class woman in her mid thirties set the researcher apart from the participant with regard to race, culture, social class and age. These differences may have served to hamper the research process as a true understanding of the intricacies and subtleties of the participant's 'life world' may have been missed. Similarly, perhaps the participant felt misunderstood or too removed from me as a therapist which may have interfered in the development of trust.

In order to maintain vigilance around these concerns, my own clinical and research supervision was necessary. Due to my relative inexperience in both domains of researcher and therapist, as well as being a complete novice when using a Jungian framework of analysis, supervision became all the more critical. By having a space where I could freely and honestly explore the difficulties I experienced as being a therapist, I was helped to manage issues that were evoked in me through the transference and counter-transference processes with the participant. I therefore saw a therapist once a week, outside of the University domain in order to facilitate this process and made use of the help of a Jungian therapist who guided me in the data analysis of this thesis. I also kept a personal journal of my own reflections that arose in the therapy sessions with the participant. This enabled me to remain conscious of areas that I required more guidance on.

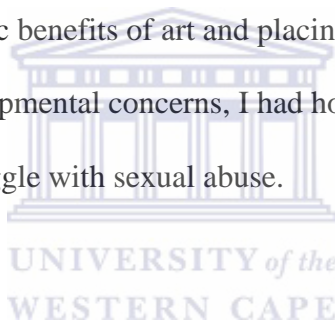


On reflecting as to why this particular subject matter caught my attention and why I chose to write my thesis on it, is due to three main factors. Firstly, I have always had an interest in Jung and his creative use of symbolism in the therapeutic process and thought there to be no better way of learning more about Jungian psychology than to undertake an exploration of my own.

Secondly, being an individual who loves to sculpt, particularly in clay, I have gained first hand experience as to the therapeutic benefits of working in such a medium. I have become aware of how powerful this form of expression can be, in terms of its ability to reveal aspects of oneself which were previously unacknowledged. Having taught art to

children, I have also learned of the magic of this form of non- verbal communication and how easily and willingly children gravitate towards it.

Lastly, and perhaps more importantly, since working as a masters one student with clients on the Cape Flats, I have been struck at how prevalent the sexual abuse of woman and children is and how disempowering the effects of this kind of violation can be on the lives of many of these people. Finding an effective intervention which would aid in alleviating some of the symptoms associated with this kind of trauma, has been a pre-occupation of mine for some time. Therefore by combining my knowledge and understanding of the therapeutic benefits of art and placing it within a framework sensitive to creative and developmental concerns, I had hoped to reach this particular adolescent in her personal struggle with sexual abuse.



3.7 Significance of study:

Much has been written on the therapeutic work of clay with adults who have been sexually abused as children. Examples of these include a phenomenological-hermeneutic case study exploring “Clay sculpture within an Object Relational Therapy” by Masters (2005) and a Jungian perspective which explores “The potential of clay work to facilitate the integration of the self in psychotherapy with an adult survivor of childhood trauma” by Smuts (2004). These works were outlined earlier in the literature review. However a gap exists in terms of studies done with adolescents particularly from a violent background or community who have experienced sexual abuse in early childhood. This thesis therefore may have provided new insight into working with a younger client where

verbal communication was somewhat limited and there was more of a reliance on non-verbal communication expressed through the clay work. Also the participant's developmental stage presented different challenges in terms of her ability of gaining an understanding of internal processes and dynamics resulting more in a focus on external realities.

In the following chapter, *Case Material* the research participant is presented. This chapter includes a short introduction, the participant's biographical details and a discussion of the therapy process preceding the clay sculpture experience. Here two prominent themes namely safety and communication are explored. Following on from that a narrative synopsis of the clay sculpture experience is given. Photographs of the five art pieces can be found in the appendix at the end of the thesis. Each piece was discussed separately and the participant reflected on the experience of working with the clay. Both the researcher and participant engaged in a mutual exploration of meaning of specific themes that arise from the clay work.

4. Chapter Four: Case Material

“You can only be really conscious of things which you have experienced, so individuation must be understood as life. Only life integrates, only life and what we do in life brings out the individual...Real consciousness has to be based upon life experienced, just talking about things is not enough.” C. G. Jung

4.1 Introduction

This chapter entails a description of Cheryl’s case. The first part of the chapter provides a historical context for Cheryl’s case by presenting relevant biographical details. The second part is a brief description of some prominent themes that emerged during Cheryl’s two months of therapy with the researcher prior to the clay sculpture experience. Lastly a narrative synopsis of the clay sculpture experience is presented and previous therapeutic themes will then be linked to the art pieces.

4.2 Biographical details

As mentioned previously in chapter 3, Cheryl was a grade 8 scholar, at the time of the research, at a high school on the Cape Flats. She was sixteen years old and lived with her mother, father and younger brother in a suburb on the Cape Flats. Her older sister worked as a security guard and lived on her own in a flat.

Cheryl’s mother, Mrs. M, brought Cheryl to the Delft Community Centre where I was working as a student psychologist in my first year of masters, because she said she was afraid that her daughter might try to commit suicide. Mrs. M explained that her older

daughter, Michelle had suffered from Bi Polar Mood Disorder for the last 10 years and had tried to take her own life on three different occasions. Michelle had been in and out of Psychiatric Hospitals since adolescence. Mrs. M was intent on keeping her younger daughter from the same experience and expressed her wish for the psychiatrist to medicate her daughter so that “things could get back to normal”.

On Assessment, Cheryl presented with symptoms of insomnia, fatigue, irritability, poor concentration, sadness and tearfulness, wanting to be alone much of the time, suicidal ideation, excessive eating and purging. She had been experiencing these symptoms for the past 2 years. She was a shy, neatly dressed, young girl who had a pleasant face and always wore a school tracksuit with her hair scraped back off her face in a pony tail. Cheryl cried in the initial interview but in the sessions which followed her emotional display was fairly restricted. She did however frequently report feeling sad and withdrawn. She sat quietly in her chair, with her hands in her lap and was compliant and polite. However it was always difficult to engage her in conversation and spontaneous communication was limited to one word answers.

Her intelligence was reported to be above average and her mother described her as always being a diligent and hard working pupil. However her school work had been deteriorating lately and she was frequently tired and struggled to concentrate in class. No perceptual or thought abnormalities were noted and her ability for insight and judgment were good. Suicidal ideation was present much of the time however there was never any clear plan or strong intent. Cheryl admitted that lately she had begun to eat excessively

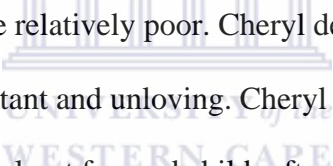
binging on food even when she wasn't hungry. This was then always followed by purging and often occurred at times when she felt most depressed. Her mother was aware of this.

Cheryl's personal history began with an induced birth and she was born prematurely after her mother's kidney started to "pack up". Mrs. M. describes her daughter's birth as difficult and admitted to feeling detached from her baby. Cheryl was a colic child and cried frequently, which Mrs. M found difficult to tolerate. Cheryl's older sister was thirteen at the time of her birth and had become disruptive at home and at school. As therapy progressed, Cheryl disclosed that she had been sexually abused at the age of three by her older cousins who had been fourteen and sixteen at the time. Although the family had been aware of the incident no case had been made. Cheryl also told me that both her mother and sister had been raped during their adolescence by different extended family members. Again no justice had been sought with either of the incidences.

At the age of six, Cheryl's large intestine was operated on, as it had ruptured. Half of it was removed. Her younger brother was born round about this time and Cheryl can remember her father looking after her much of the time as her mother was preoccupied with her new baby. At the age of nine she began menarche and was very frightened by it. She reports also having felt quite embarrassed and repulsed by it. She experiences two weeks of discomfort around this time every month. At thirteen she had a scan and scope of the large intestine and had woken up in the middle of it, which had scared her terribly. At the age of fourteen, two of her best friends betrayed her trust after she confided in

them and she was left feeling very alone and betrayed. This was the first time she fantasized about suicide and planned to take an overdose of sleeping pills, but never did. Just prior to coming in for therapy two important people in Cheryl's life died, her best friend's mother, whom she regarded as her own mother and another good friend her own age.

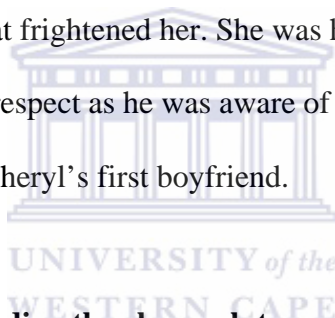
According to collateral from the family doctor, Cheryl's family had a history of depression. Cheryl's mother and her maternal grandfather had been previously diagnosed with Major Depressive Disorder and both Cheryl's mother and older sister were currently on medication for their various mood disorders.



Relationships in the family were relatively poor. Cheryl described her mother as "hard" and introverted, emotionally distant and unloving. Cheryl felt resentful toward her as she was always made to feel like the least favored child, often feeling left out. She found it difficult to speak to her mother about things that mattered to her. Cheryl's relationship with her father was more satisfactory as she described herself as "daddy's girl", however he was seldom at home. Cheryl and her younger brother used to be close but their relationship had suffered lately and they had just reverted to ignoring each other. Cheryl described her relationship with her older sister as "stormy" as Michelle was often moody, irritable and aggressive. They used to "hate" each other as youngsters when sharing a room but since her sister had moved out of home, they had managed to tolerate each other. The marital relationship between mother and father was described as strong.

Conflict in the home was dealt with by using foul language, screaming at each other and slamming doors.

Cheryl had one best friend at her school. They were very close and spent a lot of time together. During the course of therapy, Cheryl however reported that she was now “fed up” with her friend and didn’t want to see her anymore, as she was becoming jealous of Cheryl and her new boyfriend who had started to spend all their time together. Cheryl’s boyfriend of 6 months was described as gentle, loving, understanding and supportive. She denied any previous sexual relationship with him, saying she wasn’t ready for that yet and it was in fact something that frightened her. She was happy that her boyfriend didn’t put any pressure on her in this respect as he was aware of her past sexual abuse and was sensitive to the issue. He was Cheryl’s first boyfriend.



4.3 The therapy process preceding the clay sculpture experience

Two themes gained prominence during the two month therapy process preceding the research and seem to have bearing on the clay sculpture. These will now be discussed.

4.3.1 Safety:

This theme was prominent from the beginning of the therapy process and seemed to hold great importance for Cheryl. It emerged that she often felt unsafe within many areas of her life including her neighborhood, her home and school as well as trusting herself.

Her neighborhood frightened her as there was often gang violence occurring in the streets during the day and night. Sometimes it was peaceful but then suddenly the peace would

be broken by shootouts knifings or hijackings. Often innocent bystanders would become victims of gang warfare. Apart from gang activity Cheryl was also very aware of violence against women and children and her mother frequently urged her to be careful walking to and from the shops and school. As a result Cheryl preferred to stay at home.

Cheryl however also described her home as an environment in which she never quite felt completely at ease. It was only when she had locked herself in her bedroom and was laying under her duvet in her bed that she felt safe. As a result she spent much of her time at home doing this. Her relationship with her mother was difficult as she was often made to feel second best. She stated that she felt alone and unprotected. Although the relationship between her father and her was more satisfactory he was seldom at home and she experienced a lack of adequate care. Often the environment at home was also unpredictable as her family was “moody” and there were frequent arguments.

School was another place that Cheryl felt unsafe. She described the other children as rude and disrespectful to both teachers and other scholars. Drugs were often sold at school and smoked in the bathrooms and sexual activity sometimes also occurred round hidden corners. On occasion gangs would come into the school and cause trouble with certain scholars. Although steps had been taken to secure the school perimeter and implement more discipline amongst the scholars Cheryl believed “they (the staff) were fighting a losing battle”. Cheryl and her friends felt safest spending their breaks sitting on the patch of grass outside the principal’s office.

Feeling unable to trust herself concerned Cheryl greatly and was another area of “unsafety” for her. Suicidal fantasies involving taking an overdose of sleeping pills plagued her and although there was never any clear plan or strong intent the mere fact that she thought about it scared her. She wondered whether she could trust herself not to do it when things became really difficult. Her recent excessive eating binges and purging ritual also felt out of her control and she at times reported feeling “at war with myself”.

4.3.2 Communication:

This theme was also prominent in the months preceding the research process. Cheryl often spoke about how misunderstood she felt by her mother as their communication was poor. In fact she believed that her ability to communicate with anyone effectively was limited and this left her feeling despondent. She said that there was so much going on in her head and heart but felt unable to verbalize it appropriately which left her frustrated and as a result she withdrew. Her boyfriend was the only person she believed understood her and with whom she could communicate well.

As mentioned previously verbal communication between Cheryl and the therapist/ researcher was initially also minimal. However as time went on this became easier for her although she often still struggled to express difficult emotions.

4.4 Narrative synopsis of the clay sculpture experience

4.4.1 Introduction:

Five clay sculptural pieces were made during Cheryl's research/ therapy sessions over a period of 3 months. Each piece was made from a five kilogram block of clay. On all five occasions Cheryl chose not to use all of the clay but rather broke off a small piece/s which she then molded. As a result, all of the pieces were small and not more than 150 mm long, 100 mm wide and 90 mm high. Cheryl was given a piece of hardboard to work on and instructions encouraged playful and free molding of the clay without a specific planned end result. Cheryl finished all five pieces within each fifty minute session sometimes only using ten or fifteen minutes of the time. Each piece was then described and explored together with the therapist/ researcher. The synopsis of her clay sculpture experience is presented in the order in which they were created.

Photographs of the sculptures are presented in the appendix at the end of the thesis in order of their creation.

Appendix A: My bed

Appendix B: Telephone

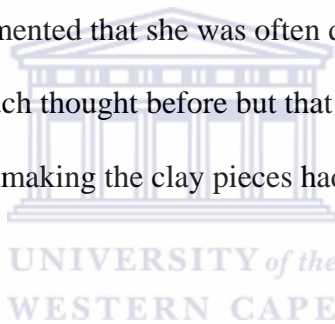
Appendix C: My boyfriend and I

Appendix D: School

Appendix E: Pills

4.4.2 Reflecting on the experience of working with the clay:

As previously mentioned Cheryl was very eager to begin working with the clay although she said that “she wasn’t very creative” and felt intimidated by thinking she had to produce an ‘art piece’. The researcher reassured her that this wasn’t an art lesson and that the focus wasn’t on producing beautiful art but rather on being free to create an image. It was also explained that the process was more important than the end product. She was instructed to “let her hands do the talking” and to try not to allow preconceived ideas influence what she made. The first two pieces were made fairly hesitantly however by the third piece Cheryl eagerly began without needing much encouragement. On reflecting on the experience, Cheryl commented that she was often quite surprised at what she made, as she hadn’t given it much thought before but that it had always given her “food for thought”. She also said that making the clay pieces had allowed her to communicate with me more easily.

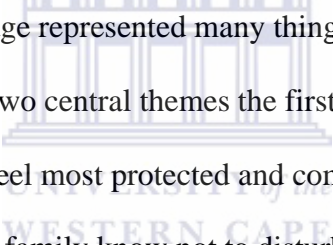


4.4.2.1 Piece A: My bed

When Cheryl first held the five kilogram block of clay in her hands she felt that it was too big and broke it in half. She put the hardboard with the clay on it onto her lap and tentatively rolled up her sleeves. She then sat for some time staring at it in silence. After a while she looked up and said “I don’t know what to make!” I again reassured her that she could take her time and needn’t feel pressurized to make anything in particular. After a while she began to work with the board still on her lap so that it was hidden from my view by the table top. She worked carefully and when finished slid the board with her image onto the table between us and announced proudly “this is my bed”.

4.4.2.1.1 A mutual exploration of meaning and specific themes arising from the clay work:

When asked what meaning the image held for Cheryl she smiled and said “this is a happy space. I love my bed and spend most of my time here. I can escape under the duvet and hide from the rest of the world. It’s my own space my private space”. This first description surprised me as Cheryl had never before spoken so freely and spontaneously. I reflected this back to her and she agreed that she found it easier to talk about something “real” and visible in front of her. We then went on to explore other possible meanings for the image.



It became apparent that this image represented many things to Cheryl however all interpretations focused around two central themes the first being that of safety and the second aloneness. She said “I feel most protected and comforted when lying in my bed. I close my bedroom door and my family know not to disturb me. It’s like I disappear like a tortoise into its shell. I often sleep for hours or just lay on my bed and listen to music”. She described her bedroom to me saying that she had been allowed to decorate it however she pleased. She had painted the walls a deep blue and had heavy thick dark blue curtains by the windows to block out any light. Here she felt utterly alone and it pleased her as everything and everybody else irritated her and made her sad. Although the sadness didn’t leave her when she was alone in her bed she believed it was more manageable then.

4.4.2.2 Piece B: Telephone

On the day Cheryl created her second clay piece she arrived in a depressed mood. She was visibly withdrawn and sullen faced. I was met with one word answers and judging by the tone of her voice she was angry too. When I reflected this back to her she admitted that her father had irritated her and she now felt sad. I suggested we begin the clay session and she agreed. Pulling the board onto her lap out of my sight she again sat with it there for some time not moving. She then started working and within a few minutes placed the board on the table without saying a word.

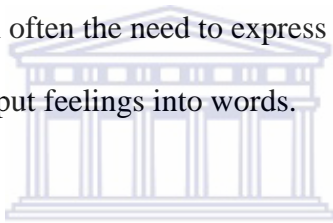
4.4.2.2.1 A mutual exploration of meaning and specific themes arising from the clay work:

The clay had been moulded into the shape of a telephone which I commented on. She nodded but didn't offer any explanation. I wondered aloud what meaning this image may hold for her and allowed her some space to speak. She was quiet for a while but then started talking.

Just before coming in to the therapy session she had called her father on the telephone to ask where he was as he had said he'd be at home that afternoon. Cheryl had found his absence unsettling. "I always like to know where my dad is, what he's doing and when he'll be home. I'm very close to him". However her father had been rude and abrupt to Cheryl on the phone saying that "she shouldn't worry so much". This had hurt her. Cheryl explained that her father was the one person in her house hold whom she felt she had any kind of bond with. Communication was something that Cheryl found difficult

generally so she really valued the connection she had with her dad and now she felt pushed away and this saddened her.

The topic of communication which had always been part of the therapy then became the theme of our session and seemed to run a thread throughout the sessions which followed. Communication patterns in the family were discussed as well as communication in Cheryl's community, between her boyfriend and herself and between friends and teachers at school. Difficulties in communication were also explored and the emotions that this struggle evoked. Cheryl's developmental stage was also discussed in terms of adolescence being a stage when often the need to express oneself is counter balanced by the inability or inexperience to put feelings into words.



4.4.2.3 Piece C: My boyfriend and I.

One the afternoon of our third clay making session, Cheryl arrived happy, smiling as she sat down. When asked how she was, she replied that she had been sleeping well for the past two nights and felt relieved. The sleeping tablets she took for insomnia often had little effect leaving her tired and irritable. She began the art making process without much hesitation and spent most of the session busily working with the board once again on her lap.

4.4.2.3.1 A mutual exploration of meaning and specific themes arising from the clay work:

Cheryl was eager to discuss the work and explained that this piece was of her boyfriend and herself sitting on her bed talking. She said that these moments spent alone together with her boyfriend were her happiest. “He is a very supportive and caring guy. He’s easy to talk to and amazingly understands who I am and how I’m feeling on any given day”. They had been seeing each other for the past six months. He was two years older than she and lived in the neighborhood. They would walk to each others houses everyday after school and spend a few hours together just talking.

In this session both previous themes of safety and communication became apparent and I reflected this back to Cheryl. She seemed to be surprised at this and wondered why these themes would be so prominent. We spent the next few sessions talking around these themes.

Circumstances in Cheryl’s life where she had felt and still feels unsafe were explored. Past experiences of sexual abuse and the fact that no action had been taken against the perpetrators, aroused feelings of anger, as she was left feeling vulnerable and unprotected by her family. A frightening large intestine operation at the age of six and then another scan and scope at 13 were also remembered with fear and the sense that yet again her body had been violated and was experienced as an unsafe space. The onset of puberty brought with it new bodily sensations and physical changes that left her feeling unsure of herself. Day to day realities of living in a violent culture were an ever present source of

anxiety and insecurity for Cheryl. The death of two important people in Cheryl's life also brought the reality of mortality closer into her 'life world' and this raised existential concerns. Internal and external experiences of "unsafety" were explored and discussion centered around how these often reflected and mirrored each other.

The theme of communication was also explored in relation to her past sexual abuse at the age of three. Not having the means or the ability to express herself, Cheryl would have had to rely on her family to aid in the processing of the event. However the incident was hushed and "swept under the carpet". Discussion was discouraged and any attempt at communicating any expression of emotion regarding the incident was disciplined. As a result no strong bond or alliance between her family members was fostered, and the belief that nobody understood or cared, grew. Developing the skill of effective communication was therefore hindered from the outset, as no appropriate role modeling or encouragement was offered. Cheryl found it very difficult not only to relate to her family but also to open up and share personal experiences with others and would therefore prefer to withdraw "like a tortoise into it's shell".

These discussions often aroused feelings of sadness. After some time Cheryl began to express anger toward her parents particularly her mother whom she believed should have been her key ally but instead chose to "not hear". Much time was spent on containment, offering support and normalizing overwhelming feelings of anger, sadness and helplessness.

4.4.2.4 Piece D: School.

On this particular clay making session, Cheryl arrived with her mother who asked if she could have a word with me. Both sat down and Cheryl's mom began to talk, appearing quite anxious. She said that she was concerned about her daughter as she hadn't been sleeping for the past few nights and had become more oppositional at home often "back chatting" becoming easily irritable, slamming doors and spending more time in her bedroom than usual. She was afraid that Cheryl may become suicidal and again requested that she be referred to the psychiatrist for medication. She also said that she had tried to speak to her daughter but had "gotten nowhere". She wondered whether therapy was actually helping or whether it was in fact "just making the situation worse".

I thanked Mrs. M for coming in and asked Cheryl if she wanted to comment on what her mom had said. She just shrugged her shoulders, looking despondent. I explained that often during the course of therapy symptoms may appear to become worse and that this was a normal and expected occurrence. I also explained that current work in therapy was evoking feelings of anger in Cheryl and that the expression of it was a necessary process in her healing. Mrs. M. seemed unconvinced and again asked for medication. I reminded her of the reasons as to why we thought medication would not be appropriate at this time apart from mild sleeping pills to help Cheryl sleep. I assured Mrs. M that Cheryl would be assessed for suicidal ideation and that the necessary action would be taken if needed. After some time and a few more questions, Mrs. M. reluctantly left Cheryl and I to continue with the session.

After doing a Mental Status Examination it was clear that Cheryl wasn't actively suicidal although she had been fantasizing about it more often. We spoke about possible reasons for this and she admitted that she had been finding it very difficult to be at home as she felt very irritable and angry. She said that "I've been picking fights with my brother but that just gets me into trouble with my parents". She confessed to eating excessively and purging more frequently which always lead to feelings of worthlessness and the contemplation about ending her life. She said she would then "go into my bedroom, slam the door, turn on the music really loud and crawl under my duvet, which always makes me feel better".

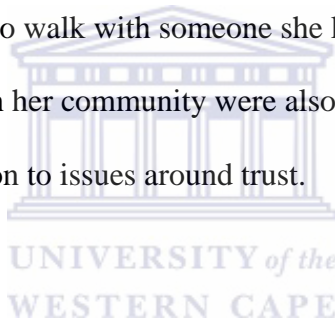
4.4.2.4.1 A mutual exploration of meaning and specific themes arising from the clay work:

Cheryl then made three simple elongated structures which she called "my school". She named each structure as the classrooms, the bathrooms and the hall. I wondered what meaning this image held for her and it became apparent that this area of her life also represented change and uncertainty. Apart from experiencing school as an unsafe space in terms of scholar's disruptive behavior, promiscuity, drug taking and gang violence, Cheryl commented that she "hated class and found school very boring".

Cheryl had always, in the past been a top student and had enjoyed her lessons. She had felt motivated and had always worked hard. However now she experienced school as "meaningless" and found it difficult to concentrate. She would often not want to go to school at all. I wondered aloud whether changes in the curriculum with the ushering in of

the Outcomes Based Education System had had any influence on Cheryl's negative experience of school. Perhaps new demands and expectations had been placed on the scholars which they found difficult to adapt to. Also I was aware of the difficulties teachers experienced in coming to grips with a new mode of teaching which possibly left everyone feeling frustrated. Cheryl seemed unaware of these dynamics and believed "it is the rude children and brain dead teachers that make school so unbearable".

Cheryl was involved in no after school activities and so would either walk home or go to her boyfriend's house straight after school. This walk to and from school always made her nervous and she would try to walk with someone she knew. Other worries surrounding the violence within her community were also discussed and the possible impact this had on her in relation to issues around trust.



4.4.2.5 Piece E: Pills.

In the last clay session we had together, Cheryl worked with the clay on top of the table in front of her. This was the first time she hadn't hidden it from my view and I wondered whether she was becoming more confident and trusting in "my maternal gaze" as well as in her clay making abilities. She made a small vertically upright column with many smaller, rounded shapes scattered amongst them. She described her images as "a pill box with pills".

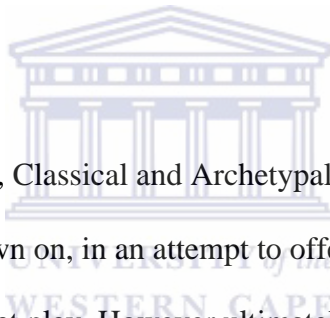
4.4.2.5.1 A mutual exploration of meaning and specific themes arising from the clay work:

Cheryl said that she hadn't known what to make and that this was the first image that had come to mind as it is happening all around her. She said "that apart from tic, taking pills is the next trendiest thing to do. People are taking pills for all sorts of reasons but mostly to get high or to die".

Cheryl described how lately she had heard many stories of young people who had tried to kill themselves by taking an overdose of pills and it frightened her. It also reminded her of her own vulnerability and suicidal ideation which centered around pill taking. This opened up discussion and again the theme of feeling unsafe was broached. However this time the fear originated from an internal source as Cheryl sometimes felt unable to trust herself to do the right and safe thing. Current suicidal ideation was again explored, however I was reassured that her exploration of the topic was more to do with curiosity and intrigue than intent.

Unfortunately soon after this clay session, Mrs. M informed me that Cheryl would no longer be coming in for our weekly therapy sessions. She gave reasons of financial difficulties and "after school commitments". I was never able to terminate with Cheryl in the appropriate manner, but managed to speak with her on the telephone. She gave reasons similar to that of her mother but wasn't able to express any of her own thoughts or feelings regarding the matter. I encouraged Cheryl to make further use of the psychological services at the centre if she ever felt she needed to.

In the following chapter, *Data Analysis*, the case material will be explored using a Jungian framework. Specific themes that emerged from the clay work, which have been discussed in chapter 4, and how they relate to the presenting problem, will then be weaved into a broader conceptualization. Jungian concepts will be used as themes in order to guide the exploration. These concepts/ themes include: an introduction, the regression- progression dichotomy, elaborate eating and purging as a revival of the early infant- mother relationship, a parent's impingement on the unconscious of the adolescent, ideation and idealism, life and death imagery, friendship and betrayal, concealment- the self protective shell, the adolescent persona, the shadow and lastly the self regulating system.



The Developmental, Analytical, Classical and Archetypal schools of thought within the Jungian framework will be drawn on, in an attempt to offer a broader and more diverse understanding of the dynamics at play. However ultimately, an imaginative, non pathologizing approach to the transformational nature of adolescence which at the same time has direct and relevant implications for practice, will serve as the major source of influence on the analysis.

5. Chapter Five: Data Analysis.

“We can only comprehend at the level where we are now conscious”

(Woodman, 1992)

Introduction.

“...with the upsurge of sexuality the young person has to undergo a major deintegration in order to be able to integrate all the major changes which are occurring in his body and in his or her new experiences of life. This deintegration will reactivate those archetypal motifs in the unconscious related to the difficult task of acquiring sexual and intellectual capacities compounded with the urge to live these out- moving away from home and severing childhood ties to the parents. It is a stage of renegotiating one’s lifestyle and identity, and brings about conflicts and powerful emotional and anxiety states. Unconscious fantasies and primitive collective archetypal motifs become activated, and a regression- progression dichotomy sets in, usually acted out in relation to parents, teachers and society” (Sidoli 1989,p. 163)

One of the inevitable struggles in adolescence is between a regressive pull back to what is known, familiar and safe and a forward movement out into the world. Caught between the pulls of dependency and responsibility the adolescent bears the tension of the opposites in a dramatic way. For Jung, synthesizing the dialectics of the opposites, as well as his notion of human nature and the psyche as a self regulating system, gives rise to a teleological approach also referred to as the prospective function. An examination of

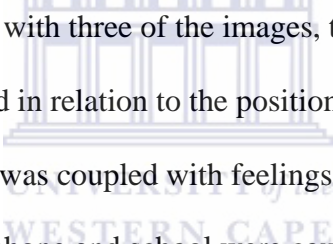
early history only reveals one side of the conflict, whereas the teleological view completes the picture, granting a perspective on the forward progression of energy. Therefore the conceptualization of Cheryl's clinical picture looked back, to include prospective consideration, where thought was given to the goals toward which her behaviors pointed. Symptoms were read prospectively with an eye toward how they were subtly leading her in one direction rather than in another (Frankel, 1998).

The regression- progression dichotomy.

The two central themes that emerged in the clay work and the discussion thereof, namely that of safety and communication, related to the progressive- regressive dichotomy. Safety was related to concepts of regression and dependence whereas communication was associated with concepts of progression and independence. These concepts represented polarities of each other, and served as the participant's major source of conflict and struggle. The actual clay pieces that were made by the participant seemed to embody these polarities. The bed and pill box could both be regarded as symbols of regression, a pull back to safety and the lure of death where the 'Great Mother awaits beneath consciousness'. The representations of the telephone, the boyfriend on her bed and school in contrast, could be regarded as progressive symbolism: a push out into the world towards independence and growth.

On examining the order in which the clay pieces were made, it is interesting to note Cheryl's rhythm of backward and forward movement in the regression- progression dichotomy. She initially began in the regressive position with the image of the bed, but

then seemed to take two steps forward with the creation of the telephone and the boyfriend on her bed. The latter image was significant as it can be understood as the holding of both polarities simultaneously. The bed, symbolizing dependence, safety and regression also seems to represent independence, growth and progression with the presence of a love object outside of the family circle. It is also worth noting that this clay piece signified the midline, as it was the third out of five to be made. After her mother's interjection in the therapy process Cheryl continued to present with progressive imagery, with the depiction of her school but then fell back into regression with representation of the pills and pill box.



It is also interesting to note that with three of the images, there seemed to be a contradictory emotion expressed in relation to the position it holds. By that I mean that the regressive image of the bed was coupled with feelings of happiness whereas the progressive imagery of the telephone and school were coupled with feelings of sadness. Could this possibly signify the fear and uncertainty of change that is so prevalent at this particular developmental stage or was there something more fundamentally conflictual occurring in Cheryl's struggle with these polarities?

When considering the presenting problem and history of presenting problem it became apparent that here too we find evidence of the regression- progression dichotomy.

Cheryl's suicidal ideation as well as her mute behavior, academic decline and excessive eating and purging may have represented regressive tendencies. In contrast however, Cheryl's consistent school attendance, visits to the shops, active seeking out of

communication with both her father and boyfriend and her initial motivation for therapy were all indicative of progressive and independent tendencies. Cheryl's painting of her room in dark colors could have represented both poles as the darkness evokes imagery of the Great mother and the unconscious and a pull into regression. However the need to assert her own independence, individuality and movement away from "the little pastel girl" shows signs of progression.

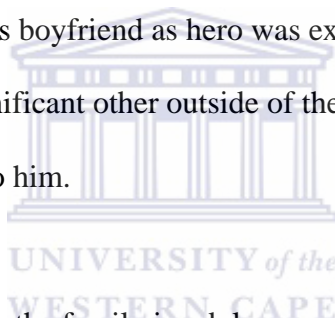
"Jung's model of the regression and the progression of the libido (psychic energy or life energy) is a way of characterizing stasis and movement in adolescence. For Jung regression of the libido occurs when a change in the environment has created the need for a new way of interacting with the world where one's habitual attitude can no longer satisfy the demands of adaptation" (Frankel, 1998). In this case, Cheryl's childish patterns of relating were no longer valid, something else was needed. As her psychic energy changed direction, searching for a new channel in which to flow, adaptation to the demands of everyday life were compromised. The regression of the libido activated unconscious contents in the form of symbols and images which hinted at new directions for forward movement

For Jung, this kind of regression has an incestuous quality to it, in that it can be understood as a call back to the past, to an earlier state of protection, dependence and passivity. This is understood by both the Psychoanalytical School and the Developmental Analytical School as a recapitulation of what actually occurred in the individual's oedipal or pre- oedipal stage of infant life (Frankel, 1998).

According to Fordham (1969), the oedipal conflict is crucial in the formation of identity. By identification the child's sexual affects are organized into patterns of behavior and accompanying fantasies, which accord with her body image and her physical inheritance. Furthermore these patterns are allied through the parents with the collective matrix, conscious and unconscious, in which the family lives. In this process earlier identifications with the opposite sex remain but they are built into the child's inner world. The oedipal conflict strongly reinforces the establishment of anima and animus figures which lie ready to be projected in the love relationships of adolescence.

When studying Cheryl's oedipal and pre-oedipal stage of infant life, from birth up until the age of three, the poor mother- infant relationship as well as the incident of sexual abuse held particular significance. Marion Woodman (1980) believes that if the early primal relationship is negative the frightened ego, to which the instinct of self preservation has prematurely given rise, substitutes aggression and defense mechanisms for the security that the negative mother was unable to give. The daughter is therefore, from the beginning hampered in making emotional adjustments and fails to take the natural steps toward feminine maturity. Only if the girl has been allowed to live her own life as a child, and has learned to value herself and her feelings, will she be able to cope with reality in a creative way. A need for individuation becomes paramount because the angry bonding with the personal mother leads to unconscious bonding with the negative mother archetype.

Therefore, when there is a disturbance in the mother- infant bond, a negative mother imago is formed in the child's inner world. At adolescence, this early trauma is re-awakened and the hero appears on the scene to protect the adolescent from his "larger than life enemies" (Sidoli & Bovenstiepen in Frankel 1998, p.41). Cheryl's hero can be conceptualized as both herself and as her boyfriend. The adolescent as hero tries to separate from the regressive pull of mother and the overcoming of parental imagoes in an attempt to form a separate identity. Heroic deeds are seen as a manic defense against severe split off infantile depression derived from faulty mother- infant attachment. The heroic stance defends against the helplessness, impotence and dependency of this earlier period. (Frankel, 1998) Cheryl's boyfriend as hero was experienced as the embodiment of freedom, the love object or significant other outside of the family sphere and Cheryl projected her heroic stance onto him.

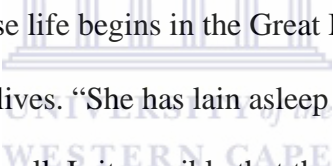


The striving for separation from the family in adolescence presupposes an emotional and affective revival of the infant's early relationship to mother, especially to the body of mother. Due to adolescence being seen as a phase of the individuation process it offers a second chance for integration of those infantile parts that could not be integrated during early development. Infantile conflicts are reactivated and a second chance is given for personality reorganization.

Elaborate eating and purging as a revival of the early infant- mother relationship.

The act of eating and purging is within itself a struggle between two polarities. Eating, to feed, nourish and grow the body is in opposition to purging and the rejection of life and

serves as the fulfillment of an unconscious death wish. However elaborate eating and purging both suggest a regressive tendency bound in the mother. Symbolically, elaborate eating feeds the mother but may have also served to protect Cheryl from her feelings of rage toward the mother and self. Purging and the loss of body weight symbolizes the loss of mother and may release genuine feelings of grief and anxiety. “The striving for control is a fear of dependency- an infantile stark terror that the beloved object of that dependency cannot be depended upon for love or even life itself” (Woodman, 1982). Therefore here we see the revival of the pre-oedipal- oedipal relationship between mother and child in the manifestation of an eating difficulty in an effort to individuate. This can be understood as a state of stasis which has the potential of becoming pathological.



Jung (1954) realized that because life begins in the Great Mother the relationship to her is the defining relationship in our lives. “She has lain asleep for centuries in our bodies and in the very earth on which we dwell. Is it possible that the food addictions so rampant in our culture are related to the absence of primal bonding? Are they running away from the fact that they were never loved and cannot love themselves? Only when we raise an activity from an unconscious instinct into a conscious action can we bring Light to Mater. That is our individual way of redeeming the Great Mother” (p. 46).

The tyrannizing power of the food complex becomes the focus for depression, for repressed anger, for anxiety and for repressed sexuality. “It becomes a means of attempting to control one’s fate, of expressing defiance of another’s control, defiance of the law and social customs, or even defying nature and God” (Woodman, 1980).

Without the positive mother base, compulsive eating creates a concrete base, with which the ego, in many cases, is identified. If the infant is basically threatened from the beginning, it sets up a pseudo- ego which may appear very strong but is essentially a defense mechanism which reacts complacently or aggressively in an effort to survive. The real ego is not acting out of its own creative center and therefore has to pretend to be strong, but its strength is within its rigidity and its concrete body base (Woodman, 1982).

Due to the intergenerational transmission of trauma, Cheryl carried deep incest wounding from her mother, who found herself in a similar situation, because of her own heritage of sexual abuse and poor significant relationships. Being out of touch with her own body, Mrs. M wouldn't have been able to give Cheryl the strong bonding to the earth and a sense of harmony with the self and the universe which is fundamental to her later sense of totality. Both may have shared a negative mother complex, and both as a result were terrified of the "instinctive unconscious inner man (and woman)...cut off from life" (Woodman, 1980). Cheryl was shaped by this and feeds off it as a result living with a strong unconscious death wish.

In situations where an unconscious death wish is at work, the child will unconsciously give of its life to try and fill the need in the parent. So long as the daughter is ill the mother is devoted to caring for her; if the daughter becomes well the mother becomes ill. Where the primal relationship is disturbed, the child blames itself, and being unloved becomes synonymous with being abnormal, guilty and alone. The death complex therefore leads to conscious and unconscious rage against the self (Woodman, 1980).

Helpless rage is rarely expressed in individuals with eating disorders and was apparent in Cheryl's predominant display of sadness rather than anger. For the most part she was a self effacing, compliant girl whose chief goal in life was to please her father. Mrs. M disciplined Cheryl's spontaneous outbursts of anger, joy and tears and she unconsciously turned her aggression against herself (Woodman, 1980).

Through the use of a containing, safe space, Cheryl for the first time was able to tentatively explore her relationship with her mother and the difficult, denied feelings that accompanied the dynamic. Her creations in clay uncovered deep seated issues of safety related to feelings of being unprotected and uncared for when still a little girl. With the surfacing of unconscious material, new emotions and their expression such as anger toward others were experienced. However due to the participants ambivalent relationship with her mother, her rape at age three and living in a violent environment, an inadequate container was established leading to difficulties with moving into consciousness as she felt that the self would be threatened and potentially overwhelmed. Therefore her primary skin was experienced as "not safe" and she felt the need to form a second skin. This is evident in her statement "I disappear like a tortoise into its shell".

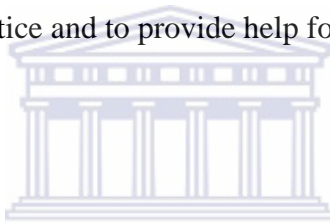
A parent's impingement on the unconscious of the adolescent

Though not excluding analysis of children, Jung restricted the scope of their psychopathology and laid far greater emphasis on the influence of parents, believing that mental illness is the result of a child's introjecting or identifying with the less desirable unconscious processes in her parents. Although this thought was rejected by many as it

denied individuality to children, the importance of parent pathology in interfering with, perverting or obstructing ongoing maturational processes in their children has gained increasing and more balanced recognition. (Fordham, 1969)

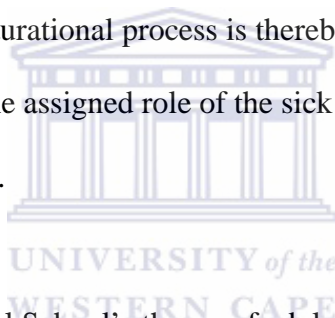
Unconscious identity is involved with power: one person is expecting another to live out her expectations. The child picks up the unconsciousness of the parent and carries that weight with her (Woodman, 1982). A child's distress therefore is often closely related to her parent's anxieties, and indeed the cause of them can often be more in them than in herself. One needs to discover what in the parent's attitude is obstructing maturation and if possible to draw it to their notice and to provide help for them as well as the child.

(Fordham, 1969)



Zinner and Shapiro's (1972) work with families of adolescent children, focuses on projective identification and offers a means of conceptualizing the impingement of the parents on the unconscious of the adolescent. According to this model, parents disavow parts of themselves which are difficult to accept, such as anger, rage or sexuality and project them onto the adolescent and then identify the child as the embodiment of that trait/s. Often a child will collude with a parent by taking on an assigned role as she knows it will keep the peace and calm the parent, therefore offering a chance for the relationship to survive. Much of the work done with families around these defenses would deal with helping the parents to withdraw their projections so that they can see their child in a less obscured light.

It can therefore be hypothesized that Cheryl may have introjected or identified with the less desirable unconscious processes in her parents, particularly that of her mother. Mrs. M's unresolved and disavowed feelings of anger, rage and alleged suicidal fantasies due to her own, buried, past sexual abuse and history of depressed mood may have been projected onto Cheryl, whereby she was then identified as the embodiment of those difficulties. The need to medicate the problem may be partly a response to a real danger, but may also be understood as mother's need to keep painful memories buried due to the fear of their debilitating power. The termination of the therapy process by Mrs. M also signals her inability to tolerate the expression of painful feelings that she sees in Cheryl's behavior at home. Cheryl's maturational process is thereby obstructed as she colluded with her mother by taking on the assigned role of the sick daughter, fearing the loss of mother if she is to become well.

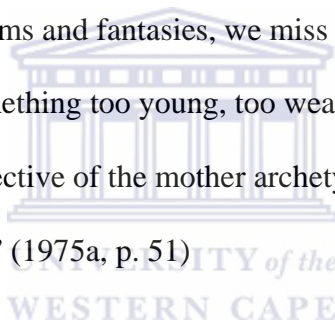


In critique of the Developmental School's theory of adolescence and their insistence that adolescence is ultimately distinguishable by the revival of pre-oedipal states of being, our perception of what is happening at this time is limited and tied to the mother archetype. This then leads Frankel (1998) to ask the question as to what else might be going on?

Frankel (1998) therefore proposes that the process of individuation occurs more so in adolescence. This viewpoint differs from the Classical School's conception of individuation "where the focus of analysis is on the self's manifestation through interior psychic phenomena rather than the outward events of a person's life, such as interpersonal relationships, or the interactions that occur in psychotherapy". Frankel's

thinking here assumes an ontological unity between self and world, in line with the Archetypal School, and works with a vision of psychic reality as world- related, stressing how worldly encounters significantly affect the adolescent psyche in addition to the images, dreams and fantasies that originate around this time.

Hillman (1990) takes this thought further by distinguishing between the puer and the hero by noting that the hero is always trapped in mother's psychology, whether in giving in to her or rebelling against her. He states "these puer events pertain to the phenomenology of spirit. By not grasping this fact as it appears in young men and women today, and in the puer eternus figures in our dreams and fantasies, we miss the epiphanies of the spirit archetype, judging them as something too young, too weak, sick or wounded, or not yet grown up. Thus does the perspective of the mother archetype prevent the possibilities of spirit as it emerges in our lives" (1975a, p. 51)



Mother as victor therefore, keeps the hero bound to her in a compensatory way. The notion of youth as puer is believed to be not so much in tension with mother as with its opposite, old age. Old age is personified as the senex- the ordering principle of consciousness that draws limits and sets up barriers around the puer, bringing it in contact with a fathering principle, equally relevant for both female and male adolescents. Those that are in responsible positions with adolescence, like fathers, teachers, therapists and elders in the community are then able to form a more integral part of the dynamics at play. (Frankel, 1998)

“...families are complex social systems- that is, networks of reciprocal relationships and alliances that are constantly evolving and are greatly affected by the larger social contexts in which they are embedded” (Shaffer, 1993, p. 583). This is thought to be an advance on the more simplistic focus of the mother- child relationship, which identified mother’s as being the source of emotional problems. By locating the problems in the mother- child relationship, attention was diverted away from structural sources of problems such as poverty, racism and sexism (Angless & Shefer, 1997).

Ideation and idealism.

“(there) are no safe environments left...fathers beat up mothers...the streets are violent...(as are the) schools...Families are stretched to the limit. They may not have the time or energy to protect and comfort a child...(An) emotionally troubled child puts a further strain on already traumatised family groups...Parents...become unable to fulfill the role of parent, let alone compensate for the loss of their child’s feeling of security...”(Netshiombo in De La Rey, Shefer, Van Niekerk, & Duncan, 1997, p. 13)

According to Frankel (1998), the need to be cognizant of the cultural context in which the adolescent finds herself is vitally important. He believes that the cultural climate has a pervasive effect on the individual’s capability to make links from what she is experiencing bodily, idealistically and ideationally to a larger order of meaning. The psychobiological struggles of puberty may be perceived as “universal” in the sense that these struggles are determined by and lived out according to a given society’s cultural and historical milieu. Ivan Illich (1982) believes for those adolescents growing up in

impoverished neighborhoods plagued by unemployment, crime and violence, the image feelings of loss, numbness and death are not only experienced as internal realities but as everyday actualities. Therefore the development of the child is located within the broader system of the community, rather than just within the family system (Magwaza, 1994).

As in other societies, African culture is highly patriarchal, with most of the power, control and authority in the hands of male figures. This type of ideology calls for unquestioning female obedience to male domination which often finds its expression in pseudo- consensual sexual relations dominated by subtle sexual coercion and overt violence. Hence the development of children in a patriarchal society needs to be understood within the context of the powerlessness of mothers and mother figures. Due to these feelings of powerlessness, entrapment and inability to intervene effectively in the sexual abuse of her child, the mother- child relationship is less positive than in the case of non- sexually abused children (Magwaza & Shezi, 1994).

In traditional cultures, life is understood in the context of a larger circle of meaning and a totalizing world view is given which outlines the relation between self, society and the universe through stories and ceremonies. However, due to the break down of traditional cultures and the legacy of more than 300 years of colonialism, our contemporary society lacks a shared system of belief and meaning (Magwaza, 1994).

The exposure to a multiplicity of beliefs and values, which has its advantages, may also have the potential of leaving the adolescent feeling fragmented. There is no grand vision

that speaks to the meaning and purpose of life other than amassing wealth. Due to the profound need of the adolescent psyche to experience affirmation and vitality in response to the moments of separation, disintegration and stasis that accompany the passage through puberty and the lack of the counterparts of these death equivalents in our society: connection, integration and movement, the adolescent may fall prey to the need to stimulate a “quick fix” sense of vitality and aliveness in drugs, alcohol and crime (Frankel, 1998).

Cheryl resisted these fixes, however it seemed as though she succumbed to her own death imagery where she felt powerless and inundated by pressing image feelings of lifelessness and stasis. Living in a violent culture her everyday reality was experienced inwardly and was evident not only in her symptoms of fatigue, irritability, lack of motivation, the decline in school work, her purging behavior and suicidal fantasies but also in her last clay creation of the pills and pill box and our discussions thereof.

Perhaps Cheryl’s second clay creation of the telephone and fourth creation of her school, were indicative of attempts to experience affirmation and vitality in order to counterbalance her death equivalents of stasis and disintegration, discussed above. Both images referred to principles of connection, integration and progression and perhaps hinted at her search for a larger order of meaning. An alternative vision was being sought and can perhaps be best understood as a longing for life- vitalizing knowledge and a need to discover a mode of authenticity that connected with her individual take on the world.

Both creations however were accompanied by feelings of frustration. Attempts to connect with her father on the telephone were misunderstood and her experience of school was one of boredom. Overcrowded classrooms, under staffed and poorly resourced schools and the high drop out rate fuels a sense of meaninglessness of life and the sense of a neglect of the spirit.

When looking at adolescence in South Africa it is important to take into consideration the changes in the structure of the education system, particularly since 1992. Teachers as well as pupils have been left in a state of confusion as to what they will be taught and what will be expected. This uncertainty has the potential to impact negatively on identity development. Research reveals that adolescents are struggling to adjust to high schools within a department which is itself making enormous adjustments. This adjustment is further affected by family, social and personal changes (Gaganakis, 1996). Boutler's (1995) research suggests that adolescents in South Africa struggle with issues including self confidence and self esteem, emotional stability, self assuredness, health, family influences, personal freedom, group sociability and moral sense.

According to Jung (1954), libido is associated with psychic energy or life energy and the potential for life power and connection which ultimately holds out the promise of transcendence. The awakening of sexuality in adolescence therefore has been connected with a simultaneous leap in awareness of cultural forces extending beyond the individual life span and is accompanied by an outpouring of ideation and idealism. Discussing ideas was an opportunity for Cheryl to fully engage her emotional life in a safe and non

threatening manner and also offered a way of working on behavior as the evolution of ideas often encourages behavioral change. This then places ideational awakening in the context of the struggle with life and death imagery.

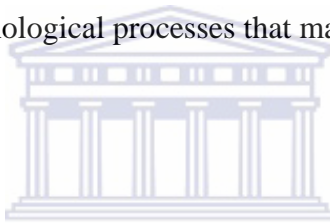
Life and death imagery.

According to Scott (1982), images of death and loss accompany all fundamental transitions in human life. “During such transitions there are times of unusual suspension, loneliness, senses of being vaguely out of joint, heightened sensitivity to pain and loss, symptoms of grief” (p. 97) Metaphorically the impulse toward suicide can be understood as a transformative urge for a new life. An awareness of this type of suicidal imagery is necessary in our work with adolescence and in our understanding of the pervasiveness of these images at this time. Therefore both literal and metaphorical levels of suicidal ideation need to be considered when conducting a risk assessment.

For Lifton (1979) images of death begin appearing at birth and continue throughout the life cycle. Much of this imagery consists of what he calls “death equivalents,” that is, psychic precursors and models for later feelings about one’s actual death. He enumerates three that are especially relevant in understanding the adolescent psyche: separation, disintegration and stasis, which have already been mentioned previously. “Each of these death equivalents has a counterpart with vitality and affirmation: connection is the counterpart of separation, integrity of disintegration and movement of stasis. The parameters operate at both proximate and ultimate levels of experience and reveal the connection between the two” (p. 56). When a client is at risk and feels at the mercy of

suicidal impulses, one could say that this is a disintegrative process, the destruction or splitting of the ego, threatening its integrity and placing the individual in need of outside intervention such as hospitalization.

Fordham (1969) on the other hand, makes a distinction between disintegration and deintegration. Deintegration he believes to be the self's dynamic ability to spontaneously divide in its readiness for new experience. It involves a sense of dislocation or of being knocked off balance, but is followed by the self's ability to reintegrate, incorporating what is new. Therefore it is possible to work therapeutically with suicidal fantasies in adolescence as legitimate psychological processes that may be part of the deintegration of the self.



The deintegrative/ integrative process can therefore be understood as corresponding to the opening up and closing down system of the self that allows for psychological maturation. Therapeutically, premature panic at a natural process of deintegration can block the natural recovery from this state toward further maturation. In view of this, psychopathologizing young people holds obvious dangers and we need to tread lightly when examining the current data. (Frankel, 1998)

With the extraction of parental projections, Cheryl's curiosity and fantasies of suicide could be understood more as a process of deintegration. Having planned to take an overdose of pills in the past, after she was betrayed by her two closest friends, Cheryl may then have been closer to disintegration. The deaths of two important people in

Cheryl's life, just prior to coming in for therapy, would have also left her vulnerable to feelings of grief and would have brought the reality of death into her life experience. It is therefore necessary to differentiate between difficulties being part of the natural course of adolescence and life and when states of stasis become pathological. In the former case it is important to reassure parents that these moments of immobility are a natural part of growing up.

Friendship and betrayal.

Loyalties and faithfulness within a peer group is a notable phenomenon during adolescence and bonds of friendship are taken very seriously.” Adolescents protect and shelter each other. In some cases, the implicit code of group life not to inform on one another is rigidly held to, even at great costs to the individuals involved. Adolescents allow themselves to be taken care of by their friends and display genuine warmth and nurturance when they are in the role of caregiver. As intimacy needs are no longer exclusively met by the family, closeness and familiarity transfers over to the peer group” (Frankel, 1998). Falling in love for the first time holds particular significance and is earmarked by a high psychic charge and dramatic fervency.

Betrayal, therefore, from either a friend or love object unleashes an emotional torrent which has the potential to disrupt the stabilizing structures containing the adolescent. Grief and mourning feel unbearable to the psyche not yet familiar to this kind of raw pain and much time is spent in attending to these betrayals. The ability to recover from a betrayal and still stay involved in the circle of life is a hallmark of psychological health in

adolescence. Being able to expose the self once again by entering into another relationship signals progression whereas extreme isolation may speak to the inability to recover from hurt or rejection. (Frankel, 1998)

Although betrayal left Cheryl feeling devastated and moved her closer toward the process of disintegration, she was able to reintegrate the self and after some time entered into another relationship with a boyfriend, signifying psychological health. The importance of this love object in Cheryl's life was evident in his appearance in her third clay piece as she sits with him on her bed, a very personal, private space. This allowance of another to enter into an adolescence personal space is reserved for the select few and needs to be respected and handled cautiously.



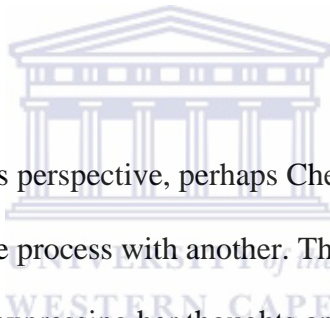
Concealment- the self protective shell

Winnicott speaks of the adolescent's need to hide and conceal from others the moods and feelings that are stirred up during adolescence. Here the defenses are seen as offering a protective cocoon, shielding an internal process from impingement by the external world. He warns of the danger, therapeutically, of prematurely analyzing an adolescent when the process of self formation is in the need of concealment. "Perhaps part of the adolescent's massive defense and resistance to questioning and probing is a healthy defense against premature uncovering of the self" (Frankel, 1998).

"At adolescence when the individual is undergoing pubertal changes and is not quite ready to become one of the adult community there is a strengthening of the defenses

against being found, that is to say being found before being there to be found. That which is truly personal and which feels real must be defended at all costs, and even if this means a temporary blindness to the value of compromise” (Winnicott, 1963, p. 90)

Cheryl’s core self had been previously traumatically sexually violated. Launching into an investigation of her inner life without respecting this developmental need to safeguard the self would have been experienced by her as violating and intrusive and may in the end have enacted a repetition of the trauma. Hiding the clay process from my view, by initially creating the pieces on her lap, may have been an effort to conceal her inner world from me.



From a Developmental School’s perspective, perhaps Cheryl was not able to trust the maternal gaze and sharing in the process with another. This then also relates to her difficulty in thinking, doing or expressing her thoughts and creativity in the presence of another or even to herself. This channel of energy or creative flow was blocked and she felt safest and coped best when alone and inside herself. The Great Mother, Mater and Unconscious provided Cheryl with the container she needed as the ego had not yet been sufficiently developed and the self was still in the process of formation. The visible matter of the clay released her words and creativity and there was a movement from unconsciousness to consciousness- God becoming carnate. Therefore, the premature termination of the therapy process, although possibly being a need of the mother, may also have been a move on Cheryl’s part to protect the self from further disclosure and

vulnerabilities. Here again we see a movement between two poles, as the self pushes toward revelation and then pulls back and withdraws, “like a tortoise into it’s shell”.

The adolescent persona

The importance of persona in adolescence as a phenomenon of individuation has great bearing on the shaping of the individual personality during adulthood. The more an adolescent can be left to explore the outer edges of identity, the greater the chance of resilience in their identity as adults. (Frankel, 1998)

For some adolescents the persona and the self become fused. They exude a bounded impenetrable aura that tries to block out any trace of weakness or vulnerability. Even their language can manifest a cold tone. The stronger the fusion, the closer and more rigidly the adolescent identifies with this type of persona, the greater the indication that they have suffered some degree of wounding. The message is clear: “stay out of my space and don’t come near”. (Frankel, 1998)

As Cheryl’s therapist I needed to honor what the persona was saying. The self protective quality needed to be respected. The adolescent’s resistance was aimed at making sure that this persona remained the prime mediator, thus insuring that the conversation remained within safe boundaries. As the relationship and trust developed I was offered a glimpse of what lay beneath the self protective shell. However Cheryl’s own timing here was important and it was up to me not to force her to expose other parts of herself before she was ready to do so. After crying in our initial meeting, it was clear that Cheryl was living

with a lot of unprocessed emotions that held particular power. However in the remainder of our sessions together she never shed another tear, and although she managed to access previously denied feelings she always remained somewhat guarded.

Constructing a darkly textured persona served the function of allowing Cheryl to dis-identify with her family of origin by attempting to refuse to be a projective screen for her parent. This suggested a healthy need for individuation. By painting her room black, she communicated to her parents, particularly her mother who had pastel colors in mind for the re-decoration, “I have stopped being your little girl, quit trying to keep me tied to that place, my needs and wants are now different”.



The shadow

“The Hermes/Trickster archetype constellates in adolescence and is distinctly related to the manifestations of the persona and shadow. Hermes as quicksilver is in accord with our characterization of adolescence as a time of fluctuation in identity and character.

Hermes is God of the borders: his domain is considered a no-man’s-land, an indeterminate realm outside of established limits”. (Frankel, 1998. p. 103)

As with the persona, the shadow is an integral part of the individuation process in Jungian psychology. It begins with recognizing the presence and reality of hidden aspects of the personality which have an autonomous emotional power and can potentially overwhelm and dominate the ego. The potential to act destructively toward oneself and others brings forth an active recognition of life’s malevolent powers. The confrontation with the

archetypal shadow during adolescence therefore holds great benefit as it aids in moving development forward (Frankel, 1998). Honoring Cheryl's desire for an imaginal encounter with the shadow, in terms of her suicidal ideation and pill box creation would have been one possible remedy for reducing the need for it to be literally lived out. The utilization of clay as an expressive art was an attempt to use symbol, story an image as vehicles for containing shadow material.

The self regulating system

Due to the powerful instincts that become activated in adolescence, psychoanalytical theorists believe a myriad of defenses are employed by the adolescent for counterbalancing purposes. Adolescence is therefore viewed as a primarily defensive time of life and the impulses are believed to be held in check by prohibitions that are forbidding, external authorities as well as having the potential to become internalized by the superego. However this view ignores the spiritual principle as being equiprimordial to the instincts. Jung, on the other hand, draws upon the opposition between the instincts and spirit and articulates this connection between individuation and the self regulating nature of the psyche. Here the impulses are counterbalanced by an inhibitory, self regulating mechanism which is part of the impulses themselves. This self regulating nature of the psyche protects against id impulses and is emphasized rather than ego defenses. (Frankel, 1998)

“Given all that happens in adolescence concerning the development of conscience and the struggle with shadow, as well as the pressure to conform and over-identify with a

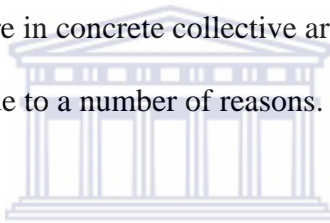
persona, Jung speaks to the importance for therapists of having a vision of the psyche as self regulating. The more we can help the adolescent discover from inside a capacity for self- navigation, the less need we have to anxiously perpetuate prohibitive interventions that attempt to fix the adolescent's course" (Frankel, 1998. p. 95)

With this in mind, it is necessary to reflect on whether these themes, gained from the data analysis and from the participant's own subjective understandings, are similar to those of previous research. In order to do this, it is helpful to organize the themes into two main categories of understanding. These categories are namely the internal reality (self representation) and the external reality (collective archetype) of the participant. All major themes discussed in this chapter fell into one, or the other or both of these realities.

'The regression- progression dichotomy' fell into both the inner and outer realities, as themes of safety and communication served to coax the participant "out of her shell" as she sought interaction with others, but then caused her to withdraw as she felt unsafe and untrusting. Similarly 'life and death imagery' also fluctuated between these two realities, as Cheryl experienced both outward movement and inner stasis. Her need for independence, communication and social interaction implied movement and life however, her excessive eating and purging behavior as well as her suicidal ideation related to stasis and death imagery. 'Elaborate eating and purging as a revival of the early mother- infant relationship' as well as 'the impingement by the parent on the unconscious of the adolescent' both referred to internal realities but more specifically to the intergenerational transmission of trauma. All other themes related to internal realities

apart from 'ideation and idealism' and 'friendship and betrayal' as these explored cultural and social external realities.

These themes related to the participant's experience and understanding of her world which seemed to have been colored by the struggles of her particular developmental stage, the violent culture within which she lived and the unconscious meaning she gave to her childhood sexual abuse. Apart from mentioning her sexual abuse briefly in a session prior to the commencement of the research, there was no other association in terms of image or symbol that spoke directly to the incident. Therefore the symbolization in the clay work manifested itself more in concrete collective archetypal and self representations. This may be due to a number of reasons.



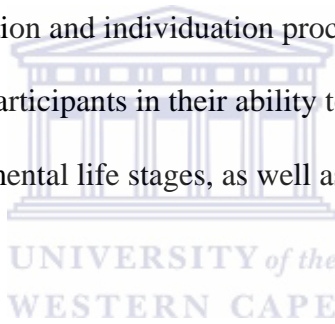
Firstly, Cheryl may have been too young at the time of the abuse (age three) to remember it consciously. Secondly, the incident and related feelings may have been repressed as a way of protecting the self from being overwhelmed. The normalization of violence which encourages repression and therefore leads to the intergenerational transmission of trauma may have also served to keep the incident from conscious awareness (Coates & Moore, 1997). Perhaps Cheryl felt too unsafe in the therapy space to explicitly reveal a very vulnerable side of herself. Lastly, Cheryl may not yet have been ready, developmentally and psychologically, to process such an emotionally laden internal reality and chose rather to explore more concrete collective archetypal imagery and surface self representations.

Interestingly however, these collective archetypal and self representations of her world clearly reflected her internal struggle. Through the use of the non- verbal symbolic representation these hidden and unconscious internal struggles revealed themselves, somewhat discreetly, in the clay work and the discussions thereof. These revelations served to facilitate awareness of previously unconscious material. However due to an untimely termination, adequate integration was not possible and the process of individuation was hampered.

Therefore, when reviewing these themes in relation to previous research, it is evident that similar findings have been found. Schaverien (2005) and Elliot (1993) found that an art form such as painting, drawing or modeling served to bridge the gap between conscious and unconscious material. Henley (2002) specifically focused on the qualities of clay as being therapeutic in its ability to lend itself to the externalization of anxieties. The multigenerational transmission of trauma, where a mother's own traumatic childhood is repeated in the life of her child, therefore interfering in her ability to understand her child's experience was explored by Coates & Moore (1997). Fordham (1969) explored adolescent psychotherapy and noted the change from concretization to symbolization in the formation of collective archetypal and self representations. He found that from time to time, children produce symbolic forms, however he believed they were infrequent and that children mostly occupied themselves with depicting well known objects, in common every day life. He also found that developmentally the extent of consciousness grew and was consolidated in the development of activities outside of the family, most of all in

school. The use of the arts was also found by Frankel (1998) to be beneficial in helping adolescents contain newly emerging emotions.

Findings of this study differed to others in terms of one major area, namely that of the process of integration and individuation. As termination of the therapy process with Cheryl was untimely, adequate integration of newly acquired conscious awareness could not occur. Even though individuation is a life long process, its facilitation was therefore hampered. Both in Masters (2005) and in Smuts' (2004) studies the psychological healing of adult women were explored and it was found that clay work facilitated in the healing of the self as a result of integration and individuation processes. This was mainly due to both the maturity of the adult participants in their ability to explore more internal dynamics due to their developmental life stages, as well as the time spent on working with these dynamics.



Chapter 6: Conclusion

“Vibrations, pulsations, and streamings are basic to all human relationships, and to all concepts of freedom and social concern...If a child’s own streamings are allowed to develop and intensify, she becomes a living example of the paradox of individuality and connectedness”. (Stanley Keleman)

Reflexivity

Finding myself caught between the conflicting needs of the adolescent and of external parental forces who seemed to have high stakes in the outcome of the therapeutic work posed a difficulty as I felt vulnerable to unconsciously setting off on a course of socialization, using the therapy as a rehearsal for social conformity. The tendency to over-pathologize would have been a result of this quick fix mind set, and a way of producing tangible results to give back to those on the outside. A diagnosis would have set in place a medicalized treatment regime and allowed those in the adolescent’s environment to narrow their focus to the single issue of anti- depressant medication compliance, offering a clear and containing solution in response to the turmoil.

The consequence of such a move would result in the failure to grasp the particular suffering of the adolescent in the context of the more existential, universal suffering. The teleological meaning of the symptoms therefore served a prospective function, containing within the behavior or symptoms, intimations about future growth and development. The function of psychotherapy can then be envisaged as a means to help the troubled

adolescent to meaningfully engage a crisis so that its inherent potential for transformation can unfold.

Limitations

The dynamics of adolescent relationships which can perhaps be best understood as experiential enactments of separateness and connectedness posed a challenge in working with Cheryl in such an evocative manner on a shorter term basis. Cheryl may have been scared away by the intensity of the connection. Perhaps we went too deep, too quickly and the container hadn't been sufficiently built and it was too threatening for her to have to sit once again in the same room with the object of her self revelations. As a result she felt the need to withdraw and terminate the therapy.

Themes of feeling unsafe evident in the clay works and discussions thereof, seemed to have been echoed within the relationship between the participant and the researcher. The length of time dedicated to building rapport before beginning the research process may not have been long enough to establish a solid grounding of trust. Knowing that her personal life was going to be written up as research may also have led to feeling too revealed and unprotected.

Also, perhaps the method used in this study, namely the Edward's Clay Method, posed certain limitations which may have had an impact on the therapeutic and research processes. Although eager to work with clay, Cheryl may have felt daunted by the lack of boundaries and structure in the use of the Edward's Claywork Method which may have

contributed to her feeling uncontained and may have precipitated the termination of therapy.

If however termination was initiated by Mrs. M, due to her own difficulties in facing the past, Cheryl's therapeutic healing and maturational process would have been impinged upon by forces outside of her own control, limiting its value and contributing to a sense of powerlessness, reinforcing the complex mother- child dynamic. Therefore, it was necessary for me, as therapist to differentiate between difficulties that seemed to be part of Cheryl's natural course of adolescence and when states of stasis became more pathological. In the former case more time could have been spent on helping Mrs. M in becoming conscious of the imaginings that such moments brought forth.

Therefore perhaps a more systemic perspective would have served as a more holistic and effective intervention, as treatment would not have focused merely on Cheryl as a lone individual, but rather as part of the broader family and cultural system. This then raises questions as to the relevance and appropriateness of the theoretical framework used. By grounding the thesis in a Western European framework of analysis, important cultural nuances and specific societal and political influences may have been overlooked in the understanding of the participant's life experience and subsequent intervention.

Recommendations

Therefore, in relation to the particular method used in this study, namely the Edward's Claywork Method, its evocative nature and unstructured framework necessitates a clearly

bounded and containing space where the possibility of re-traumatization is minimized.

This is particularly important for younger clients whose sense of self is still in the process of being formed and whose egos may not be sufficiently strengthened, as a result of both the abuse and developmental stage, to effectively manage overwhelming emotions.

Recommendations for future research with adolescence and clay therapy would then include an emphasis on the importance for therapists to seek out opportunities to slow the process down and offer containment for what is being shared. Longer term therapy where “breathing spaces” can be created in order to allow for more of an interplay between connection and separation would be beneficial.

Secondly, systemic work framed by a more culturally sensitive perspective, would be useful in helping parents and care givers to confront their own difficulties, identify their projections and to withdraw them. Offering these significant others, crucial to the adolescent’s sense of well being, support and understanding with regard to the complex interplay between social, economic, political, familial and personal issues, would thereby facilitate in the healing process. In turn, this would provide a richer base from which to explore important cultural dilemmas specific to our South African context.



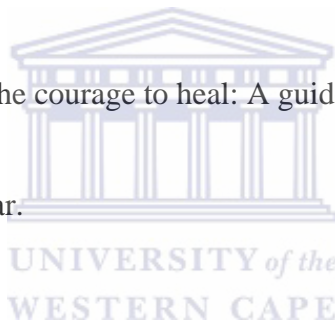
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References.

Archard, D. (1993). *Children. Rights and childhood*. UK. Routledge.

Ausubel, D.P., Montemayor, R. & Svajian, R. (1977). *Theory and problems of adolescent development* (2nd Ed.). New York: Grune & Stratton

Bass, E. & Davis, L. (1988). *The courage to heal: A guide for women survivors of child sexual abuse*. London: Cedar.



Bouchard, M. & Guerette, L. (1991). *Psychotherapy as a Hermeneutical Experience*.

Psychotherapy, 28:3: pp. 385-394.

Boulter, S.L. (1995). *Factors affecting Standard Six adjustment to high school*.

Unpublished Masters Thesis, University of the Western Cape, Belville.

Bradway, K, Signell, K, Spare, G, Stewart, C, Stewart, L, Thompson, C. (1990).

Sandplay studies.Origins, theories, practice. Boston. Sigo Press.

Brink, M. (2005). The use of Jungian Symbolism in psychotherapy with young persons.

Workshop handout.

Case, C & Dalley, T. (1992). The handbook of art therapy. UK. Routledge.



Chiland, C & Young, J. (1994). Children and violence. UK. Jason Aronson Inc.

Coates, S & Moore, M. (1997). The complexity of early trauma: Representation and

Transformation .Psychoanalytic Inquiry 17(3): 54-67.

Creswell, J. (1998). Qualitative inquiry and research design. Choosing among five

traditions. USA. Sage Publications.

Dalley, T. (1984). *Art as therapy: An introduction to the use of art as a therapeutic technique.*

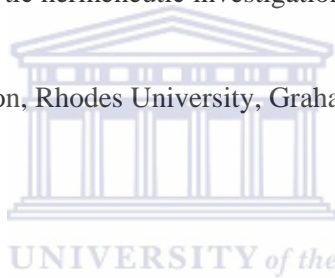
London: Tavistock.

De La Rey, C, Shefer, T, Van Niekerk, D & Duncan, N. (1997). *Contemporary issues in human*

development: A South African focus. JHB. Thompson Publishing.

De Wit, E. (2003). *A psychoanalytic hermeneutic investigation of destructive narcissism.*

Unpublished Ph. D Dissertation, Rhodes University, Grahamstown.



Diers, B. (1998). *Claywork within the holographic paradigm: A transpersonal perspective on*

art therapy. Unpublished Master's thesis, Rhodes University, Grahamstown.

Dundas, E. (1978). *Symbols come alive in the sand.* Boston. Sigo Press.

Edwards, D. (1998). *Types of case study work: A conceptual framework for case based*

research. *Journal of Humanistic Psychology*, 38, 36-70.

Edwards, M. (1987). Jungian analytical art therapy. In J. A. Rubin (Ed). Approaches to art therapy: Theory and technique. New York: Brunner/Mazel.

Elliot, H. (1993). Unconsciousness to the truth: An exploration with clay. Unpublished Honours thesis, Rhodes University, Grahamstown.

Fordham, M. (1969). An Analytical Psychologist's Study of Child Development .U.K.

Hodder and Stoughton.



Frankel, R. (1998). The Adolescent Psyche: Jungian and Winnicottian Perspectives. UK.

Routledge.

Hanes, M (1997 Feb). Art in Psychotherapy, Rehabilitation. The American Journal of Art

Therapy: 35(3): 70-3.

Henley, D. (2002). Clayworks in art therapy. London: Jessica Kingsley.

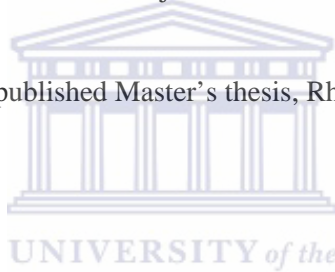
Irwin, E. (2002). Play, fantasy and symbols: Drama with emotionally disturbed children.

Pittsburgh Child Guidance Centre. Pittsburgh.

Marshall, A. & Herman, V. (1998). Child sexual abuse in South Africa. Cape Town: RAPCAN.

Masters, C. (2005). Clay sculpture within an Object relational therapy: A phenomenological-

hermeneutic case study. Unpublished Master's thesis, Rhodes University, Grahamstown.



McMurray, M. & Schwartz- Mirman, O. (2001) Integration and working through in art

therapy. The arts in Psychotherapy.

Meerkums, B. (1999). A creative model for recovery from child sexual abuse trauma. The

Arts in Psychotherapy.


Nez, D. (1991). Persephone's return: Archetypal art therapy and the treatment of a survivor

of abuse. The Arts in Psychotherapy.

Rennie, D.L. & Toukmanian, S.G. (1992). Explanation in Psychotherapy Process Research. In

S.G. Toukmanian & D.L. Rennie (Eds.) *Psychotherapy Process Research – Paradigmatic and Narrative Approaches*, pp. 234-251. New York: Sage Publications.

Simonds, L. S. (1994). *Bridging the silence: Non verbal modalities in the treatment of adult survivors of childhood sexual abuse*. New York/London: Norton.



Shaverien, J (2005, April). Art, dreams and active imagination: A post Jungian approach to transference and the image. *The Journal of Analytical Psychology*: 50(2): 127-153.

Smuts, T. (2004). *The potential of claywork to facilitate the integration of the self in psychotherapy with an adult survivor of childhood trauma: A Jungian perspective*.

Unpublished Master's thesis, Rhodes University, Grahamstown.

Wadeson, H. (1987). *The dynamics of art psychotherapy*. New York: John Wiley & Sons.

Woodman, M. (1980). *The Owl was the Baker's Daughter. Obesity, Anorexia Nervosa and the Repressed Feminine.* Canada. Inner City Books.

Woodman, M. (1992). *Leaving My Father's House. A Journey to Conscious Femininity.*

U.S.A: Random House.





APPENDIX A



APPENDIX B



APPENDIX C



APPENDIX D



APPENDIX E



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Psychology department.

September 2005

Dear Parent/Guardian

I am conducting a research project on how clay work can help in the therapeutic process with adolescents. To do this research, I need your permission for your child to participate.

What does my child have to do?

Your child will need to come to the Delft Medical Centre every Wednesday between 3pm and 4pm. She will be provided with clay and together we will talk and make clay sculptures, which I will then photograph and use in my research.

Does my child have to take part?

No. Your child does not have to participate in this research if she does not want to. If she agrees to take part now but later decides not to, that is also fine.

Will anyone know that my child was in the study?

No. All information gathered from this research will be treated confidentially. The name of your child will not be used in the research project. To protect her identity a pseudonym will be used.

Who can I talk to if I have questions about the research?

If you have any questions please contact Susan O'Grady on (021) 959-2506 (w) or 0824983097.

Please complete the form on the next page and return it to me as soon as possible.

Thanking you,

Yours Sincerely,

Susan O'Grady.

Consent Form

To be completed by a parent or guardian

Name of Parent: _____

Name of Adolescent: _____

Date: _____

Daytime Contact Numbers: _____

School: _____

Please tick the relevant box:

YES, my child may participate in the research.

Signature: _____



OR

NO, my child may **not** participate in the research.

Signature: _____

If you are willing to allow your child to participate, please explain it to her and get a signature below.

To be completed by the adolescent

Name of Adolescent: _____

YES, I want to take part in the research.

Signature: _____