

**THE EFFECT OF INCEST ON THE INTERPERSONAL
RELATIONSHIPS OF YOUNG ADULT FEMALES SEEN
AT A PRIVATE CLINIC IN PRETORIA: A PRELIMINARY
INVESTIGATION**

by

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RESEARCH DISSERTATION

Submitted in fulfilment of the requirements for the degree

MASTER OF SCIENCE

In

CLINICAL PSYCHOLOGY

In the school of

HUMANITIES

Department of

CLINICAL AND APPLIED PSYCHOLOGY

at the

UNIVERSITY OF LIMPOPO (MEDUNSA CAMPUS)

SUPERVISOR: Professor Charl Vorster

March 2010

The mirror has two faces...

He came, the knight in shining armour, the friend, the hero the one I relied on. He came to play with me and have fun like always ... but today was different. Today when he played he pressed himself tightly against me, it seemed like he didn't want to let go. Like he needed me. He pushed my legs apart and did some strange things. He squeezed my developing breasts, laughing ... What are these! Laughing at me like I am a joke. What was happening? Who is he? Where is my knight in shining armour?

He whispered in my ear; "This is our secret play time and you shouldn't tell anybody about it. It is our secret." I agreed because I didn't want to upset my knight. He knew what things I liked and used it to his advantage. What should I do! What should I do!

I am scared, today he will be at home when I come back from school and everybody is at work. Maybe I should just ignore him or pretend to be busy and not notice him. But no, he corners me for some play again. I'm shaking on the inside; I feel like crying but don't want to show my fear. I ask him to stop and he said: "I know you like it too." You must learn some time and I'll be your teacher ... Oh, how I fear those days after school when all are away. Time and time again ... Over and over ... He touches, tickles, thrusts, laughs, breathes, sweats and threatens kindly ... Over and over.

I feel stupid to tell anyone, there is no bleeding or anything physically wrong with me. He warned me to keep the secret. What would mom say, or my sis if they new. They would laugh and say I watch too much TV. Or what if they believe me ... everything would be ... destroyed because of me and my family ... everyone will blame me. No, this is our secret. No one will believe me. And, and, maybe I did something to deserve this? Maybe it is my fault? I will deal with this! I can! I am strong and, and, and small ...

In the mirror I see the reflection of a stranger. A girl trapped in a body she despises. Who are you? I hate you! I hate you! I hate you! I look at my knight. He has shattered my mirror into a distorted view. Thousands of little broken pieces.

No, I can't even look. It is unbearable. I feel like throwing him with pieces of my broken mirror to cut his face so that other people can see my knight has a face of a MONSTER.

-Anonymous

ABSTRACT

It is believed that one of the consequences of incest is that it has an effect on the social interaction and interpersonal relationships of incest survivors, which affects effective functioning, coping, and adaptation into adulthood.

The aim of this study was to determine the effect of incestuous abuse on the interpersonal relationships of young adult females in an urban setting in Pretoria. The research looked at the effects of incestuous relationships on the interpersonal relationships of young adult females with specific reference to the South African context. The research was conducted through the use of in-depth qualitative interviews, and the sample consisted of four females who experienced incestuous abuse as children and received intensive therapy as young adults. The interviews were analysed by three qualified and experienced Clinical Psychologists in accordance with qualitative methodology, after which the findings of the three analyses were compared.

The objectives of the study were to determine whether,

- a) incestuous abuse has an effect on the interpersonal relationships of young adult females;
- b) incest affects the way in which young adult females experience their interpersonal relationships, and;
- c) young adult females experience any difficulties in their interpersonal relationships.

The above objectives of the research project were met, with some of the main themes identified being: difficulty with trust in relationships, distancing, and isolating behaviour within interpersonal relationships.

Furthermore, due to the small sample utilised in the present research project, it was not representative of the specific population and it is recommended that the current study should be repeated on a larger, more representative sample of young adult females who were victims of incest in their earlier life.

DECLARATION

I, Estelle Crause, hereby declare that this dissertation is my original work (except where all sources have been accurately reported and acknowledged) and that the work, neither in its totality nor any part of it has been, is being, or shall be submitted for another degree at this or any other university, institution for tertiary education, or examining body.

Estelle Crause

March 2010

ACKNOWLEDGMENTS

The last two years have been an amazing journey that presented me with many extraordinary moments as well as many stormy seas that have started shaping me and contributing to my growth in becoming a psychotherapist. There are many who have played a role long before this specific journey started, and I would like to give special thanks to those who have contributed significantly during this time.

Firstly, to God who has blessed me and has given me the strength, wisdom, and knowledge to complete this journey successfully, who has carried me through the stormy times and rejoiced with me in times of victory and happiness.

Secondly, I want to thank my father and mother, Jan and Marie Crause, from the bottom of my heart. Words will never be able to describe my gratefulness for your continuous support, patience, understanding, and perseverance through the years to help me reach my dream in becoming a psychotherapist.

I would also like to thank my sisters, Sandra and Amanda, for your continuous love, support, encouragement, empathy and unconditional positive regard during this masters program.

A special thanks to my brother-in-law, Hendry, and to Jo for your support, optimism and humour during these trying times.

I also wish to thank my god-children, Lizelle, Bianca, and Juan, for bringing me so much joy in my life, and although they most probably are not even aware of it, for giving me the strength and courage to persist.

To my supervisor, Prof. Charl Vorster, thank you for your guidance, support, patience and time. Thank you for your empathy, unconditional positive regard, motivation, and sharing of your knowledge during this journey, as well as for your contribution in shaping me into a psychotherapist. It has been an honour having the opportunity to train under you.

Also to all my friends, with special thanks to Jeanne and Zonichia, for all your prayers and support, as well as to my MSc group for your encouragement, empathy, and unconditional positive regard. It has been an honour to work so closely with all of you.

Thank you to Linda Dennis, Kgadi Thobejane, and Larissa Ernst-Terblanche for assisting me in the analysis of this research.

Last but not least, a special thanks to my translator and editor Eugene Seegers for your willingness to help, flexibility, and understanding. You have been a life-saver in the process.

DEDICATION

I dedicate this research to a very special young girl whom I will keep anonymous due to the secrecy and nature of this research topic as well as to all those women who are/have been carrying the scar of the experience of incest with them and whose ability to form effective relationships has been affected by it.

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CHAPTER ONE

INTRODUCTION

The only taboo on incest is the taboo on talking about it.

-Sally Roesch Wagner

The word 'incest' was introduced into Middle English around 1225 as a legal term to describe the crime of familial incest as we know it today. It is derived from the Latin *incestus* or *incestum*, the substantive use of the adjective *incestus* meaning 'unchaste, impure', which itself is derived from the Latin *castus* meaning 'chaste'. The derived adjective 'incestuous' does not appear until the 16th century (Meiselman, 1979; Vander Mey & Neff, 1986; Wikipedia, 2008).

Incest is defined as sexual intercourse or any form of sexual activity between closely related persons, especially within the immediate family. The term *incest* can refer to sexual activity between family members of either gender, and can include family members of any age. Which family members constitute those covered by the incest prohibition is determined by the society in which the persons live. Some societies consider it to include only those related by birth or those who live in the same household; whereas other societies further include those related by adoption, marriage, or clan (Vander Mey & Neff, 1986; Wikipedia, 2008).

Virtually all societies have some form of incest avoidance. The incest taboo is one of the most common of all taboos. Most modern societies have legal or social restrictions on closely consanguineous marriages. Although not universal, incest constitutes a cultural taboo in most current nations and many past societies, with legal penalties in some places. Probably the most widely cited example of a culturally accepted abrogation of the taboo on nuclear family incest is the case of the ruling families of ancient Egypt (Meiselman, 1979). According to Middleton (as cited in Meiselman, 1979, p. 2), brother-sister marriages definitely occurred in the royal family during the Pharaonic and Ptolemaic periods – Cleopatra was the best-known sibling spouse of the latter period. Therefore, one of the main reasons for the incest taboo is because, in most cultures, it is seen as child sexual abuse within the family which is kept private and silent so as to protect the family's reputation and structure. The families in which incest occurs also often ascribe to several characteristics which categorise a family into one of two types.

Generally, incest occurs within two types of families. The first has been called the “emotionally isolated family”. Such families bind themselves together with ropes of mutual dependence and secrecy, and when one member tries to break away, the bonds are ruthlessly tightened. The emotionally isolated family is often so intent on keeping the myth alive of being a “perfect” family that real feelings are not recognised. By disregarding emotions, family members become, in part, objectified. It is easier to abuse a child who supposedly does not experience hurt than one whose pain and anger is acknowledged (Vogelman, 1990).

Abuse in these families also has a tendency to continue for long(er) periods as there is a strong emphasis on privacy. The latter is reinforced by current social codes which emphasise non-interference in the problems of other families (Vogelman, 1990).

The second type of family is patriarchal and authoritarian. Such families are rigid in their interactions and this includes the sphere of sexuality. This contrasts with the popular belief that families where incest takes place are chaotic and sexually unrestricted. It is often found in research that seduction of daughters is inherent in a father-dominated family system, where the man expects to have his will obeyed as head of the household and expects his family to provide him with domestic and sexual services (Vogelman, 1990).

The majority of incest cases reported are between adults and prepubescent or adolescent children, and particularly between fathers and daughters. Daughters tend to become more vulnerable to victimisation as they reach puberty and their fathers see them as sexually attractive. The tendency is for the offender to select the eldest daughter and later to proceed to the younger daughters. Frequently, to avoid sexual contact, these daughters will run away or report it to a teacher. Children who are victims of sexual abuse have a variety of immediate symptoms, such as withdrawal and anxiety which detrimentally affects their sleep, school performance, and social relationships. In children who are in their mid-teens, attempted suicide is not uncommon (Vogelman, 1990). This form of abuse has been shown to be one of the most extreme forms of childhood trauma.

This type of childhood trauma is often associated with serious long-term psychological effects, especially in the case of parental incest. The long-term effects that manifest in adulthood include low self-esteem, sexual inadequacy, and an inability to trust heterosexual relationships (Vogelman, 1990).

According to Abdulrehman and Luca (2001) research also indicates that childhood sexual abuse creates many long-term psychological difficulties, which may impair social behaviour. Several different aspects of the person may be affected by the childhood sexual abuse, such as self-esteem and personal power, feelings, the body, intimacy, sexuality, childbearing and parenting, as well as families of origin (Bass & Davis, 1994).

It has been reported in various sources that adults who were incestuously victimised by adults in their childhood tend to suffer from low self-esteem, difficulties in interpersonal relationships, and sexual dysfunction; they are also at a high risk of many mental disorders, including depression, anxiety, phobic avoidance reactions, somatoform disorder, substance abuse, borderline personality disorder, and complex post-traumatic stress disorder. These women are often prone to the development of such disorders, as they very seldom report the abuse as children and therefore do not receive any understanding, recognition, empathy, or unconditional positive regard, and as a result no therapeutic intervention (Bass & Davis, 1994; Courtois & Watts, 1982; Wikipedia, 2008).

Cantwell (as cited in VanderMey & Neff, 1986) found that many victims do not report incest abuse for many years, not only because their home is the only place where their needs for survival are being met, but also because incestuous fathers often threaten the incest victim. Most female survivors carry the secret of incest with them into adulthood. Feelings related to this are shame, guilt and self-blame, which, as part of a reciprocal cycle, is thought to have an effect on a woman's social interaction and interpersonal relationships.

In a case where incest is disclosed by a juvenile victim, the way the abuse is handled at that time has a lot to do with its subsequent impact. If a child's disclosure is met with compassion and effective intervention, the healing begins immediately. But if no one notices or responds to their pain, or if they are blamed, not believed, or suffer further trauma, the damage is compounded. Furthermore, the ways in which a person has coped with the abuse might create further problems or in some cases be effective survival tools (Bass & Davis, 1994).

Some of the coping methods might develop into strengths (being successful at work, becoming self-sufficient, developing a sense of humour, being good in a crisis), while others can become self-defeating patterns (stealing, drug or alcohol abuse, compulsive overeating). Often behaviour can have both healthy and destructive aspects. Some coping mechanisms are general and common to almost all survivors, whereas others are more specific to certain individuals.

Incest and its effects are gaining an increasing awareness in South Africa, but because of the secretiveness, it has been challenging to do effective research in the area. The aim of the study is to determine what effect incestuous abuse has on the interpersonal relationships of young females in South Africa.

In Chapter Two, a survey of the relevant literature will be presented. In Chapter Three, the research design and method will be discussed. Chapter Four will include the research results, discussion and conclusion. Chapter Five will include a final discussion.

CHAPTER 2

LITERATURE SURVEY

2.1. INTRODUCTION

This chapter sets out to explore the understanding of incest in the broader context. Various definitions of incest, as well as statistics of its prevalence, will be given. The psychological consequences of incest on the survivor and coping skills will be discussed. The developmental phase of a young adult female and the factors which play a role in moving effectively through the developmental phase will also be considered, concluding with reference to life experiences in early development which are not dealt with effectively and impact on a person in later life.

2.2. DEFINING INCEST

In the past, incest was portrayed by media and professionals as taboo, and viewed as some sort of fantasy or myth by society. According to Blume (1990), therapists themselves have operated in the belief that “cold,” nonsexual mothers or “seductive” daughters are responsible for a father sexually abusing his child. This view has changed after several research projects, investigations, and therapeutic assessments. In society today, incest is seen as a serious offence and is categorised as child sexual abuse.

According to Blume (as cited in Malaka, 1999), “incest is in fact the most devastating form of abuse a child can endure. It combines all forms of abuse, contains the violence and violation of physical and emotional abuse, damages trust, and disrupts bonding” (p. 3).

Incest has a severe impact on the survivor, since the perpetrator is somebody known to the person and with whom there usually exists an emotional bond.

According to Blume (1990), incest violates an ongoing bond of trust between a child and a caretaker. The perpetrator of incest derives authority through a dependency relationship. Incest has more serious emotional consequences than does abuse by a stranger. Not only is the body violated, but both the child’s trust and love as well.

As a consequence of the child knowing the perpetrator, there is increasing and consistent pressure on the child not to talk about the abuse, as they are often threatened by the perpetrator and feelings of guilt and shame are instilled in the child.

Browne and Lovett (as cited in Donalek, 2001), indicated that, “secrecy is intrinsic to incest. While physical and emotional abuse commonly have witnesses, the incest victim is doubly burdened—firstly with the abuse itself and then with the need to keep the incest secret. The abuser controls the victim with threats, violence, projection of blame, or by normalising the abuse or rewarding the victim to maintain her silence” (p. 573).

The victim is often left shamed, confused, fearful, and isolated. Yet, if she is to find help and healing, she must somehow overcome all of these pressures and speak up

about her abuse (Donalek, 2001, p. 574). The environment in which the abuse occurs makes it very difficult for the child to find help, since it occurs within the family setting. This often contributes to the pressure of secrecy, and if the child were to confide in a family member, they also run the risk of not being believed, thereby experiencing increased feelings of rejection.

The phenomenon of incest can be best understood and treated within the context of the family. Incestuous relationships are a sign of disturbances in family relationships in which the family members are unable to negotiate their basic needs for nurturance, trust, affection, and sexuality (Spies, 2006). To have a better understanding of incest, it is important to explore the various definitions as set out legally and clinically.

The definition of incest is at once simple and complex. In defining an act as incest, Sholevar (as cited in Spies, 2006), “indicates that the following factors must be considered:

- The nature of the act
- The degree of relationship between the parties and
- The ages of the parties involved” (p. 3).

There are two definitions for incest. One is the legal definition and the other definition is used for clinical purposes.

“A narrow definition of incest would be intimate sexual contact or genital intercourse between close relatives” (Spies, 2006, p. 4). The law in South Africa is restricted to “the intra-familial sexual abuse of children within the nucleus family” (www.health24.com/child/Abuse/833-859,14659.asp).

However, these definitions overlook many forms of inappropriate sexual activity with young children that can be highly arousing. Consequently, exposure to sexual behaviour inappropriate to one’s age and the relationship of the parties should be added to the definition of incest. Sexual contact between younger children may be considered sex play. However, the experience of the child, as well as the meaning that a child attaches to the specific act, will define the act as incest or as an inappropriate sexual act. It is also often referred to in the literature that incest is not only the blood bond but also the emotional bond between the victim and a perpetrator (Spies, 2006).

Therefore, what constitutes a legal definition may be too restrictive clinically. Psychological or psychiatric definitions of incest have been developed because it has been found that sexual activity with relatives who are not too closely related to marry or even with surrogate or quasi-relatives can have psychological effects that may be considered incestuous. Incestuous psychological impact can be discerned in many

cases where the sexual behaviour does not meet the legal definition of incest (Courtois & Watts, 1982).

A definition developed by Benward and Densen-Gerber (as cited in Courtois & Watts, 1982) includes the following: “Incest refers to sexual contact with a person who would be considered an in-eligible partner because of his blood and/or social ties (i.e., kin) to the subject and her family. The term encompasses, then, several categories of partners, including father, step-father, grandfather, uncles, siblings, cousins, in-laws, and what we call “quasi-family.” This last category includes parental and family friends (e.g., mother’s sexual partner)” (p. 276). It is thought that the incest taboo applies in a weakened form to all these categories in that the “partner” represents someone from whom the female child should rightfully expect warmth or protection and sexual distance. Sexual behaviour recorded as positive incest ranged from intercourse with consent; intercourse by force; attempted intercourse or seduction; molestation, primarily fondling of the breasts and genitals; and exposure. Other sexual behaviours such as intercourse; namely, all penetration, whether anal, oral, or vaginal, both passive and active, are also included. Cunnilingus and fellatio were not uncommon activities, neither was sodomy (Courtois & Watts, 1982). All these various sexual behaviours also need to be seen in the context of occurrence.

In a South African context, careful consideration should be taken of the different cultural perspectives and beliefs regarding incest. Practices viewed as acceptable by

one culture may be viewed as abusive or neglectful in another culture. Cultural attitudes towards child abuse vary a great deal, the distinction between abuse and discipline is blurred; the perception of child abuse as “private” still prevails among many families (Madu, 2003). These factors have a direct effect on the reporting of incest cases. Even though these factors limit reporting, statistics have indicated that the prevalence of incest and the reporting of such cases are much more prominent in society than previously known.

2.3. STATISTICS OF OCCURRENCE

Occurrences of incest are much more prevalent than previously believed. The media are presenting more data and cases of incest and child sexual abuse and are encouraging the reporting of such instances in which the victim is under the age of majority. It is also probable that counsellors will be seeing more cases of retrospective or delayed presentations of incest, as adult victims who may never before have spoken of their experiences become willing to seek professional help (Joy, 1987). Due to the secrecy and lack of reporting of incest cases, there is a significant shortfall in number presentation thereof. Incest is also mainly included in the category of child sexual abuse and not as a separate category.

According to Pienaar (as cited in Madu, 2003), “child abuse is a major problem that demands urgent attention in South Africa. During the first six months of 1996, the Child Protection Units of the South African Police Services identified 19 805 cases of crimes against children (less than 18 years of age), of which 7 968 involved sexual

abuse (40%), of which 7 363 were rape, 480 were sodomy and 125 were incest.

Incest is categorized as a type of child sexual abuse. As there are various types of sexual abuse, there are also various types of incestuous relationships” (p. 311).

An incestuous relationship often occurs between father-daughter, siblings, mother-son, and incestuous relationships involving extended family members. The literature on father-daughter incest is more abundant than information about other forms of incest, and its occurrence is more often documented. Available figures indicate that 70% to 80% of reported incest cases occur between daughters and their stepfathers or biological fathers. Furthermore, in South Africa, one in three girls and one in five boys has been or will be sexually abused before they reach 18 years. This is according to statistics compiled by Childline. Tragically, most cases of abuse go unreported. The full extent of statistics remains unrecorded. They also state that 85% to 90% of children who have been sexually abused know their perpetrator. The Teddy Bear Clinic, which treats children who have suffered abuse, states that 21% of children are abused by their biological father (www.health24.com/child/Abuse/833-859.14659.asp). Sholevar and Crosson-Tower (as cited in Spies, 2006) note that incest as a type of sexual abuse moves in a predictable pattern: from the engagement phase, to sexual interaction, to secrecy, to disclosure, and then often to suppression. The behaviours progress from less to more sexual forms and are maintained by the powerful reinforcement provided by the inequities in the parent-child relationship (Spies, 2006).

The nature of the relationship often leaves the child in a double bind situation, ‘damned if you do, damned if you don’t’. For instance, the secrecy is both the source of fear and the promise of safety. Everything will be all right if you just don’t tell (Haller & Alter-Reid, 1986). This type of communication creates confusion, which often leads to suppression and ineffective coping behaviours, as the child feels stuck, with no way out. A combination of the child’s experiences can have detrimental psychological consequences.

2.4. PSYCHOLOGICAL CONSEQUENCES

Sexual violence perpetrated through abuse plays a crucial role in the development of the female self. Jacobs (1995) argues that, “it is significant in three main respects—the development of the empathic female self, its implications for the idealisation of the perpetrator of sexual abuse, and identification with the aggressor” (p. 149).

The consequences of incest carry longstanding effects into adulthood. According to Collings (1997), lower/poorer levels of adjustment on measures of self-esteem, sexual conflict, and suicidal feelings were found.

Further research also correlated with reported long-term effects of incest in adulthood. According to research done by Meiselman (as cited in Courtois & Watts, 1982), about half of her subject group was labelled neurotic, while most others demonstrated adjustment reactions or personality disorders; a minority were psychotic or borderline. None received a character disorder label (i.e., antisocial,

sociopathic, psychopathic). Benward and Densen-Gerber (as cited in Owens, 1984) interviewed women with a history of incest. They reported three findings; (a) difficulty in maintaining healthy interpersonal relationships, (b) loss of self-esteem, and (c) defective superego formation.

Oglivie and Daniluk (as cited in Robinson, 2000) indicated that, “childhood sexual abuse has an adverse impact on identity development. More specifically, the basic issues in identity development of “who I am” and “who I am in relation to others” become confused and disrupted as do the establishment and maintenance of physical, emotional, and psychological boundaries that are part of the normal developmental process. When the crucial and ongoing work of self-construction is done in the context of abuse, the early self is misshapen. Survivors of incest often have negative self-perceptions, diminished confidence about social competence, disturbances concerning sexuality, and a tendency to meet nonsexual emotional needs with sex” (p. 167).

Enns (as cited in Robinson, 2000) said that trauma and abuse destroy a person’s fundamental assumptions about the world as a safe place, one’s sense of agency and autonomy, and one’s ability to maintain relationships with others in an unsafe world. Their lowered sense of self also exacerbates the cycle which often contributes to social withdrawal.

Research indicates that one of the most prevalent and perhaps most damaging effects is lowered self-esteem which may result from internalised guilt and self-blame for the

incestuous situation. Even as an adult, the victim may harbour an enormous amount of anger toward the parents and may alternate between feelings of helplessness and strong dependency, with rage and extreme needs for independence (Joy, 1987).

Turner (1993) says that;

“most women who were abused as children internalise the blame for the abuse, and this internalisation of blame often leads to guilt, shame, and some degree of depression and feelings of worthlessness. The psychological developmental explanation for the internalisation of blame is that young girls are incapable of seeing that what happened to them is not their fault and that they did not cause it” (p. 113).

According to Rich (as cited in Turner, 1993), the cultural explanation is that girls are taught to internalise blame and to suppress anger: “Most women have not even been able to touch this anger, except to drive it inward like a rusted nail” (p. 113).

According to Joy (1987, p. 317); “perhaps it is these negative self-feelings, in conjunction with the particular dynamics of the incestuous experience, that contribute to the tendency for incest victims to have difficulty trusting others and establishing close relationships.” Joy, (1987) indicated that incidences of later adult sexual difficulties are also common in victims of incest. Additionally, Tsai and Wagner (as cited in Joy, 1978) reported findings similar to the above, such as the presence of anger and bitterness, as well as sexual difficulties.

According to Monahan and Lurie (as cited in Spies, 2006) approximately 16 to 25% of all adult woman are sexually abused as children. In South Africa, the percentage may be even higher. According to marriage counsellors, four out of five couples who experience marital problems include one or even both partners who were sexually abused as children.

Another important variable affecting the forming of close relationships, according to Robinson (2000), is that “many survivors often feel pressure to be successful and believe that they must try harder and work harder because they are not as good as others. They might feel driven and obsessed” (p. 169). Thus, the aftermath of incestuous abuse has an impact on various different levels of functioning.

Researchers have noted long-term effects or symptoms of incest occurring in many life spheres. The symptoms can be broadly categorized into, (a) feelings about self and (b) relations with others. It is important to note that a wide variety of responses exist, ranging from relatively mild to severe. Concerns pertaining to self seemed to fit into four main areas: identity, self-esteem, physical functioning, and sexual functioning (Courtois & Watts, 1982). Courtois (1982) also clustered them into eight main spheres, including (a) social; (b) psychological; (c) physical; (d) sexual; (e) family relations; (f) self-esteem; (g) relations with men; and (h) relations with women. Ratican (as cited in Robinson, 2000) indicates that; “survivors have higher levels of anxiety, depression, self-destructive and suicidal tendencies, and difficulties with intimate relationships than do non-abused individuals” (p. 168). The most

common symptom for sexual abuse survivors is chronic depression, which some survivors have learned to perceive as normal (Robinson, 2000).

The various effects of child sexual abuse/incest can also be further discussed in more detail under the following headings:

2.4.1. Self-esteem and personal power:

Spies (2006) indicated that when an adult has been sexually abused as a child, his or her personal boundaries, right to say no, as well as his or her sense of control in the world, are all violated. As a result, adult survivors may experience the same sense of powerlessness in adulthood, believing also that they have no right to make decisions about personal boundaries. Goodrich, (as cited in Spies, 2006) who has worked with adult survivors for the past 20 years, clearly indicates that the effect of sexual abuse is so severe that survivors believe that their offender's power will last forever, hence their ubiquitous fear of losing control and of a reoccurrence of the abuse. Many abused children receive messages about their worthlessness, directly or indirectly, which are carried into adulthood. The adult survivor may thus experience the following at times:

- I feel bad, dirty and ashamed.
- I feel different from other people.
- I feel there's something wrong with me down inside. If people really know me, they will leave me.

- I hate myself.
- I have a hard time nurturing and taking care of myself.
- I am not able to enjoy feeling good.
- I feel unable to protect myself in dangerous situations.
- I often feel immobilised and afraid to succeed.
- Sometimes I use work or achievement to compensate for inadequate feelings in other parts of my life.

Concerning identity and self-esteem, many of these women have very negative self-images, have a sense of being different and distant from “ordinary” people, have a sense of being powerful in a malignant way, express self-hatred, and are depressed and anxious. They may also be self-destructive and suicidal.

Research done using the Draw-A-Person Questionnaire indicated that abuse survivors tend to express or project more negative characteristics on their drawn characters than do control women. The survivors find their characters less acceptable to others, less trustworthy, less happy, and more weird, sneaky, and liking to hurt others (hostile). They were also more prone to demean their characters by extreme negative ratings (Waldman, Silber, Holstrom & Karp, 1994).

2.4.2 Feelings:

As a child, the adult survivor could not afford to feel the full extent of his or her terror, pain, or rage—the agony would have been devastating. Because the innocent love and trust of the survivor was betrayed, he or she learned not to rely on feelings,

especially if such feelings as were expressed in childhood were disregarded, disparaged, ignored, or if the child was told that there was nothing to worry about and subsequently was molested again (Spies, 2006).

The pain, rage and fear experienced during the trauma of sexual abuse are too great to experience fully while continuing to function. The alternative is to suppress the feelings in order to survive, which in turn may lead to intermittent anxiety attacks as a result of a lack of skills to deal with emotions and panic. Adult survivors are often unaware that these panic attacks are linked to their childhood experiences. They cannot make the connection and feel out of control (Spies, 2006).

Sexual abuse can seriously hinder normal social growth and healthy development. Maltz (as cited in Spies, 2006) indicates that victims of child sexual abuse often withdraw from social interaction, or act out in ways that are harmful to the self and others. For therapeutic purposes, sexual symptoms can be viewed as trauma reactions of hypersensitivity, withdrawal, dissociation and avoidance. Simply stated, to avoid feelings, survivors either have a negative reaction or try to avoid having a negative reaction to what happened during the sexual abuse.

2.4.3. Intimacy:

Many survivors describe intimacy as suffocating and invasive. They feel claustrophobic when someone gets close to them. Because they handled things alone and took care of themselves as children, close, committed adult relationships may feel unfamiliar and scary. Survivors may not know how to give or receive nurturing, and

physical closeness may be threatening or confusing. They may be able to establish intimacy with friends but not with lovers. While a certain level of intimacy may be manageable, the survivor may begin to panic when the relationship becomes more intense, or begins to resemble the family setup of their childhood (Spies, 2006, p. 67).

Sexual abuse demolishes the trust of survivors and they will therefore not allow intimacy, unless the survivor's partner contributes to a safe environment in which the survivor can take the risk to feel (Spies, 2006).

According to Spies (2006), the following is a summary of the ways in which adult survivors may function in relationships.

- “Simultaneous yearning for and fear of intimate relationships.
- Short-term, long-distance relationships.
- Frequent mood swings
- Always seeking safeness
- Often panicky or fearful in crowded or confined places
- Either very dependent or very independent
- Compulsive workers who find it difficult to relax
- Disturbed or erratic sleep patterns
- Inappropriate reactions, e.g. to the opposite sex, family or children
- With regard to sex, they may:
 - a) be sexual early, losing interest later

- b) dissociate
 - c) have flashbacks
 - d) be non-orgasmic
- Personal boundaries may be confused, unclear, vague
- Making a home or being at home may be difficult
- Work patterns:
 - a) Compulsive
 - b) Erratic
 - c) Change jobs often
- Clothing and dress:
 - a) Hard to buy for self, especially underwear
 - b) Preference for an inconspicuous style of dress
- Low self-esteem
- Trust is very difficult” (p. 68)

Concerns pertaining to relationships also have four main areas of manifestation: relationships in general, marital relations, and parental relations with both their own parents or their in-laws and children. Relationships in general are often described as empty, superficial, conflicting, or sexualised. The inability to trust is pronounced. Good or pleasurable relationships often increase guilt and shame because they are viewed as undeserved or impossible. Evidence presented by Lisak and Mullen (as cited in Abdulrehman & De Luca, 2001) maintained that adults who had been sexually victimised as children had problems in their intimate relationships in

adulthood. Adult peer relationships also appear to be at risk of being impaired. Adult survivors of sexual abuse have fewer friends or social supports. It was also found that adult survivors of child sexual abuse recalled having fewer friends and having trouble connecting with others in their childhood. Some sexually victimised individuals exhibit behavioural problems and antisocial behaviours in childhood and adulthood that disconnect them from others.

Some survivors may do well in one area of their lives, but not in others. Survivors may be competent at work and in parenting, but may have trouble with intimacy. Some women have a constant nagging feeling that something is wrong. For others, the damage is so blatant that they feel they have wasted their lives (Spies, 2006).

A history of abuse in childhood can have damaging and enduring effects on personality functioning and may cause a vulnerability to a variety of subsequent trauma. Distortions of cognition such as a belief in one's own badness, and affect responses such as a hypersensitivity to potential rejection and feelings of humiliation and shame often exist in women with a history of abuse. The idea of saying no to a parent, spouse, lover, or authority figure may be inconceivable. Pairing these effects and cognitions with the need for approval could make a woman with a history of abuse more vulnerable to a controlling type of personality and thus subsequent abuse or trauma (Beth, 1999).

According to marriage counsellors, four out of five couples who experience marital problems include one or even both partners who were sexually abused as children. Some of these couples get divorced without knowing that their own sexual trauma has contributed to the maladjustments in their marriages (Spies, 2006).

Conflict is most apparent in marriage or other intimate relations with men. Many of these women have very negative feelings toward men but at the same time overvalue men and search for a protector. Paradoxically, yet predictably, these women very often end up with men who, like themselves, have been abused. These men are often abusive to or neglectful of them, so these types of relationships serve to recapitulate early experience and reinforce a negative sense of self-worth (Courtois & Watts, 1982).

2.4.4. Sexuality:

When children are sexually abused, their natural sexual capacity is stolen. They are introduced to sex on an adult's timetable, according to an adult's needs. They have no chance to explore naturally and to experience their own desires from the inside. Sexual arousal becomes linked to feelings of shame, disgust, pain and humiliation. Pleasure becomes tainted as well. Sexual desire is associated with 'an out-of-control force' used to hurt one and is viewed as dangerous. Abused children often leave their bodies during sex with the abuser. They numb themselves or disconnect from any sexual feelings. When abuse is coupled with affection, their needs for nurturing are

linked to sex. They do not learn to meet these needs in other ways and project the same pattern in their adult life (Spies, 2006).

Sexual identity conflicts and impairment in sexual functioning are also presenting complaints. Sexual problems range from an inability to function sexually at all to promiscuity and masochistic behaviour. A range of sexual dysfunctions, such as inability to relax, vaginismus, inability to orgasm, and so on, occur between two extremes (Courtois & Watts, 1982).

Many women are engaged in an ongoing battle to feel comfortable with their sexuality. Bass and Davis (as cited in Robinson, 2000) said, “Our culture leaves little room for any woman to develop to healthy, integrated sexuality” (p. 170). Among survivors, some difficulty with sexuality is related to the indecent exposure, fondling, penetration, oral sex, or other forms of inappropriate sexual activity introduced by someone who they probably trusted. Struggle with sexuality, sex, or both, is amplified when the woman is sexually active or is at least expected to be, as is the case in marriage, yet has not resolved issues surrounding her violation.

According to Robinson (2000);

“confusion can exist about sexual identity. Some survivors tend to sexualise relationships; thus, women need to be careful about definitive statements regarding their sexual orientation while still in the early phases of healing. Part of the healing process is to unravel the woman’s true sexual self from the self that

was broken and dismantled. Lesbian activity is not synonymous with a lesbian identity. A survivor's same-sex sexual activity might feel empowering because she chooses her sexual partner. Often, a survivor's first sexual encounters were with a man who took indecent liberties with her spirit and her body. Some female survivors of incest do not feel sexually safe with men. Survivors, along with others in the population, are situated along the continuum of sexuality, which includes homosexuality, bisexuality, and heterosexuality" (p. 171).

2.4.5. Relationship to the body:

All the problems survivors experience with their bodies, like splitting, numbing, addiction and self-mutilation, begin as attempts to survive. Eating disorders are another common form of destructive behaviour displayed by adult survivors of child sexual abuse. Deciding to eat or not may also be a way of regaining control. Also survivors might try to gain weight to appear 'big' and 'unattractive' so as to keep other people at a distance. Survivors who are bulimic clearly exemplify the struggle to regain the control and power they lost as victims of child sexual abuse: by binge-eating, they feel they have lost control; by vomiting the food out of their bodies, they feel they regain some control (Spies, 2006).

Physical complaints include feelings of dissociation, migraine headaches, severe backaches, gastrointestinal and genitourinary problems, inability to concentrate, lethargy, anxiety, phobic behaviour, and substance abuse. Meiselman (as cited in

Courtois & Watts, 1982) noted that her sample during research was more obese than her control group. Her hypothesis: obesity is used as insulation and protection.

2.4.6 Children and parenting:

Until survivors actively face their abuse and begin to heal from it, they are likely to repeat the same kind of parenting they were exposed to as children. Adult survivors may have a desire to protect their own children against any possible situation in which abuse could take place. Bass and Davis (as cited in Spies, 2006) explain that “overprotection is an exaggeration of the healthy desire of survivors to keep their own children safe” (p. 74). It is also reported that many woman also express fear of their male children and fear for their female children and feel they cannot be good mothers. Due to all the built-up fears within the female and negative self-perceptions within the female, certain effective and ineffective coping strategies may arise.

It is thought that long-term effects vary due to mediating processes, including internal coping strategies. Research has found that coping and social support mediated the relationship between childhood sexual and physical maltreatment and adult adjustment. Coping is defined as the cognitive and behavioural efforts allocated to manage specific external and/or internal demands appraised as taxing or exceeding the resources of the individual (Brand & Alexander, 2003).

Lazarus and Folkman (as cited in Brand & Alexander, 2003) postulated that the choice of coping strategies is influenced by the degree of perceived control one has

and the degree of threat posed by the stressor. They noted that coping strategies can be globally characterized as either emotion-focused coping, by which individuals attempt to regulate their emotions in dealing with the stressor, or problem-focused active coping, by which individuals engage in behaviours in an attempt to manage the problem situation.

“Emotion-focused coping strategies can be further refined into avoidance, distancing, self-blame, and controlling one’s feelings, while problem-focused coping can be further divided into confrontation, seeking social support, and planning how to actively respond” (Brand & Alexander, 2003, p. 258). Lazarus and Folkman (as cited in Brand & Alexander, 2003) suggested that events viewed as outside one’s control would more likely induce emotion-focused coping versus events viewed within one’s control. From this perspective it is probable that emotion-focused strategies would be more prevalent among sexual abuse survivors.

Survivors of trauma therefore use highly creative methods for dealing with abuse; they may experience memory disturbances, flashbacks, nightmares, dissociation, posttraumatic stress disorder, and multiple personality disorder.

2.5. COPING:

Coping strategies of the incest survivor can be categorised into the following six categories:

2.5.1. The Basics:

Minimising: Pretending that what happened wasn't really that bad.

Rationalising: The means by which children explain abuse. Inventing reasons that excuse the abuser.

Denying: Looking the other way and pretending that whatever happened didn't really occur.

Forgetting: One of the most common and effective ways in which children deal with sexual abuse. Many children are able to forget about the abuse (Bass & Davis, 1994).

2.5.2. Splitting:

Splitting refers to the tendency to view people or events as either all good or all bad.

It is a way of coping that allows a person to hold opposite, unintegrated views.

Lack of integration: A by-product of forgetting is a feeling of being divided into more than one person.

Leaving your body: Abused children often numb their bodies so they will not feel what is being done to them. Other children actually leave their bodies and watch the abuse as if from a great distance (Bass & Davis, 1994).

2.5.3. Control:

It is a thread that runs through the lives of many survivors. Control can be positive.

Good organization is an asset if you're a manager, a mother, or a worker. The negative aspects can be a lack of flexibility, and difficulty in negotiating or compromising.

Chaos: Often survivors maintain control by creating chaos. If their behaviour is out of control, they force the people around them to drop what they are doing to respond to their latest problems. In this way, they get attention (though negative) and in effect become the person calling the shots.

Spacing out: To focus on something else and not be present in current situations or conversations.

Being super-alert: A survivor can also be hyper-aware of the people around them, always anticipating their needs and moods.

Humour: A tough sense of humour, a bitter wit or sense of cynicism, can get them through hard times. As long as they keep people laughing, they maintain a certain protective distance. And as long as a survivor keeps laughing, she doesn't need to cry (Bass & Davis, 1994).

2.5.4. Escape:

As a child or adolescent, they might have made attempts to run away. They can also try and escape through more passive behaviours such as sleeping, reading, and television (Bass & Davis, 1994).

2.5.5. When the pain gets too great:

Psychopathology: Problems occur when the line between fantasy and reality blurs.

Self-mutilation: is one way survivors control their experience of pain. Instead of the abuser hurting them, they hurt themselves.

Suicide attempts: Often suicide feels like the only option left in a life that seems out of control (Bass & Davis, 1994).

2.5.6. Addiction and isolation:

Addiction is a common way of coping with the pain of sexual abuse. It is usually self-defeating and self-destructive. A survivor might become addicted to dangerous situations, to crisis, or to sex. They might also turn to drugs, alcohol, or food to keep the memories down, to numb feelings. Survivors often shut others out. If no one is close to her, no one can hurt her anymore.

Eating difficulties: Anorexia and bulimia can be an attempt to say no, to assert control over their bodies. Compulsive overeating is another way of coping. Survivors may feel that being large will keep them from having to deal with sexual advances.

Lying: Sometimes the pattern of lying to cover up or protect continues into adult life.

Stealing: It is a totally absorbing activity. It enables them to forget everything for a brief moment—including the abuse.

Gambling: A way to maintain the hope that life can magically change. It's a way to act out the longing that their luck will shift, and that there will be justice: if you win big, you will finally get your due (Bass & Davis, 1994).

The coping mechanisms used, in addition to the incestuous relationship, have a direct bearing on the child's development and impact on the various developmental stages of the female.

2.6. DEVELOPMENTAL STAGES AND THEORETICAL PERSPECTIVE OF YOUNG ADULT FEMALES

The great majority of adults take on most, if not all, of four major social roles in the early stages of adulthood: independent adult, spouse/partner, parent, and worker (Bee, 2000).

Social interaction and interpersonal relationships involve social associations, connections, or affiliation between two or more individuals within a specific context. People have various different types of relationships, such as kinship, friendship, colleague relationships, and intimate relationships. During a child's development, he/she usually forms an attachment with his/her primary caregivers. A child also goes through several developmental stages of forming relationships of which the primary relationships are usually with the primary caregivers (parents) followed by the siblings. It is important to note the ripple effect an incestuous relationship can have on the relationships later in life. Jackson (as cited in Vorster, 2003) emphasised the fact that an individual's characteristic behaviour patterns were forged within the context of the relationships in which he or she participated.

Longitudinal research shows that an infant's attachment classification tends to remain stable into young adulthood, and other studies show that an adult's attachment classification corresponds to their children's classification on infancy attachment measures. Considered together, this evidence points to attachment as being a relatively enduring mental representation that is established in the early years and continues into adulthood, enabling the adult to establish a similar relationship with his or her own children. In an extension of attachment theory, several researchers have suggested that adult romantic relationship styles are reflections of attachment the adults had with their parents in childhood.

Thus, it is evident that attachments formed with significant others during childhood have an effect on the development and as a result, on the behaviour of the individual. These learnt behaviours form part of the person's behavioural pattern which is carried through into adulthood.

2.6.1 Role of attachment in creating a relationship:

There is growing evidence that internal working models of attachment play a highly important role in shaping that relationship. The basic argument is that each of us tends to recreate, in each significant relationship, the pattern we carry with us in our internal attachment model. This does not mean that the first attachment of infancy is simply carried forward in unchangeable form into adulthood. Main's research makes it clear that at least some adults who have secure adult attachment models had quite difficult and insecure childhoods. Through some process of internal analysis and self-understanding, these adults have been able to modify the original model. But whether an adult's internal model affects his or her expectations for his partner, his or her behaviour toward the partner affects the stability of the relationship. Adults with secure attachments, for example, are more likely to see their partner as friend as well as lover, and are more trusting and less jealous, and are less anxious about whether their affection will be reciprocated. In contrast, adults with a preoccupied attachment model are unsure of themselves, anxious about whether their feelings are returned, more jealous, and more preoccupied with their relationships, while those with dismissing or detached models are less trusting, more likely to avoid closeness,

disclose less about themselves, provide less reassurance, and seek less support. They hold back from commitment, perhaps expecting rejection (Bee, 2000).

2.6.2 Adult Love Relationships Versus Childhood Attachment:

Although various psychologists use different labels for different kinds of love, your personal experiences and observations probably confirm the great variety of loving relationships. One new theory of love compares adult love experiences with childhood attachment processes. In this viewpoint, romantic love between adults is similar to the affectional bonds between infants and their parents. Satisfying adult love relationships are also like insecure infancy attachments: they are associated with avoidance, unreciprocated feelings, and anxiety. Adults, however, who do not understand these developmental differences may be more likely to be involved in child molestation or incestuous situations (Irwin & Simons, 1994).

According to Woititz (as cited in Irwin & Simons, 1994) some individuals experience overt and covert sexual abuse during childhood or adolescence (e.g., inappropriate nudity, lingering kisses, fondling of the genitals, involvement with adult masturbation, oral sex, intercourse, suggestive behaviours), and this abuse affects adult sexual relationships. Individuals who were sexually abused may find it hard to trust in adult intimate relationships. Their adult responses are affected by the coping mechanisms they used to survive their earlier abuse; typical coping mechanisms involve resistance, reinterpreting abuse as love, passive compliance, emotional shutdowns, dissociative behaviours, repression, and amnesia. The effects of sexual

abuse are numerous. Short-term effects include low self-esteem; fearing additional abuse; distrusting adults; experiencing depression, suicidal thoughts, and anger; losing one's childhood; and having uneven maturing development. Without help and intervention, these short-term effects can become generalised long-term adult effects. Adults who were sexually abused in youth also commonly experience compulsive behaviours and posttraumatic stress disorder. Indeed, early sexual traumas can manifest themselves in numerous ways in adulthood.

2.6.2.1 Attachment between partners:

Marital satisfaction peaks early in this period, immediately following marriage; marital problems are high, as are expressions of affection.

2.6.2.2 Attachments between adult children and their parents:

In early adulthood, the young adult must transfer his or her most central attachment from the parent(s) to one or more peers. Weiss (as cited in Bee, 2000) puts it this way: "If children are eventually to form their own households, their bonds of attachment to the parents must become attenuated and eventually end. Otherwise, independent living would be emotionally troubling. The relinquishing of attachment to parents appears to be of central importance among the individuation-achieving processes of late adolescence and early adulthood" (1986, p. 100). According to Nydegger (as cited in Bee, 2000), the task of the young adult is to attain emotional emancipation from the parents, while remaining engaged as a son or daughter.

2.6.2.3 Attachment with siblings:

Contact with siblings is relatively high and steady, but few sibling relationships are in the form of attachments.

2.6.2.4 Attachment in Friendships:

Friendships may be most numerous at this age, forming a larger percentage of the relationship convoy.

A theoretical perspective which is prominent in the literature focusing on young adult females is that by Erikson.

2.6.3 Theoretical Perspective of Erikson:

According to Erikson, young adulthood is between the ages of 19-25. According to other theorists such as Coleman, early adulthood is generally considered to include the years between the end of adolescence, which is around age 24 and about age 40 or 45 – which signals the beginning of middle adulthood (Lefrancois, 1993).

Nevertheless, as Havighurst (as cited in Lefrancois, 1993) indicated, tasks of early adulthood primarily have to do with becoming independent, establishing a family, a career, and a place in the community—all future-orientated activities. They include things such as courting and selecting a mate, learning to live happily with a partner, starting a family and assuming a parental role, and rearing children.

According to Erikson (as cited in Bee, 2000) there are eight stages of psychosocial development.

1) Age 0-1: Basic trust versus mistrust. Strength gained is hope. The infant must form a first, loving, trusting relationship with the caregiver, or risk a persisting sense of mistrust.

2) Age 2-3: Autonomy versus shame and doubt. Strength gained is will. The child's energies are directed toward the development of key physical skills; including walking and grasping and sphincter control. The child learns control but may develop shame if not handled properly.

3) Age 4-5: Initiative versus guilt. Strength gained is purpose. The child continues to become more assertive, to take more initiative, but may be too forceful and injure others or objects, which leads to guilt.

4) Age 6-12: Industry versus inferiority. Strength gained is competence. The school-aged child must deal with the demands to learn new, complex skills, or risk a sense of inferiority.

5) Age 13-18: Identity versus role confusion. Strength gained is fidelity. The teenager (or young adult) must achieve a sense of identity—both who he or she is and what he or she will be in several areas, including occupation, gender role, politics, and religion.

6) Age 19-25: Intimacy versus isolation. Strength gained is love. The young adult must risk the immersion of self in a sense of “we,” creating one or more truly intimate relationships, or suffer feelings of isolation.

- 7) Age 25-65: Generativity versus self-absorption. Strength gained is care. In early and middle adulthood, each adult must find some way to satisfy the need to be generative, to support the next generation or turn outward from the self toward others.
- 8) Age 65+: Ego integrity versus despair. Strength gained is wisdom. If all previous stages have been dealt with reasonably well, the culmination is an acceptance of oneself as one is.

Young adulthood falls within the sixth stage (ages 19-25) which is called intimacy versus isolation. This stage builds on the newly forged identity of adolescence. Erikson (as cited in Bee, 2000) says: "It is only after a reasonable sense of identity has been established that real intimacy with the other sex (or, for that matter, with any other person or even with oneself) is possible. Sexual intimacy is only part of what I have in mind.... The youth who is not sure or whose identity shies away from interpersonal intimacy; but the surer he becomes of himself, the more he seeks it in the form of friendship, combat, leadership, love, and inspiration" (p.101). Intimacy is "the ability to fuse your identity with somebody else's without fear that you're going to lose something yourself" (Erikson, as cited in Bee, 2000, p. 102).

Relationships with the Opposite Sex:

One of the principal ways in which adolescents and young adults arrive at a sense of worth and personal identity is through the development of feelings of intimacy with others. For the majority of young adults, Erikson claims, the intimacy they seek will come through a relationship with someone of the opposite sex. But here, as in other

stages of the lifespan, there is a conflict—in this case, a conflict between the need to make a commitment and an unwillingness to do so. The individual has an urge to remain independent, to retain a hard-won sense of personal identity; in addition, there is a fear of commitment. Both of these mitigate against intimacy. As a consequence, young adults commonly enter into sexually intimate relationships that involve little emotional commitment. These relationships can be described as primarily genital (phallic or vaginal), and claim that they may lead to feelings of extreme isolation. The culmination of this developmental period, and the resolution of the conflict between a need for intimacy and a drive for independence, is to be found in a balance that permits the commitment and the mutuality of love, but that also allows the individual to retain an independent identity (Lefrancois, 1993).

Relationships with Parents:

The young adult's search for intimacy and independence requires a redefinition and realignment of relationships with parents. As we saw, this process begins in early adolescence and is sometimes marked by conflict—although conflict is not the main characteristic of most parent-adolescent relationships. The adolescent's happiness is more closely related to the quality of relationships with parents than with peers.

Adolescents who describe their relationships with parents as supportive and emotionally warm experience a higher sense of well-being than those who see themselves in conflict. In early adulthood, close parental relationships continue to be important; but the development of a close relationship with someone else is also very important (Lefrancois, 1993).

The ability to form relationships with significant others plays a significant role in the functioning of the young adult female. There are several other factors which affect the transition into adulthood.

2.7. FACTORS INFLUENCING EFFECTIVE TRANSITION INTO ADULTHOOD

According to Courtois and Watts (1982), incest may be classified according to several dimensions or variables which, taken alone or together, may influence the severity of effect. The most prominent of these mentioned in the literature are the following:

- 1) Duration: Whether the incest was short- or long-term. Unlike other forms of sexual assault, incest may occur over a period of time, sometimes for many years.
- 2) Age of onset: Age, at which incest began, usually categorised as pre- or post-puberty.
- 3) Frequency: The frequency with which the contact took place.
- 4) Covert versus overt: Whether the incest was ever disclosed or was overt within the family. A sub-factor of note here has to do with whether assistance was available in the case of overt or disclosed incest.
- 5) Identity of the perpetrator/partner: Close or distant relative or step- or quasi-relative (e.g., mother's or father's lover).
- 6) Consensual or non-consensual: Whether the individual initiated, was coerced, submitted to, or freely participated in the activities. Many authors

argue that the contact is never consensual in the case of cross-generational incest.

7) Use of force: Relates to the variable of consent, but is listed separately because it adds a further dimension to the experience.

Coleman (as cited in Lefrancois, 1993) also identified skills required for effective transition into adulthood. According to Coleman, a successful transition between childhood and adulthood requires meeting two classes of developmental objectives. The first concerns the individual's own capacities and abilities; the second, with how the individual relates to others. He refers to the first grouping of objectives as self-centred and to the second as other-centred.

Self-centred skills include objectives such as work and occupational skills, self-management, consumer and concentrated involvement skills.

Among other-centred objectives, Coleman lists three types of experiences that contribute significantly to the adoption of mature social roles. These include the opportunity to interact with a variety of individuals from many different social classes, races, age groups, religions, and occupations; experience in situations where the individual is responsible for others; and experience in activities where the outcomes depend on the cooperation of a number of individuals. Acquiring these skills, according to Coleman, should facilitate the transition between youth and adulthood, and result in better adjusted and happier adults (Lefrancois, 1993).

Another factor which plays a crucial role in the effective functioning of the young adult female who was exposed to an incestuous relationship during childhood is the way disclosure of the abuse was handled by significant others.

2.8. DISCLOSURE OF INCEST

Childhood disclosure of incest is comparatively uncommon. Sadly, the younger the child is when abused, the more severe the abuse, the longer the duration, and the closer the relationship between victim and abuser, the more the victim will believe she is responsible. Donalek (2001), indicates that this leads to the belief that telling would have negative consequences and makes the child less likely to even attempt disclosure. For those children who do attempt to tell, failure is frequent and an important trauma in and of itself.

The child is faced with the perpetrator who, instead of providing the needed protection, exploits his power and instils fear. The betrayal often extends to feeling abandoned by the mother who may be physically or emotionally unavailable.

Regardless of whether the mother knows on some level of the incestuous relationship, from the child's vantage point the lack of intervention becomes equated with abandonment.

Even if the child or adolescent discloses the secret and can give expression to some of her anger (which occurs in only a minority of cases), the child is rarely given validation. Instead, the perpetrator reacts defensively; he or she exploits further

control through threats. “The mother often reacts with outrage, shock, and disbelief.” (Haller & Alter-Reid, 1986, p. 555). Summit (as cited in Haller & Alter-Reid, 1986) states, “In the chaotic aftermath of disclosure, the child discovers that the bedrock fears and threats underlying the secrecy are true.” (p. 555). Disclosure is often followed by suppression, either by the family or a forced retraction by the victim. Empirical findings point to a high rate of unsupported disclosure among incest victims. Some mothers recognise the incest and are able to intervene either by better supervision and protection of the child or by actual confrontation with the perpetrator. Children who are not supported have been identified as having more intense emotional disturbance than children who are supported following disclosure (Haller & Alter-Reid, 1986).

Individuals for whom there are no overt intervention and treatment appear to suffer more profoundly from the effects of incest, a fact that has also been confirmed more recently by Spies (2006).

It has also been noted that when children are left untreated, the same behaviours exhibited in childhood can be carried into adulthood. These behaviours include anxiety, depression, low self-esteem, sexual problems, re-victimisation, suicidal tendencies, fear, aggression and guilt. Adult survivors may also show a lack of trust, and their intimate and peer relationships are often impaired in adulthood (Abdulrehman & De Luca, 2001).

According to Donalek (2001), nondisclosure as a child can be due to several reasons or fears of the child.

- Living in a silencing home where the family prevented any authentic, open expression of feelings.
- The incest victim felt uniquely isolated, even within families that were silencing to all of their members.
- The intense desire for their mother's care and attention. This desire often stays constant, whether met or unmet.
- The burden of the abuse takes multiple forms: the constant anticipation of further abuse; futile attempts to escape through resistance or fantasy; confusion as to the meaning and importance of the abuse and their own sometimes ambivalent responses; and, finally, attempts to live with a façade of normalcy.
- The secret must be kept. According to research done, several reasons were identified: a very real fear of being killed; a fear of being exposed as a stigmatised person, having a responsibility to protect their mothers and to hold their parents' marriage together; or a fear of disclosure of a behaviour for which they felt in part responsible .
- Disclosure as Loss: No matter what, I still loose. Firstly, incest disclosure was shaped by the fear or reality of loss. To keep the secret was to lose. To expose the incest was to threaten needed relationships, inflict pain on loved ones, or experience abandonment by those needed most. Worst still was to attempt disclosure and to receive little or no response.

2.9. CONCLUSION

Herman (as cited in Joy, 1987) pointed out that: “the majority of victims reach adulthood bearing their secret intact and undetected by the outside world. Because the psychological effects often persist into adulthood, however, many victims ultimately seek help from counsellors in the various mental health professions.” (p.317). As a woman sees her emotional stability failing, she seeks some rationale for the decline. Most often, these women begin the counselling session with depression, low self-esteem, social isolation, or relationship difficulties as the presenting concern. Only after trust and a rapport have been established do they share their “secret” and the associated emotional pain (Joy, 1987, p. 317). Childhood incest may be disclosed in an attempt to make sense of a current, adult crisis. The disclosure itself then has the potential to precipitate further decline as suppressed traumatic material surfaces (Donalek, 2001).

Mrazek (as cited in Malaka, 1999) indicated that sexual abuse has long-lasting negative effects on self-esteem and sexual identity, which result in feelings of helplessness and worthlessness. These effects usually stigmatise these women and they feel unable to cope with life’s demands, such as developing effective social roles, self-respect and establishing healthy relationships. Thus, incest has overwhelming effects on the female survivor, which, if not dealt with, could lead to self-destructive behaviour. Incest exposes developmentally immature children to sexual activities for which they are not psychologically or biologically ready.

Victims of incest have negative feelings towards and about the perpetrator or themselves bottled up inside them, which, unless identified and dealt with, can stay with them, interfering with adult functioning and preventing healing or change. Some continue to carry this burden until they are unable to function socially; others commit suicide or become psychologically disturbed because of their failure to cope with these feelings. Thus, incest should not be seen as just an unfortunate event that happened to a child, but according to Blume (1990), “an act that kills not all at once, not totally, but one way or the other, sooner or later, piece by piece or the whole child.” (p. 19).

In chapter three the research design and method will be presented.

CHAPTER THREE

THE INVESTIGATION

3.1. INTRODUCTION

In this chapter, the research design and the method of the study will be set out.

Motivation and theoretical grounding for utilising the qualitative approach to research will also be considered.

3.2. AIM OF THE STUDY

The aim of the study is to determine the effect of incestuous abuse on the interpersonal relationships of young adult females in an urban setting in Pretoria.

Before discussing the research design, it is necessary to define and explore the different types of research approaches and which approach would be the most appropriate for the proposed study. There are two main approaches, namely Qualitative and Quantitative research.

3.3. QUALITATIVE AND QUANTITATIVE RESEARCH APPROACHES

The qualitative is termed the traditional, the positivist, the experimental, or the empiricist paradigm. According to Smith (as cited in Creswell, 1994), the quantitative thinking comes from an empiricist tradition established by such authorities as Comte, Mill, Durkheim, Newton, and Locke. Creswell (1994)

indicated that the qualitative paradigm is termed the constructivist, or naturalistic, approach, the interpretative approach, or the postpositivist or postmodern perspective. A dictionary might suggest that qualitative analysis is concerned with describing the constituent properties of an entity, while quantitative analysis is involved in determining how much of the entity there is. According to Geertz (as cited in Smith, 2006) a great deal of qualitative research aims to provide rich or ‘thick’ (Geertz, 1973 as cited in Smith, 2006) descriptive accounts of the phenomenon under investigation, while quantitative research is more generally concerned with counting occurrences, volumes, or the size of associations between entities (Smith, 2006). Both styles are widely used, but each is rooted in a distinct logic or approach to social science. There is a large degree of ill will between the followers of the respective styles of research. Some find it difficult to understand or appreciate the other style.

To appreciate the strengths of each style, it is important to understand the distinct orientations of researchers. Almost all quantitative researchers rely on a positivist approach to social science. They are likely to use a technocratic perspective, apply “reconstructed logic,” and follow a linear research path. They speak a language of “variables and hypotheses.” Quantitative researchers emphasise precisely measuring variables and testing hypotheses that are linked to general causal explanations (Neuman, 2000).

Qualitative researchers, by contrast, often rely on interpretive or critical social science. They are more inclined/likely to use a transcendent perspective, apply “logic

in practice,” and follow a nonlinear research path. Qualitative researchers speak a language of “cases and contexts.” They emphasise conducting detailed examinations of cases that arise in the natural flow of social life. They usually try to present authentic interpretations that are sensitive to specific social-historical contexts (Neuman, 2000).

Qualitative and quantitative approaches clearly differ in terms of how the data are analysed. Quantitative research requires the reduction of phenomena to numerical values in order to carry out statistical data – for example, answers to questionnaire items – the nature of the response is prescribed by the need for quantitative analysis, and this verbal material must be transformed into numbers for that quantitative analysis to be carried out (Smith, 2006).

By contrast, qualitative research involves collecting data in the form of naturalistic verbal reports—for example, interview transcripts or written accounts—and the analysis conducted on these is textual. Thus, the concern is with interpreting what a piece of text means rather than finding the numerical properties of it. Qualitative approaches in psychology are generally engaged with exploring, describing, and interpreting the personal and social experiences of participants (Smith, 2006).

Although both styles share basic principles of science, the two approaches differ in significant ways (see Table 1.1) (Neuman, 2000 and Palys, 1997).

Table 1.1 Quantitative style versus Qualitative style

QUANTITATIVE	QUALITATIVE
<ul style="list-style-type: none"> • Test hypothesis that the researcher begins with. 	<ul style="list-style-type: none"> • Capture and discover meaning once the researcher becomes immersed in the data.
<ul style="list-style-type: none"> • Concepts are in the form of distinct variables 	<ul style="list-style-type: none"> • Concepts are in the form of themes, motifs, generalisations, and taxonomies.
<ul style="list-style-type: none"> • Many cases, subjects 	<ul style="list-style-type: none"> • Few cases, subjects
<ul style="list-style-type: none"> • Independent of context 	<ul style="list-style-type: none"> • Situationally constrained
<ul style="list-style-type: none"> • Measures are systematically created before data collection and are standardised. 	<ul style="list-style-type: none"> • Measures are created in an ad hoc manner and are often specific to the individual setting or researcher.
<ul style="list-style-type: none"> • Data are in the form of numbers from precise measurement. 	<ul style="list-style-type: none"> • Data are in the form of words and images from documents, observations, and transcripts.
<ul style="list-style-type: none"> • Theory is largely causal and is deductive. 	<ul style="list-style-type: none"> • Theory can be causal or noncausal and is often inductive.
<ul style="list-style-type: none"> • Procedures are standard, and replication is assumed. 	<ul style="list-style-type: none"> • Research procedures are particular, and replication is very rare.
<ul style="list-style-type: none"> • Positivist 	<ul style="list-style-type: none"> • Phenomenological
<ul style="list-style-type: none"> • Natural science model: humans are just another organism 	<ul style="list-style-type: none"> • Human-centred approach: people's ability to think and abstract requires special consideration
<ul style="list-style-type: none"> • Objectivity is achieved through social distance and a detached, analytical stance 	<ul style="list-style-type: none"> • Valid data come from closeness and extended contact with research participants
<ul style="list-style-type: none"> • Emphasis on causes and 	<ul style="list-style-type: none"> • Emphasis on processes: perceptions

effects: what goes in, and how it comes out; inputs, outcomes	and their meanings, and how these emerge and change
<ul style="list-style-type: none"> • Realist 	<ul style="list-style-type: none"> • Constructionist
<ul style="list-style-type: none"> • Preference for nomothetic analysis aggregated over many cases 	<ul style="list-style-type: none"> • Preference for idiographic, case-study analysis.
<ul style="list-style-type: none"> • Analysis proceeds by using statistics, tables, or charts and discussing how what they show relates to hypotheses. 	<ul style="list-style-type: none"> • Analysis proceeds by extracting themes or generalisations from evidence and organising data to present a coherent, consistent picture.

(Neuman, 2000 and Palys, 1997)

Validity and reliability are key concepts in any research. According to Merriam (as cited in Creswell, 1994), it is important to address the issue of internal validity, which is the accuracy of the information and whether it matches reality. The validity of qualitative research consists of three concepts:

- Unobtrusive, sustained methods. These are methods that leave the situation undisturbed as far as possible, hence the emphasis on long-term participants or non-participant observation, unstructured interviews or conversations, the use of key informants and the study of documents.
- Respondent validation. The aim is to understand the meanings and perspectives of others.

- Triangulation. The use of different researchers or methods, at different moments of time, in different places, among different people, and so on, strengthens the account (Woods, 2006).

Furthermore, it is important that the external validity or generalisability of findings from the studies be taken into account.

The reliability of qualitative research looks at the limitations in replicating the study. The uniqueness of a study within a specific context mitigates against replicating it exactly in another context. However, statements about the researcher's positions—the central assumptions, the selection of informants, the biases and values of the researcher—enhance the study's chances of being replicated in another setting (Creswell, 1994).

One of the chief reasons for conducting a qualitative study is that the study is exploratory; not much has been written about the topic or population being studied, and the researcher seeks to listen to informants and to build a picture based on their ideas (Creswell, 1994).

3.4. RESEARCH DESIGN

A research design is a strategic framework for action that serves as a bridge between research questions and the execution or implementation of the research. Research designs are plans that guide “the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure” (Sellitz, Jahoda, Deutsch & Cook, as cited in Terre Blanche & Durrheim, 1999, p.29). It is the designed and planned nature of

observation that distinguishes research from other forms of observation

(Terre Blanche & Durrheim, 1999).

3.4.1. Research Question

What is the effect, if any of incest on the interpersonal relationships of young adult females?

3.4.2. Procedure

The research proposal has to be accepted and the necessary research permission has to be granted by the MCREC (Medunsa Campus Research Ethics Committee) to conduct the research. From referral sources at least five voluntary participants will be contacted. Times will be scheduled with each participant according to availability in order to conduct the interviews. Each participant will be asked to sign a consent form (Appendix A) to grant permission before any research will be undertaken.

The confidentiality of each participant is the main priority for the researcher. Each participant will be assured of the safety and confidentiality of data. The participants will be informed that their participation will be voluntarily and that no one has to partake in the study if they don't want to. The interviews will be conducted by the researcher and the interviews will take place at a convenient location for each participant, e.g. the premises of the Support Group or at home.

All the interviews will be audio recorded, transcribed, and, if necessary, translated in order to be interpreted by three independent and experienced Clinical Psychologists.

3.4.3. Sample

Sampling is the process used to select cases for inclusion in a research study. The aim is to select a sample that will be representative of the population about which the researcher aims to draw conclusions (Terre Blanche, et al., 1999).

Non-probability sampling is used in qualitative research. According to Neuman (2000), this means that the sample size is rarely determined in advance and there is limited knowledge about the larger group or population from which the sample is taken. Non-probability sampling (such as convenience sampling) does not guarantee that every element in the population has an equal chance of being included in the sample (Shaughnessy, Zechmeister & Zechmeister, 2003).

For this study, non-probability sampling will be used and a sample will be selected via the method of convenience sampling. Convenience sampling is done by taking cases on the basis of their availability. This sampling is usually used when a researcher is researching a rare phenomenon (Neuman, 2000).

According to Terre Blanche, et al., (1999) non-probability samples are often used when:

- a) there is no available sampling frame;
- b) the cost of probability sampling, in terms of time and money, is too high, and
- c) in-depth qualitative research is planned.

For the purpose of this research study, convenience sampling will be used due to the fragile nature and secretiveness of incest, hence making it very difficult to find participants in the selected field of study.

Non-probability sampling presents with two negative implications. First, statistical theories of probability do not apply to non-random samples, making it impossible to know the degree of accuracy to which properties of the sample can be used to describe properties of the population. Second, since the researcher plays an active role in deciding who should and should not be in the sample, bias can easily be introduced. This could mean that the properties of the sample are likely to under- or overestimate the true population values (Terre Blanche & Durrheim, 1999).

3.4.3.1 Sample Size

The difficulty of finding participants for the study is as a result of the sensitive and secretive nature of the research topic. The aim for this study is to find voluntary participants through the use of convenience sampling.

For qualitative research, it is the relevance of the case to the research topic rather than their representativeness which determines the way in which the people to be studied are selected. Cases are selected gradually, with the specific content of a case determining whether it is chosen (Neuman, 2000). An attempt is usually made to understand a small number of participants' own frame of reference or view of the world rather than trying to test a preconceived hypothesis on a large sample (Smith, 2006).

The proposed sample size to participate in this research is five volunteers. For the purposes of this research, the proposed sample size of five participants is therefore considered to be adequately representative as part of a qualitative study.

Furthermore, the participants selected for this study will not be limited to a specific

cultural group but it will be open to cultural diversity, as a result of the availability of participants.

Further selection of the sample will be based on the following inclusion and exclusion criteria:

3.4.3.2 Inclusion Criteria

The female participants have to be a part of some form of support group.

The participants must come from a background of incestuous abuse.

Participants must be able to communicate in the English language as this is the language that will be used during the interview.

The participants must be between the ages of 20 and 27 years of age.

3.4.3.3 Exclusion Criteria

Participants must not be diagnosed with any disorders?

3.4.4. Data Gathering

Data will be gathered through the use of a structured interview schedule (Appendix B). The interviews will be conducted as part of a qualitative approach in order to get in-depth information on the participant's feelings and interactions. The personal interview allows greater flexibility in asking questions. In a personal interview the respondent can obtain clarification when questions are unclear and the trained interviewer can follow up incomplete or ambiguous answers to open-ended questions.

The interviewer controls the order of questions and can ensure that all respondents complete the questions in the same order (Shaughnessy, et al., 2003).

Qualitative data collection will consist of the following steps:

- a. The Person Centred Interviewing (PCI, unstructured interviewing), structured interview and biographical questionnaire are the preferred method of data collection because these methods are deemed to be the most suitable to gather the required data. The interviews will be conducted by the researcher.
- b. PCI is a form of interviewing where the interviewer acts as a facilitator, allowing the interviewee to direct and lead, while he or she follows the interviewee's lead. Thus, the interviewer employs a nondirective style in his or her relationship with the interviewee. Important aspects in PCI include attention to the present, focus on interviewee's feelings, and emphasis on process (Okun, 2002).

The data will be collected through Person Centred Interviewing which is a form of unstructured interviewing.

- c. After the PCI, structured interviewing will be utilised whereby each participant will be asked three questions, which will be stated in as much of an open ended manner as possible, by using an interviewing schedule. The interviewing schedule is available in Appendix B. Due to the nature of the research, the structured interviewing questions have been carefully chosen by the researcher and have been reviewed by an experienced clinical psychologist to mobilise the candidate into a relatively unstructured direction.

To add any leading questions would have a detrimental effect on the reliability and validity of the present investigation. According to Smith (2006), the interviewer's role in a structured interview is to facilitate and guide, rather than dictate exactly what will happen during the encounter. The interviewer uses the interviewing schedule to indicate the general area of interest and to provide cues when the participant has difficulties, but the respondent should be allowed a strong role in determining how the interview proceeds. Should the need arise, the researcher will also ask the participant to elaborate and will probe further as deemed necessary in a person centred manner.

- d. The interviews will be audio recorded and transcribed verbatim by the researcher (Appendix D). Audio recording is used in order for the interview to run smoothly and with establishing rapport (Smith, 2006). Writing down notes verbatim can interfere with the interactive process of the interview.
- e. A biographical interview as adapted from Kaplin and Saddock (2007) (see Appendix C will also be conducted, which will ascertain various prudent demographical information from the participants. This information will also be used in the subsequent data analysis.
- f. The participants will be interviewed at a convenient location in the privacy of a suitable room at either the Support Group offices or at the participant's home.
- g. The time frame of the interview will be approximately one hour.
- h. The participants will be informed that a debriefing session will be arranged

for them, should the need arise due to their participation in the study.

Concerns Regarding Qualitative Interviewing

According to Neuman, (2000) interview bias falls into six categories:

1. “Errors by the respondent – forgetting, embarrassment, misunderstanding, or lying because of the presence of others.
2. Unintentional errors or interviewer’s sloppiness—contacting the wrong respondent, misreading a question, omitting questions, reading questions in the wrong order, recording the wrong answer to a question, or misunderstanding the respondent.
3. Intentional subversion by the interviewer—purposeful alteration of answers, omission or rewording of questions, or choice of an alternative respondent.
4. Influence due to the interviewer’s expectations about a respondent’s answers based on the respondent’s appearance, living situation, or other answers.
5. Failure of an interviewer to probe or to probe properly.
6. Influence on the answers due to the interviewer’s appearance, tone, attitude, reactions to answers, or comments made outside of the interview schedule” (p.279).

The researcher will aim to account for any possible research bias in the research study by:

- a. Taking into consideration the interviewing context of which a single interviewer will be used to conduct all the interviews. The interviewer

strives to act in a neutral and uniform way, thus reducing the type of bias that causes unreliability because of different individual interviewer behaviour (Neuman, 2000).

- b. The participants will be interviewed at a location of convenience in privacy. According to Neuman (2000), the social setting in which the interview occurs can affect answers, including the presence of other people.
- c. Using an interviewing schedule (Appendix B) for all interviews to be structured in the same manner and to ensure that all respondents are exposed to similar situations to enable replication of the study.
- d. According to Neuman (2000), interviewer expectations can create significant bias. Interviewer's expectations are acknowledged and therefore, by conducting a PCI and using open-ended questions in a person-centred approach, the researcher aims to safeguard against the fact that the researcher that is familiar with the study acts as interviewer.

After the data gathering, the next important step would be to look at how the data thus gathered will be analysed.

3.4.5. Data Analysis

The aim of data analysis is to transform information (data) into an answer to the original research question. A careful consideration of data analysis strategies will

ensure that the design is coherent, as the researcher matches the analysis to a particular type of data, to the purposes of the research, and to the research paradigm (Terre Blanche, et al, 1999).

The following five steps described by Terre Blanche and Durrheim (1999) will be used during the analysis of the data:

- i. Familiarisation and Immersion: Familiarisation with the data takes place during the collection of the data. Immersion takes place when the researcher transcribes the data verbatim from audio tapes/recordings. The researcher will give the transcripts to three independent Clinical Psychologists experienced in the field of Qualitative research. The clinicians will be asked to analyse the data to safeguard the validity and reliability of the study.
- ii. Data will then be given to the Independent Clinicians to read through, make notes, draw diagrams, and brainstorm.
- iii. Inducing Themes: Induction is the use of direct observation to confirm ideas and the linking together of observed facts to form theories or explanations of how natural phenomena work (Bernard, 2000). For this study the Clinician will be asked to analyse the data according to the following themes:
 - Please comment on the nature and quality of the candidates' interpersonal relationships?
- iv. Coding: Identifying themes in texts and coding the texts for the presence or absence of those themes (Bernard, 2000).
- v. Interpretation and Checking: This is the final step where the researcher puts together the analyses received from the independent clinicians.

- vi. Presentation of Data: The data of every participant will be presented in a paragraph form where the outcome of the analyses will be stated and discussed. Thereafter, a short discussion of the circumstances and context of every participant will be given.

3.5. RESEARCH METHOD

In the following section the research method followed during this research study will be discussed in detail.

3.5.1. Research Procedure

The research procedure as set out under the research design was followed.

3.5.2. Research Sample

Sampling was done as set out under the research design. Although the sample size was set out to include interviews with five research participants, it was not possible to obtain a fifth participant for the research due to the secretive nature of the topic of this research, which was further limited by time constraints. This sample size was still considered to be adequately representative for the purposes of this research study. Three of the participants were interviewed in the privacy of a therapeutic consultation room, as discussed under research design, and the fourth participant was interviewed at her home as this was more suitable to the participant.

3.5.3. Data Gathering

Data was gathered as set out under the research design. The interviewing sessions were very similar to a first therapeutic consultation. The participants participated freely and openly during the interviews, as all of the participants have gone for intensive psychotherapy. Two of the participants were more hesitant in the beginning of the interviews, which is hypothesised to be related to the unstructured nature of the Person-Centred Interview.

3.5.4. Data Analysis

Data analysis was done as set out under the research design.

The research results and discussion are presented in the next chapter.

CHAPTER FOUR

RESULTS AND DISCUSSION

The bottom-line effect of the incest for me was trust and not-trust. I felt zip trust for anybody.

-Anna Stevens, 1994

4.1. INTRODUCTION

In this chapter, the results, discussion and conclusion will be presented.

4.2. RESEARCH QUESTION

What is the effect, if any, of incest on the interpersonal relationships of young adult females?

4.3. RESEARCH RESULTS

4.3.1. QUALITATIVE ANALYSIS

As was indicated in chapter three in the research design, three independent and experienced Clinical Psychologists were approached in order to interpret the transcribed interviews. The research question was given and each clinical psychologist was asked to analyse the transcripts and to formulate their clinical impressions.

Four case studies will be presented below.

CASE 1

4.3.1.1. TABLE 1: Themes identified

CLINICIAN 1	CLINICIAN 2	CLINICIAN 3
<ul style="list-style-type: none"> • <u>Unsure of self</u>¹ and hesitancy. • Ineffective coping seen through <u>symptoms</u>² such as overdose and cutting self. • Often talks about self in <u>third person</u>³. • She <u>confirms herself</u>⁴ in her communication. • Seeking <u>independence</u>⁵ results in <u>self-isolating</u>⁶ behaviour • <u>Distanced</u>⁷ in relationships. • She has a need for <u>relationships that are built slower</u>⁸ in order for her to develop <u>trust</u>⁹. • Self-protecting mechanisms results in <u>rigid boundary</u>¹⁰ setting. • Gained <u>self-control</u>¹¹ through therapy. • Disclosure is associated with exploitation and being <u>vulnerable</u>¹². • She has difficulty with <u>trust</u>⁹ in interpersonal relationships. 	<ul style="list-style-type: none"> • She experiences difficulty in <u>trusting others</u>⁹. • She presents with feelings of <u>depression</u>², caused by her <u>self-isolating style</u>⁶. • She tends to <u>withdraw</u>⁶ from others. • She has a <u>lack of confidence</u>¹ in her relationships. • She has <u>difficulty engaging</u>⁵ in relationships. • Through the help of therapy it became easier to <u>control her emotions</u>¹¹ in her interpersonal contact. • She is <u>uncomfortable with closeness</u>⁸ in relationships and therefore keeps her <u>distance</u>⁷. • <u>Therapy taught her</u>²¹ to set interpersonal <u>boundaries</u>¹⁰, which increased her sense of safety in relationships. • She now has <u>more trust in her</u> 	<ul style="list-style-type: none"> • She spoke about the problem in a matter-of-fact <u>intellectual manner</u>³. • She seemed to accept the <u>definition of the relationship</u>²⁴ with the interviewer as <u>complimentary</u>²⁴, with her in the one down position. • Punctuating from the participant it appears that she finds it <u>difficult to trust people</u>⁹ or partners in relationships. • She seems to <u>distance</u>⁷ herself <u>emotionally</u> from others, preferring to engage intellectually. • She describes feelings of <u>vulnerability</u>¹² and <u>isolation</u>⁶, finding it <u>difficult to express her feelings</u>²⁵ <u>congruently</u>²⁰ and to set <u>appropriate boundaries</u>¹⁰ within her relationships.

<ul style="list-style-type: none"> • <u>Blaming self</u>¹³ for what happened and for not doing anything about it. • <u>Non-disclosure of perpetrator</u>¹⁴. • Tries to <u>avoid conflict</u>¹⁵ but is often involved in <u>symmetrical</u>¹⁶ struggles due to <u>defensiveness</u>¹⁶. • <u>Confused</u>¹⁷. • Fear of <u>rejection</u>¹⁸. • Feels <u>judged</u>¹⁹. • <u>Incongruent</u>²⁰ behaviour as a defence mechanism. • <u>Therapy process has helped</u>²¹ to bring change. 	<ul style="list-style-type: none"> • <u>family</u>²² relationships, although she is still <u>distanced</u> from her parents. • She learned to whom she can speak and about what. She thus acquired <u>more control in her relationships</u>²³. • She is, however, still <u>afraid of interpersonal commitment</u>¹⁸. 	
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4.3.1.2 INTEGRATION

(a) Themes identified by all three independent clinicians.

There is a tendency of the participant to isolate⁶ herself from interpersonal interaction. All three clinicians identified that the participant is careful and distances⁷ herself in relationships, avoiding emotional closeness. A theme of difficulty with trust⁹ across a broad spectrum of relationships was identified, and all three clinicians identified the theme that the participant experienced difficulties in the setting of boundaries¹⁰.

(b) Themes identified by two independent clinicians.

Two independent clinicians identified that there was a lack of self-confidence¹ and that certain symptoms² developed as a result of ineffective coping mechanisms. The participant also had the tendency of referring to herself in the third person³, talking and relating in an intellectual manner.

It was further identified that the participant found the therapeutic process helpful and that it assisted her in gaining control¹¹ over her relationships and emotions.

A theme of vulnerability¹² was identified in disclosure of the event as well as of emotions towards significant others. It was further indicated that the participant experienced difficulties⁸ and often felt uncomfortable in establishing close relationships⁸. Two independent clinicians identified a theme of hesitance of interpersonal commitment due to a fear of being rejected¹⁸. The participant further expressed that she has a difficulty of being herself and expressing herself in a consistent and natural manner, which indicated an incongruence²⁰ in her behaviour and expression of her feelings. Furthermore, a theme of striving for independence⁵ has been identified which has been described by clinician 2 as a difficulty engaging in relationships and therefore preferring to become more self-reliant. Two clinicians also identified that the participant found the therapy useful²¹ and contributed to effective change.

(c) Themes identified by one independent clinician.

It was identified by clinician 1 that the participant consistently during her communication confirmed herself⁴, thus giving herself confirmation. A theme of self-blame¹³ relating to the incident was also identified. The transcript also indicated an element of avoiding conflict¹⁵ but, in contrast, indicated that the participant, often due to defensiveness, became involved in symmetrical struggles¹⁶ within her interpersonal relationships. Clinician 1 further identified themes of being confused¹⁷ as was indicated by giving double messages within the transcript and that the participant feels judged¹⁹ in her environment. It was also apparent in the analysis that the participant did not want to disclose the identity of the perpetrator¹⁴ to her family or friends.

Clinician 2 identified that the participant trusted her family²² more after she started the therapeutic process. Clinician 3 identified that the definition of the relationship²³ with the interviewer was a complimentary relationship²³ with the interviewee in the one down position. It was further identified that the participant experiences difficulty expressing her emotions²⁴.

4.3.1.3. CONCLUSION

Thus, from the above findings there is an agreement that the participant has a difficulty in trusting people, which results in her distancing herself in interpersonal relationships. Her distancing behaviour results in the participant becoming more self-isolated within her environment.

It is also evident from the thematic analysis that lack of confidence, vulnerability, not being confirmed, difficulty expressing emotions, and a fear of rejection from her environment contribute to the development of symptoms such as depression and self-mutilating behaviours, including cutting and substance abuse.

Thus, the incestuous relationships resulted in the participant distancing herself within interpersonal relationships. The participant made specific reference to her friendship relationships (both male and female), intimate relationships, and her relationship with her mother.

CASE 2

4.3.1.4. TABLE 2: Themes identified

CLINICIAN 1	CLINICIAN 2	CLINICIAN 3
<ul style="list-style-type: none"> • <u>Hesitance</u>¹ • <u>Difficulty forming closeness</u>². • <u>Nervousness</u>³ and <u>insecurity</u>⁴ • Felt obligated to keep incest secret. • <u>Paranoid in interaction</u>⁵ and <u>difficulty trusting</u>⁶ people. • <u>Closed-off and withdrawn</u>⁷ from interaction. • <u>Uncomfortable</u>⁸ in interpersonal interaction. • <u>Frustration</u>⁹ with long healing 	<ul style="list-style-type: none"> • She is <u>doubtful of others</u>⁵—she has <u>difficulty trusting</u>⁶ others, which is also linked to a feeling of <u>suspicion</u>⁵. • She is <u>cautious and doesn't open up easily towards others</u>². • She became <u>more introverted and isolated</u>¹³. • She experiences a deep <u>sense of fear</u>¹⁴ towards people—her trust in people has been 	<ul style="list-style-type: none"> • Spoke about the problem in an <u>embarrassed, hesitant manner</u>¹. • Initially, the participant <u>manoeuvred for structure and guidance</u>¹⁵ from the interviewer. • Punctuating from the participant, she seems to find it <u>difficult to trust people</u>⁶. • She appears to <u>isolate</u>¹³ herself from others, preferring to <u>cope</u>

<p>process.</p> <ul style="list-style-type: none"> • Had <u>restricted social interaction</u>¹⁰ and therefore <u>felt robbed and resentful</u>¹¹. • <u>Seeking confirmation</u>¹² from interviewer. • <u>Self-isolating</u>¹³ behaviour. • <u>Symptoms</u>¹⁴ such as high anxiety levels and depression developed. • <u>Fear of change</u>¹⁵ and <u>need for structure</u>¹⁵. • Experiences <u>difficulty in family relationships</u>¹⁶ and feelings of <u>rejection</u>¹⁷ and <u>betrayal</u>¹⁸ by them. • <u>Self-blame</u>¹⁹ for incidents. • Has grown <u>stronger through therapy</u>²⁰, which also <u>strengthened her family relationships</u>²¹. • <u>Fear of specific men and avoiding interaction</u>²² with most members of opposite sex, <u>including boys</u>²⁵. • <u>Defensiveness</u>²³ in relationships. • Fear and difficulty of <u>expressing feelings</u>²⁴. 	<p>violated.</p> <ul style="list-style-type: none"> • She <u>feels vulnerable</u>²⁵ in her relationships with others due to the level of <u>uncertainty she experiences</u>⁸ in these relationships. • <u>She felt left out in family relationships and didn't feel good enough</u>¹⁶. • She <u>experienced rejection</u>¹⁷ from the family. • Currently her <u>family relationships have improved (through the help of therapy)</u>²¹. • <u>Therapy helped</u>²⁰ her to become more open in her friendships. • She <u>creates distance in relationships</u>⁷ before anyone can reject her. • In school she was <u>scared of boys</u>²² and avoided them. • She still has a <u>fear of certain kinds of men</u>²² (strong, confident and self-assured). She fears that they will reject her. • She <u>fell behind in</u> 	<p><u>with and manage situations on her own</u>⁷.</p> <ul style="list-style-type: none"> • She described feelings of <u>anger</u>¹¹, <u>guilt</u>¹⁹, <u>rejection</u>¹⁷ and <u>betrayal</u>¹⁸.
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	<p><u>her relationships</u>¹⁰ with her peers.</p> <ul style="list-style-type: none"> • She is <u>defensive</u>²³, especially in her relationship with her mother. She manoeuvres for distance in this relationship. • She <u>manoeuvred for distance in relationships</u>. It made her feel safer. This <u>isolation</u>¹⁴ caused a feeling of alienation with regard to her interpersonal relationships. • She <u>experiences anger</u>¹¹ in her <u>relationship with her dad</u>. 	
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4.3.1.5. INTEGRATION

(a) Themes identified by all three independent clinicians

All three independent clinicians identified a theme that the participant experienced difficulties trusting⁶ people, which also contributed to the participant developing self-isolating¹³ behavioural patterns within relationships. The independent clinicians also agreed that the participant was closed-off and withdrawn from interaction, which created distance⁷ in her relationships. A theme of feeling robbed¹¹ of opportunities and childhood, as

well as resentment¹¹ as a result thereof, has been identified. Furthermore, a theme of feeling rejected¹⁷ by her family has been identified.

(b) Themes identified by two independent clinicians

Two of the independent clinicians identified that the participant presented in a hesitant¹ and embarrassed manner. Difficulty in forming close relationships² by not opening up easily towards others was also identified. It was also identified that the participant appears to be doubtful and suspicious⁵ of others. It was further identified that the participant felt restricted in her social interactional skills¹⁰ due to her experiences.

Two of the independent clinicians further identified that the participant developed certain symptoms¹⁴, such as anxiety and depressive symptoms, resulting from her lack of interpersonal interaction and distancing manoeuvres. It was also identified that the participant feels uncomfortable in building and maintaining relationships due to a fear of change and instability. She prefers a structured¹⁵ and predictable environment which creates more safety for her. Two clinicians further agreed that the participant experienced difficulty in her family relationships¹⁶ as she felt betrayed¹⁸ by them. Self-blame and guilt¹⁹ were further identified as feelings which resulted from not receiving sufficient support from her environment and her ineffective interpersonal relationships. Furthermore, themes were identified, such as that the participant has grown stronger through therapeutic intervention²⁰, which has also contributed to stronger family relationships²¹. Two independent

clinicians identified that the participant has developed a fear of men²² in general and later on with specific reference to men with similar traits to those of the perpetrator. Lastly, a theme of defensiveness²³ was also identified.

(c) Themes identified by one independent clinician

Nervousness³ and insecurity⁴ were two themes identified by clinician 1.

Other themes identified by one independent clinician were that the participant is uncomfortable in interpersonal interaction⁸ and that she often experiences frustration⁹. Clinician 1 also identified that the participant has a lack of receiving confirmation¹² from the relationships in her environment.

Furthermore it was identified that the participant experiences difficulty in expressing her feelings²⁴ and that she feels vulnerable in relationships²⁵.

4.3.1.6. CONCLUSION

From the above thematic analysis there is a definite emphasis on the participant's ability to trust people and to form trusting relationships. There is also an agreement between the three independent clinicians that the participant presents with feelings of anger, resentment, and a sense of being robbed of certain experiences during her early developmental stages, such as the ability to build relationships and social interactional skills.

Through the thematic analysis it is also apparent that the participant presents with a self-isolating style, as she withdraws herself from interpersonal interaction which then results in her being rejected and becoming further isolated within her

environment. As her self-isolating behaviour escalates the participant experiences symptoms such as anxiety and depression, which can be a direct result of her ineffective relationships and coping mechanisms.

In the interview the participant made specific reference to friendships and relationships as well as her relationship with her father and mother.

CASE 3

4.3.1.7. TABLE 3: Themes identified

CLINICIAN 1	CLINICIAN 2	CLINICIAN 3
<ul style="list-style-type: none"> • <u>Blaming</u>¹ towards mother. • <u>Vulnerable</u>², easily taken advantage of. • <u>Impulsivity</u>³ through seeking safety in relationships. • Lack of <u>confirmation</u>⁴. • <u>Guilt and disgust</u>⁵ • <u>Feeling used</u>⁶ by men. • <u>Deeply hurt</u>⁷. • <u>Does not trust</u>⁸ men. • Does not feel <u>appreciated by husband</u>⁹. • <u>Feeling anxious</u>¹⁰ around men. • <u>Suspicious</u>¹¹ of relationships. • <u>Withdrawn and shy</u>¹². 	<ul style="list-style-type: none"> • She feels unsafe with men – that she <u>cannot trust</u>⁸ them. • She <u>isolated herself</u>¹⁴ from— she stopped socialising as she experienced other women to be threatened by her. • Currently, she <u>does not have many friends</u>¹⁹. • <u>She felt that she did not fit in the group—like an outsider</u>¹³. • In school, she had a <u>social life with boys</u>²⁰—it was easy for her. • She experiences <u>difficulty expressing</u> 	<ul style="list-style-type: none"> • Punctuating from the participant, she seems to find it <u>difficult to trust others especially men</u>⁸. • She appears to <u>distance herself</u>¹⁸ from others, finding it <u>difficult to set appropriate boundaries</u>² and to <u>assert herself effectively within her relationships</u>¹⁷. • She appears to present herself in a <u>withdrawn</u>¹² and <u>isolating</u>¹⁴ manner finding it <u>difficult to express her feelings congruently</u>¹⁵.

<ul style="list-style-type: none"> • <u>Feeling judged</u>¹³. • <u>Isolated herself</u>¹⁴. • Difficulty expressing <u>emotions</u>¹⁵. Communicates on intellectual level. • Felt/feels <u>rejected</u>¹⁶ by peers. • Low <u>self-confidence</u>¹⁷. • <u>Distanced</u>¹⁸. 	<ul style="list-style-type: none"> • <u>herself</u>¹⁵. • <u>She felt cut out</u>¹⁶ by other females. • She experienced <u>conditional acceptance</u>²¹. • She helps other people—that makes her feel happy now. • She felt <u>insecure</u>¹⁷ and <u>shy</u>¹² while she was at school. • Holds her true feelings back, which creates <u>distance in relationships</u>¹⁸. • She has difficulty forming <u>trustworthy</u>²² relationships. She experiences <u>hostility</u>²³ and <u>hidden agendas</u>¹¹. 	
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4.3.1.8. INVESTIGATION

(a) Themes identified by all three independent clinicians

All three independent clinicians identified in the thematic analysis that the participant experiences difficulty trusting men⁸ in and around her environment.

There was further agreement that the participant is shy and withdraws¹² from interpersonal interaction. Furthermore, the three clinicians identified that she has experiences difficulty in expressing her emotions¹⁵ and Clinician 3 further

indicated that the participant has difficulty expressing her feelings in a congruent manner. It was further indicated that the participant is insecure, has low self-confidence¹⁷ and, according to Clinician 3, she has difficulty asserting herself effectively within her relationships. Lastly, all three independent clinicians identified that the participant is distanced¹⁸ within her relationships which contributes to her self-isolating¹⁴ behaviour.

(b) Themes identified by two independent clinicians

Two independent clinicians identified that the participant is vulnerable². Clinician 3 elaborated by indicating that the participant has difficulty setting appropriate boundaries within her relationships. It was further identified that the participant is suspicious of relationships¹¹ and that she feels that people often present to her with hidden agendas which escalates her difficulty in trusting people. The analysis also indicated a theme of feeling judged¹³ by other people especially women and that she never felt like she fitted in and experienced herself as being an outsider. Clinician 1 and 2 further identified themes of being rejected and excluded¹⁶.

(c) Themes identified by one independent clinician

According to the above thematic analysis, Clinician 1 identified that the participant presents with impulsive behaviour³ when she makes decisions in relationships. It was also indicated that the participant experiences a lack of

confirmation⁴ from her environment and that she does not feel appreciated⁹ by her husband. Clinician 1 also indicated that the participant feels used by men⁶ and that she experiences feelings of guilt and disgust⁵. Further themes identified are feelings of being deeply hurt⁷ and feeling anxious around men¹⁰.

According to themes identified by Clinician 2 the participant does not have many friends¹⁹ and at school her social life was with boys as it was easier²⁰. It was further identified that she experienced conditional acceptance²¹ in her relationships as well as hostility²³. Lastly, the clinician indicated that the participant has difficulty forming trustworthy relationships²².

4.3.1.9. CONCLUSION

From the above thematic analysis it is apparent that the participant has difficulty trusting people in relationships, especially men. It has further been identified that she is shy and withdraws from interaction which could be as a result of her low self-confidence and trust difficulties. The participant's inability to communicate her feelings in combination with her distancing behaviour will further elicit distancing manoeuvres from her environment, which will contribute to her escalating in her distancing behaviour and elicit a subjective experience of being rejected and isolated by her environment.

During the interview, the participant made specific reference to friendship relationships as a child, which was mainly with members of the opposite sex as well as her current relationship with her husband.

CASE 4

4.3.1.10. TABLE 4: Themes identified

CLINICIAN 1	CLINICIAN 2	CLINICIAN 3
<ul style="list-style-type: none"> • Feels <u>rejected</u>¹ by family. • <u>Isolated</u>² • Extreme feelings of <u>anger towards family</u>³. • <u>Trusts nobody</u>⁴ • Has <u>difficulty communicating feelings</u>⁵. • <u>Fearful of closeness</u>⁶ in relationships • <u>Distant family relationships</u>⁷. • <u>Defensive</u>⁸ • <u>Ineffective coping mechanisms</u>⁹ in relationships. • Trapped in <u>ineffective communication</u>¹⁰ in relationships. • <u>High expectations</u>¹¹ in relationships • <u>Suspicious of interpersonal</u>¹² relationships. • <u>Self-isolating</u>¹³ style through 	<ul style="list-style-type: none"> • She felt <u>isolated</u>² as a child • The <u>distance</u>⁷ in her relationship with her mother increased. • She carries <u>anger</u>³ towards her uncle and his family for allowing the abuse. • She has <u>difficulty trusting others</u>⁴. • She has <u>feelings of anger</u>³ towards her father and there exists a <u>large distance between them</u>⁷. • She has <u>difficulty communicating her feelings</u>⁵. She feels that it is not safe to say how you feel. • She <u>feels vulnerable</u>⁶ in interpersonal relationships. • She <u>feels rejected by her family</u>¹ and 	<ul style="list-style-type: none"> • She appears to find it <u>difficult to set appropriate and consistent boundaries</u>¹⁸ within her relationships. • <u>Withdrawing and isolating</u>^{2/13} herself from others. • Manoeuvring for <u>distance</u>⁷. • She also describes that it is <u>difficult to trust others</u>⁴.

<u>hostility</u> ¹⁴ .	<p>has trouble getting along with them—she is stubborn in these relationships.</p> <ul style="list-style-type: none"> • She <u>feels lonely</u>¹⁵. • She has insecurity in her relationships due to her <u>low self-esteem</u>¹⁶. • She struggles with forgiveness because she <u>needs to protect herself from future hurt</u>¹⁴. • She has <u>never had a “good” relationship in her life</u>¹⁷. • Her <u>mistrust keeps her from getting close too others</u>¹². 	
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4.3.1.11. INVESTIGATION

(a) Themes identified by all three independent clinicians

According to the above thematic analysis all three independent clinicians identified that the participant experiences difficulties with trust⁴ in relationships and that she distances⁷ herself in relationships, especially within her family which results in her feeling isolated².

(b) Themes identified by two independent clinicians

Two independent clinicians identified that the participant feels rejected¹ by her family and that she also feels isolated². The thematic analysis further indicated strong feelings of anger³ and hostility¹⁴ towards her family and

within interpersonal relationships. Clinician 2 indicated that she feels the need to protect herself from future hurt and this can be identified through hostility, which elicits distance in her relationships. It is also indicated that the participant experiences difficulties in communicating her feelings⁵ and that she is fearful of closeness⁶ within relationships.

Lastly, it was identified that she feels suspicious¹² of interpersonal relationships and thus she further self-isolates¹³ by not getting close to others.

(c) Themes identified by one independent clinician

Clinician 1 identified that the participant presented as being defensive⁸ within her relationships and that she presents with ineffective coping mechanisms within her relationships⁹ as well as with ineffective communication in her relationships¹⁰. It was further identified that the participant has high expectations¹¹ within her relationships. Clinician 2 identified that the participant presents with feelings of loneliness¹⁵ and that she has a low self-esteem¹⁶. According to Clinician 2 the participant indicated that she has never had a “good” relationship in her life¹⁷.

Lastly, Clinician 3 indicated that the participant finds it difficult to set appropriate boundaries within her relationships¹⁸.

4.3.1.12. CONCLUSION

According to the above thematic analysis the participant presents with a difficulty of trusting people which also results in her becoming distanced within her relationships.

It was also indicated that she feels isolated within her family and environment.

The participant mainly focused on her family relationships. These included those family relationships that were involved during the period of the incestuous abuse with specific reference to her mother, uncle and father. She also made reference to the fact that she does not have friendship relationships, and although the participant spoke about her current family, including her husband and children, she did not put much emphasis on these relationships.

4.4. OVERALL CONCLUSION AND DISCUSSION

During the interviewing process all the participants participated freely and openly, as all of the participants have gone for intensive psychotherapy. Two of the participants were more hesitant in the beginning of the interviews, which is hypothesized to be related to the unstructured nature of the Person Centred Interview.

A discussion of the themes identified will follow as according to the cases presented and case analyses several themes have become apparent throughout all of the interviews. All three independent clinicians were in agreement in all four case presentations that:

- There appears to be a difficulty of trusting people which inhibits their ability to feel comfortable in interpersonal interaction and to form and sustain relationships.
- A theme of being distanced within relationships and presenting with distancing behaviour in interactions was also identified by all three clinicians in all four of the interviews.
- Furthermore, it was identified in all of the interviews that the participants present with self-isolating behaviour which results in feelings of being isolated within their environment.

A further similarity found between the four participants interviewed was that all four participants acknowledged feelings relating to rejection. It was often reported as a fear of being rejected or feeling rejected by family members or their environment. Three of the participants also reported feeling suspicious of people as well as having difficulty with personal or close relationships. Lastly, themes that came up in some of the interviews but that were not identified by all of the analysts were themes of developing symptoms, difficulty expressing emotions, and low self-confidence levels.

The above can be validated by previous research findings.

Previous research results suggest that incest survivors express more hostility and pessimism, and lower levels of basic trust and mastery than the general population (Waldman, Sibler, Holmstrom & Karp, 1997). Most survivors have problems with trust. Survivors tend to see trust as an absolute, either not trusting at all or trusting

completely. According to Bass and Davis (1994) “It is common for survivors to keep distance between themselves and the people they love” (p. 239).

As indicated in Spies (2006), sexual abuse can seriously hinder normal social growth and healthy development.

Multiple regression analyses indicated that disengagement methods of coping with the sexual abuse accounted for a unique variance in general psychological distress even after controlling for characteristics of the abuse and methods of coping with other stressors (Spies, 2006).

According to Ratican (as cited in Robinson, 2000, p. 168), research has shown that “survivors have higher levels of anxiety, depression, self-destructive and suicidal tendencies (which refers to symptomatic behaviour), and difficulties with intimate relationships than do non-abused individuals.”

Furthermore, a growing body of literature indicates that childhood sexual abuse (usually incestuous victimization) is associated with chronically impaired psychological functioning in adult females. Symptoms may include anxiety, depression, low self-esteem, unresolved anger, inadequate social skills, problems with intimate relationships, and sexual functioning (Robinson, 2000).

The deep betrayal that survivors of childhood sexual abuse experience can lead to a sense of loneliness, isolation, and alienation. Socially, these feelings of alienation

may have kept the survivors from joining groups or teams. They often find it difficult to develop meaningful friendships or relationships because of feelings of isolation (Turner, 1993).

Isolation is often coupled with addictions. If no one is close to you, no one can hurt you anymore. Survivors often shut others out, creating a half-life of their own making (Bass & Davis, 1994).

Thus, from the above findings there is a consistency in that the participants experience difficulty in trusting people which results in distancing manoeuvres within interpersonal relationships. These distancing manoeuvres result in the participants often feeling rejected and alone within their environments which then results in a further escalation of self-isolating behaviour leaving the participants feeling isolated.

From the above thematic analysis it is clear that incest does have an effect on the interpersonal relationships of young adult females. The abuse which occurred several years ago resulted in affecting their ability to build effective relationships as they do not trust people and therefore distance themselves from interpersonal interaction which results in them becoming self-isolated within their environments. This behaviour forms fixed patterns, and they become entrapped in this style of communication and relating to people which affects their ability to form and build relationships, which can fill their needs as well as those of the other person.

It is evident from the above that the research objectives of this study have been met.

From the above findings it can be concluded that incestuous abuse does have an effect on the interpersonal relationships of young adult females.

The restrictions of this research study are that this research was only focused on a small sample and is restricted to a certain geographical area only. This research was also focused on the female population and due to a difficulty of finding participants for this research, the sample included participants from various cultural anomalies. Another restriction of this research is that due to the difficulty of finding research participants and the time restrictions for this research, it was difficult to find participants in the suggested developmental age category and therefore the questions were adjusted to the older participants to focus and think back to the time in their early adulthood years.

Furthermore, this research can be criticised to which extent the effects suggested by this research and the in-depth interviews reflect on the actual incestuous abuse or the influence of other variables such as dysfunctional families, ineffective relationships, other forms of abuse, or traumatic events. As indicated by Meiselman (1979, p. 197), “To what extent does the psychopathology differ in intensity or kind from that in non-incestuous psychotherapy cases?” This question can possibly be answered by taking more carefully into account certain variables which can be excluded and through the use of an appropriate control group.

To what extent does incest change or not change the course of a woman’s life? In an absolute sense, the question is unanswerable for several reasons. It refers to the

effects of “incest”—specifically, a sexual event or series of events, and there is no way in which the effects of these sexual events can be separated from the family pathology that surrounds them, both before and after the incest itself occurs. The kinds of disturbed family backgrounds that are conducive to the occurrence of overt incest are almost certain to produce developmental difficulties, even if incest never occurs. When parents are severely disturbed, when a child is deserted by one parent or shuttled back and forth between divorced parents, or when a daughter has been forced into a role reversal with her mother, the resultant stress can influence adjustment in adult life. Also, when incest does occur, it brings about important changes in the family role structure that may have long-term after-effects of their own. It is therefore extremely difficult to isolate the effects of incest from those of the family milieu (Meiselman, 1979: 195).

According to research done by Meiselman (1979, p. 201), “it was reported that the female seen in psychotherapy from an incestuous background presents more complaints; which are especially likely to centre on conflicts with her family of origin and past or present heterosexual relationships.”

There is a need for more in-depth and extensive research on this topic. It is apparent from previous research that women from incestuous abuse backgrounds do report difficulties within their interpersonal relationships. Although these findings have been stated, the researcher has not found any concrete, in-depth research completed specifically focusing on their social development and interpersonal relationships,

excluding marital or intimate relationships. Therefore, hopefully this research can and will elicit further research in the field which would focus more intensively on their coping, functioning, and future development of healthy interpersonal relationships. The use of control groups is also suggested to exclude several nuances and to establish whether the data found is specifically as a result of incestuous abuse or due to other influences within their environment or whether it is multi-faceted.

Furthermore, research is also needed in the field of males subjected to incestuous abuse as well as within a variety of different developmental phases.

The three clinicians gave valuable input in conducting the thematic analysis of the four interviews. The outcome of this research has brought more awareness to the researcher and hopefully to other researchers regarding the effects of incestuous abuse on the interpersonal relationships of these young women, which carry through into their early adulthood years.

CHAPTER FIVE

CONCLUSION

“We see a social isolation that went far beyond the common “wallflower” state.”

- Karin C. Meiselman, 1978

The effects of incest on adult female survivors are gaining a rising awareness, since this concept possibly plays a big role in the development of various psychological difficulties. Abdulrehaman and Luca (2001) also indicated that childhood sexual abuse creates many long-term psychological difficulties, which may impair social behaviour.

Much research has been done relating to the effects that incest and sexual abuse have on children and women; but the question is, if it does affect their relationships, which relationships are affected? Does it affect them in early adulthood, middle adulthood, or late adulthood? Does it affect them throughout their whole life, or only up to a certain age; and then thereafter do they just cope using their learnt/acquired and adjusted coping mechanisms? There are still many unanswered questions. It is known that the earlier a person that was exposed to and experienced incestuous abuse starts therapy, the better it is for their psychological wellbeing. Does this include how they interact and build relationships?

Most female survivors carry the secret of incest with them into adulthood. Feelings related to this are shame, guilt, and self-blame, which, as part of a reciprocal cycle, has been thought to have an effect on women's social interaction and interpersonal relationships (VanderMey & Neff, 1986).

Thus, from the above it is thought that incest has an effect on a woman's social interaction and interpersonal relationships; but which relationships are affected, and in what way are they affected in young adulthood? How does a young adult female experience her relationships after she has been exposed to such abuse? Other questions might also arise, such as why specifically focus on young adulthood?

Focus was placed on young adult females as these are the developmental years where they become more independent, entering employment, and going out and forming new relationships outside of their home environment. This is also often the period in which these women seek partners and form their own systems. As mentioned before, Havighurst (as cited in Lefrancois, 1993) indicated that tasks of early adulthood primarily have to do with becoming a independent, establishing a family, a career, and a place in the community—all future-orientated activities.

The aim of this research project was to determine the effect of incestuous abuse on the interpersonal relationships of young adult females. This research study was done in order to provide more specific information regarding whether these women's interpersonal relationships have been affected by the incestuous abuse, how they

experience their relationships, and to determine whether these women experience any specific difficulties within their relationships.

In order to reach this aim, a client-centred approach was adopted during the in-depth interviews, which facilitated the exploration of the relationships of these women in a non-directive manner. Through the use of three Clinical Psychologists to analyse the in-depth interviews, many similarities were found between the various participants and how they have experienced their relationships.

The in-depth interviews conducted indicated that incestuous abuse results in a variety of interpersonal difficulties. There were strong indications that the incestuous abuse did indeed have an effect on these women's interpersonal relationships as they were growing up as well as during their early adulthood stages. These difficulties include self-isolating behaviour which also results in a feeling of isolation within their environment. Furthermore, they create distance in relationships and they also present with distancing behaviour in interactions and thus lack emotional closeness with female friends, family, and in heterosexual relationships. Lastly, they also experience difficulty in trusting people, which inhibits their ability to feel comfortable in interpersonal interaction and to form new relationships, or to maintain existing long-term relationships within their environment.

Thus, from these results it is clear that there is a consistency in that the participants experienced difficulty in building trusting relationships which results in them

distancing themselves from interpersonal relationships. This distancing behaviour results in the participants often feeling rejected and alone within their environments, which then results in a further escalation of self-isolating behaviour, leaving the participants feeling isolated.

It is recommended that females who have experienced the traumatic event of incestuous abuse should undergo therapy as soon as possible. The therapeutic intervention should consist out of a component which focuses on the interpersonal relationships of the females in order to work through their fears and difficulties of relationships and to find more effective ways of functioning within their environment.

Emphasis should also be placed on their interactional style, coping mechanisms and problem-solving techniques.

It is further recommended that research should be conducted on what type of therapy might be the best in dealing with these interactional difficulties. It is suggested that the effectiveness of group therapy can be further explored as a possible method of intervention.

Recommendations are also made regarding prevention and education programmes, which should be implemented through the assistance from government and social welfare in cooperation with community leaders. These suggested psycho-educational programmes should focus on informing the communities about incest, thus bringing greater awareness, prevention, rights, the effects thereof, and possible feelings and

reactions related to the abuse that can be expected. Further education should also include information about where they can go for protection and who are the best people to disclose to for the first time.

Significant as the effects on the nature and quality of the above-mentioned young females' interpersonal relationships seems to be, it should be borne in mind that the sample utilised in the present research project was limited in size and not representative of the specific population. As such, the research should be repeated on a larger, more representative sample of young females who were victims of incest in their earlier life.

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APPENDIX A

UNIVERSITY OF LIMPOPO (Medunsa Campus) CONSENT FORM

Statement concerning participation in a Research Project.

Name of Study

The effect of Incest on the Interpersonal Relationships of Young Adult Females:

A Preliminary Investigation

I have read the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurized to participate in any way.

I understand that participation in this Clinical Study is completely voluntary and that I may withdraw from it at any time and without supplying reasons.

I know that this Study has been approved by the Research, Ethics and Publications Committee of Faculty of Medicine, University of Limpopo (Medunsa Campus) / Dr. George Mukhari Hospital. I am fully aware that the results of this results of this Study will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this Study.

Name of participant

Signature of participant

.....
Place. Date. Witness

Statement by the Researcher

I provided verbal information regarding this Study.
I agree to answer any future questions concerning the Study as best as I am able.
I will adhere to the approved protocol.

Estelle Crause

.....

Name of Researcher	Signature	Date	Place
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APPENDIX B

INTERVIEW SCHEDULE

Thank you for participating in the research study. The objective of the study is to determine what the effect of incestuous abuse has on the interpersonal relationships of young females in South Africa. Participation in this study is voluntary and you may withdraw from it at any time and without supplying a reason. All information will be treated confidential. Your participation in this study is valuable and I would therefore appreciate openness and honesty from your side when you answer the following questions:

- 1) Please describe to me your previous and current relationships?
- 2) Please describe to me how you have experienced your relationships up until now?
- 3) Please describe to me in detail any difficulties that you might have experienced in your relationships?

Depending on the participants' responses, they will be asked to further elaborate on the above questions, if necessary.

APPENDIX C

BIOGRAPHICAL INFORMATION

THE CONTENTS OF THIS DOCUMENT WILL BE TREATED AS HIGHLY CONFIDENTIAL. PLEASE COMPLETE AS FULLY AS POSSIBLE.

Client:

Age at last birthday:

Are you currently single, married, divorced or widowed?

Do you have any children? If so, how many?

Current Occupation:

How long have you been in your current employment?

How long were you at your previous employer?

Family History:

How many brothers and sisters do you have?

What is your chronological place in the family (1st, 2nd, 3rd born)?

Do you have any half brothers and/or sisters?

Do you have any stepbrothers and/or stepsisters?

Was your parents married or divorced? If divorced, how old were you when they divorced?

Did your mother work or was she at home?

Did your father work or was he at home?

Medical History:

Known difficulties at birth:

Allergies as a child:

Have you had any childhood illnesses? Please specify. (measles, chicken pocks etc.)

Any other illnesses (migraines / headaches, diabetes, Meningitis, Hepatitis, Asthma etc.)

Have you undergone any operations? If so what and when?

Have you had any serious injuries? If so what and when?

Did you have any frequent throat or ear infections?

Did you frequently complain about aches or pains?

Do you have convulsions?

Have you had any head injuries? If so specify age and whether you lost consciousness.

Have you had any skin or hormonal problems. If so what and when?

Any disabilities:

Treatment received for psychological difficulties (depression, anxiety, hyperactivity, attention problems etc.). If yes, for what and at what age?

Are you currently taking any medication? If so, what is being taken and for how long?

Childhood and educational background:

Where you often punished by teachers at school for bad behaviour, yes or no? If yes, please elaborate.

Where you often involved in conflict with your peers, yes or no? (fighting, bullying or rejected) If yes, please elaborate.

Did you participate in any extramural activities? If so, in which activities and did you achieve?

How would you describe your academic performance at school? Please give an explanation.

Did you experience any difficulties in making friends or establishing good friendships during your adolescent years? Yes or no. If yes, please elaborate.

Did you use and/or experiment with drugs and/or alcohol. If yes, how often and did you receive treatment?

Biographical Information regarding abuse:

How old were you the first time the abuse occurred?

How long did the abuse go on?

What was your relationship with the perpetrator?

What age was the perpetrator when it started?

What type of incestuous relationship was it? (sexual fondling and touching, sodomy or vaginal penetration, genital exposure, inappropriate kissing, having to pose naked and/or being filmed naked in a sexual fashion).

When was the first time you told someone about it and whom did you tell?

What was the reaction of the person when you first told him/her?

At what age did you start therapy and how long have you been in therapy?

APPENDIX D

Interview 1

Interviewer	Would you like to chat with me?
Participant	What must I tell you? How it began, or what?
Interviewer	You can speak about anything, whatever you like.
Participant	Mmm, ok then. It all started when I was about six years old. And my grandmother's sister's son—he's about two years older than I am—started, like, touching me, and I wasn't allowed to tell anyone about it. So from the ages of 6 to 14 it kept happening, and it never came out. I, um, hid it from my parents for 3 years. And afterwards, after it had happened, I didn't tell anyone about it. And obviously, I began cutting and doing other things I shouldn't have. I OD'ed. And then I went to see Mr X, one of my psychologists, but it didn't work out. I stayed here for a year before one of my girl friends sent me to Ms P.
Interviewer	Mmm
Participant	From there we started chatting and going through the whole process. Yes.
Interviewer	Do you feel a bit, um, frustrated with the whole process?
Participant	Sometimes, yes. It's a challenge that you have to accept.
Interviewer	A challenge?
Participant	You have to, um, create a space to realize that it is the past. You can't change things in the past, but you can work at making your future better, in a way. That's the greatest challenge, I mean, to gain confidence in relationships, to trust people, and to think that the guy is not going to do the same to you as what happened in the past. That's a challenge all its own.
Interviewer	It must be difficult to move on?
Participant	It is, but you get past it. So... It's cool...
Interviewer	Cool?
Participant	Hmm, we're making progress, so yes ... I can't say any more than that.
Interviewer	Hmm.
Participant	And, um, when I was visiting Ms P, my cutting really got out of hand. My Mom and Dad wanted to send me away then, you know, to one of these institutions that take people in like drug addicts, self-injurers, or whatever ... and Ms. P told them that they shouldn't send me away, because this is what had happened. She tried to protect me to some extent, and after she had spoken to them, they didn't send me away. But they kept an eye on me. So, yes...
Interviewer	Do you feel protected?

Participant	In a way, yes.
Interviewer	In a way?
Participant	You sort of do, I mean, I want to do things on my own, work things out myself. And I don't want other people getting involved. I mean, when Ms P and I went through my healing process, it was just the two of us. I don't want outsiders, it's cool, but they must back off. If I need help, I'll go and ask for help.
Interviewer	So it's a private issue?
Participant	Yes, you don't want it blabbed to the whole world, but if it comes out, I suppose it's fine.
Participant	Silence ...
Interviewer	Do you sometimes feel a bit uncomfortable about it?
Participant	Sometimes you, um, get flashbacks that make it uncomfortable for you. In some relationships, obviously, if things move along too quickly ... I get scared ... And I there are times when I cut myself off and distance myself from the person. I crawl back into my cocoon ... It is past the point I can go in a relationship with someone, but I have my ... where I draw the line, and if you overstep it, just pack your bags and go. That's unfortunately how it works.
Interviewer	Do you feel that you have set good boundaries for yourself?
Participant	Yes, I do.
Interviewer	A comfort zone, that's comfortable for you?
Participant	Yes, I mean, when I'm in a relationship that I'm not comfortable with, I don't stay in the relationship. At that stage, it's pointless for me.
Participant	Silence...
Interviewer	So you look at what is good for you?
Participant	Hmm.
Interviewer	Healthy for you.
Participant	Yes, in the beginning, it wasn't like that, but things have changed. I'm glad it's reached a point.
Interviewer	Changed?
Participant	I had issues in the beginning being involved with people in a relationship, to chat with people, I mean, even if it's just a girl friend. And I would sit with you and then just freak out at you, not scream or anything, but shut you out. Now I am at the point where I can control my emotions; I can speak to people about things I'm comfortable with. If I'm not comfortable, I drop the subject. Silence...
Interviewer	Is it a long process for you?
Participant	It feels long ... But they say it takes time, that it doesn't happen overnight. You must just stand by what you decide to do. If you want to sort it out, you have to take that route. Silence...

Interviewer	Does it feel strange to you? The situation?
Participant	In what way?
Interviewer	To talk about it now?
Participant	No, in the beginning, yes, it would have been an issue, but I think that now, since my Mom and them know and some of my family and friends know, it's not so much of a major issue for me anymore. I'm already exposed. So whether I'm more exposed or not isn't such a major crisis for me.
Interviewer	You feel safer within yourself?
Participant	I do! Yes.
Interviewer	It must have taken a lot of guts for you to actually begin dealing with it? In the beginning?
Participant	Yes, MMM, the first sessions with Mr X weren't really about that. We focused more on the OD, and he wanted to know what drove me to doing it. So I didn't consider it a helpful session; but after I went to see Ms P and I told her why I was cutting myself, and she made her own assumptions about what was right ... and it came out with her ... it was cool. I mean ... you deal with it.
Interviewer	Did you feel safer?
Participant	Yes, I did. Not with all the sessions, but you begin feeling like you're in a comfort zone, and you don't have to talk if you don't want to. So that's what's nice.
Interviewer	Was it intimidating?
Participant	It can be, yes ... It can be...
Interviewer	Why do you say so?
Participant	I'm not really sure, but everything comes out, your emotions come out, your old wounds are reopened. You have to think back to the past to give certain answers and it's not very nice, but it has to be done.
Interviewer	So, it pushes you outside your boundaries again?
Participant	It does, but you still stay in your comfort zone. I can decide when I want to call it quits, stop or whatever...
Interviewer	Was it easy? To be able to do that?
Participant	Not always ... There are times that you feel ... You don't want to share it with anyone, because you don't know what the person thinks of you. But your whole mindset changes after a few sessions; after a while, you don't worry about what people are going to think. If you know the truth, and what happened ... you're fine. I think you have to be fine with yourself before you can make that choice. What took me a long time, I mean, for many sessions I still blamed myself, and eventually came to a point where it ... where I didn't do that anymore.
Interviewer	Blame?
Participant	Blame, about everything that happened, I mean, if I had spoken

	up earlier, things wouldn't have turned out like ... they did. I was scared. I was small and he was much stronger than I was. Physically. Emotionally, he ran me down a lot. Whatever, so yes...
Interviewer	Very uncertain.
Participant	At times, yes... Silence...
	The great thing is, my sessions with Ms P ... she can ... I have that trust in her. What I tell her stays between us. I mean, I struggle sometimes to trust in people. Because you doubt. Like, if you are going to tell the person, will it stay between just the two of you? You know, aren't you going to be exposed in front of everyone? But you reach a point where you accept things; things go the way your mind works them out. That it will remain between just you and the other person. It also depends on how I feel, I mean, if I feel as though I can't trust you. I will not trust you for a while, and you can do something that gains my trust and I'll be fine.
Interviewer	So you often feel fragile?
Participant	Very...
Interviewer	You don't know, people might be out to get you?
Participant	Yes.
Interviewer	Use it against you?
Participant	Yes.
Interviewer	And why do you think that is?
Participant	I think it's one of my weaknesses, my weak points. It's something I have to work on, and we're busy working on it. So we'll see what time does. What the opening up and everything does...
Interviewer	It's still a sensitive topic for you?
Participant	Sometimes. Not always, but yes. The thing is, I don't want my Mom and them to find out who it is, because it's someone that they would never suspect. I mean, there were three guys involved. The one guy did it constantly over the entire time. I mean, he is in my parents' home, he is one of our friends; it's someone that doesn't look like that type of dude.
Interviewer	Doesn't look like that type of dude?
Participant	He's very, a people pleaser, a people's person as well. So he mixes with everyone. Everyone likes him. You know, he's the wow guy and whatever. And if the truth came out, I don't want them to crucify him as someone else. Everyone deserves a second chance, so...
Interviewer	You feel merciful toward him? So you don't want to expose him?
Participant	Mmm... And I don't know why, but I do, yes. I mean, I would rather have it kept quiet. It's already been exposed, but I don't want people digging deeper and blaming this one and that one

	and ... I don't think it's necessary. What happened, happened and it's in the past. Fortunately, you can move on and not move backwards, so yes...
Interviewer	Does it feel as if it won't change anything if they, or at least, hmm ... That it can sort of make things worse for you?
Participant	Mmm.
Interviewer	You've come to a safe place, and it's as if they must know who it is, breaking down everything you've built up for yourself, and then the family and everyone might kick up a fuss about it?
Participant	They will, I mean. They would never suspect the people responsible, I mean, the one person did it to my Mom as well, so... My Mom knows who he is. I told her. But it's not important for me that the other two people are ... are exposed...
Interviewer	So your Mom knows about the one person?
Participant	Hmm.
Interviewer	And how, how did she handle it?
Participant	She was very shocked when she found out. Because, I mean, she sort of went through the same thing. But she asked me lots of questions about how long it went on. And she asked me about everything that happened and ... there the ... that's where I stopped, I didn't want to rake up old issues ... But when I told her who the person is, she was like, she kind of expected it, because he is someone that likes to touch you and, I mean, he didn't just do it to her, but to the sister as well.
Interviewer	Hmm.
Participant	So she said to me that she felt guilty in a way, because it felt as if she wasn't being a Mother at that stage.
Interviewer	Mmm.
Participant	... The guilt comes into it, but, I mean, it's nothing to do with her, so she can't feel like that.
Interviewer	Mmm
Participant	Although, as a parent, you're going to feel that way.
Interviewer	Mmm
Participant	The feeling that you've done nothing to stop it, but you can't blame your parents, because they didn't know about it, they weren't aware of the situation. Silence ... Dogs bark...
Interviewer	So you feel that ... that you can sort of move on and make your peace with it. It's not as if it's someone else's fault ... well, there are certain people, but what about your parents, for example? Or your direct relatives? You don't blame them because they didn't see it?
Participant	No. ... Mhmmee ...
Interviewer	And yourself?

Participant	Silence... Mmm, there are times when I blame myself and ... sort of like I told you before, you ... I could have ... or I maybe had the power to stop something. I mean, if you were [ab]used each time, you know, stupid things, I mean, you got scared in a way. That you thought: "Look, if I told anyone, who's going to believe me?"
Interviewer	Mmm.
Participant	I mean, the time that I did fight back and ... I pushed him off me, but to the family it looked like I was flirting with him.
Interviewer	Hmm.
Participant	So they would separate ... when we were out together in public, they kept us apart, and it sort of hurt me because they didn't know what was really going on.
Interviewer	Mmm, so you feel "judged"?
Participant	Mmm ... "It's kind of crap" (Giggle) ... to feel that way.
Interviewer	Hmm, especially when you're innocent?
Participant	Uh huh.
Interviewer	In the situation.
Participant	Silence...
Interviewer	And what did you then do in those situations?
Participant	What could I do, I didn't ... do much. I mean, if it happened, it happened. I withdrew myself from people. So I'm very quiet, I keep to myself. And I'm [usually] a very loud person. So they'll come to me and ask, "What's the matter?" Then I'll say that I'm just having an off day or ... you don't want to chat with anyone, it's fine.
Interviewer	Mmm.
Participant	And other times I could hide it well, I could make as if nothing had happened.
Interviewer	Mmm.
Participant	That's what I did most of the time. Happy-go-lucky. When you're on your own, then it hits you, because you can't keep up your front anymore, you don't have to keep up your front for anyone.
Interviewer	Uh huh
Participant	You don't have to keep up your front for anyone else.
	Silence
Interviewer	Do you ... still have ..., it has an effect. When you speak about it—it just touches you inside. Like a small, raw spot still?
Participant	Yip, (giggle) ...
Interviewer	It takes time.
Participant	It does, but eventually you get there, so it's cool.
Interviewer	Hmm.
Participant	I mean, in the beginning, I wasn't as positive as I am now. But I think that circumstances and ... all the, the sessions that you go to, and the things that you do to get yourself on top of things. It's

	worth it.
Interviewer	Mmm.
Participant	I mean, you can stay in a hole all the time and ... wish away the time or your life, but unfortunately, that's not how it works.
Interviewer	Mmm. You feel there is hope?
Participant	Yes. ... Definitely. And especially with my circle of friends and the family I have. I mean, my Mom and them sort of had ... a tough time when I was little, and there wasn't much ... they weren't there for me a lot. They were there for my little sister, so ... I don't know, I was always at my gran, and the guy kind of lived with my gran.
Interviewer	Uh huh.
Participant	At my gran, I was safe, because, I mean, my gran is my ... She is my gran, I mean, no-one can take her place.
Interviewer	Hmm.
Participant	And when she went to sleep, things happened. So when I was with her, I felt safe, but when she ... went to bed or did stuff, or did her own thing, I was, like ... out of my comfort zone.
Interviewer	Totally vulnerable?
Participant	Yes... Mmm.
	Silence...
Interviewer	How do you feel towards your gran?
Participant	I love her very much. I mean, I'll take a bullet for her anytime. And hmm ... my gran is very ... fragile. If I can put it that way. You can't rub her up the wrong way, because then she won't talk to you for years or months. And I mean, the littlest thing would upset her. Although she's very open with people. She's also very direct.
Interviewer	Mmm.
Participant	There are some things she keeps to herself and bottles up and then ... one day she'll snap.
Interviewer	Uh huh.
Participant	And she knows what happened, I told her this year and she's ... she said to me that she has a suspicion who it is...
Interviewer	Uh huh.
Participant	I didn't tell her who it is, and she said that if I didn't want to tell her, it would be fine. But I can trust her. But I'm not going to tell anyone who it was. Not relatives or friends, I mean, it doesn't matter to me.
Interviewer	Uh huh.
	QUESTION 1
Interviewer	Please describe your previous and current relationships?
Participant	Silence... Previous relationships, um... It was very dodgy,

	because I had a problem trusting people, and to ... to be in a comfort zone with people, I mean, with [male and female] friends. I mean, if you just touched me, I would sort of freak out! ... Or I would ignore you for days, I mean, it was just one stupid thing that upset me. Hmm ... there were many conflicts in my previous relationships. You know?
Interviewer	Uh huh.
Participant	Not conflict. Yes, sort of. But the way he acted, I mean, if I didn't want a guy to touch me, or a girl friend to give me a hug, it always led to a fight. Because people wanted to know what's going on, and you can't ... really tell them what you want to. You are sort of, too scared.
Interviewer	Hmm.
Participant	To share what happened. And where I am now, I'm very ... I'm in my comfort zone. I know where to draw the line. If you bother me, then ... you can pack your bags. I mean, the relationships I have with girl friends and friends are cool. And the folks I stay with on the plot, my boss and my best friend and ... my brothers, they are people I work with, they feel like my family. You can pick your own family. They are part of my family, so it's cool. I can be open with them. ... The trust is there. I don't hesitate one moment about trust and so on.
Interviewer	Hmm. So you feel more comfortable in your relationships now?
Participant	Very much so, yes.
Interviewer	Safe?
Participant	Yes. And you know where to draw the line; I mean if you don't ... feel comfortable, you know ... you don't have to be in the relationship. You don't even have to be in the friendship. It's a risk you have to take on yourself.
Interviewer	Hmm. Would you say that going for therapy and working through it is what made the difference for you? Between the past and in between?
Participant	Definitely.
Interviewer	Learning how to set those boundaries for yourself, and that with which you are comfortable?
Participant	Yes. Silence... The whole process, yes.
Interviewer	And your family?
Participant	Family relationships are better ... giggle ... You still get your down, up and down days, I mean families always have their fights, but since my Mom and them know, our relationship is... I can't say stronger, but ... more stable. We understand one another in certain aspects... Hmm, I am sometimes still scared to trust them, I mean, if they could phone Ms P behind my back, and want to send me away to ... some other place ... it creates some doubt for

	me, but... You look outside the picture, I mean, I must see the bigger picture for them as well.
Interviewer	Hmm.
Participant	I just can't see it from my viewpoint.
Interviewer	Hmm.
Participant	So you learn to adapt yourself to it.
Interviewer	Hmm. Silence... So at times it feels, it feels, as if you're not in control of your own life?
Participant	Definitely, yes, I'm on my feet, I can tell them to back down, back off...
Interviewer	Hmm.
Participant	That's what I want to do. ... Cope with it. If you're not coping, come talk to me. I mean, it doesn't help if I do something that my parents don't like. But they must be open with me.
Interviewer	Hmm.
Participant	And if they don't like it, we have to compromise. We have to work something out, so?
Interviewer	So communication is actually the most important thing?
Participant	Yes.
Interviewer	Ok. And do you feel that you can do it with them as well? If something is bothering you?
Participant	With my parents or...?
Interviewer	In general.
Participant	With my friends, yes. With my Mom and them, no.
Interviewer	Hmm.
Participant	My Mom and them are very ... or I don't speak to... My Dad is very soft, I mean, I can't speak to him ... I can't share these things with him, because he gets very emotional, and I can't really talk to him about it.
Interviewer	Hmm.
Participant	My mom is ... the determined one in the house.
Interviewer	Hmm.
Participant	Like, she ..., I can share stuff with her, but ... the things she tells me are not what I want to hear.
Interviewer	Hmm.
Participant	Which is good in some situations, but... She sees things from her perspective. She doesn't put herself in your shoes first, or think of other things first.
Interviewer	Hmm.
Participant	Sometimes it's difficult. At times, I would rather share things with my best friend or my brothers. I mean, they can give me advice from the beginning. I can try it, and if it doesn't work, I'll do something else.

Interviewer	Hmm.
Participant	Whereas my Mom is, when she gives me advice... If I do it, I tell her it doesn't work—then she thinks I'm blaming her because it's not working.
Interviewer	Hmm.
Participant	So you learn to whom you can speak about things. I mean, there are things I speak to my Mom about that I wouldn't share with other people.
Interviewer	Hmm.
Participant	You learn to whom you can speak about certain things.
Interviewer	Hmm. You sometimes feel that she doesn't always understand you, where you're coming from? With your Mom?
Participant	Yes.
Interviewer	Does it make things difficult? Especially with a mother?
Participant	It can ... Giggle ... but ... You have to face it, you can't ignore it. So...
Interviewer	It sounds to me as if you at least feel that there are different places, that you're not just dependent on your Mom. You have others.
Participant	Yes, definitely. Yes.
Interviewer	And if it doesn't work for you, you can maybe go to Ms P.
Participant	Yes.
Interviewer	Ok.
Participant	That's what is cool about it; you have your whole, your own support system.
Interviewer	Hmm.
Participant	That you build up for yourself, I mean ... If something didn't work, I went directly to Ms P each time.
Interviewer	Hmm.
Participant	I do reach a point where I feel... Look, I share with everyone, not with everyone. I share some of my issues with people that know me, but... You still want to see things from someone else's viewpoint. That's when I go to Ms P. She will paint this whole picture for me...
Interviewer	Hmm.
Participant	And she'll tell me, "Look at things from this or that angle," and that helps quite a lot.
Interviewer	Hmm. That's a relief.
Participant	Yes.
	Silence
	QUESTION 2
Interviewer	Please describe to me how you have experienced your relationships up until now?

Participant	Silence... Hmm... You're afraid of commitment with anyone.
Interviewer	Hmm.
Participant	And when you enter a relationship with a guy ... I mean, some guys just want one thing, and at that point I sort of start losing interest in them.
Interviewer	Hmm.
Participant	So obviously there were many fights in my relationships, and with some of the guys I could deal well with up to a point ... and if I felt uncomfortable ... that was the end of it, I mean, the relationship I was in now, Mr O, umm, he knew upfront, I told him, "Look, this is what happened. Don't push your luck, I'm not a sex buddy, hmm, if I go into a relationship, I want commitment; I don't want to mess around. That's not the way I am." And things sort of felt like ... like he just came to visit to ... to get what he wanted.
Interviewer	Hmm.
Participant	If he got it, he didn't come visit for a while.
Interviewer	Hmm.
Participant	So today, I broke up with him. I mean, a person realizes, or you decide for yourself between happiness and not being alone. I think that's my biggest issue.
Interviewer	Hmm.
Participant	I don't want to be alone, I mean, you have all your friends...
Interviewer	Hmm.
Participant	I mean, like in relationships, and hmm ... there are still many fish in the sea. Is what I believe, so it's fine.
Interviewer	Do you feel a bit emotional today?
Participant	I do, but I'm fine, (giggle) ... I'm cool. The first time that my boyfriend and I broke up, it was ... kind of hard for me, because it felt as though he was playing with my emotions.
Interviewer	Hmm.
Participant	There was absolutely no trust on his part, I mean, I couldn't even talk to my brothers and ... he would get sort of upset, and he was very jealous.
Interviewer	Hmm.
Participant	I had never been in a relationship where jealousy ... controlled us.
Interviewer	Hmm.
Participant	So I had to make a decision ... about what I was going to do. I mean, I can't be with someone and be unhappy.
Interviewer	Hmm.
Participant	He made me happy to a certain extent. Until I realized what he was really about. And ... that's where you have to draw the line.
Interviewer	You feel disappointed?
Participant	You do, you know?
	Silence

	QUESTION 3
Interviewer	Please describe to me in detail, any difficulties you might have experienced in your relationships?
Participant	Difficulties like what? Trust issues? Or...
Interviewer	Anything that you viewed as difficult.
Participant	Trust is one of the things. I mean, you have that thing in your head of ... that this guy can take advantage of you.
Interviewer	Hmm.
Participant	I mean ... you give him a kiss and then he thinks you want more. So I was ... friendly to a point and then I sort of backed off.
Interviewer	Hmm.
Participant	And at other times, I caved, and afterwards you think, gosh, ... I could have waited or I could have...
Interviewer	Hmm.
Participant	You know ... not give the guy his pleasure or whatever. Regret always comes too late, but...
Interviewer	Hmm.
Participant	You can't always go back, so... Silence
Interviewer	So you feel that you ... Because you didn't always have those boundaries, you sort of easily gave in to other people's needs?
Participant	Yes.
Interviewer	In relationships?
Participant	Hmm... Yes, I think that's the biggest issue. I mean, especially with my relationship with Mr O, I mean, I told him that's not the way it's going to happen. And I mean, on two occasions that's what happened.
Interviewer	Hmm.
Participant	I mean, at that point, I didn't feel guilty or upset with myself, but the day after ... everything goes through your mind, what you said to the person, and ... what actually happened and...
Interviewer	Hmm.
Participant	It's sort of disappointing.
Interviewer	Hmm.
Participant	To yourself, not to him. Hmm.
Interviewer	Do you regret it a little bit?
Participant	Yes.
Interviewer	Hmm. And why do you think that is?
Participant	I don't know. It's just ... if you say you're going to set boundaries, it's supposed to stay that way.
Interviewer	Hmm.
Participant	And you're not supposed to give in.

Interviewer	Hmm.
Participant	Or that's what I believe.
Interviewer	Hmm. So you feel disappointed in yourself?
Participant	Yes.
Interviewer	Promises that you make yourself ...
Participant	And didn't keep, yes.
Interviewer	I can imagine that it must be ... difficult to forgive yourself?
Participant	Silence... At times, yes. Eventually, you get to a point where you decide, look, hmm ... In the end you have to be your own best friend.
Interviewer	Hmm.
Participant	You can have all the best friends, they can stand by you through everything, but in the end, it's you and you alone. And you walk the path. Ultimately, you have to decide to come out on top and not stay down.
Interviewer	Hmm.
Participant	So, yes, I'm angry at myself, and I'm pissed off, but I've changed. I mean ... in a way, you accept that you've made your mistake. Just try not to make the same mistake the next time. Set your boundaries clearer and try to keep the promise. So that it doesn't break.
Interviewer	Do you feel you take, you learnt something from it?
Participant	Yes.
Interviewer	Ok... And any other little things that you've struggled with in relationships? Or other difficulties?
	Silence...
Participant	No, nothing I can think of at the moment.
Interviewer	Hmm. Silence... Do you feel there's anything else that you'd like to say with regard to relationships?
Participant	You have to take a chance with every relationship you're in. But you have to ... be open with one another, and there has to be trust. I mean, if there isn't trust ... the relationship will be a failure.
Interviewer	Hmm.
Participant	Sometimes you just have to learn that the hard way...
Interviewer	Hmm.
Participant	To realize, look ... try things differently in the next relationship or just take a break from ... Because the way I'm feeling at the moment, I just want to take a break, I don't feel like making a commitment to anyone right now.
Interviewer	Hmm.
Participant	I think it's necessary to ... if you're don't feel like a relationship at that time, it's fine. There's still plenty of time. ...

Interviewer	Hmm.
Participant	I mean, my whole life is still ahead of me. I don't need to get married now and ... And, you know, just plod along.
Interviewer	Hmm.
Participant	I have to work at building my future. So, yes. Silence
Interviewer	Ok

BIOGRAPHICAL INFORMATION

THE CONTENTS OF THIS DOCUMENT WILL BE TREATED AS HIGHLY CONFIDENTIAL. PLEASE COMPLETE AS FULLY AS POSSIBLE.

Client:

1

Age at last birthday:

20

Are you currently single, married, divorced or widowed?

SINGLE

Do you have any children? If so, how many?

NO

Current Occupation:

SALES PERSON AT A CLOTHING INDUSTRY

How long have you been in you current employment?

2 YEARS

How long where you at your previous employer?

N/A

Family History:

How many brothers and sisters do you have?

1 SISTER

What is your chronological place in the family (1st, 2nd, 3rd born)?

1ST BORN

Do you have any half brothers and/or sisters?

NO

Do you have any stepbrothers and/or stepsisters?

NO

Was your parents married or divorced? If divorced, how old were you when they divorced?

NO (MARRIED)

Did your mother work or was she at home?

WORK

Did your father work or was he at home?

WORK

Medical History:

Known difficulties at birth:

NONE

Allergies as a child:

NONE

Have you had any childhood illnesses? Please specify. (measles, chicken pox etc.)

I HAD CHICKEN POCKS

Any other illnesses (migraines / headaches, diabetes, Meningitis, Hepatitis, Asthma etc.)

DEPRESSION

Have you undergone any operations? If so what and when?

TONSILS, I WENT FOR OPERATION WHEN I WAS 15 YEARS OLD.

Have you had any serious injuries? If so what and when?

BROKE MY LEG AT THE AGE OF 12

Did you have any frequent throat or ear infections?

NO

Did you frequently complain about aches or pains?

NO

Do you have convulsions?

NO

Have you had any head injuries? If so specify age and whether you lost consciousness.

NO

Have you had any skin or hormonal problems. If so what and when?

HORMONAL PROBLEMS. HAVE EXCESS OF TESTOSTERONE, POSSIBLY A SMALL CHANCE OF HAVING A BABY.

Any disabilities:

NONE

Treatment received for psychological difficulties (depression, anxiety, hyperactivity, attention problems etc.). If yes, for what and at what age?

DEPRESSION AND ANXIETY FROM AGE 18 UP TO NOW.

Are you currently taking any medication? If so, what is being taken and for how long?

YES, ANTI-DEPRESSANT. BEEN ON THEM FOR 8 MONTHS NOW.

Childhood and educational background:

Where you often punished by teachers at school for bad behaviour, yes or no? If yes, please elaborate.

NO

Where you often involved in conflict with your peers, yes or no? (fighting, bullying or rejected) If yes, please elaborate.

NO

Did you participate in any extramural activities? If so, in which activities and did you achieve?

ATHLETICS AND HOCKEY. PLAYED HOCKEY 3 YEARS. 1ST YEAR STARTED OFF 0/16 TEAM, 2ND YEAR I WAS 1ST AND 2ND TEAM AND 3RD YEAR I WAS 1ST TEAM.

How would you describe your academic performance at school? Please give an explanation.

WENT UP AND DOWN. BEGINNING OF THE YEAR ALWAYS STARTED GOOD BUT ENDED IN A SPIRAL FALL, WHICH EVENTUALLY GOT BETTER.

Did you experience any difficulties in making friends or establishing good friendships during your adolescent years? Yes or no. If yes, please elaborate.

YES. I HAD SOME MAJOR ISSUES WITH TRUST. DIDN'T REALLY KNOW WHOM TO TRUST AND WHEN TO TRUST THEM.

Did you use and/or experiment with drugs and/or alcohol. If yes, how often and did you receive treatment?

ALCOHOL, NEVER GOT TREATMENT FOR IT.

Biographical Information regarding abuse:

How old were you the first time the abuse occurred?

6 YEARS

How long did the abuse go on?

8 YEARS

What was your relationship with the perpetrator?

WAS MY 'FRIEND'. HE IS MY GRAN'S SISTER'S SON.

What age was the perpetrator when it started?

9 YEARS

What type of incestuous relationship was it? (sexual fondling and touching, sodomy or vaginal penetration, genital exposure, inappropriate kissing, having to pose naked and/or being filmed naked in a sexual fashion).

SEXUAL FONDLING AND TOUCHING, GENITAL EXPOSURE AND INAPPROPRIATE KISSING

When was the first time you told someone about it and whom did you tell?

IN GRADE 11. TOLD MY ONE BEST FRIEND, EVEN THOUGH IT FELT LIKE IT BROUGHT ME NOTHING TO GAIN OR TO CHANGE THINGS.

What was the reaction of the person when you first told him/her?

SHE WAS SHOCKED BUT SAID SHE HAD A FEELING SOMETHING LIKE THAT MIGHT HAVE HAPPENED WITH ME.

At what age did you start therapy and how long have you been in therapy?

AT AGE 18 YEARS. FOR 2 AND A HALF YEARS.

APPENDIX D

Interview 2

Interviewer	Would you like to talk to me?
Participant	Ok, Anything specific you want to know or...?
Interviewer	Uhm, anything you feel you would like to share.
Participant	Can't you ask me questions? Giggle, giggle
Interviewer	It feels a bit awkward for you?
Participant	Yah, it does, a little bit. Giggle
Interviewer	How come?
Participant	Uhm I guess because this kind of topic was also so secretive so, ja, it is awkward talking about it.
Interviewer	Sensitive and private?
Participant	Yah, very. Giggle. Because it took me so long, I have seen Ms. P for like a year and a half before I actually tell her about it. So, it's hard to say.
Interviewer	Hmm
Participant	Actually when I told her I couldn't tell it out loud, I had to write it on a piece of paper. Yah, I couldn't say anything to her, so..
Interviewer	It was really difficult for you?
Participant	Yah,... because I never really told anybody before, so... I am so use to keeping it a secrete that... It became normal to me ..giggle ... to have that secrete yah ..
Interviewer	You feeling a bit anxious?
Participant	Yah, a little bit nervous, giggle...
Interviewer	And how come?
Participant	Uhm, like I said, I haven't shared it with may people, so I also doesn't know you that much so it makes it a bit nervous to share it.
Interviewer	Ok, a bit uncomfortable
Participant	Yah
Interviewer	Not sure of the situation
Participant	Yah
Interviewer	Ok
Participant	Giggle Anything else you would like to know? Giggle..
Interviewer	What ever you would like to talk about?
Participant	Oh, ok. Uhm, do you want to know about the experience or...
Interviewer	If you comfortable sharing it
Participant	Ok , well it happened with my uncle, ... when I was about... six years old. I

	think,.. Yah.. giggle .. I can't exactly remember for how long it happened for. I just know it happened more than once. So, yah. I don't remember really how long it was going on for.... I was only six so... giggle.. Hmm, yah so
Interviewer	It's difficult for you
Participant	Yah, hmm I don't know what else to tell you... giggle ...
Interviewer	A bit awkward situation, and it's strange.
Participant	Yah
Interviewer	And it's quite unstructured?
Participant	Yah
Interviewer	Ok, feeling a bit lost, loss of words?
Participant	Yah, I am ...giggle If you like ask me a question I think it would be like better ... because I don't know what exactly you want to know, so Yah
Interviewer	Well, what do you think I would like to know?
Participant	Ah, seeing as you are looking at how it effects relationships, you would want to know how it effects my relationships? Giggle... Uhm. I suppose it made me doubt a lot of people, I didn't trust anybody, uhm... I always felt like people are trying to hurt me and I was always very uhm, paranoid, extremely paranoid. It took me a long time to get over my paranoia stage.
Interviewer	Very cautious?
Participant	Yah, very cautious. Uhm. I never use to open up about myself. Not just about the experience but myself in general, I never use to open up because I was so use to keep everything hidden and so... kind of... got into the rest of my life as well. By keeping everything else about myself also hidden. So that became like a lifestyle. Giggle. Yah.
Interviewer	You get stuck in a comfort zone?
Participant	Yah, it was very comfortable, I must say. The first time I actually started sharing more of myself it think was actually the middle last year. And being with people and really just being myself, and not hiding myself away... it was a weird for me, you know? I was very uncomfortable doing that. And I know it is normal interaction between people, but that for me was strange.
Interviewer	Strange, how would you say strange?
Participant	Uhm, well because I was, since the abuse happen, I became very quite, uhm, I never use to talk to people a lot, I use to be with myself a lot and ... uhm.. so I didn't really go through all those stages of social development, what I should have, because I was always on my own, I was ...
Interviewer	Reserved?
Participant	Like very reserved yah, like even in class rooms I would never speak, or say anything you know? So, I was so shy. Even till this day I am quite shy to that kind of thing. But I was always uhm, yah, so to like start just being comfortable, being open with people, you know? In a social situation, it was, it was not normal for me. Giggle ... You know I had to get use to it. But it is getting better... Yah
Interviewer	Easier step by step?

Participant	Step by step. It's taking a long, long time, but I almost feel like I should be over this by now, because I have been dealing with this so long, that it's still it takes a lot of time because I know it took so many years me to form those behavior patterns, that it's going to take me quite some time before I can brake all of them. Ok
Interviewer	You are aware of what is going on?
Participant	Yah
Interviewer	Almost a process that you need to go through?
Participant	Yah
Interviewer	It's a difficult road.
Participant	It is, very, yah, I, to be honest, I thought once I come out to somebody about what have happened it would all be fine then. That was it. But yah, Ms. P had to take me, step by step, giggle .. slowly through all the process of it happening and how it has effected all my relationships, and I slowly had to deal with it and, ... start functioning normally again.
Interviewer	Normally?
Participant	Well, I suppose it depends on what normal means to each person. But for me, like normal social interaction you know, and yah, just , that ... was like a big thing for me, because I was notreally living I think, you know? So..
Interviewer	Like you are holding back parts of you?
Participant	Yah, most of myself was holding back. So I never spoke to people really. I was just the quiet girl in class, you know? So, nobody really bothered with me. Like I did have, I had like very few friends, but like the ones I have are very close to me. And I never really tried to make friends outside of that. Outside of our circle, you know? I was very scared. And even my close friend, I will never completely trusted them. You know? I took my like 3 years before I felt comfortable being myself with them, though. Giggle .. it feels like long time ... giggle
Interviewer	You feeling quite isolated?
Participant	Yah, I was very isolated, you know? Especially last year, I fell into a deep depression again. And I was just, .. I didn't want to go out with any body, and I was just in my room all the time. I wasn't speaking to my family., so yah...I was very isolated.
Interviewer	A period of stuckness?
Participant	Yah, I didn't know, at the time I didn't realize how the experience actually effected my relationships though, I was sitting there and couldn't understand, why was my life this way, I didn't know why would people, why would I not have the kind of friendships that other people are having right know, like with my peers, I couldn't understand why there was a difference between me and them. You know, I felt like I was not delayed but, my uhm...the process of growing up, like I think I was a bit behind. You know? Because I wasn't really fully living out all the aspects of my life. So I was a bit behind of some areas, You know? That I was ... Yah, giggle...So, I am working on that. Giggle....

	Trying to catch up!
Interviewer	Feeling kind of disadvantaged? Robbed in a way?
Participant	Yah, I do actually. Because I feel like it took a lot from me, it, it mess with my mind and you know? It, it formed a way of thinking, you know people always try to hurt me. That I could never be with any one, you know. So it, it robbed me of that. Trust, Yah.
Interviewer	Feeling that you can't really be spontaneous?
Participant	Yah, everything had to be very planned out, yah giggle. Like my whole life ... I was very afraid of change, of things just happening without me knowing, that is was going to happen so. It was scary for me. I don't know but I just know my whole life I grew up feeling very scared about everything. Like I would start shaking, my heart will start beating for like normal things. Like even if I just had to talk to a teacher about something. My, I, would go like into a breakdown almost you know. And ja, I was just; I grew up very, very afraid of everything, and everyone. I had, had, a very deep sense of fear for people.
Interviewer	Mmm, It like your trust has been violated?
Participant	Yah, and that is how I always felt from then on that people are out trying to get me, so a lot of paranoia came in. Yah
Interviewer	Mhh, there is a lot of hard feelings you have been dealing with now?
Participant	Yah, a lot of them. Giggle. I suppose the worse one is properly – resentment, because I feel I have missed out
Interviewer	Hmm
Participant	On so many experiences in my life I should have had. I should have felt free enough to experience those things, but I wasn't.
Interviewer	Mmmm
Participant	I always felt that I was caged in. Stuck with everything that happened to me.
Interviewer	Mmmm
Participant	So I felt yah, disadvantaged in that way.
Interviewer	Like you were kind of separated from the rest?.
Participant	Yah, I always felt separated from everybody else.
Interviewer	Living a separate life?
Participant	Yah, I felt that it is my big secrete, you know.
Interviewer	Mmm
Participant	So nobody else knew about it. So clearly I must be different from everybody else, because I have this big secrete
Interviewer	Mmmm
Participant	You know, so I always ... felt I couldn't do the things everybody else could or where able to do. I had to be different. I had to keep to myself and I had to guard this secrete. Giggle...
Interviewer	Mmmm
Participant	I know, it sounds very silly, but...
Interviewer	It's what was important to you?
Participant	Yah, yah, very, giggle, I was terrified of people finding out.

Interviewer	It makes you vulnerable.
Participant	Yah, very and that is why ... I like I said coming out socializing more it, ... it made me feel extremely vulnerable. You know, cause like I have never really been that way before and I am not sure how people are going to react to me or treat me
Interviewer	Mmm, It's a huge risk that you are taking
Participant	Yah, yah, but at the same time I feel so silly, because I know for other people this is like normal. There is nothing weird about it. You know. So, I feel kind of stupid in that way. Giggle..
Interviewer	It's like you have this struggle within you the whole time.
Participant	Yah, it's like an inner war, constantly going on.
Interviewer	Mmm
Participant	Yah.
Interviewer	A bit tricky at times.
Participant	Very
Interviewer	Hmm, okay.
Participant	Yah, is there anything else you want to know? Giggle
Interviewer	Okay, How are you feeling now?
Participant	Uhm, a little more at ease. A little bit. Giggle
Interviewer	It's understandable.
	Okay, there are three more direct questions that I will ask you.
Participant	Okay
	QUESTION 1:
Interviewer	Please describe to me your previous and current relationships?
Participant	Uhm, previously my relationships were all pretty bad. You know, I had a very bad relationship with everyone in my family.
Interviewer	Mmm
Participant	Especially with the extended family. Uhm, because like after that experience happened to me, it ... mmmm other experiences happened with cousins. And they were older than me, but they also uhm...like try, I don't know uhm, in there minds they were busy showing me, how to do things sexually, you know?
Interviewer	Hmm
Participant	Uhm, so I always felt like, so when I grew older, I understood what happened. I could never understand why they kept carrying on like nothing happened.
Interviewer	Hmm
Participant	They just kept living there lives and they ignored that it happened. So I felt okay, that is probably the way I also have to be now.
Interviewer	Mmm
Participant	So, I was never able to have a proper relationship with those people again. You know and, and I find people always liking them, more than me, because I wasn't as outspoken as they were.

Interviewer	Mmm
Participant	So, I always felt left out. You know, with family situations. And I felt that I was never good enough for them,
Interviewer	Hmm
Participant	and I felt that it was more my fault that it happened,
Interviewer	Hmm
Participant	and they were carrying on and functioning normal, normally with the rest of the family and I wasn't.
Interviewer	Hmm. Feeling rejected.
Participant	Yah, very, Extremely rejected. Giggle. Yah, I felt like an outsider all my life
Interviewer	Mmm
Participant	Yah.
Interviewer	And currently?
Participant	Currently, I've learned not to care that much about whether they are accepting or rejecting me.
Interviewer	Mmmm
Participant	So, I think I have grown a bit stronger against that. And I stopped trying to please them,
Interviewer	Mmmm
Participant	you know.. Hmmm, but I think with my immediate family, my relationship is like pretty good now. Because we talk a lot, I feel like I can now for the first time tell them many things. Like I never used to have that before. Uh... anything besides that giggle ... about what happened
Interviewer	Mmmm
Participant	Yes, because it was her brother, so I don't think she will handle that very well, because she is very close to him. So ..
Interviewer	Mmmm
Participant	I think it is probably best not to tell her anything about that right now.
Interviewer	Mmmm, it is quite a fragile situation
Participant	Yah
Interviewer	It needs nurturing
Participant	Yah, a lot. Yah, my friends right now, uhm, I think our relationships is pretty good. I have come out to them a lot more, and I have made a lot more friends now.
Interviewer	Mmm
Participant	So, since I have been dealing with this, and ... like my self-image, you know, because that experience shaped a lot of aspects about myself. In the way I saw myself. So I have been working on that lots in therapy.
Interviewer	Mmmm
Participant	My self-image so that helped me a lot to open up to people a lot more.
Interviewer	Hmm. It's becoming easier.

Participant	It's becoming easier. Giggle. Yah..
	QUESTION 2:
Interviewer	Please describe to me how you have experienced your relationships up until now?
Participant	Hmmm, very guarded.
Interviewer	Mmmm
Participant	I was very guarded around every body. I never, like I said, I never trusted any one
Interviewer	Mmmm
Participant	and and I was always trying to catch them out for trying to hurt me in some way or the other. Directly or indirectly I was always trying to catch them out.
Interviewer	Mmm
Participant	Thinking, I can proof to them that they were trying to hurt me.
Interviewer	Mmmm
Participant	Even when they weren't, so... Giggle. Yah, it's how it was. But like now its, I am not as paranoid any more. Mmmm. I learned to let things go and ... just live.
Interviewer	Mmmm
Participant	Yah, giggle ...
Interviewer	Mmmm, oraait.... Any other things that you can think of? You have experienced?
Participant	Uhm... Silence Oh for a long time I wasn't able to uhm see the, my uncle the guy that molested me. Yah
Interviewer	Mmmm
Participant	Yah, but ...it is almost like every time I saw him my whole system would go into a shut down, I wasn't able to talk, I wasn't, I wasn't thinking straight, I was just there I was numb, completely. My thoughts were numb, I wasn't able to be in his presence , but ... you know I have dealt with it now.. and I think I am starting to get over the resentment. Giggle
Interviewer	Mmmm
Participant	Yah, so it's a bit easier now to be around him. Though he still acts if nothing ever happened.
Interviewer	Hmm
Participant	Which still makes me quite angry.
Interviewer	Mmm. More frustration
Participant	Very frustrated
Interviewer	Mmm
Participant	Yah, 'cause ... the thing is like with my family from my mom's side
Interviewer	Mmm
Participant	I have never been close with them either. So, ... I am, always was the out

	cast. And so, ... when I see him being so excepted by all of them. It made me very angry.
Interviewer	Mmmm
Participant	You know, because I wasn't the one who did anything wrong. But he is the one being excepted and I the one being rejected from, by them.
Interviewer	Mmm
Participant	And growing up I could never understand, .. how they could do that, you know?
Interviewer	Mmm
Participant	And it used to make me very angry and frustrated that it was happening.
Interviewer	Mmm, and painful.
Participant	Yah, very painful. 'Cause then I felt like in my family, ... they're rejecting me
Interviewer	Hmm
Participant	and then I took it as everybody else will reject me now.
Interviewer	Mmm
Participant	So, I lived my life before any one else could reject me I would run away from a relationship.
Interviewer	Mmm
Participant	Yah, and also uhm, I grew up with a very strong fear of men
Interviewer	Uh hmm.
Participant	Like, during school I was never ever able to talk to boys. I was very - very scared of them.
Interviewer	Hmm
Participant	Uhm, yah, I actually had to work through it in therapy, the fear of men ... so .. I am still not over it yet, I still, I'm, it's getting better, but I am still not completely over it. I still have ... a fear with certain kinds of men.
Interviewer	Mmmm
Participant	Uhm, I think men that are probably like my uncle, like he is very strongly confident and and you know very sure, self assured.
Interviewer	Mmmm
Participant	So men that are like that, it scares me.
Interviewer	Mmmm
Participant	So, I try to stay away from them. Giggles. I remember like even through High School I would avoid talking to guys
Interviewer	Mmmm
Participant	Yah, so that's how I felt in that area of my life, that's why I also fell behind from my peers, you know, because I never experienced having boy friends and that stuff like that during that time like every body else was.
Interviewer	Mmm
Participant	So I felt like I had a disadvantage in like that kind of an instance. Because I never developed at the same pace as every body else, was.
Interviewer	Is it almost like if you could associate a man with your uncle that made it kind

	of more intense?
Participant	It made it more intense Yah. So if it was like, if I would come across a very quiet guy, a shy guy, and then you know, I was more able to, I will still be a bit scared but I will still be able to talk to him.
Interviewer	Mmmm
Participant	But like guys that are confident, and self assured and ... very outspoken that scared the crap out of me! Giggle.. I couldn't be around them it, like it makes me very nervous.
Interviewer	Mmmm
Participant	Yah,
Interviewer	Nervous? In what way?
Participant	Uhm, I guess I get nervous that, I don't know, that they are going to take advantage of me or... not take advantage of me really, but because I feel like no one can take advantage of me anymore now. Because I am older now.
Interviewer	Mmm
Participant	But, I don't know I just was afraid that they were going to say something that was going to hurt me or that they were going to reject me.
Interviewer	Embarrassment.
Participant	Embarrass me yah,
Interviewer	Or anything that can make you feel not good about yourself.
Participant	Yah, and I related a lot of those feelings with like my father as well. Yah, because I have never had a good relationship with him and
Interviewer	Mmmm
Participant	I suppose, that having that relationship with him, being so bad in combination with what happened to me I was not able to function normally with like men, yah..
Interviewer	Mmm....
Participant	Yah.
	QUESTION 3:
Interviewer	Ok then. Please describe for to me in detail any difficulties you might have experienced in your relationships?
Participant	Mmmm, I feel that I have already said it. Giggle Yah, hmmm just like I was always very defensive. My mom always used to question why am I so defensive? Like when she would ask me a question I would be ready to attack her...
Interviewer	Mmm
Participant	Yah, so ... she never really understood, why I would behave the way I would.
Interviewer	Mmm. And what would happen in that situation?
Participant	We usually, I would not, say anything to her, I use to bottle a lot of things in. I never use to say what I was feeling or what I thought. So I usually just go to my room and just lock myself in my room for like a few hours. Giggle ... and not talk to anyone
Interviewer	Mmm

Participant	Yah, and I suppose that is how my depression kind of started, because a lot of the anger I would just ... suppress it ...
Interviewer	Mmmm
Participant	So
Interviewer	Not deal with it. Avoid the situation.
Participant	Avoid it, yah. So, I felt like everything was some how my fault, so I decided that I will take everything out, instead of dealing with it with the other person. I would take it all upon myself and go and deal with it alone
Interviewer	Mmm
Participant	Away from everyone else.
Interviewer	Mmmm
Participant	In that way I felt safer.
Interviewer	Mmm
Participant	Dealing with it.
Interviewer	and within that you withdrew even more.
Participant	Yah, so I feel like I withdrew from society almost. Giggle... Yah. It made me isolate myself from everybody else.
Interviewer	Feeling alienated
Participant	Yah, I guess that is also why I felt disadvantaged.
Interviewer	Mmmm
Participant	Because I had all these defense mechanisms, constantly working over time. Giggle.. Yah, ... and, so I could never function normally, in a relationship.
Interviewer	Hmm
Participant	Yah
Interviewer	If you had to describe it in detail the difficulties if you can you maybe give little examples that you can think of with other relationships?
Participant	Mmm,
Interviewer	Like things that would happen?. ... Like you perhaps said now with your mom?
Participant	Yah, mmm ... well I was always like angry with my Dad. So me and my Dad would fight a lot and ... yah, I don't know why I was always angry with him?
Interviewer	Hmm
Participant	So, I think ... maybe it was because I felt he never protected me from ... that. and because he still really like that uncle
Interviewer	Mmm
Participant	So, I would be very angry with him all the time.
Interviewer	Like feeling deceived almost.
Participant	Yah, I felt like he betrayed me.
Interviewer	Hmm
Participant	Yah, I actually felt like my whole family betrayed me because they were all still very nice to him. They were treating him better than they were treating

	me.
Interviewer	Mmm, little unfair?
Participant	Yah giggle...
Interviewer	Anything else that you feel might be important?
Participant	Oh no, I think I basically said everything, giggle ...
Interviewer	Okay, no problem
Participant	Okay, and mmmm I think that is it.

BIOGRAPHICAL INFORMATION

THE CONTENTS OF THIS DOCUMENT WILL BE TREATED AS HIGHLY CONFIDENTIAL. PLEASE COMPLETE AS FULLY AS POSSIBLE.

Client:

2

Age at last birthday:

19

Are you currently single, married, divorced or widowed?

SINGLE

Do you have any children? If so, how many?

NO CHILDREN

Current Occupation:

STUDENT

How long have you been in you current employment?

1 YEAR

How long where you at your previous employer?

N/A

Family History:

How many brothers and sisters do you have?

2 BROTHERS

What is your chronological place in the family (1st, 2nd, 3rd born)?

2ND BORN

Do you have any half brothers and/or sisters?

NO

Do you have any stepbrothers and/or stepsisters?

NO

Was your parents married or divorced? If divorced, how old were you when they divorced?

MARRIED

Did your mother work or was she at home?

SHE WORKED

Did your father work or was he at home?

HE WORKED

Medical History:

Known difficulties at birth:

NONE

Allergies as a child:

HAYFEVER, ALLERGIC TO CATS

Have you had any childhood illnesses? Please specify. (measles, chicken pox etc.)

CHICKEN POCKS, ASTHMA

Any other illnesses (migraines / headaches, diabetes, Meningitis, Hepatitis, Asthma etc.)

ASTHMA

Have you undergone any operations? If so what and when?

NO

Have you had any serious injuries? If so what and when?

NO

Did you have any frequent throat or ear infections?

HAD THROAT PAINS WHEN I WAS A CHILD

Did you frequently complain about aches or pains?

YES

Do you have convulsions?

NO

Have you had any head injuries? If so specify age and whether you lost consciousness.

NO

Have you had any skin or hormonal problems. If so what and when?

YES, ACNE – CURRENTLY

INCOMPLETE MENSTRUAL CYCLE – CURRENTLY

Any disabilities:

NO

Treatment received for psychological difficulties (depression, anxiety, hyperactivity, attention problems etc.). If yes, for what and at what age?

DEPRESSION – AGE 15 TILL PRESENT

GAD - CURRENTLY

Are you currently taking any medication? If so, what is being taken and for how long?

VENLOR – 9 MONTHS (STILL TAKING IT)

RISPERDAL – 9 MONTHS (STILL TAKING IT)

ANXIETY MEDICATION – 9 MONTHS

Childhood and educational background:

Where you often punished by teachers at school for bad behaviour, yes or no? If yes, please elaborate.

NO

Where you often involved in conflict with your peers, yes or no? (fighting, bullying or rejected) If yes, please elaborate.

YES – BULLYING IN GRADE 8 LEAD ME TO LEAVE THAT SCHOOL. I EXPERIENCED REJECTION.

Did you participate in any extramural activities? If so, in which activities and did you achieve?

YES, HOCKEY

How would you describe your academic performance at school? Please give an explanation.

NOT VERY GOOD. I STRUGGLED ACADEMICALLY DUE TO DEPRESSION.

Did you experience any difficulties in making friends or establishing good friendships during your adolescent years? Yes or no. If yes, please elaborate.

YES, I WS CONSTANTLY CHANGING SCHOOLS THEREFORE I COULDN'T MAKE VERY CLOSE FRIENDS.

Did you use and/or experiment with drugs and/or alcohol. If yes, how often and did you receive treatment?

EXPERIMENTED WITH ALCOHOL. NO TREATMENT WAS NECESSARY.

Biographical Information regarding abuse:

How old were you the first time the abuse occurred?

5/6 YEARS

How long did the abuse go on?

NOT SURE

What was your relationship with the perpetrator?

UNCLE

What age was the perpetrator when it started?

25 YEARS OLD.

What type of incestuous relationship was it? (sexual fondling and touching, sodomy or vaginal penetration, genital exposure, inappropriate kissing, having to pose naked and/or being filmed naked in a sexual fashion).

SEXUAL FONDLING, GENITAL EXPOSURE, OBJECTS USED TO PENETRATE ME.

When was the first time you told someone about it and whom did you tell?

I WAS 14, MY BEST FRIEND AT THE TIME.

What was the reaction of the person when you first told him/her?

SHE TRIED TO GET ME PROFESSIONAL HELP.

At what age did you start therapy and how long have you been in therapy?

AGE 14 – FOR 4 YEARS (CURRENTLY IN THERAPY).

APPENDIX D

Interview 3

Interviewer	Would you like to talk to me?
Participant	<p>Uhmm, like uhm, I was 14 years and then uhm my father was no longer living with my mother and my mother was a parent who was not working and she did not support us very well. Sometimes we do not have pocket money or uniform and all that and I think my uncle see this as an opportunity to do whatever he wants to do. Ahh one day when he started doing this to me, uhm, he did not ask or told me why he is doing this to me. It was me and him alone at home and I was hungry, I remember that day coming to school and he says if you want bread, can I, uhm I must sleep with you in order for you to get money to buy a loaf of bread. And I said why can't you give me the money? And he said, no you have to work for it. So working for him is like giving him my body. Then I did...he did not push anything, he did negotiate, then I felt maybe I did the right thing. Then I put out my panty, but it was so painful, it was painful and when I say it is painful then he says no, I will not put it all. And then the experience of the man doing it at the back it is so hurtful and it always remind me of my uncle. I do not like that, I don't like any one not even my husband I don't like to that thing. Even now. So, after hmm, I remember I used to get pocket money in exchange of sex and then uuh, one day he says he want... uh you can look for uh, your girlfriend your friend the bigger one that has body, I was so thin. I remember going to another girl, saying my uncle wants to see you. She says: "Why?" I say no I don't know, I was afraid to tell him what, then uhm, I brought that girl here. I went out to the toilet, my uncle just close the door and then the girl shouts. I come running as if I did not know. Ah knocking at the door, open up what are you doing! Then that girl use to tell the other girls: "you don't have to be Mrs. X's friend she will give....she will take you to her uncle to rape you. I said no it was not like that and then she left and no longer come to mother's house. Then he just left, he never come to my mother's house. Then there was a, uhm my mother called him a friend, it is a male friend, he was living with us. Even that one, that one did try but I said no. He says: "if you do want jersey or uniform, you can get uniform, just look you are going to school bear footed, then it is</p>

	<p>very cold". And then when we wear any color jersey at school they just want us to take it off. Then he says: "No, I can buy you a uniform." I said: "No, I rather feel cold because I have already had this experience. Then we were suffering, we were struggling, no food, no uniform and then my father and when you go to look for him and ask school fees and all that he does not want to supply you. Uhm, then comes....when Mr. X (boyfriend, now husband) comes, when he says he loves me, I told him that uhm if you really love me I want you to marry me in order to be protected, to feel protected. If he is not going to marry me every man will come and go, come and go. Then he says you are too young, we are too young. He was 22 that time. I said: "Ok, just leave me alone then." Just leave me alone then. I remember he sent, it is a grown up man coming to talk to me, saying that Mr. X loves you and he wants to marry you and all that and then I fall for that. And then uhm the first time I slept with Mr. X he did rape me because he took me to his sister's house where he is going to fetch tools. Uhm, after that, after my relationship with Mr. X, I was not comfortable making love to Mr. X and I thought maybe men are only using women to get sex. That is what I was thinking. Then I remember this time when I caught Mr. X with a girl, I wasss, I was like a mad person. I did act calmly with them. But when the lady leaves I was, from (area) to (area) I was just running, going to his mother's place. On my way going there I find a lift, this man was a grown up man, I still remember the name and everything, even now I know where he lives, he give me a lift and I was crying. He says: "What are you crying?" I tell him all the story. And he says he will take me to Mr. X's place, my husband's mum...the uhm my, where...uhm, my husband's home.</p>
Interviewer	Uh hu.
Participant	<p>Then I went there with him. On the way, I was sleeping like this, while he was driving he just put his hand on my lap. Then I said: "No, don't touch me!" He said uuh, if your husband is doing this to you, then I can be your allay. Then I said: "No, no, no, that is not what I want. Then he says ok, then get out of my car. Get out of my car! Then I said: "Ok." But it was, there was bushes and it was dark and I was afraid anything can come from that bush, you see...</p>
Interviewer	Uh hu.
Participant	<p>And I said: "No, how can you leave me here, it is not safe here? Please take me to where I want to go!" The he took me. Then uhm, he waited for me coming from my mother-in-law's</p>

	house. And when I went there I told my mother-in-law, then he says we are the same, we are doing the same thing. Then I come back crying again, you see and then when I get into the car this man is trying to comfort me and I fall into that trap. And all of a sudden we are kissing and there are sex again (hand clap once). You see? The trouser I was wearing that day, I remember after all this I felt dirty, very dirty. And then I feel like I'm like my husband. So uhm the bra, the panty, the top, the trouser, the shoes, I burnt it.
Interviewer	You feel disgusted.
Participant	Yes, I did burn it. Then (cleaning throat) that one passes. Came another one, this guy was uh a Unisa student. He says he loves me. We were in a, we met in the library. When I went outside to the toilet he went out and he ask me my name and all that and then uuhm he says can we go for lunch. And I said: "Yes, I was going for lunch." Then for, he did not want me to buy food for myself. Then he did buy food for me. Then when I eat that food then I realize that uhm eating this man's food, this is another sex thing.
Interviewer	Hmm
Participant	Then uhm, after studying he says: "Can you go with me at my house?" I just go there, we find the parents. The parents where there. Within 20 minutes the parents were gone. Then he was in the bathroom, then he says: "Mrs. X can you come in here?" I said: "Where are you?" I thought maybe he was in another room or in the kitchen because I was in the dining room. Then I went to the kitchen and he was not there. Then I said: "Where are you because I am in the kitchen?" Then he says: "I am in the bathroom." I said: "No, how can I come in the bathroom when you are in there. And then he said: "No, I am bathing." And I said: "No finish bathing. Then he did finish bathing. Then I took my books and when I tried to go out, the kitchen door was locked. Then I went to the dining room door, the dining room door was locked. When he come from the bathroom I was in the passage. Then he was just naked, then he says uhm: "Remember you eat my food?" I said: "Yes, how much can I pay you then?" He says: "No, not how much, you are just going to give me you body." I said: "No, I have money; I can give you the money that you want. Then he says: "No." I did not enjoy anything too. Then...AHG! (Hand clap). Then, for me it was a rape, because I keep on saying no, no, no! Even in my head it was No, No, No, till he finished. The close that I wear, I destroyed my close, everything. I destroy my close every time but this does not help. Then there was this other student that

	<p>one that was the only person that respected me. That one was, I was still with Mr. X. and I was having 3 kids by that time. For 6 months no sex, no nothing but we did make love, we did make sex, and I did love him and I was in between leaving Mr. X. Uhm, it was me who just run away, just drop that relationship, and that uhm, was the true love, the first true love I have experienced. After uhm, 15, it was 15 years, I was in the hospital, we where talking to other ladies when this guy pass, then he just hear my voice, then he says: "Joyce!" Then I just turn. Then Mr. P says: "I told you even after 50 years I will even recognize you. Then he told me he was working there. But I did not come to visit him when he was working there, no I did not go. He took my phone numbers and uhm, he store me as uhm, Abortion clinic. Why I know that, one day he did make an accident, I do not know which year that was in, and he died, and maybe his wife was going through his phone and found this Abortion clinic and then it was my land line, my house phone, phone number. And when I said hello, this person said is this Abortion clinic? And then I said: "No, where did you see this place, how did you get my phone number?" She said it was written on the board on the street and all that. Then, when I dropped the phone, it is then when I realized that no one can mistake my phone like this, maybe it is him. Then he was having a friend, his friend, I found him here it was February, then he was the one that told me that Mr. P made an accident and he died instantly. And uhm, uhm the wife tried to call you and he stored you as Abortion clinic. Then his friend says, he really loved you and I said: "Yes, I know, even if I, you know (name)? This other friend had a surgery there in (area) and they like to say, they usually said: "Mrs. X if you don't love Mr. P then just stop it because each and every time he got a girlfriend, he likes to compare this girlfriend with you. He really loves you and I really did love him. But I was in a situation if I leave my husband with three kids going for Mr. P this is not the right foundation. Maybe he will never trust me maybe he will think that one day the other man will just grab me out of him. That is what I was thinking.</p>
Interviewer	Hmm.
Participant	<p>Ja, so the, the other guy, the one whom give me a lift when I find my husband with another girl. He is the one I told you that 1st of June I will be working. Then I realized I'm going into the same trap again and he used to use young girls now, he used to leave with the young girls and when I told him I got a place here, you know what he says, he says before you bring your</p>

	furniture and your husband here we have to be the first ones to make love in that house. I said no, no, it is not going to be like that. You see, so this is my story.
Interviewer	Hmm
Participant	And then uhm, I think all this did make my marriage the way it is. Because coming to... I have never enjoyed making love to someone, even my husband, I have never enjoyed it.
Interviewer	There is a lot of painful connection to it.
Participant	Yes, I have never enjoyed it because no one took me nicely. And then they make love to me while, willingly, even if I am not willing to do that. So, I think that effects my relationship, my marriage and my relationship. And then for now with my husband I said that this is the one that I live so long with him is the one that I can try make things good. This is how I think. With my body, I don't know if my body would heal.
Interviewer	Hmm
Participant	During this changes I want to make. I don't know, but I am willing for my body to heal.
Interviewer	You feel very used.
Participant	Yes, my body has been used in the wrong way.
Interviewer	Been taken advantage of.
Participant	Yes, and like now, even if uhm my husband, he touches me he does not touch other parts of me he just touch here (indicates to vaginal area) he makes me feel that this is the only part that men wants.
Interviewer	Hmm
Participant	You see. He doesn't like the whole me. When I am sick or talk about other parts no he doesn't even act, but when I talk about this part (indicated to vaginal area), oh, maybe he can take the last money from the bank, take it out in order to go to the specialist and all that. So that's why I feel like that. So I don't know if I am going to heal but I am willing to heal. Even that white guy that took me and I thought that he was willing to give me a job.
Interviewer	Hmm
Participant	That one too.
Interviewer	It is very difficult for you to trust any men.
Participant	Yes, now it is very difficult. I am not receiving any lift from any one. And uhm, I, uhm, I am so easy to talk to but now to men, no. Ah, greetings yes, even when I pass the doctors and it is a male doctor, I can say morning and smile, but to be relaxed, ah, to all men, I can't do that.
Interviewer	You feel very uncomfortable.
Participant	Yes, but doctors are doctors. I am not afraid to be checked by

	them or no, no, no, no. But men at the street or men offering me cold drink or what ever or any help, no, I can't accept that from them.
Interviewer	It feels like they always have some hidden agenda.
Participant	Yes, yes. I even remember telling my kids when they have boyfriends and all that I ask them what type of friends do you have? What are you talking about? Because I know there is something behind that friendship. They always do, yes, so they did find out that there is something, they can take your phone number, they can talk to you, 1,2,3 they say they love you 1,2,3 they just want another thing. Then they say mom you did tell us. Then they stop everything. They are wise now. No one have ever been handled, like he do to me. No one.
Interviewer	Hmm. So, you feel very cautious.
Participant	Yes, so this one, my daughter is eighteen now. Uhm, she did have a boyfriend. Then she says no, he is just a boyfriend and all that. Then I said don't visit this boyfriend while you are alone because anything can happen
Interviewer	Hmm
Participant	Ja, but he did have a bad experience because he already have sex with that boyfriend but now he did stop that relationship. So it is like history now is repeating itself.
Interviewer	You feel disappointed.
Participant	Ja, he was, she was. So she felt dirty, she was so angry. She was the one I told I think she must go see the psychologist. But she told me she is ok, but I don't know but I can't push her.
Interviewer	Thank you Mrs. X.

	QUESTION 1:
Interviewer	I am going to ask you just 3 questions
Participant	Ok
Interviewer	Please describe to me your previous and current relationships. Especially if you think back in the time between when you was between 20 and 30. How was your relationships, your previous relationships during that time
Participant	Oh with me?
Interviewer	Yah,
Participant	In twenties I was very talkative person, I attended clubs like Burriël Society and hmmm, I liked to be a leader. I made decisions and women would like me, really, when they started stock vel they liked me to be there, and all that. But hmm but I did stop everything. I did stop everything. Keeping myself away from people.
Interviewer	Mmmm How come?
Participant	Some of the women around then, uhm, during like the stock vel they were threatened by me, like when they come to the house and they find their men they were thinking that I will be sleeping with their men. You know? So this is when my social relationships just stopped. Then I found myself alone.
Interviewer	You feel judged
Participant	Uh hu
Interviewer	Your current relationships?
Participant	Oh, my current relationships now socially, I am alone. I am alone person. I don't have many friends. Mrs. L. Yah, she was my friend, we were talking together. But now my social, when I go to the field work don't work preaching about Jehova's Kingdom it's the only solution I have. .
Interviewer	Hmm. Any other type of relationships?
Participant	Any type of relationships? No. It's only me my husband and my kinds. No.
	QUESTION 2:
Interviewer	Ok. Please describe to me how you have experienced your relationships until now?
Participant	How did I experience it? (Sniff) Uh, you want the experience I have during this...
Interviewer	Yes, during when you were in your twenties.
Participant	Ok
Interviewer	How did you experience those relationships? How was it for you?
Participant	For me, always I like uhm, coming from a poor family, uhm I was not like feeling in the group. I was feeling like uhm, I am

	<p>not... uhm, uhm I'm not fit in that group. That's why I was always alone, that is why. So but with the boys, boys who where going to the</p> <p>movies together some of them where buying uhm tickets. I did have seven friends, boy friends there where seven of them including Mr. S then I like to say to them, first come first serve. Then one who is coming with the movie ticket. So with the boys it was so easy. It was so easy communicating with them and then the life of the boys is so free you don't even worry what to wear. Parties, I did not go for parties I was going to the soccers because I was with boys. That was the easy life for me because I didn't have the money to do hair buy the nice clothes and all that but for boys they don't care, they don't care. So social life with the boys was good. And then uh, I remember before Mr. S proposed me all of them, six of them say we did love you and we were respecting you, we were afraid to propose you we were just want you as our friend. And then, uhm, I remember one of them ah, did ask advice when he wanted the other lady who was, the girl was next door neighbor. Then he asked me can I, how is this lady? Then I said no she is ok if you are not going to play with her, you just have to marry her. They married, they have two kids. They still call me sister. Ja and then the other four, the other four they were so naughty. The one of them is already dead and then the third one I don't know, the three of them I don't know where they are, but we where friends. Till, even Mr. S's a friend with the one that I said uh, he married this lady. So coming to boys it was fun. But with the ladies no, I was, I don't know they were afraid that I will take their men, or what. Ja.</p>
Interviewer	So there was always a bit of uneasiness
Participant	Hmm
Interviewer	With other girls
Participant	Hmm
	QUESTION 3
Interviewer	Please describe to me in detail any difficulties you might have experienced in your relationships?
Participant	Difficulties. Uhmm....
Interviewer	As much detail as you can
Participant	Ok.....it is not easy for me to express myself, and then uhm, sometimes like when uhm, like when we are a group of girls and they are very nice I feel like I am down I can't even say anything they have to take the lead I have to follow them. It's like when you don't have money and all that it's like you are

	<p>like nothing, it is how I felt. So I was following them whatever they do. I remember one day the other girl was inviting me to the party then I did wash and wear and when I come and say I'm finish let's go then she came to the door and said are you coming to the party like this, and I said yes, and she said no, no, no, no, you are not coming to the party like this with me. Then I said what? She took me to her room and then she uhm, take out the clothes, aah she showed me what to wear. Then it is were I say (speaking to self) do you really want to be changed by this friends of yours or do you really want to be yourself? Then uh, when she give me the clothes I say friend if you are not excepting me the way I am, I am sorry this mean you will never be my friend, and then I just walked out. So from that time I said no one will ever change me I will be who I am no matter what. So that's uhm, that's why I did feel lonely. All the girls where we live, they just cut me out. 100% cut me out.</p>
Interviewer	You feel that you are not accepted for who you are?
Participant	<p>Yes, yes, yes, yes. So, even now I don't have friends. Really I don't have friends. I feel comfortable talking to strangers each and every day, because when I go house to house I find different people with different problems and we are talking about the Bible, the way they view the Bible that is the communication, it is so easy for me. So that's why I am happy and then even if uhm, uhm some of them like uhm there at XXX are I already send maybe almost close to 10 women to the psychologist. When I find that they really need help I just send them there. It is how now I get friend, because they take my phone numbers, they keep contacting me and says thanks, you are doing good. Even if they don't tell me things in details, it is how now I get friends.</p>
Interviewer	Hmm
Participant	Yes.
Interviewer	And did you find, was there any other types of difficulties that you can remember?
Participant	<p>Uhm, like socializing. I remember at school I was not, I didn't like to raise a hand or to make speeches at the front, or....even if the teacher was asking the questions I was not going to raise a hand I am just going to keep quiet even if I know. Then if he wants to, to, to, to punish all the classed I was going to be punished too, but I know the answer.</p>
Interviewer	Hmm
Participant	But I know the answer. So I'm that kind of a person (giggling).
Interviewer	You, were very shy
Participant	Yes, I was so shy. Then uh, sometimes I don't believe in

	myself.
Interviewer	Uh hu
Participant	Like I can say things like (snapping fingers) this. No, I'm afraid, what is she going to think, what is she going to say about this. No, no, no, no, I can't say this, it is how I feel. Yeh.
Interviewer	You feel hesitant?
Participant	Ja..... So that is my difficulties. And then, uhm the other thing is sometimes even if I want to tell you what I feel, I just hold it, uh and give whatever you want to hear. So, then after that I just, I'm angry to myself. Why didn't I tell him or tell her the way I feel. So it is a difficulty sometimes I have.
Interviewer	You are holding back your true feelings
Participant	Yes, I like to hold them back, my true feelings.
Interviewer	Any other type of relationships? What difficulties have you experienced in them?
Participant	It's making friend. I am not easy to make friend. Really, it is not easy. For me it is not easy to make friend and then like uh, uhm... even working relationship is not so easy for me. If I am working it is not easy for me to make friends with the people I am working with. I'm just working like a workaholic. That's why like previous job that I had for six years it was like uhm, I gossip with the boss. The people like to say that but it was not like that. I was just working, so even if they retrenched me they were so happy. So like even if I can work for you, you give me my task. When say (name) this is what you are suppose to do, even if we are three, I am just going to concentrate on what you have given me and if you say one o'clock is tea time, oh it is going to be lunch time, I am going to use that one o'clock and then when you are going to say it is thirty minutes it is going to be exactly thirty minutes. Twenty five minutes, and then five minutes I walk to my working place in order to fill up exactly half past I must be there and work. And then uhm the last work that I was in, uhm I didn't make any friends there. People where just thinking that I am back stabbing them, because when uhm, it is tea time, finished I stand up, I am the first person who uhm, I am the first person to come into work early, I was the first person uhmmm, I was doing my job. Then the other ladies uh, think I am having an affair with the guy. It is the guy that gave me a lift and there was nothing that time, and when I said I quit, it was when he was trying to buy food for me and then telling me I'm a good worker, I have to work at night, then I realized there is something wrong here because I did use to hear if you are working at night, he used to come at night and he is sleeping with them. I said no, I am going to quit.

	So, when they see the boss it close to you, they think you are having an affair with him. So I think now, no. Even now no one is phoning me, that are how are you, how are you doing, no. So coming to relationships I'm really a bad person.
Interviewer	You feel very alone
Participant	Yes, I am not an easy type coming to...If you, you will be my friend everyone will see how ah do you cope with this person? You see. Because they say I am difficult. To be a friend to someone. Uhm, I remember I have this one, uhm friends who say I am a straight forward person, if I don't like something I just tell now. I no longer hold now. I'm just telling you the way I feel and all that, and then uhm, like uhm, she is young in the marriage and I just tell her don't let the man do whatever he wants about you, you have to stand for your self, seek help and all that. Because if you are going to let him do, do you like this, you are destroying yourself. Don't let him to destroy you, even if you love him, just make things work in the right way but not like this. You don't have to become a slave of someone. So, sometimes when I talk like that, they don't like.
Interviewer	Hmm
Participant	Yes
Interviewer	They might think you are too upfront?
Participant	Yes
Interviewer	Hmm. Thank you.

BIOGRAPHICAL INFORMATION

THE CONTENTS OF THIS DOCUMENT WILL BE TREATED AS HIGHLY CONFIDENTIAL. PLEASE COMPLETE AS FULLY AS POSSIBLE.

Client:

3

Age at last birthday:

45 YEARS

Are you currently single, married, divorced or widowed?

MARRIED

Do you have any children? If so, how many?

4

Current Occupation:

UNEMPLOYED

How long have you been in you current employment?

N/A

How long where you at your previous employer?

1 YEAR

Family History:

How many brothers and sisters do you have?

1 BROTHER and 1 SISTER

What is your chronological place in the family (1st, 2nd, 3rd born)?

3RD BORN

Do you have any half brothers and/or sisters?

YES

Do you have any stepbrothers and/or stepsisters?

NO

Was your parents married or divorced? If divorced, how old were you when they divorced?

DIVORCED. 12 YEARS OLD

Did your mother work or was she at home?

MY MOTHER WAS A DOMESTIC WORKER

Did your father work or was he at home?

BEFORE THE DIVORCE, WAS NOT WORKING

Medical History:

Known difficulties at birth:

I DON'T KNOW

Allergies as a child:

ECZEEMA

Have you had any childhood illnesses? Please specify. (measles, chicken pocks etc.)

MUMPS

Any other illnesses (migraines / headaches, diabetes, Meningitis, Hepatitis, Asthma etc.)

HEADACHES AND FEVERS

Have you undergone any operations? If so what and when?

YES, HISTORECTOMY – SEPTEMBER 1999

Have you had any serious injuries? If so what and when?

I DID FALL AND I WAS TREATE SPINE.

Did you have any frequent throat or ear infections?

WHEN I WAS YOUNG AT THE AGE OF 13 I USUALLY HAVE THROAT PROBLEM.

Did you frequently complain about aches or pains?

YES – SOMETIMES THEY COMES AS LIGHTNING.

Do you have convulsions?

NO

Have you had any head injuries? If so specify age and whether you lost consciousness.

NO

Have you had any skin or hormonal problems. If so what and when?

ECZEEMA. SINCE CHILDHOOD AND I OUTGROW IT.

Any disabilities:

NO

Treatment received for psychological difficulties (depression, anxiety, hyperactivity, attention problems etc.). If yes, for what and at what age?

YES – DEPRESSION – AGE 44

Are you currently taking any medication? If so, what is being taken and for how long?

YES. TABLETS FOR ANXIETY AND SLEEPING. +/- 4 MONTHS.

Childhood and educational background:

Where you often punished by teachers at school for bad behaviour, yes or no? If yes, please elaborate.

NO

Where you often involved in conflict with your peers, yes or no? (fighting, bullying or rejected) If yes, please elaborate.

YES – MY PEERS BULLY ME AND REJECTED.

Did you participate in any extramural activities? If so, in which activities and did you achieve?

YES. SPORTS. MEDALS

How would you describe your academic performance at school? Please give an explanation.

I DID NOT STRUGGLE. I PASSED EVERYTHING.

Did you experience any difficulties in making friends or establishing good friendships during your adolescent years? Yes or no. If yes, please elaborate.

YES- I WAS FEELING SHY – I FEEL I DID NOT BELONG – I FEEL SORRY FOR MYSELF – I FEEL I HAVE OTHER INTERESTS THAN THEM.

Did you use and/or experiment with drugs and/or alcohol. If yes, how often and did you receive treatment?

**YES, I HAVE EXPERIMENTED ALCOHOL BY THE TIME I AM AN ADULT.
NO TREATMENT.**

Biographical Information regarding abuse:

How old when was the first time the abuse occurred?

13 YEARS

How long did the abuse go on?

2 YEARS

What was your relationship with the perpetrator?

MY UNCLE

What age was the perpetrator when it started?

+/- 50 YEARS

What type of incestuous relationship was it? (sexual fondling and touching, sodomy or vaginal penetration, genital exposure, inappropriate kissing, having to pose naked and/or being filmed naked in a sexual fashion).

VAGINAL PENETRATION

When was the first time you told someone about it and whom did you tell?

2009 IN THERAPY

What was the reaction of the person when you first told him/her?

SHE MADE ME FEEL COMFORTABLE TO TALK ABOUT IT. SHE FEEL EMPATHY.

At what age did you start therapy and how long have you been in therapy?

AT AGE 44 FOR INTERRUPTED PERIOD OF 5 MONTHS.

APPENDIX D

Interview 4

Interviewer	Would you like to talk to me?
Participant	Uhm, okay let me start with what happened to me when I was a kid. I should focus specifically only on relationship or what happened when
Interviewer	Whatever you feel comfortable with you can feel welcome to start.
Participant	<p>When I was young my mom and my father they separated because my father was very abusive. He wanted to kill my Mother that's why she, she ran away and then she went back to him.</p> <p>Parents split. And then when we stayed there my sisters and myself it wasn't easy because according to our culture it's not acceptable for a married woman to bring back the children from which was married back into their family so they could call us names and everything.</p> <p>Uhm , basically there was no law or anyone who could protect us from anything or anyone. Because as we stayed there we stayed with my grandmother, and then my mother's brother he stayed a little closer from where we stayed. He had his own there and he had his sons and everything so after a little while when my mother separated from my mother from my father she went to look for work and we were left with my grandfather and my grandmother to look after us so we stayed there. Ja, we could work and everything we could work very hard to earn a living and my uncle she's my mother's brother he could abuse us from time to time physically he could beat us, he could just shout at us, he could just call us names. Sometimes he could just come at night when we were preparing supper and just start beating everyone. Chasing everyone away. We could just</p>

	<p>run into the bushes and then after a while when it's over then we could come back home when he is gone back to his own home.</p> <p>So, his children they used us as their wives whenever they felt like. If you did talked about it they could just, they could blame you, they could lay the blame on you that you are the one with the fault. It wasn't only me in my family it was my sister the first born in our family, she was also raped, but when they found out about it they said she was the one who was wrong, but the rapist was far much older than her. So, it was just like that and then after my sister and then it was me and my, my rapist was I don't know even fifteen or twenty years much older than myself but if you wanted to talk about it. Jo! They could shout at you, call you names, beat you, they were saying that you're the one who was in fault, even my mother she couldn't talk about it, she was even scared to do anything about it, because she was in their family. So, they basically there was nothing that you could do, there is no one you can even open up to, you could just live with it.</p>
Interviewer	Feeling very isolated?
Participant	Ja, and whenever I thought like it could just come so, no one had the power stop them, yes.
Interviewer	If you say that you couldn't talk about it. Who did you talk about it?
Participant	I didn't. You just kept quiet about it because it was sort of taboo if you had to talk about it you just don't talk about it, you just keep quiet about it.
Interviewer	How did your mother find out?
Participant	Uhm, I can't remember when she found out because it wasn't once
Interviewer	Hmm
Participant	Ja, but she did found out about it, but she did nothing and I think that sort of affected our relationship with my mother because she was the only one that I trusted that I thought she 'cause she could do something about it but for her own reasons she could not she couldn't even talk about it with me, she couldn't. Even

	sympathize with me, she couldn't.
Interviewer	Seem quite helpless.
Participant	Yes, so I think from there we sort of drifted apart with my mother and I just, admit it is my mother but we sort of the bond was sort of broken, maybe. And my mother's family my cousin even today I don't want to see him. The one who raped me is dead. And when he died I was very happy because I never got the chance to confront him and tell him about what he did to me, but, now that I am grown up his father is still there and I plan to go and ask him about it now, because, then if I had they could just beat you and nothing else but now it's impossible.
Interviewer	Impossible?
Participant	Ag, because you know it's impossible they can't beat me anymore. If I think, that, that stage is, is over.
Interviewer	Mmm
Participant	And I think if they do try to, to, to beat me about it, I am so angry that I think I will destroy them all. I don't want to but I am just so angry that I will do something very, very worse they won't like it. So, that's it.
Interviewer	You feel very hurt.
Participant	Very, very because the thing is it is someone very close to you. And they sort of saw it it's caught in me that you can't trust someone close to you because I have never anyone close to me that I've ever trusted. If I did then they broke the trust then, maybe for the rest of my life I won't be able to trust anyone, you see? So, I feel like they are responsible for that.
Interviewer	It caused you a lot of difficulties.
Participant	Yes, very much and the thing is it was the whole family even

	<p>my mother's sisters, they, they know but was bold enough to talk about it even today, nobody wants to talk about it. I, I don't know</p> <p>maybe, why they felt like that because maybe they've felt like it felt to be like maybe. Because I wasn't in for this family I was worthless or maybe I was just a piece of rubbish all you can do just do whatever you want with me because I am not in my father's family.</p>
Interviewer	Almost like they think you deserve it?
Participant	<p>Yes, yes something like that. And as for as my father I am very angry with him, because even him I feel like he's responsible for all</p> <p>these problems and difficulties that I am facing now because he</p> <p>was the one who suppose to be there for me. All this started because of him. I understand that maybe he had his own problems</p> <p>because initially my father was a soldier so I don't know what happened there when he was a soldier maybe he got disturbed in his head or what but the fact still remains he destroyed the whole family our lives all of us, our lives he destroyed. Because of only one person one man.</p> <p>So I feel that he is responsible, my Father is alive today even today if I see him sometimes I feel sorry for him and sometimes I just feel so angry. But he loves me and he sort of respects me but to me there are some bridges which wants to be amended but I don't think some of them will ever be mended.</p>
Interviewer	How come?
Participant	<p>I can't because he is sort of sick in his mind. Ja, I think from that</p> <p>time that he started with my mother until today. He even, I heard my mother saying he wanted himself, he wanted to rape his grandchild, my sister's daughter, my father. So he is sort of demented. So I don't know, I don't know what's with him. But sometimes I just want to, to hit him. Sometimes I just feel sorry for him. Ai I've got some mixed feelings.</p>
Interviewer	Quite a turmoil.
Participant	<p>Ja, ja, I just you know, I just you know I just wish things were different you feel so, you can't do anything important but</p> <p>It's</p> <p>so irritating you don't like it but you can't do anything about it</p> <p>you</p> <p>can't, you can't, you just can't.</p>

Interviewer	Sometimes feels just a bit helpless
Participant	Ja. It's you don't like it but there's nothing that you can do to change it. So, ja helpless we just, we just have to, to, to look, you can't do anything about it. Maybe if he was normal if he wasn't maybe like he's insane maybe I could talk to him. But I tell you he's insane he doesn't he's not normal anymore.
Interviewer	It's like difficult to reach out to him?
Participant	You can't because right now he could be talking about this and then the next moment he changes everything. He can just go from home just go he can just walk going and going you don't even know he doesn't tell you where he's going. Sometimes my mother will stay for three days, four days, and then you can start looking for him again, so, it's again and again and again and again.
Interviewer	Uhm, now just to go back, how long did you stay with your uncle?
Participant	Oh, let me see. I think I was four or five when I started staying there with my grandmother. And then I went to school I was in grade five or six. And then I ran away from home.
Interviewer	Ran away?
Participant	Yes.
Interviewer	Where? How? Where to?
Participant	Uh, there was my grandfather my father's father, he and his brother was staying at the other side far from where we were staying. So, we, I had to go there by bus, my sister gave me the money to, to run away, to go there she was the one who showed me my grandfather's brother and then I went there, I stayed there.
Interviewer	Was this after you have been abused?
Participant	Ja, it was after.
Interviewer	And then did you keep staying there or did you have to go back?
Participant	No, my grandfather the one whom I was staying with, he died too, and the only link I had to that family was my grandfather that one and when he past-away I had to go back.
Interviewer	And so how long did you stay with your grandfather?
Participant	Two years or three years maybe, and then I had to go back.
Interviewer	And when you went back what happened then?
Participant	When I went back you know I didn't really like staying there.

	<p>My...,</p> <p>I wanted to go to school I liked school so much. So, when I went back my mother's sister she offered she needed me to look after her last born so she offered that she would pay school fee's for me and everything I can go to school and then in return I will look after the housework and the child. So, then from my grandfather's I went back to my, my, my aunt.</p>
Interviewer	Did any of the abuse occur again?
Participant	No, it only occurred when I was young, it didn't occur again, it didn't happen.
Interviewer	It must have been very difficult not being able to express your feelings or talk about what happened?
Participant	<p>Ja, it was very difficult and they, you know it affects you in such a way that you, you, you never know how, how it's so difficult because, you can't even now I can't communicate my feelings when I am happy or when I am not happy I can't talk about how I feel even if someone tries to touch me even to hug me I feel there's a feeling an uncomfortable feeling that I feel I just don't, I don't like it. So, it has affected me so much, so much that even myself I don't know how to undo it. Even my, my son he is in grade one he likes hugging and stuff but eish I'm scared of hugging and touching just expressing how I feel, I can't, I feel scared.</p>
Interviewer	Scared?
Participant	Ja.
Interviewer	How do you mean?
Participant	You see when it's like it was a training when this thing with

	<p>abuse happened. You, you I felt like sort of I was being trained to not talk about how I feel. Sometimes you are hurt very, very deeply but you can't express it so you I learnt just to bottle up things I just learned that, sort of, it's not okay to, to express how we feel or maybe if I do maybe they'll just beat me or just shout at me or anything can happen. So I just you know I, I drew back into myself. Sometimes there is this place when you feel helpless I, I just draw back into myself I just don't want to talk, I don't want to touch, I don't want to, I just want to be by myself quietly. So, it's kind of I, it became a habit of drawing into myself. Just hiding into myself. Not wanting to talk or play or do anything just be with myself quietly. So even now I, I, I can't express how I feel because I'm scared maybe really right now I know that nobody is going to hurt me or anything but I just can't I just hold back, I just can't, just, ja.</p>
Interviewer	It's like it's learnt its part of you.
Participant	Yes, it is like it was a lesson that was taught to me and I can't just let it go.
Interviewer	It's almost as if you don't really know how to do it?
Participant	I don't.
Interviewer	Because you never had that opportunity or that space to express.
Participant	Yes, and I'm scared to try, I am just scared that maybe if I try, I don't know. I just feel scared.
Interviewer	You feel vulnerable?
Participant	Ja, I do feel vulnerable.
Interviewer	I wonder if there were times that maybe you feel, felt ashamed or guilty.
Participant	<p>Yes, I did, a lot but the thing is I did thought that way, ashamed like what they were saying I thought maybe I could have done more to stop it but you see, there is nothing that I could have done, when anyone, when everyone was failing to do anything about it. I, there's nothing that I could have done about it but still I sometimes I just feel like maybe if I tried harder or maybe, maybe just maybe, but does it help? I just feel sometimes so dirty I don't I, I, I sometimes I can't even look at myself in the mirror I, I, I don't know how can I say it I can't I just feel like I hate myself.</p>

Interviewer	You're disgusted.
Participant	Yes, I can't
Interviewer	It's almost sounds like at times you blame yourself,
Participant	Yes!
Interviewer	for not making a bigger effort?
Participant	Yes!
Interviewer	Do you feel you could have done maybe more or you should have tried harder as you said?
Participant	Yes.
Interviewer	But then there is also that situation of you, you feel you should have or could have done more, on the other hand you also feel very helpless 'cause you can't really have done anything.
Participant	Yes, there's nothing that I could have done but I just go and see because maybe I could have done something maybe but in the end there was nothing really nothing that I was going to do about it. Because it wasn't the first time in the family it was done and it's not like nobody knew about it, they did they know about it but, (sigh)
Interviewer	Nothing was done.
Participant	Yes, they I just think like they thought that we were not worthy protecting or I don't know how they thought but to me it felt like, ja, something like ja useless, ja, something like that. And nobody cares about you, something like that.
Interviewer	You feel very rejected by your family?
Participant	Ja, ja I, I feel very rejected and I've got trouble getting along with my family both my father's family and my mother's family I am very angry with them both and it's very difficult for me to get along with them. I'm angry with them every time maybe we, we, there's a meeting I'm very stubborn and I don't want to hear anything they say to me or, because they failed, they failed me how can they want to, ja, to me they are useless now like I was before, because by then nobody cares not even my father's family, nobody cared. Life went on like nothing was happening and now it's my turn I, I don't, I don't I just don't like them, I, it's too much to the point that sometimes I feel lonely because I feel like I don't need them and I can't trust them. So I don't want

	<p>anything to do with them. To me they are worthless, nobody is..... It's amazing even my, my mother, even my father sometimes when I'm really angry even my mother I don't see like there's anyone who is worth my respect. Because they didn't earn it. That's how I feel.</p>
Interviewer	You feel they failed you?
Participant	A lot.
Interviewer	As a young innocent child they left you to defend for yourself.
Participant	<p>Ja, and the fact at least if somebody tried and failed maybe I could understand. But even this when you're a young child you're in a, in a broken marriage or what can I say? In that kind of situation, sometimes you just need maybe just one person to rely upon. Maybe just one person that you can say when you feel really hurt you can just talk to him to that person and you know this understanding is tuff when you are, when you are young when you can see that I can communicate with this person and this person can understand me. That's where understanding begins and that also instills understanding in the younger child because the, the young child is being understood so he or she can understand when she's being talked to, you see? So to me that never happened. And to me it feels like my childhood was stolen because I can't remember really when I, I enjoyed the innocence of childhood, even today I'm too serious I can't have fun to me it seems like it's not okay to have fun I'm always serious. Because I can't have fun. So to me these people they are so responsible</p>

	and maybe with help I can I can then forgive them maybe, but that's where I am right now. It's, it's not so good.
Interviewer	It seems like it is really bringing you down?
Participant	Yes, it, it really affects my self-esteem. If sometimes you just need to, to look at yourself and feel proud of yourself of your life of who you are but to me I'm not proud of anything in my life. So, it affects me, my self-esteem a lot. I can't really stand where they say I am this, this, I can't do that. I can't do that. (Silence)
Interviewer	It's difficult to defend for yourself?
Participant	Ja, it's, it's very difficult sometimes. It's difficult.
Interviewer	It sounds to me like that because of all your experiences up until now that it's a form of a way that you protect yourself by still not opening up and expressing your emotions because that might make you vulnerable.
Participant	Yes, yes.
Interviewer	Because if you don't protect yourself who is going to protect you?
Participant	Ja, that's exactly how I feel. (Silence) So sometimes I just need to protect myself where there, there, there is no need of protection. It's, ja its' kind of weird, you see. It's weird.
Interviewer	Like a continuous awareness that something might happen.
Participant	Ja, even if I'm sleeping.

Interviewer	If you're sleeping?
Participant	If I'm sleeping and somebody tries to touch me I can feel it from,
	from before that thing gets to me, like I've got this sixth sense of awareness that I need to protect myself,
Interviewer	Hmm.
Participant	Ja, something like that.
Interviewer	You are very sensitive to
Participant	Yes
Interviewer	to things around you.
Participant	Yes, yes. (Silence)
Interviewer	Do you feel that you have ever had the opportunity to work through these feelings and these experiences?
Participant	No, I've never had the chance.
Interviewer	Hmm, have you been able to speak to anyone about it?
Participant	No, even my husband I don't talk to him about it. He doesn't know,
	he only knows I was raped as a young child but he doesn't know much because I don't talk about it.
Interviewer	How come?
Participant	I think I'm just scared that maybe he may judge me or anything. I think it's about trust, because.... Uhm ok, as a grown up girl, when I was grown up as a girl when I dated him I used to in my life I never trusted a man but I, I, I knew her, I knew my husband through my sister, my sister was dating his friend so I just got to know him and then when I got to know him and when I knew him I sort of got to trust him. And then when I trusted him then we got married when we got married I used to trust him with everything but the thing is sometimes I don't know how to deal with disappointments like when he does something that I think is wrong or unacceptable I cannot forgive him I might try to forget about it but in my heart it's like it's written. In that sense of, what can I say, that sense of, like he sold me out I trusted him and then like he broke my trust something like that I, I can't go back to where we started.
Interviewer	Like you're holding a grudge?
Participant	Yes, I really it's not like a grudge it's just a feeling that's in me

	<p>like when a person hurts you once I mustn't allow that to happen again and I'm always on the lookout. So, it kind of affected our relationship because sometimes I expect something from him and if it that doesn't happen then I just I just take my trust from him. I just, I took it back, I just take it back and it's for me trust is a very big issue once I take it away from you I, I, I can't trust again. Even though the problem might not be that big but simply because I've got trust issues I, I cannot trust, so because of that I cannot talk to him about it because of trust.</p>
Interviewer	It's almost like every time something happens when you get hurt
	by him it's as if you withdraw more and more from him?
Participant	Yes, something like that. Something like that.
Interviewer	And it's difficult for you to talk to him about it?
Participant	Yes, it's, it's very difficult for me to talk to him about it. And as for
	me the easiest way for me is to just keep quiet and withdraw. Yes. If I do maybe try to talk about it maybe I will be so angry it won't come out right. So he doesn't like that. So for me to avoid that I just keep quiet and just withdraw. That's it.
Interviewer	Looks like that's what works best for you
Participant	Yes, that's the only thing that's I know how it works, you see. I don't know much about talking or expressing feelings, I don't know
	much about that but as for withdrawing I know better than that.
Interviewer	You're experienced in it.
Participant	Yes, and it by then it worked for me and even now I think sometimes I know that it's, it ruin relationships but sometimes I just feel like that's the only option, yes.
Interviewer	That's how you've learnt to cope.
Participant	Yes, but now the difference is even when someone tries to hurt me I could withdraw then there was no touching or anything now
	there's difference this is my husband that's where the problem is now. Because he wants to touch me and when I am withdrawing it's like I'm not in this world I, I, I just don't want to be touched or

	anything I just want to withdrew and just be in my corner. So, he doesn't understand it. So, the more he keeps on trying to touch me the more I withdraw and the more serious it becomes.
Interviewer	It feels like a big vicious circle...
Participant	Ja,
Interviewer	that's going on.
Participant	Yes.
	QUESTION 1
Interviewer	Please describe to me your previous and current relationships.
Participant	My previous is when I was growing up?
Interviewer	Hmm, in the past.
Participant	In the past. Uhm, my previous relationships. You know they were, what can I say? I'm at loss of words now. They were so bad if it, I've never had a good relationship in my life, a healthy relationship in my life I don't remember because as is from my childhood like I was saying I, I don't feel like I had a relationship. You know as a street kid, you know I can describe my life like a street kids life, you know. You adopt that I don't care attitude like when you are constantly being abused nê, you expect the worst.
Interviewer	Hmm.
Participant	Yes. That's my life you, you, you don't expect things to get better. You, I, I this ja, this tendency of expecting the worst so that when the worst comes I, I really don't feel the pain because maybe I was prepared for it. Even if there's something good that comes along I can't enjoy it because I will be waiting for the worst. Because I feel like if I enjoy this moment what about when the worst comes because I know it's coming,
Interviewer	Hmm.
Participant	You see. So, that was it my, I, I never had a close relationship with anyone. And because of that mistrust because of I felt like I was betrayed in so much that... uhm, ja something like that.
Interviewer	And currently?

Participant	It's the same nothing has changed, yes. And you see now it's, it's difficult for me because now I've got kids, I try my best but in trying sometimes I just lose control for everything because I know that I, I am their teacher I must teach them how to trust, how to love and all sorts of things but I, I don't even know how to do that. So it's very, very difficult for me because I can't teach them something that I don't know anything about.
Interviewer	Something that you never learnt.
Participant	Yes, I don't even know how to do it. So, it's, it's very difficult for me. (Silence)
	QUESTION 2
Interviewer	And the next question is, uhm, please describe to me how you have experienced your relationships up until now?
Participant	What's the difference between them? (Laughing)
Interviewer	How does it make you feel? I know the trust has come up a lot, that you can't trust...
Participant	Eish. You know my relationships is...I, it is tough, its, it's a war for me because the thing is sometimes you try so hard to, to make to, live for now but there is a time where you are passed the experiences they keep haunting you that you can't no matter how you try, you can't, you can't do it. It is so hard. So, I think I keep going in circles. I try, I try maybe just to be happy and everything but if one thing goes wrong I withdraw. I just go back, and I think I begin to think that maybe, maybe it wasn't worth trying or maybe I shouldn't do this because I don't feel comfortable. I will be trying to be happy, but then if something comes up that makes me unhappy, then I just close up and then just withdraw. So, really to describe my experiences I don't know if I'm using the right words. But.... Ok, let me try this. What, why, what I think I have discovered for me to be in a relationship, a, a, a, married woman with uh, myself, my previous history, it is very, very difficult for me. I'm not even coping. Sometimes I, I try, because those feelings of hurt, those feelings of betrayal, those feelings of rejection, loss of esteem, all those things, they keep haunting me that, really I, I'm not, I'm not making it. You know sometimes I just feel I just want to but out. Last time, I, it's not long ago, I just wanted to leave home, because sometimes it is frustrating you know, sometimes the family, my kids and my husband they just want

	normal things from a mother or a woman but sometimes I can't do them. They feel like it is too much, they are asking too much. You see, sometimes when it comes to my husband, sometimes I, I feel sorry for him because, sometimes I feel so withdrawing that I don't want any thing to do with him. I just, I just want to see him, and to know that he is okay and everything, but I don't want him to touch me or anything. I want to be left alone. And that for a married woman it doesn't work, because he doesn't feel the same as I do.
Interviewer	Hmm.
Participant	So, for me sometimes it gets too much. Last time I just wanted to run away from home, I just wanted to go. Because I feel like I am not coping, with the pressures of, financial pressures and everything, I just feel like I can't do it any more. I'm just, I'm just going. So, ja I think for me that's it. It's hard to cope because I haven't dealt with my past, and maybe if my husband knew or if maybe he understood me better, maybe If he could understand and make it easier for me but because he, he doesn't know or he doesn't understand. He doesn't, sometimes he's even surprised when I'm withdrawn. "What's your problem?" I can't, I, I, I, can't even talk to him sometimes. So, if he tries to push I become very angry and very aggressive I just don't want to talk about it I just want to be left alone, the same applies with my kids sometimes, sometimes they just want to play with me but I sometimes I'd be feeling like I don't have the energy I, I, I just can't, you see. I sometimes I just become frustrated for no reason maybe it's a minor thing because but because I don't know how to deal with things, to know which is which I just, I don't know I just feel so angry. My first response if anything goes wrong is anger I just feel angry. And when I'm angry I can't think straight I feel like there's no way out I, I can't be, I can't be rational.
Interviewer	Out of control?
Participant	Not really out of control, physically I'll be in control but mentally, Sho, ho! There will be war in there. So, when I'm like that I, I don't want to talk to anyone or just do anything I just want to be left alone. But because they do not understand that's where the

	problems is now.
Interviewer	Do you feel that you easily become angry?
Participant	How I feel I don't really know how I can put it. I can be, I'm like, okay let me try again. I think so, I think so because I think I expect a lot from other people, let me say my family like I expect my husband to know some things like this is not good or maybe he can just take his shoes and then put them on the floor. Because I expect him to know that, that's not right and then if he knows that is't not right, why is he doing that? Then I become angry, you knew but you did it, why? So, sometimes I even don't understand myself, I don't. Because if I see anything that I don't like my first response is anger. I, I get angry first and then maybe after a while I will see things clearly. So, there is I think there is these lot of anger that's in me that maybe I just need to, that maybe I never had the chance to express so it's still in me it, I feel like it has, it has been building up for a some time I don't know how to, to deal with things. Ja, something like that. (Silence)
Interviewer	QUESTION 3
	And the last question. Please describe to me in detail any difficulties that you might have experienced in your relationships?
Participant	Okay, ja (sigh) any difficulties that one is distrust and uhm, okay, a lot of anger and what....
	I don't know but I think it's similar to the other problems.
Interviewer	So that there is a theme that you have distrust in relationships?
Participant	Yes, and I can't, you know in my life I can't just let go and just be merry or just be cheerful I, I don't know how to do that, so that affects people around me as well
Interviewer	Around you?
Participant	Uhm, ok, let me... I'm too serious with my life. It's like I'm

	waiting for something to go wrong. So I can't enjoy like life like even right now, I, I can't so in short I, I'm not a cheerful person. So, that affects people around me as well. Because sometimes they just want to be happy and just be cheerful but I can't just let go I, I don't know.
Interviewer	you feel that, that hampers your ability to build relationships?
Participant	Yes, so that's it... (Silence) Sometimes maybe like what I was saying sometimes maybe it's, it's a simple disagreement and then I just feel like because I'm, I'm always waiting for something to go wrong I, I might misread some other things and misinterpret them. And if I do that I think, how can I put it? If I misinterpret something that then it means in a way I'm putting words into someone's mouth because I'm always cutting or waiting that something bad might happen. I can't, I can also relax. Yes, so if you, if I misread or misinterpret someone's words then I might end up with the wrong end of the stick, if you understand me very well. Thinking the worst of others. You know sometimes somebody can even tell you that I love you and I don't believe it. I just, I, I can't believe that, some people maybe they even if someone tries to be nice to me I will always think that maybe there is a hidden agenda. I, I, I don't really believe that somebody might like me or be interested in me, I just don't believe it. I just think that maybe they've got ulterior motives. So, that's my problem even my husband because he has messed up once or twice or I don't know how many times now I can't really believe that, that he plans to do good things for me, to me he is now a suspect. No matter what he do he is a suspect.
Interviewer	You say he messed up?
Participant	You know sometimes in relationships sometimes we make some mistakes or some decisions, that maybe, maybe the other party

	<p>might not like, especially in our culture if, okay, let me try to explain it this way. Uhm, (sigh). Let me tell you about this story, so maybe you can get the picture of what I am trying to say. My husband's brother died and then he had a wife, that wife had build her house on my mother-in-law's stand so, when the husband died they had to chase her away, the reasons were because she, if she stayed and then she died in our home, in my in-law's home, then her parents will come and demand for money from them. And the other thing they believed that she the wife had killed the husband. So they thought that they wanted my husband to marry her so that she can kill him again, so that thing. My in-law's and my husband they believed that. But myself soon after my brother-in-law died I was at home and from what I could, I was, I could discuss from both sides my sister-in-law thought that my mother-in-law killed her husband, because she didn't like my sister-in-law. And my sister-in-law thinks that my mother-in-law thought that my sister-in-law killed her husband because of witchcraft or what, what, what I don't know. So they had to make a decision to chase her away and I didn't support that decision and because as to me she, you know for her life, her married days she wasted her days trying to build a house for her children and her kids and from where she was coming from her father had just married another wife so she was a stepmother and her life wasn't very good at all. So, when they kicked her out she had to go back there and life wasn't very good there. So, to me I didn't like it, I just thought is this the way they are going to treat me after my husband is dead as well? And do you really believe that a person dies because maybe of natural causes and what, what why, why did they have to think that it was my sister-in-law who killed him? I knew that these two they were accusing each other but I never took a stand to pin point that this one killed my brother-in-law, because I couldn't prove it. So, why did my mother-in-law have the power to accuse her that she killed her husband? And then she suffer</p>
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	<p>for that.</p> <p>So, to me it was like it wasn't fair. So, I had to confront my husband for that and we never agreed, he kept saying his mother</p> <p>was right. And to me it didn't seem fair. So, his judgment, I don't trust, I didn't trust his judgment. So, some things like that, you see? Can happen in life, so to me it looked like he can go with whatever his mother tells him to do or that is right. I felt like he didn't do it, it</p> <p>wasn't his choice or his decision to make. Because the whole family from him they were running behind their mother saying that this other wife, my sister-in-law must go. So then he just played along, my trust I just took it from him, because how did he do that and why did he have to do that?</p> <p>I felt like since he was the man who was there he was supposed to tackle the whole issue with fairness and maybe try by</p> <p>all means not to hurt anyone's feelings in the process. But I felt like they didn't care they felt like this one was a outsider so they can do whatever they feel like with her and this same would happen to me. So, if he can support those types of decisions then he is not on my side that's how I felt. And that was a major blow for in our relationship, because I felt like I cannot trust him. So that is what I was trying to say like sometimes we make mistakes. So, as for myself I, I, I can't go back like I can say that story is over or maybe I forgive you and then just start afresh, it is very difficult for me, because as for me, in my eye he is just like, he doesn't care. That's, that's how I see things. So for me to go back and</p> <p>start again, to me he is already a suspect that is I am suspecting</p> <p>him to, to do anything I don't really trust him that he has got my best interest at his heart, I don't believe it. Even if he tells me that</p> <p>but I don't believe it, I can't believe him. Because of other mistakes</p> <p>that he has made. Ja, also that was my point.</p>
Interviewer	Okay. Is there anything else that you feel is important?
Participant	Uhm. (Sign) I think that's all. Unless you have got other questions.
Interviewer	That's about it. Thank you.

BIOGRAPHICAL INFORMATION

THE CONTENTS OF THIS DOCUMENT WILL BE TREATED AS HIGHLY CONFIDENTIAL. PLEASE COMPLETE AS FULLY AS POSSIBLE.

Client:

4

Age at last birthday:

30 YEARS

Are you currently single, married, divorced or widowed?

MARRIED

Do you have any children? If so, how many?

2

Current Occupation:

NONE

How long have you been in you current employment?

N/A

How long where you at your previous employer?

N/A

Family History:

How many brothers and sisters do you have?

4 SISTERS and 2 BROTHERS

What is your chronological place in the family (1st, 2nd, 3rd born)?

4TH

Do you have any half brothers and/or sisters?

NO

Do you have any stepbrothers and/or stepsisters?

NO

Was your parents married or divorced? If divorced, how old were you when they divorced?

DIVORCED. 5 YEARS

Did your mother work or was she at home?

AT HOME

Did your father work or was he at home?

HE WASN'T THERE

Medical History:

Known difficulties at birth:

I DON'T KNOW

Allergies as a child:

I DON'T KNOW

Have you had any childhood illnesses? Please specify. (measles, chicken pocks etc.)

CHICKEN POCKS

Any other illnesses (migraines / headaches, diabetes, Meningitis, Hepatitis, Asthma etc.)

N/A

Have you undergone any operations? If so what and when?

N/A

Have you had any serious injuries? If so what and when?

N/A

Did you have any frequent throat or ear infections?

EAR INFECTIONS

Did you frequently complain about aches or pains?

NO

Do you have convulsions?

NO

Have you had any head injuries? If so specify age and whether you lost consciousness.

NO

Have you had any skin or hormonal problems. If so what and when?

NO

Any disabilities:

NO

Treatment received for psychological difficulties (depression, anxiety, hyperactivity, attention problems etc.). If yes, for what and at what age?

YES, ANGER. AGE 30

Are you currently taking any medication? If so, what is being taken and for how long?

NO

Childhood and educational background:

Where you often punished by teachers at school for bad behaviour, yes or no? If yes, please elaborate.

NO

Where you often involved in conflict with your peers, yes or no? (fighting, bullying or rejected) If yes, please elaborate.

REJECTED BECAUSE I WAS TOO SHORT

Did you participate in any extramural activities? If so, in which activities and did you achieve?

ATHLETICS, NO I DIDN'T ACHIEVE.

How would you describe your academic performance at school? Please give an explanation.

VERY BRILLIANT AND OUTSTANDING

Did you experience any difficulties in making friends or establishing good friendships during your adolescent years? Yes or no. If yes, please elaborate.

I COULDN'T MAKE FRIEND BECAUSE I WAS SCARED OF BEING REJECTED AND MOST OF MY TIME I WASN'T ALLOWED TO PLAY

Did you use and/or experiment with drugs and/or alcohol. If yes, how often and did you receive treatment?

NO

Biographical Information regarding abuse:

How old where you the first time the abuse occurred?

5 YEARS

How long did the abuse go on?

7 YEARS

What was your relationship with the perpetrator?

MY COUSIN

What age was the perpetrator when it started?

15 OR 20 YEARS OLDER THAN ME.

What type of incestuous relationship was it? (sexual fondling and touching, sodomy or vaginal penetration, genital exposure, inappropriate kissing, having to pose naked and/or being filmed naked in a sexual fashion).

VAGINAL PENETRATION

When was the first time you told someone about it and whom did you tell?

I TOLD MY MOTHER AND THEY FIND OUT AFTER 4 YEARS.

What was the reaction of the person when you first told him/her?

SHOCKED BUT DID NOTHING.

At what age did you start therapy and how long have you been in therapy?

AGE 30. I HAD THERAPY FOR FOUR SESSIONS.