GROUP ART THERAPY WITH RAPE SURVIVORS:
A POSTMODERN, FEMINIST STUDY

by

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ABSTRACT

The negative psychological effect of rape on survivors has been extensively researched, with most studies emphasising rape-related Post Traumatic Stress Disorder (PTSD) its symptoms, diagnosis and treatment. Interventions described in the current literature mainly aim at measuring and reducing symptoms, and restoring functioning in rape survivors. Group art therapy has been used with adult and adolescent survivors of incest with encouraging results, but little research has been published regarding its use with rape survivors. My intention in the current study is to examine the utility of a group art therapy intervention with adult female rape survivors in a South African context. I selected a postmodern feminist theoretical basis for the study, and examined the societal discourses that promote women’s disadvantaged status and high levels of rape in South Africa. I used qualitative methods to analyse the art works, journals and transcripts produced by three participants during seven weekly group art therapy sessions. I used postmodern feminist research methods, such as participant observation, reflexivity, and concepts such as situatedness, bodiliness, relatedness and plurality of explanations to assess the women’s lived experience of rape, their recovery from it, and the intervention itself.

The current study proposes that analysing the data reveals metaphors, symbols and meanings that represent the lived experience of the women participants in the group art therapy intervention. I used a grounded theory approach to data analysis, as well as methods from content analysis, visual anthropology, iconography, social semiotics and visual cultural studies in order to assist with triangulation of the visual and verbal data. The data was voluminous and rich, and fourteen strands of meaning emerged from the data, consisting of vivid metaphors, visual and verbal symbolic language, and insights into the challenges and victories of each of the participants. I gathered these strands under two overarching themes: one of themes related to the rape, and the other related to the group art therapy experience.
I conclude that group art therapy was useful to the participants, and that the data analysis gave considerable insight into the individual nature of recovery from rape, such as coping mechanisms, influence of personality on recovery, the dialectical nature of recovery and the difficulty of recovering from a trauma that affects every area of functioning. The current study provides a structured format for clinicians interested in group art therapy, and I have provided suggestions for those who wish to replicate the intervention. My findings propose that the intervention was a powerful therapeutic tool for the participants, and that it provides a structured short-term group outline for use with the vast numbers of rape survivors in South Africa.
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Chapter 1  Introduction

I am no longer a Victim.
I have always hated that word!
I am now a Survivor.
The road from one to the other
Was a long journey,
Which has no end, only new beginnings.
A Victim lives in fear.
A Survivor endures...
So do not call me a Victim.
I have always hated that word.

(Courtney, 2002).

Interpol’s International Crime Statistics Report indicates that South Africa has the highest rate of rapes per capita in the world, though the government’s moratorium on crime statistics in recent years makes this difficult to verify (Baden, Hassim & Meintjies, 2000; Human Rights Watch, 2002; Women’s International Network News, 2003). Recently released statistics on the incidence of rape indicate a slight reduction in reported cases of rape, from 21,553 nationwide in 2002 / 2003 to 19,824 in 2003 / 2004 (South African Police Service, 2004). These statistics are held to be controversial by rape activists for several reasons, including problems of defining rape and under-reporting. South African cultural groups have different meanings for the word ‘rape’, some of which differ from the legal definition of rape. For example, forced sex with a family member or a boyfriend is not recognised as rape in many cultural groups. Also, rape survivors are reluctant to lay charges against their rapists for many reasons, resulting in a considerable discrepancy between incidence and reported rapes (Chapter 2: 19). The actual incidence in South Africa is estimated to be closer to 1.7 million rapes per year, according to the Law Reform
Commission (Smith, 2004). Because of the large scale of the problem, an effective short-term intervention is urgently required to assist rape survivors to overcome the legacy of sexual violence, to restore some level of psychological health and to try to prevent ongoing partner abuse.

Traumatic events such as rape disrupt all areas of existence, including the emotional, cognitive and physiological functioning of those who experience them. One of the effects of exposure to trauma is difficulty in describing the event in words because of the painful feelings it evokes, which the survivor may find intolerable. High levels of shame interfere with cognitive processing, and may make accessing and discussing memories of the trauma difficult. The survivor will often not be able to recall many elements of the experience because of dissociation, emotional numbing, physiological factors (for example, decreased activity in the pre-frontal cortex and hippocampal cell death) and other phenomena related to the traumatic experience that interfere with the integration and retrieval of memories (Bremner, Innis, & Southwick, in Hull, 2002; Frederickson, 1992; Roamer & Liebowitz, 2001).

The impairment of verbal processing of trauma described above may explain why conventional talk therapy has had only moderate success with survivors of sexual assault. In contrast, art therapy has been used with encouraging results in the treatment of trauma and sexual abuse in America and England, perhaps because it focuses on non-verbal and symbolic aspects of the traumatic experience (Brooke, 1997; Johnson, 1987; Spencer, 1997). For example, Hughes (1999) reports a good therapeutic response when using art therapy with young slow learners who had experienced rape. Brooke (1997) cites similar studies using art therapy with adult and child survivors of sexual assault by Coulson, Wallis and Clark, Dufrene, Glaister, Howard, Howard and Jakab, Kelley, Lemmon, Malchiodi, Nez, Peacock, Peake, Rubin, Silvercloud, Simonds, Spring, Stember, and Yates and Pawley.

The use of group art therapy in recovery from sexual violence has, however, not been extensively explored. It is my belief that group art therapy provides a creative, non-verbal means to explore conscious
and unconscious material related to the rape, as well as the benefits of group therapy, and so may assist with recovery from sexual assault. This research study is therefore dedicated to the women of South Africa, with the hope that it can contribute to their recovery from and the prevention of continued physical abuse and rape.

Psychologists, like other mental health professionals, rely on the current knowledge base of the profession to construct their preferred theory, and from this they design their therapeutic approach. For this reason, an in-depth exposition of the various theoretical paradigms underpinning this research project is necessary. Thomas Kuhn (1970) describes a paradigm as an achievement in the scientific community that shares two characteristics: 1) the success of the new model is remarkable enough to draw the attention of a group of followers away from other categories of scientific enterprise 2) it opens up multiple challenges to harness the efforts of the newly-formed group of acolytes. Kuhn’s view of scientific enquiry was that it consists of long periods of peaceful activity punctuated by violent revolutions of intellectual dissent, resulting in the emergence of new models of thought (Kuhn, 1970).

This kind of shift has occurred in the last few years as psychologists have started to turn away from the twentieth century emphasis on researching psychopathology and dysfunction against norms based on patriarchal notions of ‘health’ and ‘optimal functioning’. Feminist writers have compiled new epistemologies in order to reframe psychology and psychological research in terms that reflect women’s issues and concerns. Feminist influence on psychological research is now strong enough that a substantial body of research is conducted on issues of relevance to women, using language and methods deriving from feminist epistemologies (Anderson, 2003).

Studying the response of women to trauma and sexual violence means considering issues of power, gender, and the repression of women, and how these societal factors link with the physical and psychological impact of violence against women (Cahill, 2001; Foster, 1999). This kind of research has
traditionally been deeply rooted in the pathological perspective of psychology, to the point that clients may feel obliged to present post-traumatic stress disorder symptoms after a traumatic event. This began to change with the work of Aaron Antonovsky (1979) who noted the absence of severe pathology in a proportion of middle-aged women living in Israel who had been incarcerated in the Nazi concentration camps. Thus, the development of psychological strengths to enable people to resist trauma-related psychopathology has become an important thread of recent research in psychology.

My own experience as a female survivor of trauma has informed my choice of a theoretical orientation. I worked through much of my emotional response to childhood-long physical and emotional abuse by using art as a healing medium, at first informally, later with a psychoanalytical therapist, and finally with an art therapist. The big breakthrough came when I finally found a way of explaining both the physical abuse of my childhood and the emotional abuse of my first marriage through art therapy. When I could see both perpetrators as teachers who prepared me for my chosen profession of psychology, I could put the suffering to rest. In Frankl’s terms, I had found meaning in the experience. My therapists had not given me the answer, nor had my years of studying psychology. To quote Husserl’s motto “back to the things themselves” (in Solomon, 1980, p.145) – when I sat with my experience, ignoring what the theories had to say about the events, dealing only with what was given in direct experience, the meaning evolved from my relationship with the experience. The healing was comprehensively begun.

When I began to conceptualise my research project, I looked for a theory that would explain my own experience. If the art therapy process had worked for me, perhaps it could work for other women who had survived trauma. Existential psychology seemed to be the one theory that referred to the intrinsic value of the individual’s experience in determining the meaning of the suffering of that person, and Frankl’s intimate understanding of what it is to live with man’s inhumanity to man resonated deeply with me.
For the above reasons, I initially chose to base my research within the broad approach of Existential psychology (with particular emphasis on the work of Viktor Frankl), and to examine the recovery from trauma of the women in my study through the lens of salutogenesis, focusing on their strengths rather than their pathologies. The medium of the intervention was group art therapy, through which I hoped to recreate the components of my own healing process, and in this way to assist recovery in a sample of women trauma survivors. I found substantial references to the utility of group therapy for women who had experienced sexual violence to confirm my thinking (Lubin, Loris, Burt, & Read Johnson, 1998; Resick, Jordan, Girelli, Hutter, & Marhoefer-Dvorak, 1988; Vandeusen & Carr, 2003).

In the course of conducting the intervention, I became more and more involved with the participants’ process, their intense feelings, their courage and the indelible mark the rape had left on them. I realised that my emotional connection to the women participants was deepening. The objectivity and impartial style of a Western, modernist, existential approach began to seem irrelevant at best, and an impediment at worst, to the intuitive, compassionate approach that working with rape survivors seemed to demand. I began to reconsider the epistemology of the research as I transcribed the session tapes in the course of the sessions.

The qualitative nature of the study became evident – the experience of art therapy and its relevance to the recovery from rape became foremost in my thinking. I abandoned the statistical component of the study as I no longer thought in terms of measuring a healing effect. I found no published research on group art therapy in a South African context, and little on group art therapy with rape survivors in any context. With so many new factors, I realised that an exploratory case study approach would be most suitable for the current project. This would allow for an in-depth exploration of the data from the study, with no dubious statistical ‘proof’ of healing or improved function from the study.
I had been changed by the experience of conducting the research. I now found myself reading feminist, postmodern theory, and seeing the elegant fit it had with the group art therapy, the qualitative data, and South African women’s lived experience of the trauma of rape. I had found the ‘fit’ between the mode of the intervention and the theoretical framework that I required. This demanded a complete re-writing of my thesis from the passive voice to the active voice, reflecting the discarding of the “distanced, distancing, supposedly neutral and objective language and stance most often employed in academic writing” referred to by Ellsworth (1999, p.34). My change of approach also required a new literature survey to support the epistemology and theoretical setting of the research study. In the re-writing process, I saw the development of congruence between the research topic, the theoretical basis, the methodology and the style of reporting.

1.2 Aim and objectives of the study

The aim and objectives of the study are:-

1.2.1 Aim

The aim of this research study is to investigate the experience of a structured art therapy intervention carried out by myself with female rape survivors.

1.2.2 Objectives

To construe knowledge through compiling a literature study on the socio-political, legal, and cultural reasons for the disadvantaged status of South African women. Also to examine the relationship between female repression, societal change and high levels of sexual violence against women in South Africa.

To construe knowledge through compiling a literature survey on rape, it’s definition and social discourses, the effect of sexual violence on rape survivors, factors influencing their recovery, and theoretical models of recovery from rape.
To construe knowledge through compiling a literature survey of feminism, feminist psychology, feminist epistemology, African feminism and postmodern feminism, including feminist and postmodern feminist views of rape.

To construe knowledge through compiling a literature survey on art therapy, it’s origins and process, it’s individual and group forms, and it’s use with survivors of sexual violence.

To assess the patterns of life experience which the participants brought to the intervention, including the individual details of their rape experience.

To investigate what the participants experienced during the intervention.

To record what patterns of change were reported by and noted in the participants in the course of the intervention.

To identify themes by triangulation of the verbal and visual data in order to understand more about the individual language and process of recovery from rape of the participants.

To draw conclusions about the utility of group art therapy with rape survivors in a South African setting.

The purpose of this analysis is to examine the content (symbols, language, use of media) as well as the process of the group art therapy in order to assess whether the group art therapy intervention was useful to the participants. The resulting data will be assessed in terms of the existing literature, and what was not explained in the current literature will be offered for future investigation.
1.3 Research question / hypothesis

A hypothesis is a tentative statement used in quantitative research to predict a relationship between two or more variables in modernist research. In contrast, a research question or statement is judged to be more relevant to a qualitative research project because of the observational or investigative nature of this kind of research (Breakwell, Hammond & Fife-Schaw, 1998; De Vos, 1998). Because of the qualitative nature of this study, the statement expressing the intent of the study is framed as a research question.

The research question in this study is

Is the structured group art therapy intervention that I designed for use with rape survivors useful to them in the course of their recovery?

1.4 Research approach

Various research approaches are used in the field of psychological research. The traditional approach has been quantitative, using deductive logic and presenting the data in the form of figures. Qualitative research relies on inductive reasoning, and presents data in the form of words. The purpose of the research determines which of these approaches is chosen by the researcher. The current study is exploratory and observational, in that it aims to gather information about a relatively unknown area: that of the use of group art therapy with rape survivors in the course of their recovery, and the implications of the information gathered by the study in this area (Collins, 1990). I have chosen the qualitative research approach as the most suitable for this purpose, for reasons I will now discuss.

1.4.1 Qualitative approach

Qualitative research often utilises participant observation research, in which the researcher resembles an investigative journalist, though without the time pressure or the need to make a headline story. This form of research results in a subjective analysis of the qualitative results, or a “thick description” (Denscombe,
2001, p.220) of the data, as well as active participation by the researcher with the people under observation (Denzin, 1989).

The advantages of a qualitative framework for the current study include the findings being grounded in reality, the data having richness and detail, the toleration of ambiguity and contradictions, and the possibility of alternative explanations always being held in mind (Denscombe, 2001). In addition, a qualitative approach allows the perceptions, feelings, needs and opinions of the participants to be represented, all of which are important when researching a sensitive topic such as rape (Renzetti & Lee, 1993).

1.4.2 Feasibility of the study

The practical feasibility of a research study is an important consideration, according to Barrett (1998). An initial difficulty of the current study will be identifying potential participants with the willingness to take part in the intervention. Rape survivors are hard to identify because of the stigma attached to rape and I decided to approach many health practitioners and activists who work in the area of rape to obtain access to potential participants. With the help of Dr. Beth Pheiffer (Gynaecologist: Stork Centre, Park Lane, Johannesburg) I obtained the names and telephone numbers of rape activists who assisted me to identify and contact rape survivors.

Potential participants were contacted by phone and invited to take part in the study. They attended an initial interview in which the structure of the study was explained, ethical issues were discussed, the option of leaving the study at any time was discussed and a letter of consent was signed by both participant and researcher. I offered to post a copy of a summary of the findings of the study to participants who indicated an interest in receiving it.
The Rand Afrikaans University was geographically accessible for both the researcher and the participants. Permission was obtained from Professor Deon de Bruyn to conduct the intervention at the Institute for Child and Adult Guidance at the Rand Afrikaans University. Any costs incurred by the study were at my expense, including paper, cassette tapes and art materials. I offered to pay for transport costs, where necessary.

This research study has been approved by the Department of Psychology Research Committee and the Ethics Committee, Faculty of the Arts, Rand Afrikaans University.

1.5 Definition of key terms

For the purpose of this study, the following definitions are deemed to describe the terms used.

1.5.1 Rape

For the purpose of the current study, rape is defined as “a man having intentional and unlawful sexual intercourse with a women without her consent” (Jewkes & Abrahams, 2002, p.1). Intercourse is defined as any degree of penetration by the male genital organ into the woman’s vulva or labia. The rapist does not necessarily have to reach orgasm, or ejaculate, for the act to be defined as rape (Joint Monitoring Committee on the Improvement of Quality of Life and Status of Women, 2002).

1.5.2 Feminism

Feminism can be defined as ‘a doctrine or movement that advocates equal rights for women’ according to Hanks (1979). Within this definition, many different forms of feminism have developed, including liberal feminism, radical feminism, socialist feminism, feminisms of black/Indigenous/women of colour, poststructuralist feminism, and ‘queer feminism’ (Russell & Carey, 2003). The feminist movement was active primarily in America and Europe from the 1960’s until the early 1980’s, and these so-called ‘first wave feminists’ were concerned with gaining equality for women in areas such as employment,
1.5.3 Feminist research

Traditionally, research has served the powerful white male power base in society. In contrast, feminist research focuses on the lives of women and on issues relevant to them, and the means to make positive changes in these areas. Feminist research is described as “qualitative research by women ‘on’ women” with a desire to make sense of women’s lives and experiences; it “must take women’s oppression as one of its basic assumptions”; it is research informed at every stage by an acknowledged political commitment” by Scottm, quoted by Kvale (1998, p.73). Feminist research therefore consciously rejects the patriarchal attitude in its attempt to explore knowledge through the lives of women. Feminist approaches emphasise political and ethical considerations over those of a scientific and knowledge-based approach. Feminist research often works from a social constructivist viewpoint, examining the individual within their social setting because women’s lived experience is largely determined by their social context.

1.5.4 Postmodern feminist research

Postmodernist feminist researchers reject the myth of the heroic male scientist in search of universal truths and laws, and ‘the male-dominated production of knowledge’ (Clough, 1994, p.20). Postmodern feminist research focuses on three areas of enquiry. Firstly, it examines the social construction of realities, particularly through cultural artifacts such as photographs, film, video, music, literature and the body, with reference to gender. Secondly, the textual analysis of how these cultural objects are described or understood, including the meanings and practices that are attached to them, is of interest to postmodern feminists. Thirdly, the impact of these culturally constructed meanings is a subject of research. The situatedness and relatedness of knowledge, as well as the plurality of explanations, are common themes in postmodern feminist epistemologies (Clough, ibid.). Postmodern feminist research also examines the
influence of the researcher on the study, as well as the power relationships between researcher, participants and institution (Schuerich, 1992; Dewar, 1997).

1.5.5 Art therapy

Art therapy is the therapeutic use of art materials in psychotherapy to explore and treat psychopathology. It has ancient origins in healing rituals, such as Navaho sand paintings and cave paintings. More recently, the writings of Sigmund Freud on the use of images and dreams to explore the unconscious, and of Carl Jung on symbolic meanings link the use of image making to mental health (Jung, 1981; Malchiodi, 1998; Schaverien, 1997).

The materials used in art therapy include paint, crayons, paper, board, clay, play dough, sand, cloth, plastic, shaving cream, beads, rice, string and many others. The art therapist helps the client to find a suitable medium to work in, encourages the client through the process and allows the client to find his/her meaning in the art work (Rubin, 1987). Art therapy may be non-directive (the client chooses what to represent in the artwork) or directive (the art therapist asks the client to represent a particular object or event in the artwork). When the artwork is completed, the client and the therapist may discuss the process of making the artwork, the artwork itself, and the client’s response to viewing the artwork. The process of making and reflecting on the artwork is thought to facilitate psychological healing and integration. Art therapy may be conceptualised through most psychological theories.

1.5.6 Group art therapy

Art therapy is often conducted in groups, particularly in hospitals and mental health institutions. These groups are conducted by psychologists, social workers or art therapists. Such a group may be conducted with a homogenous group, for example, people with substance abuse problems, or a heterogenous group, consisting of people with different issues. Sessions may be around a set theme, or may encourage spontaneous image making (Malchiodi, 1998; McNiff, 1973). Group sessions usually follow the
following format: the art therapist opens the session by introducing a topic or a way of working to the group, then the group makes images relating to the theme or technique, and the group ends with a discussion of the art works, and the member’s experience of the session. Art therapy groups usually meet weekly, either for a set period, or on an on-going basis (Liebmann, 1986; Skaife & Huett, 1998).
Chapter 2

When you touched me in a dream,
your skin an hour ago did not end
where it joined mine. My body continued
the movement of yours. Something flowed
between us like birds in a flock.

(Baderoon, 2004).

2.1 Introduction

In this chapter I intend to provide an overview of the setting for the current study. This takes the form of an assessment of the systemic factors which contribute to women’s status in South Africa today. This section begins with the macrosystems, such as global and national influences, and then focuses in on mesosystems such as social, legal and cultural structures which have particular relevance to women. These structures include gender roles and norms, marital law, and cultural practices such as polygamy and bride-wealth. I will provide a brief analysis of apartheid and its impact on women’s power, and speculate on the role of rape as a social control mechanism within post-apartheid South Africa. I will then provide a subjective assessment of the current status of women in South Africa.

In the next section, I focus on rape and it’s impact on the rape survivor, with a review of the clinical assessment of post-rape trauma, including rape trauma syndrome, post traumatic stress disorder, and rape-related post traumatic stress disorder. I reflect on the process of recovery from rape, including factors which affect this process, and I also review three theoretical models of recovery from rape.

This chapter contains a summary of feminist psychology, feminist epistemology, African and postmodern feminism as the theoretical grounding for the current study. I include feminist and postmodern feminist
views of rape. The final section of this chapter includes the history and process of art therapy and the advantages of group art therapy, with particular reference to rape and sexual abuse survivors. I conclude with an argument for the suitability of a postmodern feminist methodology for the current study, a group art therapy intervention with women recovering from rape.

2.2 Women in South African society: targets for violence?
Many factors have contributed to the severely disadvantaged status of South African women. The complex effects on women’s status of racism, classism and sexism in South Africa is described as multiple jeopardy by Dlamini & Julia (1993a). In this section I provide an overview of the position of woman in apartheid- and post-apartheid South African society.

2.2.1 Global influences
The historical position of women has been that of disadvantage in most societies worldwide. Gender-related economic and political analysis reveals that women are relegated to more menial, lower-paid occupations throughout the world; usually the agricultural, craft and informal sectors in Third World countries, and labour-intensive, low wage, assembly line sectors in industrialized nations (Handelman, 1996; Sow, 1997).

2.2.2 National factors
The worst manifestations of gender inequality and the exploitation of women are often to be found in developing countries such as South Africa (Jinabhai, 1993). Indigenous traditions have perpetuated the inferior position of women to that of men, and in addition, recent Western influences have eroded their traditional areas of power (Adler, Gardner, Mda, & Sandler, 1989). Lower levels of education have perpetuated unequal power relations for women, as well as slavery, caste systems and the cruel treatment of women and children, (Chitsike, 1995; Mama, 1997; Stewart, 1996). This “heritage of oppression” intensified from 1948 onwards with the establishment of the apartheid state, according to Bessie Head.
(Adler, Gardner, Mda, & Sandler, 1989, p.15). More recently, societal oppression in the form of the dependent status of wives under the Roman-Dutch legal systems, the policy that discourages the police from getting involved in domestic disputes, as well as the poor treatment of women by police and medical personnel all contribute to the disempowered and marginalized status of women in South African society (Khumalo, 1994). Such inequalities reduce women’s ability to determine their lives, as they have little capacity to become financially independent, forcing them to depend on male relatives for personal safety and financial security.

2.2.3 Socio-political, legal and cultural factors

Socio-political and legal factors include the attitudes, legislation and structures which are unique to South African society. These have their roots in indigenous African societies, with influence from Dutch colonisation, English emigrant population, Huguenot settlers and more recent Western media exposure and investment policies. These sources all have the repression of women as a social discourse.

Culture can be defined as “the structures and practices that uphold a particular social order by legitimising certain values, expectations, meanings and patterns of behaviour” (Weedon, in Wood, 1999, p.26). Cultural factors are thought to be very powerful in the construction of women’s roles by sociologists. Societies determine what is ‘normal’ and ‘right’ through communication practices, much of which occurs in non-verbal, symbolic or relational ways. To show the power of these practices, women who live outside these cultural norms, such as prostitutes, are labelled and reviled for doing so, despite the fact that historically, they have been intrinsic part of most societies.

**Gender roles and norms**

In most societal contexts, men are expected to carry out male gender roles, for example, the business of forming armies, waging war and the maintaining the defence of society. These tasks give men the chance to be heroic, and to achieve the role of hero (Field, 2001; Fischer, 2000; Morgan, 1981; Wood, 1999).
Linked to gender roles are gender norms, or accepted traits and ways of behaviour determined by gender. In South African society, men are expected to demonstrate their masculinity, with the traits of supremacy, hostility, reasonableness, self-sufficiency, strength and sexual dominance (Cock, in Park, Fedler & Dangoor, 2000; Pattman, 2001). If a man does not express these traits, he is mocked as being ‘gay’ or ‘having no balls’. Certain reciprocal qualities are approved of as appropriate for South African women, including femininity, weakness, dependence, passivity and irrationality (Overland, 2002; Vogelman, 1990) in order to appear respectable, and a good wife and mother (Green, Hebron & Woodward, 1987). South African gender norms seem to be more extreme than in developed countries (for example, America and England) but less polarised than Islamic African societies which enforce gender norms for women by practices such as female circumcision, clitorectomy and infibulation during childhood (Castillo, 1997).

It seems that the state of civil war during the apartheid era may have promoted an extreme version of maleness in South African society because of the brutal repressive measures used to protect the apartheid state. Govender (2001) comments on the difficulty of helping former soldiers in post-war societies to learn how to leash their violent tendencies. She suggests that it is important to help them to step out of the continuum of violence that they perpetuate in the rape of children and the killing of women now that the war is over. The militarism forced on white South African men in the form of national service in the South African Defence Force, and chosen by black South African men in their membership of freedom organisations during the apartheid years seem to live on in the high levels of violence in South African society (Dlamini & Julia, 1993a, 1993b; Foster, Davis & Sandler, 1986; Hlatshwayo & Stein, 1997; Jinabhai, 1993; South African Law Society, 1998; Strümpfer, 1995; Vetten, 1998).

Marital law

South Africa recognises two types of marriage, that of ‘customary union’ (under traditional law) and ‘common law’ (under general South African law). Customary union refers to traditional African marriage, in which two families agree to enter into a blood alliance, represented by the marriage of two of their
members. All negotiations are carried out by the guardians of the young couple. Marriage is therefore conceptualised in terms of creating children to form the next generation of the family, and so adding to the collective good of the two families (South African Law Society, 1998).

**Customary union**

The terms of customary marriage vary from area to area, but some elements of the agreement are common. A woman is considered to be dependent on her husband in a customary marriage, to be under his control, and is not able to own property, to sign contracts, to bring court actions, or to purchase land under Section 11 (3) (b) of the Black Administration Act (No.38 of 1927) and under terms of section 27.3 of the Natal Code. If she earns any money, or acquires any land, this becomes the property of her husband. She may only own her clothes and a few personal objects. Under the old Natal Native Code, children might not be put into the custody of their mothers, even if the break-up was due to the misbehaviour of the husband. Historically, a married woman would forever remain a minor, returning to the control of her father, and living in his kraal, should she be divorced from her husband (Bernstein, 1978; South African Law Society, 1998).

**Bride wealth**

Customary union involves the payment of ‘bride wealth’ (also known as lobola, bogadi, bohali, munywalo, or ikhazi) by the groom’s family to the bride’s family (South African Law Society, 1998; Human Rights Watch, 1995). Some authors state that the original intention of this payment was to ensure the security of the married woman (European Union Foundation for Human Rights in South Africa, 1999) while others contend that it was to compensate the bride’s family for the cost of the wedding and the loss of their daughter (Robinson, 1995). The system of lobola may have worked reasonably well in a peaceful, non-competitive agrarian society in pre-colonial South Africa (Barrett, Dawber, Klugman, Obery, Shindler & Yawitch, 1985) though this is challenged by African feminists who hold that lobola has always been a repressive mechanism (Imam, Mama & Sow, 1997). Stewart (1997) refers to research by Binks
that contends that lobola is directly linked to men’s controlling behaviour and violence against women. The consensus of recent writings seems to be that, whatever the original intention and function of lobola, it is now perceived as a mechanism of repression, though it’s traditional symbolic function is very powerful. For this reason, it remains a vital part of the traditional marriage ritual.

I acknowledge that a positive aspect of the lobola tradition is that it brings the two families together in negotiating the marriage, providing an extended network of support for the married couple. This extends the implications of the union far beyond the two people getting married. It adds security to the marriage, as any changes (including divorce) have to be negotiated by the family elders, who are likely to be more concerned with the extended family’s stability and the care of dependents (South African Law Society, 1998). However, in research among rural women, the perception was that if a man pays lobola for a woman, it means that he owns her (Jewkes, Penn-Kekana, Levin, Ratsaka & Schreiber, 1999; European Union Foundation for Human Rights in South Africa, 1999). The rural women who were the respondents in the study conducted by Jewkes, et al., (1999) believed that lobola established men’s dominance over women, and that, because of this, a married woman could not refuse to have sex with her husband. Some women believe that men exploit lobola nowadays, that it is no longer the symbolic or dynastic marker it once was, but is now a way of making money, and has been linked to controlling and battering women (Commission on Gender Equality, 2000; Binks, in Stewart, 1996).

**Polygamy**

Polygamy, or the custom of taking more than one wife, developed in a rural economy in which families carried out subsistence farming. A larger family group meant more labour, and so more food could be grown and the extended family stood more chance of surviving through lean times. More recently, issues of the rights of a wife (depending on the status of the house to which she belongs) have lead to poor treatment of junior wives, and those wives without male heirs. Inheritance devolves on the eldest son of the senior house (that is, the first wife’s household), or on the male heir of the house next in rank.
However, polygamy does seem to be dying out, principally because the change to a cash economy makes it very difficult for a man to support more than one wife, and also because of the adoption of Western monogamous marriage practices (South African Law Society, 1998).

From this brief overview of traditional marriage, it is clear that the African traditional view of married women has contributed to the inferior role of women in South African society. What may have been seen as acceptable in a male-dominated, peaceful, agrarian society in earlier times is generally seen as outdated and oppressive in a modern capitalist society (European Union Foundation for Human Rights in South Africa, 1999).

Common law marriage

Common law marriage (promulgated under Roman Dutch Law) designates control over property and children according to the choices made by the partners. For couples married ‘in community of property’ before 1984, the wife was effectively a minor and her property became that of her husband. This changed with the Matrimonial Property Act (1984), which gave equal decision-making power to both partners in a marriage. Although this was hailed as a breakthrough for women, it did not affect those marriages already conducted under community of property or customary marriages. By contrast, the ‘antenuptual contract’ protects the woman’s power, and she retains the full legal capacity she enjoyed as a single woman. Unfortunately, the antenuptual contract is not popular, whether due to the added expense it incurs, or through ignorance (Bernstein, 1978). South African marriage law was based on historic discourses of women’s reduced mental capacity and decision making abilities, and these discourses will take time to change as they are held in place by patriarchal attitudes.

The guardianship of any children of a common law union belonged to the father, as ‘head of the household’ until the Guardianship Act (Act No. 192 of 1993) became effective. This Act gave parents
joint custody of any children born within a marriage. The rate of divorce is high in South Africa (up to 50% of marriages end in divorce) and the division of property in a divorce usually results in one third going to the woman, two thirds to the man (Human Rights Watch, 1995). As the wife is likely to be the custodian parent of children of the union, and is at a considerable disadvantage in the job market, she is likely to be heavily dependent upon her ex-husband for maintenance support (Van Zyl, 2000).

From the above analysis, it can be seen that the subjugated position of women in South African society is to some extent rooted in the dependent role of women in patriarchal traditional African culture (Lund, Bellantine, Lelatka-Rennert & Hofmeyr, 1991; Marks, 1991). Indigenous practices such as lobola, polygamy, the inheritance of widows from deceased male relatives and, more recently, discriminatory land and property laws have all undermined women’s ability to gain status and independence. African women have actively resisted this oppression, relying on their strength and independence to do so, and have met with more success in recent years (Dlamini & Juliá, 1993b).

2.2.4 Apartheid

Violence can be attributed to the structural, political and attitudinal factors of the society in which it occurs, according to Radebe (1993). The ideology of apartheid strongly influenced every aspect of South African society in the years between 1949 and 1994. In practise, this meant the creation of a societal structure which reflected the worth attached to each racial group by the Nationalist government. Sachs (2000, pp.95-96) describes apartheid as “the deep, systematic, pervasive, dispossession and humiliation of the majority of people… a denial of humanity that involved dispossession of land, suppression of language, culture and personality…the epitome of domination and dehumanisation, and of organized, institutionalised control of one section of the population”. Apartheid was a form of social engineering designed to provide for the comfort and continued security of the highest level of the ruling white male social group at the expense of all other groups.
Government expenditure was apportioned mainly to ‘white’ communities, considerably less for communities designated ‘Indian’ or ‘coloured’, and less still for ‘black’ communities. This resulted in the underdevelopment of the residential areas of the less favoured groups, in the form of fewer public facilities (hospitals, libraries, recreation centres) per capita for non-white groups (Morrell, 2001). Strongly repressive policies, consisting of the declaration of ‘states of emergency’ with violent suppression of dissent and de-stabilising ‘third force’ activities were used to maintain the apartheid system and to confound any attempts at reform (Kramer, 1997; Schutte, Liebenberg & Minaar, 1998). These policies produced a polarized political system with a brutally controlling state on one side, and armed freedom-fighting organizations (financed and trained abroad) on the other (Harris, 2003; Stott, 2002). The apartheid system generated attitudes that endorsed violence on both sides, as a means to either propagate or to challenge the status quo.

The disparity of income and living conditions created by the apartheid system is cited as one of the main causative factors of the high levels of violence in South African society (Foster, Davis & Sandler, 1986; Nell & Butchart, 1989). Poverty, high levels of unemployment, overcrowding and crime produce high levels of environmental stress that were, and still are, intolerable for township residents.

“The family functions as a soak pit to absorb expressions of anger that are not allowed elsewhere. Often, men have had a hard day at work, get drunk and take it out on their wives and children. Battery and alcoholism are the most common results of this situation”.


It is remarkable that the majority of African families, despite these terrific pressures, remained stable and nurturing of their members, and do so to this day (Magona, 1990).
The effect of apartheid on women in South Africa
The effects of apartheid seem to have been felt most keenly by black African women (Callaghan, Hamber & Takura, 1993; Foster, 1999; Dlamini and Juliá, 1993a; Hysmith-Jones, 2001; Romany, 1996). Apartheid legislation such as the Group Areas Act 41 of 1950, the homeland system, the lack of education for black children, Influx Laws, Pass Laws and the Code of Bantu Law all helped to sentence black women to exploitation, invisibility and ‘near-slavery conditions’ of employment (Dreyer, 2002; Dlamini & Juliá, 1993a, p.35).

Black women suffered more than other population groups primarily because they were black, secondarily because they were female and thirdly because they formed an informal part of the working population (Bernstein, 1985). Indian women experienced further oppression in the form of their traditional role as ‘girls’ in contrast with the Indian male role of ‘responsible adult’ (Govender, 2001). This legislation also affected other race groups negatively in terms of living conditions, freedom of movement, security and quality of life. Such discrimination adversely affected the self-concept of members of population groups who were denigrated, tortured and detained indefinitely by security personnel. For example, Lewendal (2004) refers to the ‘lostness’ and the search for identity experienced by coloured people under apartheid as noted by Oppelt, Rooi and Wyngaard. Lewendal (op. cit.) also refers to Oppelt, de la Rey and Oliphant’s descriptions of the ambiguous position of coloured people, both during and after apartheid. In younger people, any shame in being of mixed race seems to be countered by their pride in belonging to the coloured community, referred to as ‘middleness’ by Erasmus (in Lewendal, 2004).

In contrast to other race groups, white women had good living conditions, were able to vote and had access to higher education, though they too had no representation in the structures of political, economic or military power (Bernstein, 1984). I propose that the negative consequences of apartheid for white women were feelings of deep shame and guilt, the loss of children and husbands who died to defend apartheid, as well as the disempowerment linked with living in a militaristic, strongly patriarchal society (Gaitskell, 1996). The stereotype of ‘the angel in the kitchen’ for Afrikaans women led to a repressed,
dependent lifestyle which gave them little or no say in family matters, or in determining their own lives (Kruger, 1991; L. Vos, personal communication, August 23, 2003; Pickstone, 1996).

Black, Indian and Coloured women formed organisations to fight against apartheid, and took part in many protests to demand the dismantling of oppressive apartheid legislation (Van Vuuren, 1981). The Women’s Federation (FEDSAW) under the leadership of Albertina Sisulu, Lilian Ngoyi, Helen Joseph, Amina Cachalia and Sophie Williams, organised a demonstration against legislation proposing to extend the pass law to women in 1956. FEDSAW also organised action against beer halls in Cato Manor in 1959 as women protested against the banning of home-brewed beer and the effect of excessive drinking by men on their families. FEDSAW also organised private schools and cultural clubs, but the government refused to register the schools and they eventually closed for lack of funds. Members of FEDSAW have written of the difficulty of supporting such a radical organisation at the time when a woman’s role was socially limited to the family and the home (Barrett, et al., 1985; Commission on Gender Equality, 2000).

2.2.5 Current status of women in South Africa

South African women’s increasing independence is problematic in most racial groups, particularly those in which subservience is seen as a positive female attribute. Morrell (2001) quotes research by Waetjen and Maré into Zulu culture, which suggests that violence against women is seen as a way of both ‘disciplining’ women and of regaining masculine power (Wood, Maforah & Jewkes, 1998). Morrell (2001) also quotes Xaba’s observation that these means of regaining potency were a legacy of the ‘struggle’ masculinity in a society in which advancement was not possible for the vast majority of young men (Kynoch, 2001; Mkize, 2004; Straker, 1992).

Interactive workshops were run recently on the theme of gender violence in Soweto by social workers from the Family Life Centre in Johannesburg (July-August 2004). Male participants in these workshops agreed that they used violence against women variously as a means of expressing frustration, of regaining
masculine power, and of simultaneously striking against the empowerment of women by affirmative action (personal conversation with Moketsi Molesiwa and Pauline Mothusi, Family Life Centre, August 2004). This range of functions of violence against women in South Africa is reported in the current literature (Itano, 2003; Jewkes & Abrahams, 2002; Koen, 1994; Robertson, 1998; Simpson, Robertson & Hamber, 1998; Waldman, 1995). From these findings, it seems that, although the apartheid regime was dismantled ten years ago, the oppositional forms of masculinity, or indlavini, that developed during the years of oppression continue to be expressed in gender relationships in South African society. Indlavini includes a disrespectful attitude towards traditions and the elders, violent and reckless behaviour, and, in an extreme form, is expressed in the social role of gangsters, or utsotsi (Mkise, 2004). This, combined with extreme poverty, high levels of unemployment, and resentment towards women who are employed and successful, seems to have contributed to high levels of gender violence and rape.

2.2.6 Conclusion

Various factors have contributed to the high incidence of rape in South Africa. These include the traditionally disempowered status of women in most South African cultures, weak gender roles for women, marital law which heavily favours the husband, the practices of bride-wealth and polygamy, the entrenched violence of the apartheid era, the economic disadvantage of women, the use of rape as a social control mechanism by men, the lack of advancement for men since the institution of democracy, and men’s frustration with women’s growing independence and advancement due to affirmative action.

A culture of violence, male entitlement and impunity still exists in South Africa, and the likelihood of being apprehended, charged and jailed for offences against women remain minimal (Human Rights Watch, 1995; Jewkes, et al, 2001; Van As, 2004). The author concludes that, although many positive changes have occurred in South African society in the last ten years, the incidence of rape and violence against women and children continue to rise each year because of the factors outlined above.
2.3 Rape

The phenomenon of rape has been the subject of extensive writing and research. In this section I aim to provide a definition of rape, and to speculate on the utility of rape as a social control mechanism in South Africa. I will provide a review of current research examining the effects of rape on the victim, as well as providing definitions of rape trauma syndrome, and posttraumatic stress disorder (with specific reference to rape). Lastly, the psychological sequelae of rape and the factors affecting recovery from rape are discussed in some detail.

2.3.1 Definition of rape

The South African Law Commission (SALC, 1999) defines rape as “a man having intentional and unlawful sexual intercourse with a women without her consent” (Jewkes & Abrahams, 2002, p.1). This limited definition will change with the promulgation of the Sexual Offences Bill (awaiting parliamentary approval at present). The Sexual Offences Bill redefines rape as any form of coercive sex, including date rape, male rape and flashing. It includes any situation in which a person in a position of power coerces another person to have sex. This will include employers who demand sex from employees under threat of dismissal, and teachers who offer to pass pupils in exchange for sex. Anal, and oral penetration will be included, as will penetration by other body parts (for example, fingers) and objects. The Sexual Offences bill is gender neutral, and same-sex offences will be included under the heading of rape.

Sex with a person who is unable to comprehend the nature of the act, such as a mentally impaired person, or a person under the effects of medication, will be illegal, as will child pornography of any kind. (Koopman, 2003). This law has been under discussion since 1996, but has still not been passed by Parliament at the time of writing. Until effective rape legislation is promulgated and enforced effectively, levels of rape are likely to continue rising (Power, 2003).
2.3.2 Social control mechanisms, social norms and rape

*Social control mechanisms* include the practices, rules and attitudes of a society that ensure adherence to social norms and stereotypical behaviour. They ensure that women will behave and think within the limits that gender roles prescribe within their culture. Rape and violence may be viewed as social control mechanisms used by South African men to ensure women’s compliance with social norms (Haffajee, 1997; Jewkes, et al., 2001).

South African male stereotypes typically empower individuals, whereas feminine stereotypes typically reinforce weakness and vulnerability. These stereotypes set the stage for marital rape and domestic abuse as a ‘hidden’ form of abuse, in which the wife plays the role of “*queen and prisoner of the social sphere*” within her husband’s castle (Donzelot, 1979, p.9). The migrant labour system, the group areas act, forced removals, the entrenched violence of apartheid and the changing profile of South African industry (affirmative action, loss of job reservation, rising levels of unemployment) have all led to loss of security, historical rootedness, community cohesiveness for families (McKendrick & Hoffmann, 1990; Mkise, 2004; Simpson, Robertson & Hamber, 1997) as well as acceptance of violence as a way of evening the score. More and more households are female-headed, single-parent families, with men ending up as the losers in the recent period of considerable socio-economic change (Mkise, 2004).

Reflection on these changes reveals a huge discrepancy between the social roles demanded by traditional male and female stereotypes, and the reality of fragmented community and family life in South Africa today (Mkise, 2004). Many men still retain traditional assumptions of what it means to be a man - the head of the household, in control, financially independent, the breadwinner, supreme, hostile and self-sufficient, but conditions within the family and society generally have changed to the point where this is achievable for only a small percentage of men (Hearn, 1989; 1992). Astrachan (1986, p.18) comments that men who are disempowered in society...
Often have a greater need to think of women as inferior: almost everybody needs to feel superior to somebody as part of his or her definition of self, and we [men] spend a lot of aggressive energy treating women consciously, or unconsciously, as an underclass.

This thinking suggests that violence against women is linked to frustrations resulting from the historically disempowered state of most South African men, and has been endemic for a long time.

Current rape literature attributes rape to the influence of anti-social personality disorder traits and sexual sadism (Dietz, Hazelwood, & Warren, 1990; Geberth, 1995; Hazelwood, Reboussin, & Warren, 1989). It seems likely that these intrapsychic factors interact with the social control mechanisms outlined above, and contribute to the incidence of rape, but they are beyond the scope of this thesis.

The modern family is still patriarchal, but the father is usually absent, according to Luepnitz (Brown, 1995). This has often been the case in South African families, due to migrant labour and the homelands system under apartheid. The father figure still has tremendous symbolic power over the family, but is either excluded or not present. This leads to the mother becoming the sole parent, the object of all feelings of love and hate in her children, and the focus of resentment for unmet needs. This, in its turn, leads to ambivalence towards women, particularly in boy children because of their being ‘other than mother’ (Dinnerstein, in Brown, 1995, p.95). Hence women may become legitimate targets for violence in the minds of boys who have not had adequate parenting and emotional support from their fathers.

From the above, we can see that the breakdown of the nuclear and extended family systems combines with traditional oppression of women to polarise gender power differentials in South African society. Maitse (1998) suggests that South African men’s preoccupation with asserting their male sex role combines with women’s’ loss of power to produce a tacit social agreement that sexual violence against
women is acceptable. He proposes that this has contributed to the shockingly high rates of rape in South Africa.

The low incidence of reporting rape in South Africa is thought to be due to factors such as the high rate of rape by family members and neighbours (often not recognised as rape) (Gilchrist & Butchardt, 1998; Joint Monitoring Committee on the Improvement of Quality of Life and Status of Women, 2002; Segwai, 2004) fears for the safety of the rape survivor if she reports the rape (Jewkes & Abrahams, 2002) the poor treatment of rape survivors (Hamber & Lewis, 1998; Simpson, Robertson & Hamber, 1997; Vetten, 1998) police refusal to report the case (Segwai, 2004; Vetten, 1998) police bribery and the loss of dockets (Jewkes & Abrahams, 2002; Joint Monitoring Committee on the Improvement of Quality of Life and Status of Women, 2002) and the tiny percentage of prosecutions that result in conviction and sentencing of rapists (Gillmer, 1998; Itano, 2003). The fact that these factors are mainly based in societal attitudes and poor treatment of rape survivors by the South African Police Service seems to support the notion of a tacit agreement in South African society to men’s right to rape, alluded to by Maitse (Gillmer, 1998; Itano, 2003).

2.3.3 Rape myths

Rape myths are defined by Bohner and Schwartz (1996, p. 163) as “stereotypical beliefs about rape that put women at a disadvantage” and by Burt (1980, p.10) as "false beliefs about rape, rape victims, and rapists". South African rape myths typically reflect a society in which rape is, if not actually condoned, tacitly allowed to continue (Burt, ibid.).

Rape myths perpetuate the status quo in patriarchal societies, and deny the raped individual any compassion (Hall & Barongan, 1997). Such myths include (a.) female precipitation ‘only bad girls get raped, so rapists cannot be blamed’, in which case the target is to blame (Burt, 1991; Lonsway & Fitzgerald, 1994), (b.) male physiology ‘rape is due to uncontrollable male sexuality’ – therefore it is up
to the woman to prevent the rape (Burt, 1991), (c.) male hostility ‘rape is simply an expression of men’s anger towards women’, (d.) male pathology ‘all rapists are mentally ill’ – therefore women should be able to spot and avoid a rapist, and you can trust friends and relatives not to rape (Cowan, 2000) and (e.) ‘Strangers who rape deserve a more severe punishment than partners who rape’ – it is up to women to avoid situations in which they are alone with male strangers (Sanday, 1981). Added to this is (f.) ‘sex with a virgin / young child can cure AIDS’ (van Niekerk, 2004) a South African myth that has led to a horrific rise in child rape.

South African rape myths and the high incidence of rape exist (with some variations) across all communities in South Africa. These phenomena add to the AIDS pandemic and the rising mortality in women in the 15 to 29 year age group (Commission for Gender Equality, 2000). I will examine the effects of rape on the rape survivor in following section.

2.3.4 The effects of rape, including possible HIV infection

Rape is described by Young (1983, p.276) as

“An experience which shakes the foundations of the lives of victims. For many, its effect is a long-term one, impairing their capacity for personal relationships, altering their behaviour and values and generating fear”.

In common with other violent crimes and natural disasters, rape confronts, or even destroys, the survivor’s illusions of immortality, invulnerability, security of his or her environment, the attribution of meaning to events, as well as levels of self worth (Burt & Katz, 1987; Janoff-Bulman & Freize, 1983; Silver & Wortman, 1980; Taylor, 1983, Weisaeth, 1985). Certain aspects of rape provide unique challenges for survivors and the mental health care workers who assist them. Rape is usually an assault upon a woman by a single other person, not in the presence of other people (unless in the case of gang rape, which is beyond the scope of this study). The individual nature of the experience can produce
intense feelings of isolation, as well as a tendency to personalise the attack (de Silva, 1993). Rape survivors often feel that their very core, their feminine identity, has been violated, despite their best attempts to protect it. The rapist treats the target for rape as an object, without the rights, needs, physical boundaries and dignity that usually accrue to a woman. The woman who has been raped must deal with this dehumanization, the blame and stigma associated with the rape, as well as negative societal attitudes towards rape and rape survivors (Burt & Katz, 1987; de Silva, 1993).

Physical injuries sustained by rape survivors are both genital and non-genital in nature (Human Rights Watch, 1995). Research conducted in Johannesburg found that 40% of rape survivors sustained genital injuries, and another 40% sustained other types of injuries, including bruises, abrasions, fractures and lacerations (Martin, 1993). Sexually transmitted diseases (STD’s) such as herpes, syphilis and gonorrhea are epidemic in South Africa and transmission during rape is common. Rates of infection with the Human Immunodeficiency Virus (HIV) are rising, affecting some 30% of the population. Infection for women is more likely during non-consensual sex and gang rape, particularly if an STD is present, due to abrasion and laceration of the genital membranes (Ankrah, 1996; Hlatshwayo & Stein, 1997; The American Foundation for AIDS Research, 2001; Treatment Action Campaign, 2003). Pregnancy is a real risk as a result of rape, occurring in 10% of rape cases (Human Rights Watch, 1995). The physiological sequelae of rape are therefore considerable in themselves, though they do seem to be easier to heal than the psychological sequelae.

Women suffer severe behavioural and emotional difficulties after the rape, though these are not necessarily directly linked to the physical injury associated with the rape. They may include shock, nausea, insomnia, eating problems, listlessness, crying, nervousness, compulsive washing, poor concentration, mood swings, memory loss, sexual problems, substance abuse and general depression (Human Rights Watch, 1995, p. 59).
Taken collectively, these symptoms are referred to by Burgess and Holmstrom (1974) as rape trauma syndrome.

2.3.5 Rape trauma syndrome

*Rape trauma syndrome* is a two-phase model of the response to the rape experience which developed in the 1970s. The following symptoms indicate the presence of rape trauma syndrome: re-experiencing the event, avoidance/numbness and heightened arousal (Rape Victim Advocates, 2003). The rape survivor may experience recurrent and intrusive memories of the event, recurrent dreams of the event, feelings that the traumatic event is reoccurring, intense psychological distress when exposed to cues (internal and external) that remind her of the event, and a heightened physiological response when exposed to such cues (American Psychiatric Association, 1994).

The first few hours and weeks after the rape are described as the *acute phase*. The emotional response displayed will be in one of two ways, depending on the personality of the survivor. The *expressed style* results in weeping, swearing, sobbing, smiling, agitation, joking or tension. The *controlled style* results in a calm, untroubled exterior, behind which the survivor hides their feelings of fear, anxiety, sadness and anger (Clancy, 2001). Numbness is a common response, and perhaps an adaptive one, as it gives the survivor ‘time out’ in which to begin to acknowledge the reality of the rape and to begin dealing with the multiple facets of the experience. The initial part of the acute phase often presents as somatic conditions, including physical trauma, sleep and appetite disturbance (Ellis, 1983) muscle tension, gastro-intestinal irritability and genito-urinary disturbance (Burgess & Holmstrom, 1974).

Emotional features of this stage can include feelings of shock, numbness, embarrassment, guilt, powerlessness, loss of trust, fear, anxiety, and depression (Atkeson, Calhoun, Resick, & Ellis, 1982; Frank, Turner, & Duffy, 1979; Kilpatrick, Veronen, & Resick, 1979; Veronen, Kilpatrick & Resick, 1979) anger, disbelief, shame, depression, denial, poor self-concept and lowered self esteem (Burgess &
Holmstrom, 1974; Libow & Doty, 1979) retriggering and disorientation (Rape Victim Advocates, 2003) intrusive thoughts and nightmares (Holmes & St.Lawrence, 1983).

Behavioural problems may include role disruption, poor social functioning, sexual dysfunction and substance abuse (Burgess & Holmstrom, 1979; Feldman-Summers, Gordon & Meagher, 1979; Miller, Williams and Bernstein, 1982) and interpersonal difficulties (Ellis, Atkeson & Calhoun, 1981). This stage may last from a few days to several weeks.

The adjustment phase begins some days or weeks after the rape. The survivor begins to consciously reorganize herself and her life, slowly learning to cope again. This phase is strongly influenced by the individual’s personality, support system, existing life problems and previous sexual victimization (Rape Victim Advocates, 2003).

A possible third stage has been proposed by some trauma specialists as a reorganization/integration stage, or the reconstitution phase (Koss & Harvey, 1991). This phase sees the re-emergence of disturbing responses and suicidal thoughts and the rape survivor seems to be deteriorating, rather than recovering. It is characterised by revisiting the deep emotions associated with the rape some years later (Doenlen, 2001). Interpersonal relationships are often under considerable strain during this phase as the survivor starts to grapple with the deep-seated feelings she still has about the rape.

2.3.6 Recent conceptualizing of rape

More recent theorists and researchers have reincorporated rape trauma syndrome under the heading of post-traumatic stress disorder (Foa & Olasov-Rothbaum, 1998; Petrak & Hedge, 2002). This is supported by findings that up to 80% of rape survivors meet the requirements for PTSD in the months following the attack (Breslau, Davis, Andreski & Peterson, 1991; Darves-Bornoz, Lepine, Choquet, Berger, Degiovanni, & Gaillard, 1998; Resick & Schnicke, 1993; Resnick, Veronen, Saunders, Kilpatrick &
Cornelison, 1989). However, some traumatologists still recommend the use of rape trauma syndrome as it is rape-specific, and so is perhaps more useful in practice than the broad parameters of a diagnosis of PTSD.

2.3.7 Post traumatic stress disorder

Human responses to traumatic experiences have been described variously as *hysteria* (Putnam, 1989) and *war neurosis* (Grinker & Spiegel, 1943) over the last century. Enduring post traumatic symptoms were classified for the first time in the DSM-III as *post traumatic stress disorder* (PTSD) in response to the large numbers of American soldiers returning from the Vietnam war with persistent trauma-related mental and physical problems (American Psychiatric Association, 1980; Foa & Olasov-Rothbaum, 1998).

The diagnostic criteria for PTSD in the DSM-IVR include exposure to a traumatic event that involved actual or threatened death or serious injury, or a threat to the physical integrity of the self or others. Symptoms include the re-experiencing of the event, persistent avoidance of stimuli associated with the trauma, persistent symptoms of increased arousal, for example, difficulty falling or staying asleep. The symptoms reduce normal functioning in social or work activities, and persist for at least for one month (American Psychiatric Association, 1994). Common symptoms include depression, physical symptoms, stigmatization, anger, and intimacy conflict (Figley, 1985).

2.3.8 Rape-related PTSD

The effect of rape on the survivor is “the violent destabilizing of the existing self” according to Cahill (2001, p.132). The survivor’s sexuality, sense of security, and physical integrity are attacked by the experience of rape. More than this, her personhood and her intersubjectivity are often damaged. No part of the survivor remains unaffected by the experience of rape, and the rape survivor, in effect, becomes a different self (Cahill, op.cit.). When compared with other PTSD sufferers, rape survivors exhibit the
highest levels of PTSD symptoms, equal to those of combat veterans, attributed by Wilson, Smith and Johnson (1984) to the high level of threat and loss involved in the experience of rape.

Pre-morbid characteristics in the individual that predict the development of PTSD after rape include somatoform and dissociative disorders, agoraphobia and specific phobias, depressive conditions, gender identity disorders, as well as alcohol abuse (Darves-Bornoz et al., 1998). Characteristics of the rape that predict the development of PTSD include intra-familial rape, being physically assaulted in addition to being raped, and the occurrence of physical violence during the rape (Darves-Bornoz, et al., ibid.).

2.3.9 Psychological sequelae of rape

Certain symptoms predominate in rape survivors compared to other PTSD groups. General diffuse anxiety, as well as anxiety linked to rape-related situations, is one of the most prominent symptoms in rape survivors (Foa & Olasov-Rothbaum, 1998). Not only is it the commonest symptom (with only 23% of rape survivors not showing above-average levels of fear at one year post-rape in a study by Veronen & Kilpatrick, 1980) it is also the most persistent, with higher fear levels evident in survivors up to 16 years post-rape (Calhoun et al., 1982; Ellis et al., 1981; Goodman, Koss, & Russo, 1993; Kilpatrick, Resick & Veronen, 1981).

Depression is a very common reaction to rape, but it seems to be less persistent than anxiety (Atkeson, Calhoun, Resick & Ellis, 1982; Frank & Stewart, 1984; Frank, Turner & Duffy, 1979; Kilpatrick, Veronen & Resick, 1979). Findings vary, but between 43% (Frank & Stewart, 1984) and 59% of rape survivors (Resick & Schnicke, 1993) report experiencing major depression immediately after the rape. Varying levels of depression are reported by rape survivors in the years following rape, though most studies find significantly more depression than in the general population (Ellis et al., 1981; Atkeson et al., 1982; Kilpatrick, Veronen & Resick, 1979; Nadelson, Notman, Zackson, & Gornick, 1982). Higher levels of
depression have been found in rape survivors as much as 21.9 years post assault (Kilpatrick, Best, Saunders & Veronen, 1988).

Anger is a common feature in individuals with PTSD, (Hyer, O’Leary, Saucer, Blount, Harrison & Boudewyns, 1986; Kilpatrick, Resick & Veronen, 1981; Petrak & Hedge, 2002; Woolfolk & Grady, 1988; Yassen & Glass, 1984) particularly in rape survivors (Darves-Bornoz, 1997; Riggs, Dancu, Gershuny, Greenberg, & Foa, 1992). Intense anger may actually interfere with the recovery process, as the modification of the traumatic memory by inhibiting fear responses may not be able to take place when the individual remains angry about the incident. The individual cannot face the feared situation, re-experience their anxiety, and have the reduction in fear that this kind of confrontation can produce (Foa & Olasov-Rothbaum, 1998).

Diminished self-esteem is a common element of post-rape PTSD (Kilpatrick & Veronen, 1984; Veronen & Kilpatrick, 1980). In their analysis of rape survivors, Kilpatrick, Veronen and Best (1985) found that a significantly higher pre-morbid self-esteem score was linked with lower levels of distress at 3 months post-rape than in those survivors with lower pre-morbid self esteem scores.

Dissociation can be described as a disturbance in the normally integrated functions of identity, memory or consciousness (American Psychiatric Association, 1987). Such a disturbance can occur within a range from very mild, such as daydreaming, to the extreme, as in Dissociative Identity Disorder (formerly known as Multiple Personality Disorder) in which several distinct personalities reside within the individual (American Psychiatric Association, 1994).

Dissociation linked to trauma tends to be more serious, and may be caused by combat-induced stress, incest, physical abuse, physical and sexual abuse combined, and other extreme stressors. Research findings are inconclusive. One study shows that rape survivors with PTSD tend to show higher levels of
dissociation, intrusion, avoidance, and trauma-related distress than those without PTSD (Dancu, Rothbaum, Riggs & Foa, 1990; Darves-Bornoz, 1997). In contrast, a study by Dancu, Riggs, Hearst-Ikeda, & Shoyer (1996) showed little correlation between experiencing rape, PTSD and dissociation, but some incidence of dissociation in childhood sexual abuse survivors who had experienced recent assault. Dissociation may be positive in that it serves to help the individual cope with intrusive images of the assault and consequent fears. On the negative side, dissociation may prevent emotional processing of the trauma, and hence delay recovery (Foa & Olasov-Rothbaum, 1998).

Social functioning is usually adversely affected by rape, remaining a problem among half of rape survivors even after 2-3 years (Nadelson, et al, 1982). Impaired work functioning has been reported as still being problem 8 months after the assault (Kilpatrick, Veronen & Resick, 1979; Resnick et al, 1981). Avoidance behaviour may contribute to this impaired social functioning because of a fear of strangers, of meeting new people, of being followed, and of public spaces (Kilpatrick, Veronen & Resick, 1979). Marital and familial functioning may also be affected, though it does seem that the more severe the assault, the more support the survivor seems to receive from her family (Ellis et al., 1981; Frank, Turner & Stewart, 1980).

Research has typically found that partners and friends of rape survivors struggle to cope with the after effects of rape, often exhibiting high levels of distress symptoms. (Ahrens & Campbell, 2000; Davis, Taylor, & Bench, 1995; Holmstrom & Burgess, 1979; Remer & Elliott, 1988). The distress felt by friends seems to be linked to their difficulty in understanding how the survivor is coping with the after effects of the rape. From this, it seems that the cognitive appraisal of the rape experience by friends has a considerable effect on the survivor’s recovery from the rape trauma (Petrak & Hedge, 2002). Persistent feelings of shame and guilt (sometimes derived from friends’ reactions) may delay recovery, and may also help to maintain the PTSD symptoms (Adshead, 2000). The individual’s perceptions of her level of control during the rape (as well as during possible future attacks) have an effect on recovery (Kushner,
Riggs, Foa & Miller, 1992). If the survivor judges her behaviour during the assault negatively (for example having given up, or being confused) or if she perceives others as judging her, or responding negatively to news of the assault, high levels of avoidance, anxiety and security seeking are likely to occur (Dunmore, Clerk & Ehlers, 1999).

Sexual functioning seems to be negatively affected by rape in the majority of survivors, a change which may persist for years, according to Norris & Feldman-Summers (1981). Fear of sex and decreased sexual desire and arousal are among the commonest symptoms for rape survivors. These changes may be linked to the high incidence of rape-related flashbacks during intercourse (Becker, Skinner, Abel, & Treacy, 1982; Ellis, et al., 1980; Nadelson et al., 1982). Unsurprisingly, sexual satisfaction seems to be negatively affected for some years after the rape, although expressions of affection and masturbation remain unaffected in most survivors (Feldman-Summers, Gordon & Meagher, 1979).

Psycho-physiological reactions in the survivor’s body are common after rape, and occur generally in PTSD sufferers. Increased arousal, in the form of sleep disturbances and nightmares, anger, irritability, poor concentration, as well as an exaggerated startle response are typical in PTSD sufferers (Foa & Olasov-Rothbaum, 1998). More specific to rape survivors is an elevated resting heart rate, the highest compared with other PTSD groups and non-traumatised individuals (Dancu, Rothbaum, Riggs & Foa in Figley, 1985; Wilson, Smith, & Johnson, 1985). Such psycho-physiological arousal may interfere with cognitive processing, for example material which in some way reminds the survivor of the rape experience tends to take longer to process (Foa, Feske, Murdock, Kozak, & McCarthy, 1991).

From the above, it can be seen that rape survivors experience many of the symptoms common to other PTSD sufferers, but some symptoms are more pronounced, and some are unique to this population. In the latter category I would include the social and sexual difficulties, which may be linked to the high levels of
shame and stigmatisation felt by rape survivors. Consequently, great sensitivity is required by the therapist in assisting with recovery from rape trauma.

2.3.10 Factors affecting the rape survivor’s recovery

Factors affecting the response of the survivor to the rape include her personality, any previous experience of sexual victimization, her current life problems, and the survivor’s support system and social resources. A woman’s personality influences her ability to cope with the experience of being raped, according to Cooperstein (1999). If she already has effective coping mechanisms, she is probably able to use them to adapt to the posttraumatic changes, and this may aid her recovery. The adaptable personality type may explain the considerable percentage of women who experience rape and who do not develop PTSD (Foa & Riggs, 1993).

If the rape survivor has experienced moderate levels of stress and trauma before the rape experience, and dealt with them productively, she may adapt more quickly to the rape trauma (Horowitz, 1986). If, however, the information from the rape experience is radically different from the survivor’s previous experience, she may experience anxiety and the repetitive re-experiencing symptoms typical of PTSD as she strives to match her inner schemas with the new trauma-related information, referred to by Horowitz (ibid.) as the completion tendency. This hypothesis concerning adaptation to trauma is, however, contradicted by epidemiological studies which show that the majority of people have had negative, or very negative traumatic experiences at some point in their lives, with various adaptive responses (Resnick et al, 1993). Other research suggests that multiple traumatic experiences actually predict chronic PTSD in survivors, rather than successful adaptation (Burgess & Holmstrom, 1978; Resick, 1983). These contradictory findings suggest that we are far from understanding the complex effects of personality on recovery from trauma and the development of PTSD.
The personality trait of *self-blaming* has been linked to slow recovery in rape survivors, both characterological and behavioural self-blame. The former refers to the tendency to see the self as a victim, and is often linked to depression and fear. The latter refers to the tendency of rape survivors to blame their own behaviour for the attack (Meyer & Taylor, in Ward, 1985). Low levels of mastery and control similarly predict a poor recovery, particularly in individuals who believe that sexual assault is unavoidable (Heath & Davidson, 1988). In summary, current research seems to indicate that less assertive, phobic or fearful personality styles are linked to slower recovery, and positive traits such as optimism, hardiness and resilience predict fewer symptoms and a better recovery (Darves-Bornoz, et al., 1998; Kobasa, 1979; Kobasa, Maddi, & Kahn, 1982; Lightsey, 1996; Park, Cohen & Murch, 1996; Strümpfer, 1995).

Existing life problems, for example substance abuse (including alcohol abuse) may also complicate recovery from sexual assault (Ruch & Chandler, 1983). Chronic life stressors can aggravate post-traumatic stress reactions, according to Burgess & Holmstrom, 1979. For example, if the survivor has experienced sexual trauma or victimization previously, the break up of a relationship or a divorce (particularly within the previous two years) her emotional state will be more seriously affected. Pre-morbid emotional or psychological problems may be reactivated or worsened by the assault.

The adequacy of the rape survivor’s social support system, and the extent to which she feels comfortable asking for help during this time, can be important factors in her recovery. If she feels accepted and not judged by her friends and relatives, this is another positive factor. If she is treated sympathetically and cared for by her circle of social support, this will assist her recovery. Campbell (2001) quotes Ullman’s research which suggests that partners are often so traumatized by the rape that they are unable to offer support to the rape survivor; they may behave differently towards her, thus affecting her recovery negatively (Silverman, 1978).
To these factors may be added the attitudes of society towards trauma survivors. The recovery of American soldiers who fought in the Vietnam war was often delayed because of widespread public disapproval of the war (de Fazio, 1975; Figley, 1978). Similarly, rape survivors may be blamed for their attack (Ryan, 1971) and may be implicitly (or even openly) treated as failures (Bard & Sangrey, 1979). I propose that rape survivors who have been raped by a man of a different ethnic group may be treated more negatively in South African society because of the legacy of apartheid. Such negative treatment is presumably unhelpful to the rape survivor in her recovery process.

The effects of the above factors on recovery from rape are significant, and a detailed case history is most important before the therapy begins in order for the therapist to assess the necessity of exploring the above factors, and the timing of this exploration within the therapeutic process.

2.3.11 Psychological recovery from rape

Psychological recovery from rape is a complex process, and little has been published on this subject. The effect of experiencing rape on survivors is to "leave them feeling soiled, dirty, and ashamed", according to Seamands (in Cheng, 2001, p.3). Positive aspects of recovery from rape, such as increased strength, courage and coping skills have been noted by some researchers. They take a more optimistic view of the human ability to take traumatic experiences and to convert them into learning experiences by making meaning from them (Frankl, 1978; Strümpfer, 1995). Tedeschi and Calhoun (1995) refer to May’s suggestion that one of the ways of developing meaning from trauma (as described by Nietzsche and Kierkegaard) is that of ‘the courage to be’ in which the inauthentic façade is stripped away in the furnace of trauma, facing non-being unashamedly (Tillich, 1952, p.10). This transformation can affect identity, spirituality, interpersonal relationship style and meaning systems, according to Kessler (1979). Though positive changes may eventually result from rape, the extent of the psychological trauma sustained makes recovery difficult, both for survivors and traumatologists.
2.3.12 Models of recovery from rape

Three phase models conceptualise recovery beginning with phase I, the *acute stage*, characterised by anxiety and confusion in the rape survivor. The survivor moves into phase II, or *recoil stage*, when she attempts to forget about the rape and to return to her normal routine. Sutherland and Scherl (1970) label this the ‘pseudo-adjustment’ phase and observe that it can last for weeks or years. The third phase is that of *integration / resolution*, during which rape memories re-emerge, leading to intense fear linked to rape cues, depression, anger, guilt, and a need to talk about the event which eventually leads to readjustment (Holmes & St. Lawrence, 1983). A variation of this model is that proposed by Becker and Abel (1981) in which stages one and two are shorter, and stage three is a chronic form of stage two, with residual symptoms of depression, anxiety and sexual dysfunction.

Two phase models of recovery from rape (such as Burgess & Holmstrom, 1974) conceptualise the recovery from rape as a short-term *acute phase*, with disruption of the survivor’s life and functioning. The second part is that of a long-term *reorganisation phase*, with a gradual recovery from the trauma. Burgess and Holmstrom’s model is more comprehensive than the three phase models as it includes physiological, emotional and behavioural factors.

The stage models of recovery from rape described above have been criticised for their limited usefulness. They are necessarily *post hoc*, and therefore do not assist the prediction of which symptoms will manifest, nor do they help with research or treatment of rape trauma (Holmes & St. Lawrence, 1983).

*Transactional models* include the influence of many factors on the recovery of rape survivors, as in the *stress and coping framework* (Figure 1) (Ward, 1985). This is described as a transactional model because the characteristics of the person and the stressor interact, giving meaning to the stressor. The temperament, cultural beliefs, and previous life experience of the individual determine how they interpret and respond to the stressor, including the coping mechanisms they use, and the course of recovery.
(Lebowitz & Roth, 1994). Park (1998) refers to the many versions of this model that have been proposed in trauma research, including Aspinwall and Taylor, Hobfoll, Holahan and Moos, Lazarus and Folkman, and Moos and Schaefer. In the case of rape survivors, all of the factors affecting the rape survivors' recovery may be classified in the ‘characteristics of the assault’ and ‘characteristics of the victim’ parts of the figure in order to understand the individual’s recovery process (Chapter 2: 25). The transactional model is useful in the current study as it examines the participants’ experience of rape and the group art therapy intervention by means of thematic content analysis. The themes found in the data analysis seemed
to me to emerge from the reflexive interaction between the individual, their rape experience, and the group art therapy process.

2.3.13 Readiness for recovery from trauma

Before commencing trauma work with rape survivors, it is important to estimate their readiness for therapy. Beutler, Malik, Talebi, Fleming, and Moleiro (1999) cite research by Prochaska and colleagues which states that the success of an intervention is related to the readiness of the client for change. In this model, readiness consists of fives stages: pre-contemplation, contemplation, preparation, action, and maintenance. Prochaska’s hypotheses are that (a. the more advanced the client is along the continuum of readiness for change, the more likely they are to benefit from the intervention and (b. the stage of readiness that the client exhibits can help the selection of a suitable mode of intervention. Dietrich, Baranowsky, and Harris (1999) refer to self-report measures that may be used to assess readiness to enter therapy for trauma (such as those by Briere, Carlson, and Wilson & Keane) and The Stages of Change Questionnaire which assigns individuals to one of Prochaska’s five stages (Beutler, et al, 1999).

Symptoms of dissociative identity disorder, complex PTSD, or other dissociative conditions may indicate that some individual therapy to create stabilisation may be necessary before trauma work can begin. Excessive distress around the traumatic event should be noted, as should any inability to self-contain between sessions. Individual therapy, rather than group work, should be considered for participants who seem to have difficulties in these areas. The therapist should assess for co-morbid conditions, current suicidal ideation or behaviour, current safety issues, any cognitive distortions which seem rigid in nature, as well as immediate and future goals (Dietrich, Baranovsky & Harris, 1999). Ultimately, the clinical interview probably gives the most useful data to the therapist who wishes to assess the readiness for trauma work of the client who seeks such therapy.
2.3.14 Conclusion

In this section I have reviewed the current body of research on the physical and psychological consequences of rape for rape survivors. I have assessed various models of rape trauma and recovery from rape. I have examined the recovery process, and the factors which affect recovery from rape. I will now consider feminism, and postmodern feminism, in order to construct a suitable theoretical framework for researching women’s recovery form sexual violence.

2.4 Feminism and postmodern feminism

In this section I examine the features of feminist epistemology, feminist psychology and postmodern feminism, and explanations of rape generated by these approaches. Feminist researchers study issues that affect women, particularly those of reproductive health and social mechanisms of oppression. Feminist research uses women’s language and ways of understanding the world in order to answer research questions. I will define the processes and technical terms used by feminist researchers in this section. I will examine the philosophical origins of postmodern feminism, as well as feminist and postmodern feminist views of rape in this section. I also comment briefly on the suitability of a postmodern feminist methodology for the current study.

2.4.1 Feminist psychology

Feminist psychology examines issues such as gender difference, the effect of race, class and ethnicity on the psychology of women, sexual orientation, abortion and reproductive rights, the phenomenon of sexual violence, clinical diagnosis, biological determinism, women’s ways of knowing, pornography and the objectification of women, male violence against women and domestic violence, eating disorders, female body image and other issues relating to women’s life experience (Hoggart, 2003; Sayers, 2004; Wilkinson & Kitzinger, 1996). These issues are examined in terms of how they are created by society and language, and how individual women respond to these societal expectations. No
one feminist model of psychology has emerged, rather different models which explain women’s lived experience from the theorist’s perspective.

2.4.2 Feminist epistemology

Feminist epistemology highlights the way in which the dominant concepts and practices of knowledge in traditional research serve the interests of the governing groups in society. Traditional research epistemology puts less powerful groups, in particular women, at a disadvantage (Anderson, 2003). Women’s activities and interests have historically been deemed to have little value, and the knowledge that is sought in research has mainly been of use to those in positions of power, not the socially underprivileged. Feminists propose that women’s disadvantage in research is created in many ways: by excluding them from studies, by demeaning their cognitive styles and ways of knowing, by representing male subjects as the true subjects of research, and by producing theories that represent women as inferior, abnormal, or only of value to the extent that they promote male interests (Anderson, 2003; Flax, 1990).

Disadvantaged groups, such as women, are privilege “to more complete and less perverse understandings” of the society in which they live as a result of their different point of view and different experiences, according to Hegel (Harding, 1986, p.69). Because of their historic marginalisation in the social sciences, women perhaps have a clearer view of the effect of gender on social change, as well as to the cognitive (rather than simply social) nature of such new knowledge (Anderson, 2003). Promoters of a feminist epistemology point to the new questions, theories and knowledge generated by women in formerly male research areas, and to the widespread trend towards qualitative research methods.
Feminist research in psychology examines the effects on women of the differences of power in society, as imposed by culture, race, sexuality and gender. In the past, the researchers in field of psychology have promoted the repression of women and the devaluing of women’s knowledge.

Feminist psychologists confront a discipline which is all too clearly oppressive of women – a discipline which has taken man as norm and woman as deviant, labelling us intellectually and morally inferior when we comply with patriarchal models of femininity, and mad when we refuse (Kitzinger, 1991, p.49).

Feminist psychology has foregrounded issues such as domestic violence, rape and child sexual abuse, including the part played by power relations in these issues (Hare-Mustin, 1978, 1987; Russell & Carey, 2003). Other issues concerning women, such as childbirth, abortion, contraception, women’s health and sexuality have received attention because of feminist influences. These issues are explored from a subjective, participatory standpoint, rather than the objective, detached stance of traditional research.

Situatedness
Feminist researchers cast doubt on the possibility of remaining detached and objective in the process of conducting research. The feminist researcher tends to frame her research in terms of her worldview and lived experience, and feminist researchers simply claim to be more honest about their subjectivity. Two of the important concepts in a feminist epistemology are those of the situated knower and situated knowledge. These terms imply that the gender (and other qualities) of the person conducting the research determines what perspective they take on the subject, as well as the knowledge that emerges from the study (Hare Mustin, 1978, 1987; Papp, 1983). This would imply that research is always subjective, even when it claims to be objective.
Social location
In a feminist epistemology, the *social location* of the researcher is also thought to affect the researcher’s work. Social location is composed of the individual’s gender, race, sexual orientation, ethnicity and caste, as well as her social roles and relationships (occupation, political affiliation, etc). Social groups construct the social location of their members, and their members adopt particular norms because of their roles and location. These norms include acceptable virtues, habits, emotions and skills. The individual experiences a sense of these norms being either affirming or oppressive, depending on the status and acceptability of the social group to which she belongs. Hence, research and it’s findings is always framed in terms of the researcher’s position in society, whether she is advantaged or disadvantaged, dominant or marginalized, powerful or powerless (Anderson, 2003).

Connectedness
Women’s knowledge necessarily reflects their gender roles and disempowered position in society, according to Hartsock (1983). She proposes that women’s knowledge tends to be concrete, and relational, referred to as *connected knowing* by Belenky, Clinchy, Goldberger, and Tarule (1986). Women’s biological childbearing ability, and their consequent social role of childrearing, mean that their ways of knowing tend to be rooted in socially constructed methodologies (Serlin, 1998). Women’s subjugated activities in most cultures usually include domestic chores, and involving caring for others. These activities, with their concern with the care of the body, result in ways of knowing that are both more physical and more sensuous. This is in contrast with male gender roles and domestic responsibilities (involving aggression, physical dominance and defence) which have resulted in the male “infantile need to dominate others” described by Flax (1990, p.100). In this perspective, women’s knowledge is equal to men’s knowledge, though previously unrecognised and devalued by historically patriarchal Western society.

Where does the difference in women’s epistemological styles originate? Some feminist theorists propose that this difference is rooted in a different course of early development of the self in girls.
Brown (1995) refers to Chodorow’s proposal that the development of the self is ‘intersubjective’ in girl children, that is, the self is formed in interaction with the mother and other females (Benjamin, 1986). Brown (1995) refers to Gilligan’s proposition that the developmental process of the personality is framed in terms of similarity and relatedness in girls, and danger in appearing different, whereas the self is framed in terms of difference and competition in boys (Eichenbaum & Orbach, 1990). Serlin (1998) refers to Elbow’s view of the self in connected knowing, and the way that it tends to be mainly experienced in interaction with others, or self-insertion into experience. These authors use their lived experience to explain women’s predominantly reflexive way of experiencing the self, and of constructing knowledge.

From the above, we can see that feminist theory derives from women’s developmental process, their abilities and their preferred ways of relating to others, of understanding information and the world. Feminists have come under the influence of postmodernist philosophy in the last twenty years. Postmodern feminists utilise tools of analysis derived from recent philosophy and literary theory, such as deconstruction, in order to better understand the way in which the oppression of women has been socially constructed in language and customs, and to explore other issues of relevance to women.

2.4.3 African feminism

The traditional Western feminist focus on reproductive rights, sexual expression and patriarchal control has been described as irrelevant for African women by Mikell (2003) and other theorists. According to Bakare-Yusuf (2003, p.1) “African feminism requires a theoretical account of embodied gender differences that is grounded in the complex realities of African women’s everyday experiences”. This model of feminism, she asserts, must incorporate the embodied nature of African’s women’s experience of the world. She criticises earlier models which focus on patriarchy and women’s subordinate roles in African society, such as that propounded by Ogundipe-Leslie (1985) and Gordon (1996). Bakare-Yusuf (2003) also claims that such models disregard the sources of power available to
women in traditional African societies, according to Afonja (1990). Recent theorists ignore the dual sex (different but equal) nature of traditional African societies at their peril, including women’s traditional powers, which were destroyed to a large extent by colonial oppression, according to Sudarkasa and Nzegwu, quoted by Bakare-Yusuf (2003).

Some theorists suggest that the distinction between male and female is a Western one, and that African society rather awards power to seniority (Oyewumi, 2001). The interchangeable use of the terms ‘he’ and ‘she’ by black South Africans may support this suggestion. Motherhood is the main determinant of African women’s status, placing them at the center of all systems in society, according to Acholonu (1995) Amadiume (1987) and Oyewumi (2000). This way of conceptualising African women’s gender roles has been strongly criticised for it’s limiting influence, in that it focuses only on their child bearing ability, and maintains the favouring of sons (Guy-Sheftall, 2003). I propose that it also denies women a gender role who are either unable or unwilling to have children, and those who aspire to a professional career, rather than motherhood.

Contemporary African women are more concerned with ‘bread, butter and power’ issues, and require a form of feminism that is both pronatal and heterosexual in nature, according to the African American academic Mikell (2003). She suggests that health care, food distribution and living wages are more important than gender issues to African women, a view redolent of colonial attitudes. However, Mama sharply criticises Mikell’s approach on the basis that it does not provide a vision of women’s development beyond that of ensuring the survival of the family within the patriarchal status quo (Salo, 2001). Mama proposes a more radical, political feminism for Africa in which the post-colonial regimes are challenged to allow women’s progress other areas: for example economics, political, social and personal development (Salo, ibid.). This resembles McFadden’s radical African feminist theory, cited as an important example of recent South African feminist theory by Guy-Sheftall (2003).
The relevance of African feminism to the current study is the context, as well as to speculate why South African men choose rape (rather than battery) as the most common mode of assault against women. I propose that rape in an African context may be viewed as a symbolic blow against motherhood, the core of women’s traditional power. Rape strikes at women’s most feminine, intimate and vulnerable bodily area. The preference South African men of all cultures show for sexual, rather than physical, assault of women perhaps indicates their need to recover their sense of social masculine power, described as ‘fatherhood’ by Mkise (2004). Therefore I propose that rape perhaps signifies a need for reclaiming generative power (rather than a simple reassertion of masculine gender identity or sexual power) for the rapist in a South African context. It also may serve a second purpose, that of destroying the center of women’s generativity and sexual power.

2.4.4 Postmodern feminism

Modernism has its roots in the Enlightenment, or the Age of Reason, as conceptualized by Renee Descartes (1596-1650). Descartes valued rational thought over intuitive or emotional responses, and the control of nature by man. He also prized the universality of man over his individual or national uniqueness, and believed in the possibility of man’s progress through science towards moral perfection (Habermas, 1984). The Enlightened man was described as cerebral, detached, objective, unemotional and perplexed by the mind-body dualism of his being. Progress in a society was linked to the development of a ‘grand narrative’, or a belief which dominated the thinking of a society, for example, the importance of rational thought, information and knowledge in the Age of Enlightenment (Doney, 1967). These principles led to the emphasis on objectivity, causality, reproducibility, and generalisability that have dominated scientific enquiry in Western society for the last three hundred years.

Postmodernism questions modernist assumptions about man and knowledge, and has it’s origins in the school of sceptical philosophy, which included Nietszche’s perspectivism (1872) and Wittgenstein’s
early analytic philosophy. Linguistic analysis, as developed by de Saussures and Barthes, influenced postmodernism in the mid-twentieth century. Other influences included Whorf’s linguistic hypothesis that language shapes our understanding of reality, Heidegger’s (1962) existential writings on phenomenology and the constitution of the self through language, Foucault’s social constructionism, and Derrida’s deconstructionism (Rubin, in Zainer, 2002).

Postmodernism questions the existence of an objective world, proposing variously that reality is created by language, and is thus socially constructed (Foucault, 1973). It also challenges the traditional concept of objective, value-free knowledge, proposing that all knowledge is necessarily subjective, and that the observed is indivisible from the observer in the process of research (Gergen & Kaye, 1992). Postmodernism asks us to question the way in which we form our understanding, and what the meanings we choose to construe say about ourselves. Self-reflexivity is pivotal in postmodernism, requiring that we question the underlying values and biases of psychological theories and our research (Rubin, in Zainer, 2002). One area of questioning in postmodernism relates to the essentially male bias which informs traditional epistemology and scientific enquiry. This forms the foundation of postmodern feminist research.

Postmodern feminist thinkers draw on writings by philosophers such as Derrida, Lyotard, Foucault, Lacan, de Beauvoir and Irigaray in their thinking about women’s lives and knowledge. There are two major themes in postmodern feminism: deconstructionism, or the critical examination of ideas, language and societal structures which affect women; and the celebration of otherness, which not only examines oppression, but also plurality, diversity and difference in women’s lived experience (de Beauvoir, 1949). These themes make modernist assumptions such as the possibility of universal truths and a unified concept of ‘self’ meaningless, as ‘knowledge’ and ‘self’ are seen as socially-constructed discourses which ignore the individuality of lived experience (Walklate, 1995).

Situatedness
The concept of the situatedness of knowledge is extended by postmodern feminists, so that they reject universal constructs such as ‘woman’ and ‘man’. This is because such definitions depend on the social group of the person using the term, and the position of the user within that group (Cahill, 2001). Thus the meanings attached to the term ‘woman’ differs enormously if the user is a member of a black, professional, middle-class socio-economic group in a large city, such as Johannesburg, or a member of a white, poor, uneducated working class socio-economic group in Postmasburg.

Pluralism
Postmodern feminists are concerned with the many meanings attached to words related to sexual difference and gender, as well as the changeable, fluid nature of human beings. Terms such as unity, origin and truth are also scrutinised, as they imply universal assumptions derived from traditional rationalist thinking. Consequently, pluralism, or the search for multiple meanings and interpretations, is a prominent feature of postmodern feminist theories and research (Anderson, 2003; Cahill, 2001).

Deconstruction
Postmodern feminists propose that, by deconstructing the ways that language and social influence create our selves, our thinking and our view of the world, we can begin to destabilise the roots of women’s oppression (Showden, 2001). They also critique earlier forms of feminism for relying on one section of society’s social experience, that of white, middle class women, as defining all women’s life experience, thus further marginalizing Black or lesbian women (Collins, 1990). Postmodern feminists also criticise early forms of feminism for making universal claims about gender, women and patriarchy, and for promoting one particular epistemological standpoint as the only valid one for understanding and researching women’s lives. The pluralism of approaches mentioned above is held to be the only defensible way of representing women’s lived experience, in postmodern terms (Anderson, 2003).
Embodiment

In contrast to the modernist ideal of the observing intellect, postmodernist thinkers view human beings as being ‘embodied’, that is, having a physical, as well as a detached mental intelligence. Therefore, postmodernists suggest that human beings experience events through their bodies, and so are connected to other people in this bodily experience (Anderson, 2003). Postmodern feminists have taken issue with the generic, ungendered model of embodiment proposed by male philosophers such as Foucault (1990). They hold that the sexual difference of the body determines the social and political identity of the individual, and hence their worldview, and cannot be ignored if we wish to approach men and women in a just, ethical manner (Irigaray, 1993). Further, Irigaray suggests that it is this very denial of sexual difference that has led to the repression of women in the service of a universal, male model of the world (Cahill, 2001; Irigaray, 1993). Other postmodern feminist thinkers hold that, within the social and political construction of self, the women has an individual self, with agency and self-determination (Myers, 2004).

2.4.5 Criticism of postmodern feminism

One criticism of postmodern feminism is that it emphasises doubt and questioning, and that it only deconstructs and reduces to smaller units of meaning. Critics say that it does not synthesise, or build units of knowledge, despite working from a connected way of knowing (Anderson, 2003). It is true that postmodern feminism has it’s origins in sceptical and analytical philosophy, linguistic theory and second wave feminism (chapter 2:40) and that its original task was to deconstruct the structures and mechanisms by which women’s oppression was created and maintained. The first generation of postmodern feminism was therefore composed of analytical tools and reductive thinking because of the nature of its origins and its tasks. Therefore I propose that such criticisms do have validity, but that recent writings have moved beyond postmodern feminism’s philosophical and Marxist roots to tentative theories of knowledge construction and theory building (Anderson, 2003).
Other criticisms of postmodern feminism are that it breeds confusion regarding scientific findings, and that it is difficult to grasp because of obscure terms and multiple theories (Bordo, 1990). This may be true in terms of disputing the existence of an objective reality, rejecting universal truths, dominant discourses and the possibility of value-free knowledge. Instead of the comforting simplicity of traditional epistemology, postmodern feminist epistemologies refer to the influence of situatedness and multiple perspectives (or the plurality of knowledge) and refuse to accept a simple definition of the term ‘woman’, and other constructs in social research (Anderson, 2003). Although postmodern feminism can seem dauntingly complex, with its own terminology, it does seem possible that it simply requires more intellectual effort to embrace the richly-textured, fluid and finely-detailed experience that represents women’s lived experience.

Therefore, I propose that, even with its shortcomings, postmodern feminism has cast a reflexive light on all research, urging even researchers in the natural sciences to examine their motives, techniques and findings (personal communication with Professor Wentzel van Huysteen, August 2004).

2.4.6 Feminist and postmodern feminist views of rape

Early feminist views of rape include Susan Brownmiller’s (1975) view that rape is always politically motivated, a means to dominate and degrade women. She states that the presence of rape in a society ensures the continued dependence of women on men for protection. Rape can also serve the political purpose of striking against the enemy of the rapist, both in war situations and in cross cultural rape. Brownmiller (ibid.) asserts that it is never an individual woman being raped, as rape is a means by which all men keep all women in a state of fear (Cahill, 2001).

Rape and normal heterosexual intercourse are actually the same in that they are always coercive in Catharine Mackinnon’s radical (or Marxist) feminist view (Cahill, 2003). She places rape on a continuum of heterosexual activity which she claims inevitably takes place in a context of male
domination and female submission. According to Mackinnon, the only distinguishing feature between normal heterosexual intercourse and rape is the greater level of force used by the male.

In a similar approach to the definition of rape, former prostitute and rape survivor Andrea Dworkin (1988) states that heterosexual encounters are always related to social status, and involve bartering for non-sexual goods, in a covert form of prostitution. Her approach has been criticized for its assumption that all heterosexual activity is misogynistic, and that male potency is universal; it also does not allow for any heterosexual activity that is not rape. My criticism of Dworkin’s approach is that it precludes any healthy model of sex, nor does it allow women to be powerful sexual beings. I propose that Dworkin not only denies women any other role than that of subordinate, she also denies men any other role than that of master, or conqueror.

Many postmodern feminist theorists are influenced by the writings of Michael Foucault (1990) on power, the body and sexuality. He proposes that men’s physical abilities are judged to be the norm in Western society, and that consequently women’s bodies are thought to be inferior in comparison, which may explain the poor treatment of women after sexual assault. With regard to rape, Foucault suggests that sexual activity is presently framed in a binary system, either illicit or licit, permitted or forbidden. Thus rape is framed in social discourses and the link between sex and the law is described as ‘bio-power’ by Foucault (1990). Sex is linked to power, and where there is power, there is always resistance. In response to this, Marcus (1992) suggests that women need to reclaim the power in the rape situation and become objects of fear, as well as subjects of power, in order for the men to find the objectification of women more difficult.

Rape is seen as an ‘embodied experience’ by Michael Foucault (1990) as well as a sexually-marked act which perpetuates the sexual hierarchy (Brison, 1997; Cahill, 2001). Human beings are not simply rational intellects, and the body, with it’s possibility of action, makes a major contribution to the way
the way the individual thinks and responds to the rape. ‘Embodiment’ also includes the idea that men
and women are not simply autonomous, rational, disembodied creatures (as depicted by modernist
philosophy) but that they experience events (including rape) via the body, in a fluid, intersubjective
manner (Cahill, 2001; Merleau-Ponty, 1962). Therefore I suggest that the phenomenon of embodiment
perhaps goes some way towards explaining the gulf of understanding around rape that seems to exist
between men and women as their bodily experience of sex (and their power position in forced sex) is
very different.

Cahill (2001) cites Elizabeth Grosz’s view that the body is the central location of identity and agency.
She describes the female body as consisting of the external expression of internal dynamics (as
proposed by psychoanalysis, neurophysiology and phenomenology) and the inscribable surface, that
which is worked upon by the dominant social discourses (as suggested by Nietzsche, Foucault and
Lingis). In Grosz’s thinking, the physiological processes of the body, its sensations, functions and
pleasures are all moulded by historical and social forces. This means that the way that a woman
conceptualises her sexuality will be determined to a great extent by her culture, her historical period
and her education as well as her experience. This framework of meanings will contribute to the way
she understands and experiences sexual violence. This would explain the representation of forced sex
as ‘love’ in some South African cultures (Jewkes & Abrahams, 2002; Jewkes et al., 2001). In Grosz’s
view, the concept of the embodied individual does include sexual difference, but this difference is
experienced and expressed in historical, cultural and individual ways, rather than in essentialist
biological ones.

In postmodernist feminist approaches to rape, each survivor shares certain aspects of the rape
experience with other survivors, but many more aspects of the event are unique to the individual. Thus
the experience of rape is influenced by the individual’s social location, her historical context, culture,
economic status, gender, sexual orientation, race, physical limitations, psychological make-up,
emotional experiences etc. Although there can be no universal experience of rape in postmodern terms, it is always painful and unpleasant. It has a bodily significance, and the structure of the self of the rape survivor is thought to be changed in a unique way by the rape experience (Bristow & Esper, in Ward, 1995; Cahill, 2001).

Rape is seen in contemporary feminist writing as occurring in a relationship between two people, that it is intersubjective in nature. The meanings attached to the event depend on the relatedness of the two people. If the rapist is a person of a different race, or class, a stranger, or a family member, the meaning of the event is changed. In the current study, rape by a stranger had a very different meaning to being raped by one’s fiancé, because of the pre-existing relationship, or lack of it. The rape survivor will sustain different psychological wounds according to the different meanings assigned by her to the assault, and her recovery will be powerfully influenced by these factors (Cahill, 2001).

Postmodern feminism is careful to avoid the ‘politics of victimisation’ which frame rape in terms of power and submission, patriarchal domination and control, because of the limiting nature of this definition. Burgess Jackson (1999) quotes Haberlé’s suggestion that rape should rather be framed in terms of the fragility of male identity and the patriarchal system. Rising levels of rape, he suggests, are indicators of the fragmentation and destabilization of the patriarchal status quo. Ironically, Haberlé’s thinking would imply that the current epidemic of sexual violence is an unintended consequence of feminism, and can even be regarded as an indicator of women’s increasing power.

Postmodern feminists suggest that society tends to blame rape survivors for their trauma, rather than acknowledging societal complicity in the incidence of rape, and accepting responsibility for it’s inability to protect it’s female members. Francis (1996) quotes Pineau’s observation that society still disapproves of women expressing their sexuality. Sexually expressive women are deemed ‘bad girls’, whereas asexual women are ‘good girls’. It seems that sexual violence will continue to be a problem
until societal disapproval shifts from rape survivors to rapists, and the responsibility for women’s safety is taken seriously by society. Francis (1996, p.49) refers to Well’s proposition that sexual assault will persist until men and women take responsibility for their “sexual desires and conduct” though Well does not suggest how this may occur, and seems to ignore the power of the social discourses that ascribe sexual power to men, but the restraint of that power to women.

Recent postmodern feminist interpretations of rape have been criticized for reintroducing sexual aspects to the definition of rape. This can be countered by the observation that recent theorizing on rape rather attempts to provide a more detailed explanation for the function of rape by deconstructing the language and covert attitudes of Western societies to sexual violence. These explanations are necessarily pluralist, and only claim to offer a part of the complex social narrative of rape. In my review of recent publications, it seems that definitions of rape have come full circle: from early definitions of rape as simply sexual assault, to feminist definitions in terms of power and social control, and finally to models that incorporate both sex, power and social forces in postmodern conceptualizations of rape. What is distinctively postmodern about such definitions is that they are partial, speculative and offer no universal truth about the phenomenon, causality or experience of rape.

2.4.7 Conclusion

In this section I have examined feminist psychology, feminist epistemology, feminism and postmodern feminism, and their individual focus on women’s activities and social disadvantage. In the course of their endeavours, feminists try to highlight repressive mechanisms and to redress previous injustices. Feminists have had to evolve a vocabulary of terms for their area of study, in order to express and explore women’s knowledge, and their way of experiencing the world, which were defined in this section. I have provided a brief overview of African feminism in order to reflect the context of the research and the epidemic of rape in South Africa.
In this section I have explained the critical and deconstructive processes of postmodern feminists, used to examine the way in which both women’s selves and their reality are constructed by social influences. Postmodern feminists have an interest in examining language and the way in which it has promoted women’s disadvantage in society.

I have briefly examined feminist and postmodern feminist views of rape in this chapter. Feminist views of rape state variously that it is political, coercive, and that it functions to maintain men’s superior social status to women. Postmodern feminist approaches to rape take into account internal and external factors in both the perpetration and the experience of rape. No single theory can explain such a complex and violent act in postmodern terms, but rather the plurality of individual experience and meanings is judged to be paramount.

2.5 Art therapy

*Here, when the danger to his will is the greatest, art approaches as a saving sorceress, expert at healing. She alone knows how to turn these nauseous thoughts about the horror or the absurdity of existence into notions with which one can live.* (Nietzsche, 1952, p.60).

Art therapy is a branch of psychology in which making images and reflecting on them are the medium of therapy, as words are the medium of talk therapy. Image making is used as a means to explore the client’s inner world, described by Gregory and Garnier (2000, p.1) as “a combination of art and science”. Art therapy is one of the more recent branches of psychotherapy, and art therapists are still working towards defining a clear identity for art therapy as a therapeutic medium (Rubin, 1999). There are many theoretical stances used to guide art therapy. Whatever the theoretical stance, the art therapist typically aims to deliver a consistent, coherent therapeutic experience for his or her client, using art to explore life issues.
2.5.1 Origins of art therapy

Art has been used as a healing practise in many cultures, including Navajo sand paintings, Tibetan Buddhist mandalas and in African traditional healing (Cunningham, 2001; Younge, 1988). From these ancient origins, art therapy came into existence in the clinical work of Sigmund Freud and C.G. Jung (Gregory and Garnier, 2000). It seems to have evolved at the intersection between art, creativity and psychotherapy. Art therapy subsequently divided into two schools: art as therapy, and art psychotherapy (Kagin & Lusebrink, 1978). This reflects the theoretical schism between two of the pioneers, Margaret Naumberg (1950), a psychoanalyst, and Edith Kramer (1971), an artist. Naumberg’s ‘Art as therapy’ sees the art therapist as an educator and artist, who assesses the client’s pathology, and modifies the media and techniques accordingly. The therapist nurtures and supports the creative process, and gives the client emotional support throughout the process. This approach is rooted in psychoanalysis, and sees art as therapy as sublimation, and the whole process as therapeutic. ‘Art psychotherapy’ focuses on the creation of art as a healing process. The client’s emotional expression takes place through art making, and the verbal interpretation of the artwork by the client is an important part of the process. Different schools within art psychotherapy emphasise aspects of structural or creative expression within the therapeutic process (Kagin & Lusebrink, 1978).

Three main orientations emerged in early art therapy, based on established schools of psychological thought and theory: psychodynamic, humanistic and behavioural / cognitive / developmental (Rubin, 1987). Each practitioner adopts one of these orientations and interprets them according to his or her understanding. A substantial body of outcome measures linked to research gives credence to a theoretical approach, and has validated art therapy as an intervention. This has been important when art therapists work as a part of a clinical team, and for negotiating with medical insurance companies and mental health administrators (Gregory & Garnier, 2000; Malchiodi, 2000).
2.5.2 The process of art therapy

Making a piece of art is an action that contains within it the client’s experience of their existence, concretely or symbolically, including conscious and unconscious conflicts. The client is able to gain an understanding of his or her emotional response to his or her life situation by reflecting on the artwork and the decisions made during the art making process – the emergence and structuring of meaning (Moon, 1995). Rubin (1987) describes this as discovering unknown possibilities and unexplored strengths. To encourage this process, it is important to respond to the work with an open mind and to let fresh insights percolate from the work itself rather than explaining the client’s artwork in general clinical terms (McNiff, 1989). With this in mind, the art therapy process can be construed as a journey of discovery undertaken by the therapist and the patient together.

The sensitive nature of making art and discovering personal significance means that the therapeutic alliance is an essential part of the art therapy process. Spending time in a stimulating and pleasant environment, with an accepting therapist, and completing a creative task without judgement can give a corrective emotional experience for the client (Naumburg, 1958). Privacy and an undisturbed period of time assist the therapeutic process, as does a dedicated art therapy space which is not used for other purposes. A holding environment and steady, predictable behaviour by the therapist provide a consistent set of physical and psychological conditions which encourage authentic art work and personal disclosure, ‘where the spirit can safely soar’ (Rubin, 1999, p.142).

To borrow from the theory of hermeneutic phenomenology, we may not always be able to reduce our experience to speech, but we may be able to express it by the use of symbols (Gendlin in Levin, 1997). Signification is a way of bringing experience into existence. The system of symbols we use to represent our experience is a product of the culture from which we derive. Our signification is limited by cultural and historical horizons and therefore the symbols and the interpretation of the artwork are intensely personal to the client (Lye, 1996). The therapist’s role is to facilitate the process and to help
during periods of stuckness. McNiff (1989) comments that the more relaxed and open an art therapy group is, the more familiar symbols appear in the work of the group. The universality which Yalom (1980) proposes as one of the healing factors in group work is evident in group art therapy, as it is in all therapeutic groups.

I propose that in the art therapy process, the client is able to externalise thoughts and feelings around conflicts, as well as developmental and relational issues, thus re-experiencing and re-processing traumatic issues. Angry, fearful or painful memories can be safely expressed, and need not be named if this is too threatening. The arts provide a unique and custom-made vocabulary through which the client can find expression for personal meaning. This vocabulary relates not only those who make art, but also those who view and respond to art. As we grapple with symbols and personal meanings, we may feel the need of an interpreter, but ultimately, the true interpretation belongs to the person who made the art work.

2.5.3 Group art therapy

Art therapy in a group setting has additional benefits to those of individual art therapy. Group art therapy can provide the following advantages: a) a safe context in which to make an object or an image that might be laughed at or ridiculed elsewhere b) a chance to explore and to put one’s images into a social context c) an opportunity to express inner conflicts and constraints that does not rely on words, time or sticking to a sequence d) a medium to express thoughts, feelings and ideas e) engaging in an activity that is normal and that is sustainable over time f) the individual’s potential for creativity is nurtured and encouraged within the group g) group art making provides an excuse to get together not to discuss problems, but to make art h) meeting regularly gives companionship, rhythm, structure and continuity to the participant’s lives (Liebmann, 1984, 1986). Some of these benefits coincide with those of verbal group therapy (Yalom, 1980, 1995) but some are unique to the art therapy group, for example the permanent record that art making produces of the therapy process over time.
Group therapy seems to be particularly useful for female sexual assault survivors. The supportive atmosphere and sharing of experiences with other rape survivors seems to add to the therapeutic benefits outlined above (Lubin, Loris, Burt, & Read Johnson, 1998; Resick, Jordan, Girelli, Hutter, & Marhoefer-Dvorak, 1988; Vandeusen & Carr, 2003).

An example of the art therapy process is that related by Rubin (1999). She describes how a nine year old boy, Don, moved from solitary pattern-making to modelling clay animals, to making a clay figure of a wounded boy in an art therapy group. Eventually he was able to label the wounded figure as that of his younger brother, whom he wished to hurt violently. Other members of the group were able to discuss their own violent impulses towards their younger siblings and Don was able to see that his own destructive urges were normal. He became playful and sociable in the group, and moved on to a period of individual art therapy which saw integration, internal order and freedom expressed in his art works before he terminated therapy.

Group dynamics and group process evolve in art therapy groups as they do in any other psychological group. Rubin (1999) describes research by Harris in which joint projects such as group murals provided the opportunity of exploring dynamics within the group. Harris worked with a group of inpatients on a series of weekly murals, and studied the interactions and effects on the group members from a psychoanalytical perspective. Joint paintings, paired paintings, clay work and collage work allow plenty of personal interactions in which strong negative and positive emotions may be expressed and met with tolerance and gentle support so that old dysfunctional relating styles may be amended. Handling conflict, developing trust, and overcoming fear can all be learned in an art therapy group with the added bonus of a non-verbal medium to deal with inner responses to the process.
2.5.4 Art therapy as a medium of healing for rape survivors

Art therapists in America began using art therapy with sexual abuse survivors in the 1970s and 1980s (Finkelhor, 1979; Keyes, 1983; Stember, 1977). This approach has proved to be effective, and has grown in use (Brooke, 1997; Hanes, 2000; Powel & Faherty, 1990; Spring, 1993; Taylor, 1990). One particular advantage of art therapy seems to be that of exploring the ‘photographic’ images associated with sexual trauma in the individual’s memory (Golub, 1996; Johnson, 1987). Another advantage is that art provides a way of talking about the abuse, as survivors have often been sworn to silence by their attackers, or silenced by societal disapproval (Malchiodi, 1998).

Dreams, fantasies and internal experiences can be expressed in pictures rather than in words, revealing inner relationships and unconscious material that otherwise would remain censored (Naumburg, in Rubin, 1987). The level of control over this process of disclosure is helpful for traumatised clients, as is the possibility of expression in symbolic form (Johnson, 1987; Spring, 1993). Garai (1971) describes a Gestalt exercise in which art therapy group members are instructed to think of instances of fragmentation of themselves, and to model these instances in clay with their eyes shut, then to draw the experience of modelling their self-fragmentation. They repeat this exercise with the concept of harmonious self-integration. The exercise aims to provide an experience of personality integration. It is hard to imagine how this abstract, but visceral, process could be achieved through verbal therapies.

Ulman (1961) describes art therapy as having the potential to create order from the mass of chaotic feelings and impulses within the client, a way of integrating outer and inner realities with a new clarity. This kind of process is extremely useful for women dealing with the impact of rape as they often describe the loss, death or shattering of the self (Brooke, 1997). Art therapy can also provide a meditative inner process which allows exploration of inner material for reflection, self-soothing and self-awareness.
The process of transforming and integrating traumatic memories through art therapy has been conceptualised in three stages by Johnson (1987). Firstly, the client gains access to the memories of the trauma in a controlled way through the art making. Secondly, the client examines and reworks the traumatic experience in the process of making art and discussion, modifying the trauma’s intensity in the process. The trauma then becomes a memory, one among others, rather than the intrusive, ever-present, re-lived traumatic experience of the event itself (Frederickson, 1992; Jacobson, 1994; Loftus, Polonsky, & Fullilove, 1995; Ofshe & Watters, 1996; Pendergrast, 1996). The final stage is that of rejoining the world through interaction with other survivors, and finding forgiveness for the attacker and oneself. This process can be interpreted as one of exploration, integration and forgiveness (of self and others) and may vary in the order of its stages. It may also require revisiting the process, or parts of the process, several times, in order to achieve healing (Greenberg & van der Kolk, 1987; Johnson, 1987, 1989; Simonds, 1994).

The coming together for the performance of a creative act is in itself an ancient human activity that produces a mysterious, vital force, the daimon, that promotes creativity and individuality, according to McNiff (1992). He refers to the use of the group in ancient ceremonies and rituals as practised by shamanic and Dionysian religions, and explains the psychological benefit of group art therapy in terms of group energy and support. Art therapy groups may be structured, or unstructured in design, and can offer a place to express negative emotions, to experience universality in the company of other survivors and to develop problem-solving techniques (Brooke, 1997). A structured group seems to provide a more secure place for the development of trust and self-esteem, rather than the fluidity of an unstructured group (Liebman, 1984, 1986). Logically, structured group art therapy would seem to be preferable for sexual abuse survivors, as they often struggle with boundaries and forming attachment (Brooke, 1997; Johnson, 1987).
2.5.5 Criticism of art therapy

Art therapy has an informal image which invites the creative child in every client to play with the colours, textures and infinite possibilities of the artistic media. Despite this attractive image, art therapy does have a few aspects that may be criticised.

Art therapy assumes that all people are able and willing to engage with art materials and to use them to explore their personal issues. This is not always the case, as adults and children may have been shamed about the art they have produced at an earlier time (personal communication with David Wakerley, August, 1995). The client may think that their artistic expression is blocked, or feel too self-conscious to enter into the art making process. Rubin (1987) suggests using a scribble drawing to engage the client’s attention and to help them relax. Other practitioners suggest drawing or painting alongside the client to encourage them to pick up a brush or a pencil and join in (Robbins, 1980). If using the latter approach, I would suggest that it is advisable to produce simple shapes and doodles in order not to intimidate the client.

Many clients express an initial fear of using art materials in a therapeutic way, but this nervousness can be overcome with patience and encouragement. A good clinician knows when to change the art making process to make it safe for the client, and how to transform a potentially destructive art experience into an experience that is not traumatic (Rubin, 1999). My own experience is that some clients find art therapy to be too revealing, or too alien to them to be comfortable (Family Life Centre, 2004). Ultimately, art therapy may not be suitable for every client, and sensitivity to the client’s preferred way of working will guide the therapist to try a different approach.

2.5.6 Conclusion

In this section I have reviewed the origins of art therapy, the therapeutic process of art therapy and the art therapist’s part in this. I have provided a brief section on the benefits of group art therapy, and more
detail on the use of art therapy with sexual abuse survivors in America and England. This review is limited in its relevance to the current study because of the lack of research in this area in a South African context. I have written a brief criticism of art therapy and suggested that not every client will be happy to use art therapy, in which case the therapist needs to try another approach.

2.6 Conclusion

In this chapter I have explored the global, national and socio-cultural setting for the current study in terms of women’s status in South African society. In order to do so, I examined society’s discourses and constructions around South African women’s rights and responsibilities. I examined the influence of the patriarchal African tradition, in the form of customary union, bride wealth, and polygamy, and I conclude that these factors have contributed to the disempowered status of women in South Africa. I examined the bias against women in both customary union and common law marriage. I reflected on the brutal effect of apartheid on women, their resistance to this repression, and the social mechanisms that still control women’s status in South African society. The small amount of recent South African psychological research in any other than black communities proved to be an area of considerable difficulty in compiling the literature survey, resulting in a focus on black women’s experience, rather than other race groups, which are only briefly discussed.

In writing this section, I conclude that the high levels of rape in South Africa may be attributable to the interaction of a number of factors. These include the extreme form of male gender roles in South Africa, men’s inability to perform traditional patriarchal roles (due to migrant labour, poverty or unemployment), women’s previously disadvantaged status, the culture of violence under colonial and apartheid regimes, the transactional nature of sex in some communities, and men’s resentment of affirmative action placement of women in prominent positions. I concluded this section with a reflection on the current status of women in our society, and with the observation that government efforts to empower women (in the form of affirmative action for women) may actually be contributing
to the rising levels of sexual violence in South Africa, rather than improving women’s security and status.

In the next section in this chapter, I reviewed the impact of rape on the survivor, with sections on rape trauma and rape-related PTSD. I summarised the current research on the psychological sequelae of rape, and current models of recovery from rape. The lack of research on South African women’s response to rape means that this section is written exclusively with reference to American and English research, which has probably created a cultural bias in my writing, and some inaccuracy when generalised to South African women. Taking this bias into account, I conclude that the effect of rape on the survivor is devastating and life-long. I suggest that particular sensitivity and empathy is essential in the therapist who works with rape survivors because of the overwhelming effect of sexual violence, and because of the individual nature of recovery from rape.

I have provided an overview of feminist epistemology, postmodern feminism, and African feminism as a theoretical framework for the current study. In order to do so, I have examined the different ways in which these approaches conceptualise rape. In the final section of this chapter, I gave a summary of the usefulness of art therapy, the advantages of group art therapy, the current body of knowledge regarding art therapy with sexual abuse survivors, and I ended with a brief critical overview of art therapy.

In review, the current study examines the usefulness of group art therapy as a healing tool for women who have experienced rape. It is a qualitative, exploratory study, and does not seek to measure the effects of the intervention. It was designed as a group process because of women’s positive response to group therapy; consequently, it acknowledges the situatedness of the researcher, the connected knowing of the group members, and the intersubjective nature of the self as it responds to others in the study. The study aims to observe the external expression of internal dynamics, as well as the ways in which the dominant social discourses about rape and rape survivors (and the behaviour linked to these
discourses) in South Africa at this time have made their mark on the participants in the study. Some thought is given to the factors which make each rape experience unique, as well as those that are common to rape survivors.

In this chapter I concluded that the feminist concern with women’s life experience and women’s issues, allied with the postmodern deconstruction of language and systems of thought about women’s roles and rape, make the proposed theoretical framework an appropriate one for the current study. I suggest that a group art therapy intervention with rape survivors has a firm foundation in published research, and that it has notable advantages over both talk therapy and individual art therapy. A participant observer approach helps in joining with the participants, in helping them in the process of exploring the rape experience, and in keeping them involved in the group art therapy intervention. I judge that the postmodernist epistemological features of situatedness, pluralism and reflexivity are useful in understanding the participant’s response to both the rape experience and the group art therapy intervention. I therefore propose that a postmodern feminist framework provides a suitable theoretical basis for the current study.

In the next chapter I will examine the research methodology for the current study. The methodology was constructed in terms of the literature survey, and a thorough grounding in the current body of literature on qualitative research, recovery from sexual trauma, group work, art therapy and postmodern feminist research methods. I hope to show that the choice of an expressive therapy intervention, with a grounded theory approach to the analysis of the data, fits the underlying research question and the postmodern feminist epistemology of the current study.
Chapter 3  

Methodology

To go in the dark with a light is to know the light. 
To know the dark, go dark. Go without sight, 
And find that the dark, too, blooms and sings, 
And is travelled by dark feet and dark wings. 

(Berry, 1987).

3.1 Introduction

The first task was to identify a group of women who had experienced a similar traumatic event and who would be willing to participate in the proposed research study. The traumatic event selected was that of rape as it is a very common crime in South Africa, and because it has such a serious impact on the survivor’s view of herself, others and the world. A gynaecologist put me in touch with a rape activist, and she agreed to help me contact potential participants. I realised that the circumstances and the experience of rape is individual to each survivor, but that choosing rape survivors meant that they would have experienced a common, peculiarly female trauma, rather than a group of survivors of varied types of physical attack or other types of trauma. This would provide a point of commonality for the study, for the participants, and for the analysis of the data.

A complicating factor in working with rape survivors is their reluctance to enter or to stay in therapy. Draucker (1999) quotes findings by Koss that only 4% of rape survivors seek help. This is particularly true of women who have been raped by someone they know (Allison & Wrightsman, 1993). This consideration drew me to feminist methods of research, considering the reasons for the difficulty in engaging women in working with this most traumatic of life experiences. Eichenbaum and Orbach (1984) comment on women’s preference for commonality, and this, combined with my own experience of being a member of a women’s group, lead me to choose a group intervention, rather than working
with individuals. Group therapy for women seems to be particularly effective, encouraging more regular attendance and active participation (Vandeusen & Carr, 2003).

3.2 Statement of the research problem

In the current study, I examine the experience of a structured group art therapy intervention by three women in the process of recovery from rape. The study took place at the Rand Afrikaans University, Johannesburg, during June and July 2003.

The study uses a grounded theory analysis technique to isolate threads of meaning, and thematic content analysis to identify overarching themes within the art works, journals and transcriptions of the group discussion within the sessions. I have discussed these findings in a concluding interview with the participants in order to clarify any misinterpretations or confusion.

3.3 Goals of the research

My intention in creating this study was to explore the utility of group art therapy to women recovering from rape. This goal was chosen in light of the high incidence of rape in South Africa and the devastating effect it has on the individual. I consciously made the intervention highly structured and fairly simple to conduct. Future research will perhaps determine if it is possible to replicate this intervention in other communities. This would enable a much broader scale approach to recovery from rape than is possible with individual therapy.

My secondary goal in conducting this research was to identify the themes used by the participants in the group process. I hoped that analysis of the participants’ choices regarding media, symbols, and language might give some insight into the complexity of rape trauma and recovery.
A further goal was to devise an intervention that would keep rape survivors in therapy. This was a particular challenge because of the difficulty rape survivors have with engaging with therapists and staying in therapy. My intention was to co-create a safe therapeutic relationship with the group that would sustain the participants through the difficult process of confronting and dealing with the rape, to enable their healing and recovery.

3.4 Procedure

In the following section, I will give a summary of the research procedure, with details of the selection, sampling method, inclusion and exclusion criteria, the structure of the intervention and the data analysis process. I will indicate the choices that I made at various stages of the research process, and the reasons for these choices.

3.4.1 Selection of the participants

I chose a case study approach for the current research project in order to gain a deeper understanding of the individual’s experience of the group art therapy process (Denscombe, 2001; Patton, 1987). A detailed examination of the artworks and transcripts was possible with this approach. In addition, the rich information produced in the group demanded careful thought, as did the sensitive nature of the material, the South African context and the holistic nature of the experience. These considerations confirmed my choice of a case study approach.

My decision to work with a small group was also influenced by my experience that small groups (3 – 8 participants) develop high levels of trust in a short time, resulting in better attendance. More time is available to each of the participants to talk about their experiences, and quieter members are less likely to hide out in the group (Yalom, 1980). The difficulty of recruiting members for the group because of the sensitive nature of the research topic also confirmed the choice to limit the size of the group.
Another consideration was the vast amount of data generated in a qualitative art therapy study, even with a limited number of participants. A small group would allow for careful and detailed analysis of the data, though there was a concern that the data would not warrant this kind of analysis. I decided to carry out a review of the data at the end of the intervention to confirm its complexity and adequacy for the requirements of a doctoral research study.

Previous research in group art therapy has generally been with small groups; Brooke (1995) refers to studies of this kind by Anderson, Levens, Serrano, Spring, and Waller. Similarly, Garrett and Ireland’s (1979) study used a sample of five women and a single piece of artwork by each of the participants. Despite the small sample size and limited data under consideration, these studies provide useful insights into the role of art work in recovery from trauma. My conclusion was that no general theory would be valid from such a small sample, but that insights and themes might be noted for further research, as is usually the case with qualitative case studies.

I decided on a group of four participants as the optimum size of the study, but in the event, only three participants came forward. I made efforts were to recruit a fourth participant, but, due to the sensitive nature of this research, my efforts were unsuccessful. I decided to proceed with the three participants as they were very committed to the research programme. I estimated that three participants could provide enough material to address the question underlying the research, namely, the experience of group art therapy by rape survivors.

3.4.2 Sampling method

Snowball sampling is a form of purposive sampling in which specific people are chosen because they are likely to provide the most useful information about the research topic (Patton, 1987). The snowball sampling process involved talking to many people, including several doctors and a gynaecologist, and asking them who they thought would know a lot about rape and trauma. The gynaecologist gave me
telephone numbers for two rape activists. I met with one of the rape activists and asked her what she thought rape survivors needed in their recovery that could be incorporated in the group art therapy intervention. She provided me with the names and telephone numbers of potential participants in the study, and in this way I accumulated more information that was useful to the research project. I asked the rape activist for permission to use her name in the initial call to the potential participants as a way of establishing my bona fides, so increasing the likelihood that they would agree to participate in the study (Renzetti & Lee, 1993).

I telephoned the lists of potential participants, introduced myself, mentioned the rape activist’s name, and described the study. I asked the potential participants if they would be willing to attend an initial session, and if they would nominate other rape survivors that they thought might be willing to take part in the research. In this way, the women that I called again increased my bona fides as a researcher, and prepared the way for a direct call to other potential participants (Denscombe, 2001).

The sampling frame for this study has a number of deficiencies, principally due to the stigmatisation of rape survivors in South African society. As has been mentioned, rape is notoriously under-reported for many reasons, therefore any list of women reporting rape to the police is likely to be a small fraction of the total potential participants. Asking rape activists to provide names and phone numbers of rape survivor group members ensured relevancy: the women had all experienced the trauma of being raped. They were also likely to be women who are motivated to seek support in their recovery, and so were likely to participate fully in the intervention.

The validity of the potential participants having experienced rape was established by the fact that their contact numbers were given to me by rape activists. They had all either attended rape survivor groups, or had phoned rape activists for help. They also validated their experience of rape by the consistency
of their stories of the attack. These stories did not change in their essential details in the course of the intervention or the follow-up interview one year later.

The sampling frame for this study was not complete, as rape survivor groups are informal, and are not publicised for reasons of confidentiality and safety. The sampling frame was precise, as it excluded children, men, as well as women who had not been raped, or rape survivors who wish to keep their status private (Denscombe, 2001).

3.4.3. Inclusion criteria

Participants were selected according to the following criteria: The participant would be female, between the ages of 15 and 40 years of age, with at least a Standard 8 education. The individual would have experienced rape, and the rape should have occurred more than 6 months before participation in the study. This was in order to allow for readiness to accept help with emotional recovery to develop after the rape (Symes, 2000). Potential participants might exhibit any of the posttraumatic stress disorder symptoms listed in the DSM-IV, or might be asymptomatic (APA, 1994). No previous art experience was required. Participants were selected on the basis of their willingness to take part in the study, and to complete the process.

3.4.4 Exclusion criteria

Individuals showing serious pathology or substance abuse would not be considered for the inclusion in this research, as its purpose is to gather more information on people who experience trauma and remain functional. Conditions indicating unsuitability for participation in this study would include symptoms of personality disorders, bipolar disorder, dysthymia, major depressive disorder, schizophrenia and psychotic conditions, delusions or hallucinations, or other serious psychopathology. Serious psychopathology was assessed by a clinical status exam performed by myself during the intake interview. Individuals showing symptoms of these disorders would have been referred for individual treatment.
Another reason for excluding individuals with symptoms of serious psychopathology from the study is that the data on the art therapy experience that such a sample could provide would probably not be relevant to the wider population. Although such data is of interest, it is beyond the scope of this study.

3.4.5 Profile descriptions of the participants

The three participants were all between 35 and 40 years of age. They were white English speaking South African women of a middle-income socio-economic group. They had a Standard ten educational level with no tertiary education. One was single with no children, one was married with two children and the third was divorced with one child. They had experienced rape between five and eighteen years prior to the current study. They exhibited no serious psychopathology during the selection procedure or during the intervention.

3.4.6 Induction process

The selection of the participants commenced with an interview with each potential participant to discuss the aims and purpose of the research study. I viewed this interview as a critical first step in the study, as the participants would be assessing the safety of the setting, my ability as a therapist, and their own willingness to undertake a demanding 7 week programme exploring their rape and subsequent recovery. Renzetti & Lee (1993) quote Sieber’s observation that in studies of sensitive topics, informed consent requires a great deal more of the researcher than a simple signed letter of assent. Therefore I spent time getting to know the potential participants and discussed the contribution the study would make towards my doctorate and the body of knowledge on rape trauma. I asked what they wanted from the intervention, and whether it was likely that they would get it. We discussed their fears, which included doubts about safety, and whether men would be present. I took these concerns into consideration in running the group, deciding to limit the group to women, to be scrupulous about
confidentiality and storing the data securely, and referred to the group on all occasions as ‘the salutogenic group’, never the rape survivors group.

The participants completed a personal information form, and we discussed the time commitment the study would require of them. This interview included the discussion of any logistical problems, the ethics of the study, the confidentiality agreement, any concerns the potential participant may have had, the availability of follow-up counselling, and finally the signing of a letter of consent. The participants were asked if they would be willing to be called back after the end of the group process for a concluding interview to assist me with analysis of the data, an important aspect of feminist research. They all agreed to this request. Also, they were informed that they could withdraw from the study at any point in the process. They all responded positively to the offer of a copy of a summary of the findings of the study when it was completed.

3.5 Art therapy intervention

In the initial session, I aimed to create a safe space for the participants and to allay their fears about performance, judgement and evaluation. I described the process of the art therapy, and the participants were given time to ask questions and to put forward their concerns. My job as an art therapist in these early stages seemed to be to try to understand the individual’s world through their eyes (Dalley, Rifkind & Terry, 1993) and to make it safe for the group to undertake this level of disclosure. I worked hard to develop trust and connection with the participants in this, the orientation stage of the group’s life cycle (Lacoursiere, 1980). Once the basis of the therapeutic relationship was established in the group, the anxiety of the participants in the initial sessions was reduced, and the possibility of making art freely became possible.

It seemed to be important that participants had enough space to work in so that they did not feel observed, either by one another, or by the therapist. I asked the participants which they would prefer:
to be observed while working, that I should paint alongside them, or that I should read a book as they worked. They chose the last option, and I read while they painted. I kept an eye on the time and dealt with any questions or difficulties that arose during the art making. This private space seemed to allow the group members to enter their own private worlds, and to express themselves freely. The participants usually worked in silence, until their artworks were complete. No background music was used during the sessions as this might have affected the emotional response of the participants.

3.5.1 Process of the intervention

I decided to use a framework of seven sessions with themes used by Bernstein (1995) in her dance / movement therapy work with sexually abused women. The decision to use themes directly related to the rape experience was to assist women not previously used to art therapy to understand and benefit from the process. Other advantages cited by Liebmann (1986) of using themes for group art therapy sessions include helping the participants to start their images, overcoming insecurity by introducing structure, using group time effectively, adding to the cohesion of the group, as well as stimulating new work and discussion around familiar themes.

An additional aim of using a structure with themes in the current study was to encourage the relaxing of control and the expression of hidden feelings, to allow the participants to make a mess, to explore boundaries, and to express innermost feelings without editing (Liebmann, 1984). Ultimately, I hoped that the art therapy experience would allow the participants to explore threatening inner experiences, including memories of the assault, and to gain some perspective on their own part in their survival, and to develop the power to heal themselves (Tedeschi & Calhoun, 1995).
3.5.2 Procedure

At the first group art therapy session, I introduced the participants to one another. They became acquainted with the art therapy room, and with the materials available for art making. Art materials available included coloured pencils, wax crayons, watercolours and a variety of papers.

I began each group art therapy session with a guided imagery session on a theme related to rape and recovery. I then answered any questions and assisted with choosing art materials for the artwork. Participants were allowed to make their art work with minimum intervention by myself or the other participants. I offered assistance in the form of reassurance and practical help, but did not direct the art making. On occasion it was necessary to remind the participants of the theme of the session. My choice to let the art making be done in silence, to be spontaneous and self-directed, was in order to allow the participants to have the opportunity to go within and explore their response to the process. Half an hour was set aside for a discussion of the experience of the art making, and the art works themselves. Participants then helped to tidy the working space and to put away the materials.

3.5.3 Outline of the sessions

Session 1: ‘making my mark in a new way’. For homework, the group members were encouraged to remember art making experiences from their childhood, both positive and negative.

Session 2. ‘a nature scene expressing ‘letting go”’. This theme was designed to explore how the participants inhibit themselves in their lives, thus encouraging them to let go of guilt around the rape and their sexuality. Homework: to notice when I let go and when I hold back.

Session 3. ‘drawing the resources I used during the rape’. This session was about recognising the survivor’s part in surviving the assault and the resources she drew on to do so. It also aimed to focus
on reclaiming power from the attacker. Homework: noticing my physical needs, and when I feel powerful or powerless.

Session 4. ‘drawing my attacker’. The intention of this session was to recapture the full range of expression for the individual. It included a dialogue with the rapist to ‘have the last word’. Homework: noticing my emotional response to events and using self-soothing techniques, such as slow breathing, rocking, singing or journaling where necessary.

Session 5. ‘rehearsal for confrontation’. This session was designed to allow the participants to confront what still seems unresolved for them, whether their attacker, the authorities, their families or their own fears. It included the destruction of the drawing of their attacker from the previous session. Homework: noticing when I am standing in my authority, and when I ‘cave in’.

Session 6. ‘reclaiming sexuality’ including visualising sensual things, feelings. Drawing an image of womanliness that the individual admires, taken from a painting or literature, or from the imagination. Visualisation: expressing numbness, reclaiming sexuality, for example, a desert flower breaking through an arid soil. Homework: devising a closing ritual for the final session.

Session 7: review of the art work and of the art therapy process. Concluding ritual devised by the participants and the therapist, and final farewell.

The participants handed in their journals and I reminded them that they would be asked to come back for one more session to assist me with the data analysis at a future date. I offered follow-up therapy to the participants should they have a need for it, and thanked them for their participation.
3.6 Coding of the data

I used Strauss and Corbin’s (1990) process of open coding (derived from grounded theory) as follows. I immersed myself in the data, and observed it closely. This involved setting out the artwork and re-reading the transcripts, and becoming familiar with both. I then asked “what is going on here?”. I labelled the content of the paintings and the transcripts as the expression of inner experience in relation to the recovery from rape during the art therapy process. Within this general content category, I discovered many sub-categories. I decided to look for threads related to the individual’s rape experience, their recovery from the rape trauma, and the usefulness of the group art therapy. I then put these data threads into 14 abstract categories that were concise and easy to use.

I also used methods from content analysis, visual anthropology, iconography, social semiotics and visual cultural studies in order to inform my analysis of the visual data. The participant may verbally express a certain intent or feeling in relationship to an image, but how does the way the image is put together convey this intent or feeling? The choice of these analytical tools fits with the post modernist framework of the current study because of they deconstruct the elements which create the meaning and emotional impact of the image.

Content analysis has been used historically to analyse large quantities of images and verbal expressions from t.v., press or advertisements. It looks at the frequency of representation of certain classes of people, actions, roles, events or situation, and the implicit and explicit classifications of media content. It is a technical procedure and relies heavily on precise definitions of variables (for example, social distance, behaviour, setting, or size of image) and values (male / female, topic, profession, etc.). In the process of research, tables of incidence are compiled and interpretation is based on quantitative observations of visual or verbal data. The analyst draws up a semiotic hypothesis based on the data under consideration and the hypothesis is either confirmed or disproved (Bell, 2001). I
have used certain aspects of content analysis in the current study, for example the classification of variables such as social distance and the compilation of tables of incidence of different media, coverage of the picture plane and other quantitative observations. Tentative hypotheses about the use of social distance and the tables of incidence are offered, in the service of clarifying general trends, rather than attempting to explain causality. I did not use the quantitative aspects of content analysis as they were not relevant to the current study.

I used a scale of six values to categorise social distance from proxemics, or the psychology of personal use of space (as used in content analysis) to assess the way in which the participants had chosen to represent their rapist. The social distance scale uses Western socially-determined categories to classify figures in an image by means of their size and closeness to the viewer.

(a. intimate head or face only represented
(b. close personal head and shoulders
(c. far personal figure seen from waist up
(d. close social whole figure seen
(e. far social whole figure seen ‘with space around it’
(f. public distance whole figures of at least 4 or 5 people seen

(Hall, 1964).

I interpreted the choices made by the participants in the proximity of their rapists as purposeful, and as perhaps revealing something about their attitude towards the rapist.

I judged that more of this attitude might be disclosed both in the pose and in the eye contact made between the image of the rapist and the observer. Bell (2001, p.31) integrates the work of Kress and Van Leeuwen with that of Goffman for this purpose, and offers the following table to quantify the way figures are depicted in images (adapted for the purpose of this study).
(a. Offer / ideal: the model depicts him / herself as an ideal, looking away from the viewer (the conventional model pose, displaying clothes)

(b. Demand / affiliation (equality): the model looks directly at the viewer, smiling.

(c. Demand / submission: model looks down at the viewer, not smiling.

(d. Demand / confrontation: model looks directly at the viewer, not smiling.

(e. Demand / seduction: model looks up at the viewer, pouting or smiling.

(f. None of the above. (Bell, 2001).

I judged that the participant’s decision to represent the rapist either making, or avoiding, eye contact in the image would imply elements of offering or demanding a relationship with the viewer. Similarly, the level at which the rapist is shown, and his facial expression, would indicate elements of idealisation, affiliation, submission, confrontation or seduction. This scale of assessment also allows for representations that do not fall within the usual range of human relationship in the ‘none of the above’ category. I believed that such decisions might give important insight into the relationship between the recovering rape survivor and her attacker.

I assessed the visual modality of the artworks (a process also borrowed from content analysis) and drew up tables of tonality, colour, detail, and depth used in the art works in an attempt to quantify the group art therapy process (see Appendix A). I also assessed the media chosen by the participants. I analysed the layout of the art work (covering the whole page, half page, 1/3 page or quarter page) the handling of the medium (light, medium, heavy, very heavy) the orientation of the paper (landscape or portrait) any use of abstraction, any use of symbols, the quality of line used, the feelings evoked in the observer (dreamy, desolate, scary, energetic, etc.) and the scenes depicted (seascape, landscape, garden). I considered trends and patterns of these aspects across the study, in individual sessions, and in individual participants’ art works. Such observations were tabulated and contributed to the interpretations that I offer in the concluding chapter of this thesis.
Visual anthropology uses visual records (usually photographs) of human experience and reflects on the relationship between the maker and the image, as well as that between the observer and the image. It takes into consideration the context of the image making, as well as that of the researcher conducting the analysis. It is most commonly used for photographic images, but its processes may be adapted for artwork. I used visual anthropology because it allows for the researcher’s subjective response to the artwork, in the form of feelings and impressions when viewing the images, to contribute to the structure of the research. The basic model of analysis proposed by Collier and Collier (1986) consists of

(a. noting your general subjective response to the images as a whole
(b. logging and categorising the images
(c. measuring, counting, comparing images and analysing these findings statistically
(d. responding to the analytical data and the images as a whole, resulting in ‘meaning significance’ and conclusions that can be written up

(Collier, 2001, p.39).

I adapted this process as a way of working with the images under consideration in the current study.

3.6.1 Constant comparison method of data analysis

The kaleidoscope has been used as a metaphor for the data categorisation and sorting process known as the constant comparison method by Dye, Schatz, Rosenberg and Coleman (2000). In this process, one set of transcribed data is cut up into bits and these ‘data bits’ are put into piles representing ‘look alike, feel alike’ categories (Lincoln & Guba, 1985, p.59). This process is likened by Dye, Schatz, Rosenberg and Coleman (ibid.) to assembling the fragments of coloured glass in the kaleidoscope.

I took the threads from the initial ‘open coding’ process and assigned each one to a large neon-coloured sheet of paper. I then devised rules of inclusion for each sheet and these became tentative
categories. I wrote the category name and rules for inclusion on each sheet. Data bits were affixed to
the sheets with removable tape and a discussion ensued if assignment to that category was not a clear
choice. Dye et al (2000) compare this to the attaching of dots to the fragments of coloured glass in the
kaleidoscope. I put unassigned data bits into an envelope marked Miscellaneous for future
categorisation.

When the tentative categories were set, I cut data bits from other transcripts and art works and assigned
them to the theme categories. It was important that each data bit was reference coded so that it could
be traced to its maker, and to the session in which it was produced for later analysis.

The process of categorisation, developing themes and allocating data can be simply described as
follows:

First refinement
I reviewed the categorisation for its adequacy for the research study. I produced a tentative list of
categories and analysed this for overall themes and groupings.

Second and third refinements
I looked to combine similar categories or to subdivide categories which were unwieldy. I took the
contents of the miscellaneous envelope and assigned it to the categories, if this was possible.

Category refinement
I then looked at the bits of data and checked if they actually fitted the rules of inclusion of the category
to which they were assigned. Data bits were moved to a more suitable category if this is not the case.
Final category array

I examined the final category set and looked for overarching themes that were supported by the categories, refined categories and subcategories. I bore in mind that Dye et al (2000) emphasise that the categories should be allowed to fit the data, not be forced to do so.

Analysing the images and the verbal material required that I moved backwards and forwards between the data and the classification system, as described by Patton (1987). I also found that the process required that I alternately focus on small details in the images and the transcripts, and then expand my view to take in the category in which it might be placed, moving in a Gestalt process from part to whole, and then back again to individual parts from a sense of the whole. This resulted in a dizzying dance of analysis in which I attempted to derive meaning from hundreds of pages of transcripts and numerous images. The analytical process became a creative one as I worked through the tasks of grouping information, connecting previously unrelated subcategories, of discovering new information, verifying its existence and its relevance (Guba, 1978). The process was an exhilarating one as I tried to produce a coherent account of what the participants and I had experienced in the course of the seven group art therapy sessions. The end result was two over-arching themes in the final category array that I hope reflect aspects of the participant’s experience of the group art therapy intervention.

3.6.2 Member checking

The final stage of the research process was ‘member checking’ which involved taking data and interpretations back to participants to ensure credibility in a concluding interview (Appleton, 1995; Cresswell & Miller, 2000). Participants were invited to spend an hour reviewing the art works and the themes that I had derived from their participation in the study. Some clarification of themes resulted in this concluding interview, with minor adjustments to the final thesis.
3.7 Limitations of the methods used

An unexpected factor that arose in the research was the effect that working with the trauma of rape survivors had on myself as therapist and researcher. My perception of the research changed radically as I immersed myself in the life experience of the participants. I shifted from my initial modernist, Existential approach to a postmodern feminist standpoint as I worked with the group over the weeks. The reflexivity of the process and the intense effect it had on me surprised me. My subjectivity became an important tool as I worked with the women in this study. The study changed from an experimental intervention to an observational one.

I have no reservations about the authenticity, accuracy or honesty of the findings of the study, though I do acknowledge my own bias as designer, therapist, data analyst and documenter of the study (Patton, 1987). In this kind of study it is imperative for the therapist to become emotionally involved with the participants, and I accept that this has coloured the findings of the current study. This fits with the postmodern nature of the study, as postmodernism proposes that we interpret our experience of reality through a lens composed of our personal goals, life experience, attitudes, values, knowledge and culture (Cameron-Smith, 2001). Nevertheless, I have tried to produce a study that is rigorous, coherent and consistent, and which faithfully represents the experience of the group members.

3.8 Conclusion

I have framed the methodology of the current study within postmodern, feminist terms. I have used a structured group art therapy framework to explore the utility of group art therapy to women recovering from rape. I aimed to isolate themes in the data produced by the group art therapy intervention in order to understand the individual nature of recovery from rape trauma. The participants were selected by snowball sampling because of the difficulty of contacting rape survivors in the general population, and in order to access the specialised knowledge they would bring to the current study. The final participants were all between thirty five and forty years of age and were white, English speaking South
Africans of a middle income socio-economic level. I conducted a carefully-designed intake interview because of the sensitive nature of the research and the difficulty of conducting research with rape survivors.

The group art therapy intervention consisted of seven weekly sessions consisting of a guided visualisation, art making, and a discussion of the images and the art making. The resulting data was analysed using techniques from grounded theory, thematic content analysis, semiotics, visual anthropology, and the constant comparison method. By combining these deconstructive and reconstructive processes, I arrived at an interpretation of the considerable quantity of data from the study that I judged to be rigorous, exhaustive and carefully considered. I assessed the findings within a postmodern feminist theoretical setting, bearing in mind the effects of situatedness, pluralism, the effect of social discourses, embodiment, and the interaction between the external expression of internal dynamics and the inscribable surface (Chapter 2: 61). Often I de-emphasised these guiding terms in order to give prominence to the lived experience of the participants, and to enhance readability, in line with my intention to represent the study as faithfully as possible, and in a readable form.

Alternative explanations for the trends, patterns and themes I uncovered were considered and I arrived at a final array of two over-arching themes that reflect the experience of the group art therapy intervention by the participants.

In the next chapter I examine the results and the data analysis of the current study. I provide an overview of the data analysis, with the phases of visual analysis, verbal analysis and synthesis of the two.
Chapter 4  Results and data analysis

... I dance the dance

of a woman free from scars and pain,

But remove the mask and I'm unrecognizable

even though I look the same.

(Driscoll, 1991).

4.1  Introduction

The data analysis from this study was a lengthy and complex task, in part because of the vast amount of visual and verbal material generated by three participants in seven 90-minute art therapy sessions. The material for analysis included the typed transcriptions of the art therapy sessions and the journals, as well as the art works created in the course of the study. This data consisted of 21 paintings and 124 pages of typed transcripts. I began by assessing the collected art works for general trends, then for trends in the individual participant’s artworks, and finally for trends within sessions. I then read through the transcripts, noting possible themes as I detected them, and cross-checking them with the content and symbolism of the images.

I arrived at fourteen tentative themes: the meaning of the rape, the image of the rapist, the experience of support from others, changes in relationships with other people after the rape, fear of the rapist returning, forgiveness of the rapist, resources used during the rape to survive (including husband’s presence during the rape, fighting back to resist the rape, blocking off the experience of the rape as a way of coping, and consciously distancing the self from the experience), post rape feelings, coping a little bit at a time, the process of recovery from the rape, creating a safe inner space, the recovery of hope and new beginnings, longing to create a healthy intimate relationship and the changed perception of the self as a result of the rape. These categories were reduced to two over-arching themes in the final stage of the data analysis, those of ‘the rape experience’ and ‘group art therapy’. These themes
represent the findings of the current study on the utility of group art therapy with rape survivors in their recovery from rape trauma.

4.2 Group art therapy process

The participants were enthusiastic and very committed to the art therapy group, even attending a session at 8am on a Saturday morning to accommodate one participant’s social arrangements. Gilly missed the first session due to her mother’s hospitalisation, but was motivated and punctual for the other sessions. Pam and Sue attended all the group art therapy sessions. The sessions tended to run slightly over the ninety minutes because of the expressiveness of the participants. The sessions were very emotional, and contained a lot of laughter, as well as intense sadness and pain. The participants mentioned several times how good it was to speak freely about the rape with no editing because all the women present (except for myself) had been through the same experience.

The response of the participants was strikingly different from the elusive rape survivors described in the current literature. The commitment and openness of the participants made the weekly sessions an exciting time of mapping sensitive and painful material in the company of fellow explorers. I felt privileged to be a part of this expedition, and awed by the power of the intervention I had created. The fact that the sessions had humour and laughter, as well as deep emotions, may go some way to explaining the positive response of the participants to the intervention. Research suggests that intervention strategies that evoke positive emotions (joy, interest, contentment) are thought to broaden the individual’s momentary thought-action repertoire, which can build personal resources, and so enhance survival mechanisms (Frederickson, 2000). This would suggest that the effect of the ‘sisterhood’ felt within the group was perhaps as important as the art making and the sharing of traumatic material.
The process of analysing images produced in art therapy research has been an area of lively debate (Kagin & Lusebrink, 1978; McNiff, 1998; Payne, 1993; Prosser, 1998). Van Leeuwen and Jewitt (2001, p.1) discuss the difficulties of visual analysis, of “finding a way to ‘articulate why’, to understand ‘what might otherwise remain at the level of vague suspicion and intuitive response’”.

I analysed the transcripts of the art therapy sessions and the contents of the journals kept by the participants in order to identify themes that occur in the verbal material. I found carrying out the analysis of the intensely personal, emotionally charged, material from the study was both challenging and fascinating. I turned to content analysis, visual modality, visual anthropology, iconography and social semiotics (as well as verbal analysis) to assist me in this process. These tools are more commonly used in social research and ethnography, less so in psychological research. However, they seemed to be appropriate to this study as it is postmodern feminist in approach, and such tools would enable me to reflect the situatedness of the data.

My decision to use these analytical tools in the current study revealed trends in the data that were not explained in the current literature. These data are offered as possible areas requiring further investigation. Verbal and visual data were then compared to triangulate the identified themes. These findings were finally discussed with the participants to reduce errors and misinterpretations. This consultation with the participants is in the spirit of the postmodern, feminist approach which the research process evoked in me as I completed the study.

4.3 Analysis of the images

I used the categories of the social distance scale to analyse the participants’ drawings of figures in their art works. This scale uses the proximity of the figures represented in the images to the viewer. I also considered the gaze of the represented figures. In the drawings of the attacker, does the rapist gaze directly at the viewer? If so, then contact is made, and the rapist ‘demands’ something from the viewer.
Does the rapist smile, inviting social interaction, or does he stare in a cold manner? If so, the rapist places the viewer as a subordinate to his superiority. Or does he gaze seductively at the viewer? If so, the participant may want to show the sensual nature of the figure.

The poses that the participants chose for their rapists can be interpreted as representing the power differentiation between the observer and the observed, as well as what the producer of the image intends the image to do to the viewer, described as the *image act* by Kress and Van Leeuwen (1996, p.123). In the current study, Pam drew her rapist as a blank, expressionless black face in a knitted hat, staring impassively at the observer, surrounded by a gallery of pale faces (Artwork 13). I have classified this image as demand / confrontation as the rapist is looking directly at the viewer, not smiling. It is as if Pam intends us to feel her fear in the attack (the image act) compounded by her not being able to see the rapist’s face as the rape happened at night. Alternatively, the portrait’s blank stare could also be interpreted as representing the facelessness of Pam’s attacker.

And that was what bugged me afterwards because then - because he didn’t have a face I can remember, it was probably a couple of weeks or a week or something afterwards when I was closing the shop I had to switch on the alarm and there was this Black man … working on the alarm and it was like - could it have been him, is he out there watching me now. (Pam, session 4).

Pam used this drawing to confront her attacker and to ‘have the last word’ during the art therapy session, letting him know that he had not destroyed her life.

And I realised that in all situations now, you could, you can give them the power or you have the power yourself. And the way you conduct yourself through it, it’s what gets you through it...

(Pam, session 4).
In Pam’s case, she gave her attacker a face, as well as placing him in a position in which he could be confronted and engaged him in a dialogue. She perhaps also depicted him as the bogeyman who could transform himself into any black male she meets. I propose that Pam’s experience of being raped by a black man is an example of situatedness. Her response to the rape was affected by the social group to which she belongs and by the historical period in which she has lived. As a white South African woman, raised in the apartheid era, she was conditioned to separation of race groups and prosecution of interracial sexual relationships. Her consequent fear, shame and withdrawal may be all the more intense because of beliefs related to race, separateness and contamination.

Sue was blindfolded during her rape, therefore she also had no visual clues on which to base her image. Her sensory cues of the rape were mainly auditory, so her image tells the story of the rape through the sounds she heard (Artwork 14).

And ah, he pulled the duvet back and I was lying there with no clothes on and ahm, you could sort of hear him, a slight intake of breath and then, he had his argument with his mates, and then he climbed on the bed and I heard him undo his zip. (Sue, session 4).

Sue’s portrait of her attacker looks directly at the viewer, but has no facial features apart from his red eyes (her husband had told her of his red eyes and dirty hair). Again, I placed this portrait in the demand / confrontation category of images. The rapist seems to stare with a blank gaze, drawn with a wavering line, deprived of his potency, even though his erect penis is depicted on the same sheet of drawings. The image act here is to represent the fragments of the rape experience that Sue, though she was blindfolded, could remember.

*All I knew of him was his voice and his penis and the sound of his zip*

(Sue, concluding interview).
She rendered these fragments in a linear style, wanting to represent the attack in a way that was “Stark, not pretty, nothing nice” (Sue, concluding interview). Sue spent some time gazing silently at the image of her attacker at the end of the art therapy sessions, though she felt no desire to talk to him.

In contrast, Gilly’s image of her attacker smiles and looks to the side, with a sly glance (Artwork 15). Interestingly, her figure fits the offer / ideal classification as he faces the viewer, but avoids eye contact. Gilly placed an idealised portrait of him in a corner of the page, a golden youth with curling hair and red lips. It is as if we are asked, in the image act, to view and admire him, with his beautiful face, slender body, muscled arms and neatly styled hair, but simultaneously we are repelled by the bottle of alcohol, the blood on his hands, his black heart and demonic appearance (Gilly, session 4). The ambivalence this arouses in the viewer is perhaps similar Gilly’s feelings. She spoke longingly of the ideal fiancé he had been, and then with disgust of the drunken attacker he had become, and finally with pity for him.

Gilly: Yes. *Yes, because he is the devil. He’s got a black heart. He’s smiling because he’s enjoying what he’s doing.*
Anni: *Hmm.*
Gilly: *And he’s got tears because I feel sorry for him... Yes, and there is blood on his hands (inaudible) with such pleasure.* (Gilly, session 4).

Reviewing the images with the themes of this study in mind revealed something interesting. The rapists were not depicted by the survivors as being triumphant, nor was the viewer subordinate (possibly represented by the perpetrator looking down on the viewer), nor were the rapists shown as impotent and degraded (perhaps looking up at the viewer). They were shown in fairly close proximity to the viewer, either as far personal (Artwork 15) close personal (Artwork 13) or intimate (Artwork 14). Such depictions perhaps show a remarkable level of courage on the part of the participants.
Although the attackers were only present in graphic form, their presence was very real for the rape survivors, borne out by their emotional reactions to the artworks, including tears and anger. The art works show the rapists on the same level as the viewer/participant, perhaps indicating equality, and certainly facilitating communication with both the creator and the observer of the image. Pam was eager to have a conversation with her attacker, though this was not the case for Gilly and Sue. Pam wanted to communicate her lack of fear and the recovery she had managed to the rapist, rather than the destruction she believed he had intended for her.

I used the technique of visual modality (a term borrowed from content analysis) to assess the images in this research more generally. What means of artistic expression have been used – what kinds of tonality, colour, detail, depth? What choices have been made about the use of the picture plane? I drew up tables of incidence of such features (see Appendix A) including the colours used the medium used the layout of the art work the handling of the medium the orientation of the paper, any use of abstraction, any use of symbols, the quality of line used, the feelings evoked in the observer, and the scenes depicted I considered trends and patterns of these aspects across the study, in individual sessions, and in individual participants’ art works. Such observations were tabulated and contributed to the interpretations offered by the researcher in the concluding chapter of this thesis.

My personal response to the art works on putting them up as a whole was a mixture of excitement (seeing the whole as part of a process of healing) admiration (for the courage of the participants) gratitude (for being a part of this process) and sadness (as the depth of the impact of the rape experience on the participants hit me). I often became overwhelmed by sadness as I worked my way through the data analysis process, reviewing the images and the transcripts and piecing together the patterns and themes.
A trend of the use of colour appeared as I reviewed the artworks from the six sessions (Appendix A). Session one (making my mark in a new way) saw the use of a mixture of weak and clear colours, with a general, overall application to the paper. As the sessions progressed, the colours changed to stronger colours, then to darker colours, with a lot of black. The art works became linear, and sometimes cartoon-like, with greater expanses of white paper in this middle phase. This coincided with the work on the actual rape – what got you through it, drawing the attacker, unfinished business. Sue rejected the use of paint in this phase of the intervention as she wanted a stark, concise effect in her images related to the rape (concluding interview). Gilly wanted to use black to convey “the severity of the hurt” and red to show the depth of her anger (Gilly, concluding interview). It is clear that the colours and media chosen by the participants in making the art works directly related to the rape intend to communicate some of their horror and pain.

In the later sessions, the colours became stronger again, with greater coverage of the paper, and the final session (the reclaiming of sensuality) inspired the use of tertiary, clear and pale colours across the page (Appendix A). It seemed to me that the rough, hard, linear, fragmented drawings of the rapists and the issues directly related to the rape were perhaps a ‘shorthand’ for the many negative emotions experienced by the survivors around the rape experience. Alternatively, the hard, roughly handled wax crayon medium may perhaps have allowed the participants to symbolically strike back at their attackers, inflicting some kind of symbolic pain.

The participants used watercolours in the early and later sessions of the art therapy group (Appendix A). However, the images of the rapists were all done in wax crayons, because the participants said that they wanted to press hard, perhaps to release some of their anger (Artworks 13, 14 & 15).

I’m not very good at drawing. But ahh, ja, and I used wax because I wanted to draw hard, and press hard, ahm, and ja, wax is more rough. (Sue, session 4)
I noticed that the handling of the materials also changed across the course of the group art therapy sessions. Pam began with light to medium handling of the media (Artworks 1, 2 & 5) but her use of the media became heavier, and sometimes blended, in the 3rd – 5th sessions (Artworks 9, 13 & 16). The final session saw her return to light to medium handling of the media, with soft use of colour and layering of colours (Artwork 19). Sue and Gilly moved from broad strokes of watercolour in the early sessions (Artworks 3,4,6,7 & 8) to sparse linear drawings of their rapists in the fourth session (Artworks 14 & 15). The participants growing familiarity with the art materials may explain this trend, but it may also relate to the content of the sessions. Recalling the rape trauma and the negative feelings around the rape seemed to be linked to either much heavier or sparse handling of the media. The softer, broad application of the first and last sessions seemed to provide transitions into and out of the art therapy process, described by Gilly as “easing into it [the art therapy process] dealing with the trauma, then easing out of it” (concluding interview).

The orientation of the paper chosen by the participants varied across the sessions. No general trends appeared, but the choice to change the paper orientation at a certain point in the group process seemed to be individually significant. Pam used the landscape orientation for all her artworks throughout the sessions. This allowed for her landscape themes (the road of guilt, the river of life) and for the seed to flowering plant growth sequence that was symbolically important for her (Artworks 5 & 16). The fixed format may also reflect Pam’s resistance to change and preference for the familiar.

Sue used the landscape orientation for all her artworks except for the last session, the ideal image of sensuality (Artwork 20). Her image is of a spring, the cold water emerging from deep in the earth, from under some rocks. The overall image is flower-like and very striking. She spoke of her difficulty with resuming sex with her husband and that some sensory cues still frighten her when they are engaged in sex. The choice of the portrait orientation allowed the water to fall some distance and to be
warmed by the sun, as it becomes tinted with yellow and red at the lower part of the painting (Sue, concluding interview). The change of orientation seems to coincide with a break from representative images of the rapist and Sue’s children, all done in landscape format (Artworks 14 & 17) to a more internal, symbolic image of her sexuality in portrait format (Artwork 20).

Gilly used the landscape format for all of her paintings, except the one of her rapist (Artwork 21). It was also the only session in which she used wax crayons. Gilly said that she had never told the story of her rape to anyone, had never really dealt with her feelings around it, but had spent many years counselling other rape survivors. Reviewing her artwork, it seems as if, in this fourth session, she finally faced her fear and drew her rapist, without thought for what her image looked like or how she would be seen. She also drew only one image in this session, rather than her usual preparatory pattern or flower picture. The portrait format allowed her to draw the three-quarters view of the figure, as well as the idealised portrait of him. Gilly said “he was the focus, I wanted nothing else around him” in order to fully express her anger towards him (concluding interview).

Gilly took pleasure in crayoning in bolts of lightning, hitting him in the neck, and emphasised them with more crayon strokes in the discussion period of that session (Artwork 21).

Gilly: Big bolts of lightning..... (laughter/inaudible) ...what colour is lightning, purple?

Anni: You wanna do that?

Sue: Yes, no, no, not purple, it’s red and orange...

Anni: It might be purple for [Gilly], ja, if it’s purple for you, then go for it.

(Gilly crayons in more bolts of lightning)

All: (Laughter).

Anni: Right in the neck, hey?
From the above analysis, it seems that changes in the orientation of the paper were made in order to accommodate certain intentions in the participants’ artworks, a hypothesis that was confirmed in the concluding interviews.

I considered using other techniques, such as *indirect analysis* and *team analysis*, in which respondents other than those participating in the study are asked for their response to the images under analysis. I rejected these techniques on the grounds of the sensitivity of the material and the confidentiality agreement between myself and the participants.

I also used techniques derived from *iconography* in order to better understand the layers of meaning used by the participants. Of particular interest to me in the current study is the use of symbolism by the participants. Van Leeuwen (2001) describes two types of symbols: *abstract symbols* (abstract shapes with symbolic values, e.g. the cross) and *figurative symbols* (apparently transparent analogies of the natural world, but actually based on conventional ideas of the natural world). Abstract symbols were common in medieval manuscripts, for example, haloes which indicated sainthood in religious images; in a modern version, logos on designer goods denote a certain lifestyle or stylish personal image to the observer. Figurative symbols are more common in media representations, and have little relevance to the current study (Barthes, 1977).

I moved from the accepted conventional meanings of iconological symbols to *iconographic symbols*, or those reliant on autobiographical interpretation. These include conventional symbols familiar to the participants’ contemporaries. *Iconographical interpretation* demands not only a familiarity with the themes and concepts of the participants who created the images, but also *synthetic intuition*, or the ability to interpret images, and to justify the interpretation with (for example) stylistic features, background research or structural analogies, according to Panofsky (1970).
I attempted to triangulate the individual’s use of symbols by using the transcripts of the art therapy sessions, and where this was not clear, discussed it with the participant in the follow-up interview. Meanings of symbols can evolve over time, and this was evident in the response of the participants in the review of the artwork in the final session, as well as their response to seeing the artwork in the follow-up interview. This development of meaning from the art works was enriched by the group nature of the art making. The participants commented on one another’s art works, and occasionally had very emotional responses, for example Pam's desire to jump on the images of the other participant’s attackers.

*I didn’t want to jump on mine, but I could happily jump on yours, and I could happily jump on yours.* (Pam, session 5).

Pam’s emotional response illustrates the strong bond that developed between the participants during the current study. It seemed that the play and creativity that the group art therapy required generated camaraderie and a closeness that replaced the participants’ strong feelings of difference and separation from other people.

Pam used abstract symbols extensively in her artworks. Pam used the cross, combined with the blue sky, in session 3 to represent God’s promises, as well as her use of her faith as a means to survive the assault (Artwork 9).

Pam: *But it also represents, you know, the celestial, the divine.*

Anni: *It looks like that.*

Pam: *You know, and it becomes, it encompasses, the whole, the whole situation, the whole process, kind of.* (Session 3).
She used the heart and fruit in sessions 2, 3 & 5 (Artworks 5, 9 & 16) to represent love, and specifically God’s love for her.

... and so for me, my tree represents – I want a lot of fruit on the tree, I want a lot of love on the tree, I want to get off the road of guilt. (Pam, session 2)

The images under consideration in the current study are intensely autobiographical, yet they necessarily use symbols familiar to the group participants, all white English speaking South African women in their 40s. My analysis of such iconographic symbols in the study considers the context, the conventions of such symbols and the autobiographical meaning of these symbols for the participants, with reference to the situatedness of such symbols. Firstly, the context of the use of the symbols is an art therapy intervention with rape survivors, conducted within the Child and Adult Guidance Institute at the Rand Afrikaans University. The participants were informed of the therapeutic and exploratory nature of the process. The conventions of the iconographical symbols used are that they represent some part of the rape experience and the recovery process experienced by the participant making the image.

Recurrent symbols in the art works of the participants included flowers, used by all of the participants during the course of the art therapy. Flowers appear in the first and last sessions of all three participants, but were not used during the middle sessions of the therapy when the work focussed on the rape experience. I propose that flowers symbolise beauty, and peace for the participants, and may be used as self-soothing symbols before entering into, and after leaving, the exploration of deep and disturbing memories and emotions (Sue, concluding interview). Gilly said that the flowers were a way of “showing, without showing the self”, or a safe way of participating in the art making without disclosure (concluding interview).
Pam uses the life cycle of the flower, from seed to seedling, to flowering plant on two occasions in the art therapy process, once during the depiction of a safe nature space (Artwork 9) the other during the ‘things that remained unresolved’ session (Artwork 16) in a drawing that represented her residual anger.

*OK, I’m just a little tender, tiny little plant coming up, and that in the Christian (inaudible) all old things are cast away, you’re a new creation...it was a horrible thing to happen but I, I feel like I’m a better person for it, I’ve grown out of it, I’m continuing to grow out of it.*

(Pam, session 3).

*Ahm … and how that basically sort of started all, then I went to the epicentre of the anger, and how I washed over it again with the blues and the greens, which is the healing.*

(Pam, session 5).

Perhaps Pam’s use of the cycle of plant life in the latter case was to reduce the anxiety caused by drawing her anger quite graphically, by reminding her of the generative process of the flowering plant, and its apparent recovery from death, used by her as an analogy for the re-birth in Christ.

Unfortunately I was unable to verify these meanings as Pam was not available for the concluding interview.

An iconographical symbol used by Pam was the ‘road of guilt’, drawn during the session which involved creating a safe nature place (Artwork 5). She suggested most rape survivors walked the ‘road of guilt’.
The road again – I found after I had been raped, I was very grateful for life – just to be alive.

Something that you go down – it’s a wide road, an easy road to go down, and it’s “if” – “if I hadn’t gone there” Life can be so full of “if”s and you actually get to the last “if” – “if I hadn’t been born” but I don’t accept that – I have been born and I am going to stay alive. So for me it was a road that you go down and you have to, at some stage, get off that road and get back onto a more suitable road, which turned into a sort of a waterfall, coming into a river, which is what I wanted to be. The road of guilt only gets to dried, burned out places. If you can get off that road, you can get on to a period of growth. (Pam, session 2).

After I was raped I said “I am a sensible person, I have a very good brain, and I will not allow this to affect me”, but you know, it actually did. You’ve got to go down that road. (Pam, session 2).

Pam continued her metaphor, using the river of life and fruit trees as symbols of healing in the same picture (Artwork 5).

…and so for me, my tree represents – I want a lot of fruit on the tree, I want a lot of love on the tree, I want to get off the road of guilt…I wanted a lot of leaves on my tree and all the different colours of the leaves. The picture is symbolic for me that it is easy to go back up the river and back on to the road of guilt – you’ve got to get off and on to the river of life, so that’s what I went through as I was doing it. (Pam, session 2).

Sue used her mother’s farm to represent the peace and tranquillity of her childhood, a symbol of security (Artwork 6).
My uncle found the farm surrounding this place, and he had dams down at the bottom. To me it is the place that symbolises peace and tranquillity… I never felt threatened in that environment. So it symbolises peace, and being able to be at peace with myself. (Sue, session 2).

In my search for tools to make sense of the images, I turned to social semiotics. *Social semiotics* contains methods to analyse images in the media, and the way in which they communicate certain messages. Certain ‘rules’ have evolved over the centuries from Western culture, for example in public signage and the highway code. Other branches of visual communication, for example, children’s art and modern art, have their own ‘rules’, most often based in creativity, and either complying with, or rebelling against, examples and conventions (Innis, 1986).

Whether figures and objects are depicted at eye-level, or from above or below, communicates something about the power relationship between the viewer and the subject in social semiotics. When the subject is viewed head-on, the engagement with the viewer is direct, even confrontational. When the subject is viewed from the side, the viewer is always kept ‘on the sidelines’. Such meanings are not fixed, but imply possible meanings. The interactive meaning of images is also important in social semiotics. The level of contact between the viewer and the subject – the expression of the face in the image, whether it offers contact or demands it, if the figure is distant or close, and whether the point of view (described above) increases identification with the subject all contribute to the interactive meaning of the image.

In the current study, these concepts became useful in the analysis of the images produced in the ‘drawing your attacker’ session. Does the rape survivor depict the rapist face on, or sideways? Is the rapist shown full figure, or sideways? A frontal angle perhaps signifies engagement between the observer and the observed; an oblique angle signifies disengagement between them. (Kress & Van Leeuwen, 1996). In their drawings of the attackers, Pam and Sue have drawn them in a frontal angle,
close up, easily interpreted as creating maximal engagement between the viewer and the subject (Artworks 13 & 14). Sue rejected this interpretation, explaining that she had struggled to represent “pieces of him” from what her husband had told her of the rapist, and had no desire to engage with him symbolically (Sue, completion interview).

Gilly drew her fiancé in a frontal angle, but with averted eyes (Artwork 15). This is the public persona, a good-looking young man. We can view him with a sense of detachment, regarding his physical beauty, but we know his secret nature, his black heart, because of the additional information that Gilly has put in the drawing. Gilly’s confused emotions towards him seem to be crystallised in the picture she has drawn. Such subtleties are easily realised in art works, but it is difficult to represent these degrees of involvement in words (Kress & Van Leeuwen, 1996).

4.4 Verbal data

I read through the transcripts of the art therapy sessions and the journals several times in order to familiarise myself with the contents and to identify themes in the text. I began to discern themes in the transcripts, and used Microsoft Word Search to help me find themes that were related to one another. I developed definitions of the fourteen tentative themes, and they were assigned to separate sheets of neon-coloured paper, in line with Dye et al’s (2000) kaleidoscope method. I reviewed the verbal themes, their categorisation and the ‘fit’ between the fragments and their category. I then proceeded to the integration of the verbal and visual data in line with the ‘constant comparison’ method described by Dye, Schatz, Rosenberg and Coleman (2000).

4.5 Integration of verbal and visual data

In the next stage of the data analysis process, I searched the visual data for references to the themes that I had found in the text. I copied the images, cut them out, and assigned them to the relevant
tentative theme sheet. Each fragment was marked with the participant’s name and the session in which it was made for ease of analysis. Some themes were mentioned by only one participant, others were shared by two or all of the participants. This reflects the plurality of the experience of rape in the postmodern feminist view, that some aspects are shared, and some are unique.

4.5.1 Category refinement

I reviewed the category sets, and the verbal and visual data that I had assigned to each one. Some sets were very full, with many data bits assigned to them. Others had only one piece of data, from one participant. My decision was to retain all the themes, even if only expressed by one group member, in order to record the unique aspects of their experience. This was in line with the celebration of otherness, the plurality, diversity and difference in women’s lived experience of my research methodology. I integrated several themes into the ‘recovery from the rape’ category as it covered many sub themes, such as survival mechanisms, symbols and interpersonal factors.

4.5.2 Final category array

After a period of time, I revisited the data and the categorisation and searched for overarching themes within which to group the twelve sub-themes. The data seemed to fall into two major groups, those of themes related to the rape and those related to the art therapy group process.

4.5.3 Member checking

I consulted with the participants in the study to check that my analysis reflected their experience and that what I had written had some validity for them. Unfortunately Pam was unavailable for this part of the research process and analysis of her images and themes are therefore tentative and unverified. The concluding interview aroused some feelings of distress for the Sue and Gilly, but also some reflection on how far they had some since the intervention (the completion interview occurred one year after the
end of the group art therapy intervention). I offered art materials and emotional support through this distress, and ensured that the participants were contained before the end of the concluding interview.

4.6 Final themes

In the course of reviewing the transcripts of twenty-one hours of art therapy sessions, I recognised fourteen tentative themes. I then analysed the artworks produced during these sessions, and attempted to corroborate the themes from the transcripts in the visual material. The following section represents the integration of verbal and visual material from the current study. The final themes are presented in a structure resembling other chapters, i.e. beginning with general themes and moving to those specific to the individual, with a final section on the theme of the self.

Image of the rapist

All three participants found some difficulty when they were asked to visualise and then draw their attacker. Gilly’s struggle seemed to be between representing the man she had loved, as well as the rapist that he subsequently became.

Gilly: The devil! (laughs).

Anni: Ja, it can be, if that’s how you picture him...

Gilly: ... Ja. That was the person that I thought I knew and I trusted, and whatever, and he turned out to be a big bad devil.

(Session 4).

Gilly resolved her dilemma by drawing an idealised portrait of the beautiful young man she had been engaged to, separated by a line from a symbolic drawing of the violent attacker he had become (Artwork 15). She also drew symbols of the alcohol that she suspected had provoked the attack. Sue and Pam’s difficulty in making the drawing was due to not seeing the men who attacked them, as Sue was blindfolded, and Pam’s rape happened late at night (Artworks 13 & 14).
Sue: So I have... no recollection, or, or no images. My husband saw them outside. He saw two of them and ... in his eyes the one, the one guy was very dirty. He had very dirty hair and bushy hair and very red eyes, like he’d been smoking dope...but I don’t know. So ... number three is... that description ...

Anni: The dirty hair ...

Sue: The hair and the eyes. That’s all I know about him, OK? And I don’t know if that’s the right guy. I’d like to think it actually wasn’t the dirty one (laughs) but ... [my husband] said he thought it was him. (Session 4).

Sue commented on her difficulty with this exercise in a journal entry made after the intervention.

Session 4 was difficult because it required that we concentrate solely on our rapist, which one tends to want to rather forget. I am always inclined to think rather of the rape as opposed to the rapist! The results of that session amazed me, as I had never before placed him in “form”. Not having seen the man, it was good for me to be able to give him some being or substance that I can now think of when needing to, as opposed to having him be an individual with no “form” or body. (Sue, journal entry after session 6).

Sue made a composite image of the rapist, his eyes and hair, his knee, his penis and the dog which she at first supposed him to be (Artwork 14). She drew his zip, the first auditory cue which made her realise she was about to be raped. She was very emotional through this process and stood silently conversation in front of the image of the rapist towards the end of the session.

I didn’t think about the rapist…it was a field I’d never entered into in all my years of therapy, what he looked like, and so doing that was very good. Even though it was the fingers, the knee, not the face, because I can’t draw a face, it made him the person, as opposed to the action.
It seems that art therapy provided Sue with the opportunity to explore new areas of the rape trauma, for example giving a face to the rapist, and seeing the rapist as a person (the intersubjective aspect of rape identified by postmodern feminists). Sue said that filling in the gaps had allowed her to attain closure with some of the unresolved areas of the rape (Sue: concluding interview). Filling in the gaps in sensory data, and separating the person of the rapist from the act of rape were aspects of the group art therapy process that are not mentioned in the current literature, but are probably important aspects of the recovery process.

Pam’s picture is a compilation of the imagined portrait of the rapist, as well as images of the burglars who had threatened her with rape during a robbery two years later (Artwork 13). The rapist stares at the viewer, filling most of the page, an expressionless mask, executed in heavy wax crayon, overlaid and blended to give a solid, monolithic effect. Pam thought he had not been wearing a hat, but perhaps conflated his image with that of the burglars, who had been wearing balaclavas.

I cannot, I could not identify the guy then, and I cannot identify him now. It was pitch, pitch black and he was in the back and ... I can’t, because I can’t picture... I can’t just look at him and say OK,... that’s him... The two guys over there ...that was the following year when I was also broken into, and I was, I was threatened with rape... I couldn’t recognise them. (Pam, session 4).

Pam combined the images of the rapist and the burglars with a lightly pencilled gallery of observers.

I put the faces there because he sort of melded into the population. I can’t point him out. It, it was a problem initially. You know, where is he and, and is he laughing at me and you know that sort of thing. But also he sort of melded into, into the population and that, but also those are the faces of the people
who also ... you see it was a power thing... So (sigh) you know, that’s my picture, he’s faceless, ja, I
don’t know. (Pam, session 4).

The pencilled faces seem to represent not only the blending in of the rapist into the black population
generally, but also perhaps also the local population whose morale the rapist sought to raise. In the top
left corner, Pam drew an image from her fearful pre-sleep mental images in the period after the rape.

The image laying down on the side there, afterwards I had this ... always going to bed ... I have the
image of a muscular black man, you know ... muscles working and ohh, ... but that, that’s sort of gone
now. (Pam, session 4).

Creating an image of the rapist seemed to be the most difficult task for the participants in the art
therapy group. Each image combined many symbols representing aspects of the rape, including the
difficulty of representing the lover who became the rapist, drawing a face the participant had only
imagined, representing the dirtiness of the suspected rapist, his anonymity, and the sense of being
under observation. The accessing of the image of the rapist also released other traumatic images for
Pam, perhaps because they were experienced at the same high level of arousal (Artwork 13). The
reality of the presence of the rapist in a symbolic form for the participants was apparent in the way
they conversed with the rapists via the images.

I’m sorry, I want to talk to mine...I don’t know if I want all you guys to hear my conversation. It
was an interesting thing to do, to create, he didn’t come - I could say “you have no power” -
and I think what would I say if I actually came face to face with him. It made me think about it.
(Pam, session 7).

The silent conversation included themes of recovering power from the rapist, and of assuring him that
he had not diminished the rape survivor.
As [Pam] said, it gives you back the power, to be able to put them down on paper, so that they are there…(Sue, Session 7).

Conversing with, and destroying the image of the rapist seemed to serve symbolic functions for the rape survivors. This was revealed in the way in which they delighted in the burning of the images in session 5, a week after they were made.

Anni: The ripping is quite nice, isn’t it?
Sue: …It’s not going to burn...
Anni: Just look at that, going like a Boeing now!
Sue: Jah!
All: Ahhhhhhhhhhhhhhhhhh!
Sue:(shouts) I can reduce you to nothing!
Gilly:(shouts) Yeah! Goodbye! (Stomping, inaudible) Don’t burn your fingers.
Anni: O.K., all curling up and going black.
Sue: Obsolete!
Anni: Totally defunct...
Sue: Being reduced to nothing (background noise, stomping) [Gilly]’s got the best shoes for stamping to make sure the fire is out (laughter).
Pam: We actually should put soil around this.
Gilly: These weeds will smother it properly.
Sue: O.K.? It looks good.

The delay of a week between making the images and destroying them was so that I could make colour photocopies for the ritual. This allowed me to keep the originals for my data analysis and for
reproduction in the final thesis. Pam expressed some reluctance to destroy her picture, but spoke of her
desire to trample on Gilly and Sue’s picture.

*And looking at last week’s session ... for me it was very interesting because I could look at my
thing and I could say OK, I don’t want revenge, I have forgiven you ... for me to destroy it was ...it
wasn’t a paramount thing... I didn’t want to jump on mine, but I could happily jump on yours and
I could happily jump on yours.* (Pam, session 5).

Pam’s willingness to forgive her own attacker was important for her in terms of her religious belief. It
is interesting that it co-existed with her need to strike back at the images of the other participants’
rapists. Her need to act on the other group member’s behalf perhaps gives an indication of the
connection, trust and support that developed in the art therapy group. It seems possible that the burning
of the images provided some symbolic way of striking back at the rapist (of hurting him?) as well as
some closure with the rape itself.

The experience of support from others

Sue painted beds of flowers in a green open space to represent her colleagues in the artwork she made
to show what resources she used to survive the rape (Artwork 10).

*That’s the flowers, that’s the colours, those were my colleagues, and they were fantastic and
yes, some of them cried, a lot of them cried...and one young boy who’s 19, he was gay, turned
around and he said “(Sue) I just want you to know I really love you, and that I understand what
you’re going through, coz I’ve had a similar experience” and he didn’t want to go any further
into it, but it just made me realise that I wasn’t alone, that it’s not just a female... but that males
also get raped.* (Sue, session 3).
Sue arrived late for the session on ‘resources used during the rape’ and had little time to draw and paint. She viewed her at work with some surprise at the end of the session and commented on it’s emptiness. Her surprise may have been due to the artwork bearing little resemblance to the way that she opened up the subject of the rape to family and friends, and filled her life with support. It is possible that Sue’s extravert personality and active way of dealing with the rape (by calling a meeting to inform her colleagues, friends and family) opened up communication and allowed her to access more support. This is in contrast to Pam’s introvert personality, and more passive way of dealing with the rape, which led to few direct offers of support, and to some misunderstandings.

And I was forced to report it, O.K., and I found it incredibly difficult to tell people, you know, everybody comes in “oh hi how are you, yes we’ve just been a week caravanning...” and you’re sitting there thinking “Great, I’ve just been raped” ... I found it the most traumatic thing to tell people... She came to the shop, old Dorothy...and she said to the woman who was working for me “Oh, I’m so sorry about what happened to you”. We were both standing there, and I had to take that as a gesture, you know, as a kind gesture. (Pam, session 3).

Pam’s recovery seems to have taken place with little support from others, due to her own reluctance to tell others, and her family’s difficulty with accepting the rape. She relied more on the inner resources of her faith, and her ability to construe the rape in terms of Christian teaching and the Bible.

Gilly’s separation from people around her after the rape is eloquently expressed in the thick black lines she used to draw ‘the tunnel’ and ‘the cave’ in her art works (Artwork 12). A tiny, pale face smiles from the depths of the tunnel, and a jewel shines in the dark of the cave, perhaps symbolising for Gilly the possibility of recovery.

...it was like a tunnel in the air; and at the end a little light and I was walking along that long, loooong tunnel and eventually I would get to that light,
Gilly’s emotional withdrawal and blocking off of the rape, plus her mother’s concealment of the rape, meant that she could not discuss her experience or access support from family and friends after the rape. The plants surrounding the cave and the tunnel are painted with a dry brush and thin paint coverage, perhaps representing the thin veneer of hope that Gilly would get back to “life on the outside” to which she clung in the early stages, against her suicidal thoughts (concluding interview).

The three participants demonstrated three different ways of coping with the rape in the session on ‘resources used to cope with the rape’. Sue’s resources were cognitive and active during the rape and mainly external, social and active during her recovery. Pam’s resources were internal, passive and spiritual during the rape, and internal, passive and spiritual during her recovery. Gilly’s resources were physical during the rape (she fought back actively) and internal and passive during the early recovery, becoming social and active (in her first aid work and counselling) in the later stages of her recovery. The individuality of recovery from trauma is demonstrated in this group, with pre-morbid personality, coping styles and external factors (such as treatment by family and medical staff) playing important roles. What is common to all three rape survivors is their eventual healing and return to functionality.
All three have been deeply affected by the experience of rape, but are able to hold down a job and to care for themselves and for others.

The meaning of the rape

Pam interpreted the rape as a racial incident, a power play between a black male and a white female.

*He told me that he was doing it to raise the morale of the black people in the neighbourhood…*

*I realised that I couldn’t get out of it ...So I’m ... dealing with the power play, the rape was a power play (inaudible).*(Pam, session 5).

The meaning that she has attached to the rape has left her with a lot of fear around black men, as well as concern for her daughter, who attends a racially integrated school.

All three participants spoke of the spiritual dimension in relationship to the experience of, or the recovery from, the rape. Sue said that she blamed God for the rape in the weeks afterwards, but that she subsequently began to interpret the rape as a spiritual lesson.

*Why me and why, how could you do this to me, God, what have I done, am I so bad that you allowed this to happen to me, but in recent years I’ve accepted it as His plan, that He has a plan for me, a growth… opportunity for me.* (Sue, session 3).

She drew no conclusions about what God’s plan meant for her in her life. In her art work, she drew two crosses on a hillside and referred to the part her faith has played in her recovery (Artwork 10).

*The two crosses, when you spoke, the image that I had in mind was ‘there is a green hill far away’, and I just had this picture of the crosses, and I’m not a devoutly religious person, but I*
have become ... in recent years I’ve accepted it as His plan, that He has a plan for me, a growth.... opportunity for me. (Sue, session 3).

In contrast to Sue’s way of using spirituality, Pam drew a large cross in the sky in her artwork on the theme ‘resources used during the rape’ and wrote “the promises of God are yes and amen” to represent the part God played in her survival of the rape and the importance of her strengthened Christian faith (Artwork 9).

Ja, for me it was a spiritual thing because when it happened ahh, it happened ... in the middle of the night, in the early hours of the morning on a road, ahh, which, I lived on a farm ... you know, I thought God please help me! And that, that’s how I got through it...and that was how I got out of it...and that’s where I became ... a Christian because... for a couple of months afterwards, I had to acknowledge that God had saved me in that situation. I can look back on it, it was only by the grace of God that I managed to get through it. (Pam, session 3).

Pam used the symbol of a fruit tree to represent a safe space, which included God’s love for her, and to represent the spiritual nature of the source of her healing (Artwork 5).

And so my progression in the drawing is that of the tree, ahm, God, and I looked down ... and God has been there all the time, and He has been the source of my healing. (Pam, session 3).

Gilly referred to God’s part in the rape, that it was a means to teach her to treat others with kindness, a meaning which developed in her work as a first aider and as a counsellor for other rape survivors.

I don’t believe that it was God’s will that I was raped, but He has allowed me to see & share compassion & earn wisdom [sic]. (Gilly, journal entry after session 5).
The three participants used their faith in different ways to give meaning to the rape experience. Pam did not blame God for her rape, but saw the deepening of her Christianity as founded in gratitude for her survival. Sue rejected God at the time of the rape, but found religion to be useful in the course of her recovery, and interprets the rape as part of God’s plan for her life. Gilly did not see God as playing a part in the rape, but did see His involvement in giving meaning to her process of recovery.

Changes in relationships with other people after the rape

The participants discussed their common level of frustration that they could not share the details of their rape experience with others, even family and friends, and the consequent feeling of being different, or of not being understood.

>Because nobody could reach out, and that is also part of my frustration that I’ve been through years later ...probably in a conversation with women in a sewing group and somebody would say “oh no you’ve got to be careful because you could be raped” and I said, “oh, I’ve been there and done that. (Pam, session 3).

Pam represented the distance she felt between herself and other people after the rape in the heavy shading in her ‘resources used during the rape’ image (Artwork 9).

>The void in the middle, I thought about it, what I should put here, I don’t know, a terrible void without people. (Pam, session 3).

Other people’s difficulty with the rape survivor’s need to tell the story of the rape included family members. Pam described her family’s difficulty with the rape, that they could not discuss it with her, or give her support.
They couldn’t handle it. And my sister was there as well and nobody in my family could reach out and even to this day they can’t…. they can’t talk about it, they can’t come to terms with it… and that was my frustration when you try to say to them…”this is what happened” … they’re in tears and you’re…saying, “don’t worry, it’s O.K.” (Pam, session 3).

The other participants had also experienced the problem of trying to discuss the rape and having to deal with the shocked reactions of those around them. Sue decided to deal with these difficulties by calling a meeting of her work colleagues, friends and family members and telling the story of the rape.

Well, ja, you see when [Pam] talks about the void, the way that people don’t understand… I sat down and... I told them exactly what happened, in explicit detail, not every single bit of the rape, but ... what happened, so that when they went out there and people started to say “oh do you know she was raped” they could actually tell the story... and through verbalising, through speaking, through talking about it, through not shutting up. (Sue, session 3).

Sue’s openness about the rape was unusual, and elicited a very different response from her friends and family compared to Gilly and Pam’s experiences. However, colleagues who were not present at the meeting were unable to talk to her about the rape, which she regretted (Sue, concluding interview).

Gilly spoke about the effect that the rape had had on her relationship with her mother. Gilly’s perception was that her mother had been supportive after the rape, though she had insisted on keeping it a secret, particularly from Gilly’s father, because of concerns for his health. Some years after the rape, Gilly was at a lunch with family and friends when her mother’s real feelings about the rape emerged.
And Mom said she doesn’t believe that a woman can get raped. Well, I was…I realised she was doubting me, though she had stood by me…and now, I am sometimes very hard on her. (Gilly, session 7).

Pam and Gilly spoke about their beliefs that they were, and still are, being judged and blamed by others for the attack. Pam thinks that her family still blame her for what happened, and for their own bad luck since the event.

And my feeling is that... they’re blaming me coz all their ducks aren’t in a row... I think they look at me as a weakling. (Pam, session 3).

The sense of being different from others as a result of being raped was expressed in the way Gilly drew herself differently from others in her image. She drew herself in a tentative pencil outline, surrounded by observers drawn with strong lines and bold watercolours.

All my invisible observers! (laughs). I kind of feel like I... very often stand naked in front of people ... And I’m being judged ...I believe that they are trying, a lot of people are trying to find fault with me ... and judge me. (Gilly, session 5).

With prompting, Gilly discussed the effect that being raped by her fiancé had on her ability to trust others. Gilly is able to sustain friendships, but often suspects people’s motivation in being friendly towards her. It seems likely that her inability to predict her fiancé’s sexual violence has caused some doubt about her ability to judge other people.

Anni: Everyone else [in the picture] has these wonderful colours ... and there is the question mark in the circle between the group (inaudible/in unison).
Gilly: That is a table ...and it’s a question “do I trust these people and how far do I trust these people?” ...I try to be fair and I try to be level and ... sometimes it’s difficult because I don’t always know what’s going on.

Anni: So it’s had a big impact on your ability to trust and be trusted because it seems -

Gilly: Mostly, mostly to trust... I have a lot of friends, I have a lot of very special people close to me but it’s, I almost feel as though I’m being used, because of my strength, because I had to fight and I had to stand on my own, I’ve had to go through some very difficult situations. (Session 5).

Gilly’s difficulties with trust and friendship did not seem to be shared by Sue and Pam. This may be due to Gilly’s rapist having been her fiancé, presumably a trusted intimate, whereas Sue and Pam’s rapists were strangers. Figley (1985) quotes research by Seligman, Huck, Joseph, Namuth, et al, in which date rape survivors were more likely to manifest symptoms of guilt, and loss of trust and integrity in friendships, when compared to stranger rape survivors.

Sue and Pam seemed to have more concerns with security and with feelings of intense fear, rather than trust. Sue spoke of the fear for her family’s safety that the rape had evoked in a journal entry.

I believe that my greatest fear is that something may happen to my children ...I am terrified of not being able to protect my children from having to go through what we have been through. I suppose in some ways, I now understand how [my husband] felt about not being able to protect me and the feeling of desperation and guilt that it invokes. (Sue, journal entry after session 6).

Sue drew this fear, and spoke about it in the art therapy session on unresolved issues from the rape. Her fear for their safety has had a strongly limiting effect on her children’s lives.
Sue: And my older child gets SO frustrated, he says “Mommy but I’m staying outside, why do you lock the Trellidoor?” [sic]…

Anni: Hmm, hmm. And if you relate your fears around being outside and then bringing the kids inside, looking back to the rape experience, you can see the connection there.

Sue: Oh definitely, definitely, without a doubt! (Session 5).

From the above, it seems that the traumatising effect of the rape on the participants extended to affect the lives of their families. This is particularly true of partners of rape survivors. The need for physical comfort and closeness needed by rape survivors produces a cruel double bind. The very physical closeness and touching, which they crave, tends to produce some of the cues associated with the rape, which generate high levels of arousal, fear and anxiety. Developing close relationships and intimacy had been problematic for all three participants after the rape, though these difficulties sometimes were not always directly attributable to the rape, as noted by Sue.

I know that sex is a problem and that it is not solely as a result of the rape. I am very aware of this and it was natural therefore that that should come to the fore during the visualisation.

(Sue, journal entry after session 6).

The presence of Sue’s husband during the rape led to a deep level of closeness and support developing between them.

My husband was …bundled up in a duvet, lying on the bed next to me as they raped me. And so I always think of it as our rape, it’s not my rape, it’s our rape. He was there, he was as much a part of it as I was. (Sue, session 3).
The gratitude for this closeness coexists with sexual difficulties and with sensory cues from the rape:

I would have sex with my husband to prove that they ... that he had not got control over that part of me...even today I won’t let my husband penetrate me from behind. ... The companionship and everything that I have with my husband... I am so fortunate that I do. (Sue, session 6).

For Gilly, her issues with trust have made relationships very difficult since the rape. Her artworks and verbal descriptions give a clear picture of the mixture of feelings she experiences around intimacy, a conflict probably experienced by many rape survivors. Gilly spoke of her need for a close relationship.

Anni: A longing for emotional attachment?

Gilly: I crave it so badly that it’s a physical pain. I have to say to myself “I’ll look after you, I’m here for you”. (Session 6).

Like Sue, Gilly’s desire for closeness and comfort is frustrated by the cues from the rape associated with having sexual intercourse.

Gilly: ...and after sex, I would vomit, you know? (Session 2).

Gilly also spoke of the difficulty of returning to dating some years after the rape, as she found it “difficult to respond, I didn’t know how to be a girl” (concluding session). She spoke of consciously detaching the rape experience from current relationships as she had seen how it sabotaged her attempts to find a partner in our conversation about how she had created her first healthy relationship after the rape. She described it as “not punishing him for what happened before” (concluding session). Gilly’s
experience perhaps illustrates the profound impact being raped by an intimate partner has on the survivor’s ability to trust again and to sustain a relationship, for many years after the incident.

Gilly’s picture of ideal sensuality is a competently drawn recumbent naked female figure, reminiscent of Olympia by Edouard Manet (1863). She lies on a curiously shaped chaise longue, apparently relaxed and happy, but with awkwardly crossed legs and a transparent pale blue veil decorously covering her. Her sensual pose contrasts strangely with her innocent facial expression and uncomfortable leg position. It is as if Gilly is striving for a relaxed, sensual feminine image, but this is countered by her fears around sex, expressed as awkwardness and the need to cover up. Gilly described her fear of intimate physical contact and her need to keep the emotional and the physical side of relationships separate.

Gilly: *It has ... it has definitely made me scared of ...deeper relationships.*

Anni: *Intimacy?*

Gilly: *Not intimacy per se, but of making a... complete commitment to anyone. I can do it as long as there’s no - as long as there’s a division, as long as there is no physical contact or whatever... In a way, keeping the two parts separate, keeps the whole thing simpler* (Session 5).

Gilly regularly produced two art works in the first two art therapy group sessions she attended. The first was usually a formal pattern with flowers in opposition to a blank wall or a geometric pattern, or a flower image with a strong diagonal line dividing the page in half. Perhaps these divided images reflect her need to keep feelings and physical contact separate. Perhaps they help to keep the feelings she has experienced around the rape under restraint. The second artwork made in each session was rougher, more emotional and expressive, and was directly related to the theme of the visualisation at the beginning of the session.
When I do have a physical relationship with someone, I tend to split the physical and the emotional... (Gilly, session 7).

From session four onwards, Gilly made only one image in each session, perhaps showing a growing confidence in the art therapy process. Her images became rougher, more linear, more expressive of the betrayal and pain of the rape, as well as the loss of the idealised man she had loved. Gilly continued to use long, discursive stories in the sessions. In the concluding interview, I suggested that maybe Gilly had lost something in the experience of the rape, and that the stories were a way of getting it back in the group context, where she was accepted and heard. She agreed with this, saying she just needed to talk, she wasn't sure why (concluding interview). Gilly’s discursive talking may also be related to the feeling of relief about being able to talk openly about the rape in the group expressed by Pam.

Pam was in the process of leaving her husband at the time of the rape, and has avoided intimate relationships since. During the course of the art therapy group, she came to the point of deciding she did want to try building a relationship again. Her painting (Artwork 19) shows a vision of an ideal relationship with a strongly spiritual aspect.

Anni: The idea of, of entering into a sexual relationship... being that you haven’t experienced that since the rape?

Pam: I’ve, I’ve built up, in my mind the sort of person and how he will react ... and I’m a little bit worried ... so often in life I’ve built up this picture, but, ... God’s promise is that he will give you your desires. (Session 6).
Pam’s image had no sexual content, but rather communicated the warmth and caring of a close relationship with a strongly spiritual aspect. This reflects Pam’s strong spiritual belief, as well as her emotional constriction, and perhaps some fear of resuming sexual activity.

Sue’s image of sensuality showed a spring bubbling up under a pile of rocks and overflowing (Artwork 20). She used the session to reclaim her genital area, which she had disowned since the rape.

...water warming up as it comes out of this very cold, dark place... and I had the sun beam coming down onto the water ... and because I had the water, and then I thought the water would be so cold ... your body juices and everything ... beams coming down ... the water being so cold and becoming warmer ... ja, I was concentrating on my groin area. (Sue, session 6).

For all three participants, intimacy was an area of considerable difficulty, a feature of PTSD shared by most rape survivors (Chapter 2:27). Their sexual dysfunction was linked to an intense fear of being raped again, a thought which was unbearable for all three participants.

Fear of the rapist returning
Sue described her fears about the rapist and his gang returning, which generated her fear about keeping her family safe inside the family home.

Because I believe that what’s to stop them just sticking a gun through the Trellidoor[sic] and saying open it? ... When they’re pointing a gun at your head what are you going to do? Say no? .... (Sue, session 5).

Sue’s had generalised her fear for the safety of her family to public places, as well as to Johannesburg as a whole.
And if they had to take my three year old and hold him hostage I mean that would ....... destroy me you know, and so you just think well Zoo Lake, middle of the day, four o’clock in the afternoon, traffic coursing by on Lower Park Drive, it’s not safe. (Sue, session 5).

Sue spoke about her fear of the police catching the gang and bringing them to court, particularly when a friend found their household goods at a house in Diepsloot. She was terrified that the rapist and his gang would return to repeat the attack if they were caught and brought to trial.

And [my husband] went with him to this house a second time and they didn’t do anything. And to me that was a huge relief because my biggest fear was that they would catch these guys and they would know that it was us ... and we’d then go to court where they’d give out your address and your name... (Sue, session 5).

John Vorster Square was the only place that had one-way glass, and they couldn’t get it together to get this guy from Honeydew police station to John Vorster Square to do an i.d. parade, and I had to say to [my husband] “if you don’t do it behind glass, you don’t do it at all”. (Sue, session 5).

Gilly shared Sue’s distrust of the South African Police Service and their ability to protect victims of crime, and related her experience of having to identify a bag snatcher in an identity parade.

Gilly: Tap-him-on-the-shoulder! And I walked down the row and I’m looking at them and I start perspiring, and eventually I go and stand in front of this guy and now I know it’s him.

Anni: Hmm

Gilly: And he says to me under his breath (whispers) “if you touch me, your family are dead” so suddenly I had a lack of memory (laughs). (Session 5).
Gilly refers to the fact that, should the survivor recognise their attacker in the identity parade, they would be required to touch him on the shoulder to formally identify him, a procedure required even of child rape survivors (Ewing, 2003). The thought of having to do this evoked high levels of anxiety for all the participants. Pam and Sue’s fear of being identified during court procedure, the South African Police Service’s inability to ensure their safety, the likelihood of their rapist escaping from custody or jail and attacking them again all added to their terror around the SAPS investigating their attacks. This lack of faith in the police and judicial systems perhaps go some way to explaining the underreporting of violent crime in general, and of rape in particular, in South Africa.

Forgiveness of rapist

Pam was the only participant to speak of forgiving her rapist, and of distinguishing between the man and the behaviour in order to do so.

Pam: And looking at last week’s session ... for me it was very interesting because I could look my thing and I could say OK I don’t want revenge but I have forgiven you and yet I was ... for me to destroy that was ... it wasn’t a paramount thing

Anni: Hmm

Pam: I didn’t want to jump on mine, but I could happily jump on yours and I could happily jump on yours ... so for me that’s a very interesting aspect from a Christian point of view, that you can forgive those that have done you wrong... although I know that to forgive, to forgive, you say you owe me nothing... and yet what you’ve done is still wrong and the law should take it’s course and you still need to be taken out. (Session 5).

The influence of Pam’s strong Christian belief is probably important in this area. She makes the distinction of being able to forgive her own rapist, but of her continued anger towards Gilly and Sue’s attackers.
View of the art therapy experience

The participants’ perception of the art therapy group seemed to be positive. Pam commented on the relief of being able to tell the story about the rape without worrying about the response of the people she was talking to.

*I actually find I’m so hyped up by it [the group art therapy process] I think I’m a danger on the road [after the session] (laughter, unison) to me it’s so wonderful... hearing other people’s stories and to talking about it... Yes, talking about it...being able to draw it, I can also feel myself, the emotions that I felt, afterwards, and I couldn’t put a name to them.* (Pam, session 4).

Gilly also spoke about the process of confronting aspects of the rape that she had not allowed to surface before, and of how difficult it was for her. The group art therapy evoked many emotions for her, and she experienced considerable pain during and between sessions.

*Up until a short while before this therapy started, I believed that I had made peace with the rape & the resulting “issues” – how wrong I was! I am very pleased that I can feel – however painful.* (Gilly, journal entry after session 5).

*It opened up areas that I hadn’t looked at, [that] I hadn’t been willing to go through, I had to do that in order to survive.* (Gilly, session 7).

It is seemed that the group provided a safe space for Gilly to explore the rape, her search for answers and her difficulty in coming to terms with the attack. The other group members were tolerant of her need to tell long stories, as well as her alternating forcefulness and expressions of deep emotional pain.
Sue’s view of the art therapy group was her fascination with the way in which the images came together for her. She makes the point that art therapy reveals material around the traumatic experience that the participant may either have blocked off or had not previously recognised.

Looking back over the last seven weeks, and reflecting on the artwork, the thing that stands out most in my mind is how the pictures came to be. In three sessions (1, 2 and 6), the image came to me during the visualisation and was very clear and defined. In the other three however (3, 4 and 5), Anni said to start drawing and see what happens. The interesting thing is that those three sessions were very unexplored areas for me. (Sue, journal entry after session 6).

Within the ‘unexplored areas’ lay a dilemma for me as art therapist and researcher. Sue produced what appeared to me to be a graphic representation of her position during the rape in her final artwork, on the theme of reclaiming sensuality and sexuality (Artwork 20). She did not seem to recognise it, and nor did the other participants. In the postmodernist tradition of non-interpretation, I did not point it out. It seemed that this material was now just below the level of consciousness, and pointing it out could have been devastating for her. Also, as it was the last session of the art therapy group, it was not the time to open up new material.

I have loved the [group art] therapy and believe that it is truly beneficial to rape survivors (or VICTORS as my husband calls us!). (Sue, journal entry after session 6).

Sue’s concluding comment in her journal indicates her satisfaction with the group art therapy process. The emergence of new material in her final artwork perhaps confirms my sense that the original outline of seven sessions was not long enough. Alternatively, it may simply indicate that the recovery from something as traumatic as rape is life long, as new levels of awareness and new memories are released.
4.6.1 Personal themes

The themes in this section were referred to by individual participants in the study. They may have relevance to other rape survivors, but are mostly constructed around personal meanings.

**Resources used during the rape to survive**

**Husband’s presence during the rape**

Sue was the only participant who was married and who was not alone during the rape. The presence of her husband was a great source of strength during the experience.

*Then these people were scrambling, and smothering me, scrambling to shut me up, so that was what I woke up to and I didn’t know if my husband was there. I thought that I was alone and it was [an] awful, awful experience. Once he came through, I just got so much strength from that… And so I always think of it as our rape, it’s not my rape, it’s our rape. He was there, he was as much a part of it as I was.* (Sue, session 3).

*What came to the fore, however, was the strength of my relationship with [my husband] and being able to communicate together.* (Sue, journal entry after session 6).

This contradicts research by McCahill, Meyer and Fischman (1979) which found the married women still living with their husbands experienced greater adjustment problems than other rape survivors. However, it seems unlikely that the husbands in McCahill, Meyer and Fischman’s study were present during the rape, which may explain the discrepancy.
Fighting back to resist the rape

Gilly fought back fiercely and resisted her fiancé physically during the rape.

Gilly: I was very strong, very fit, very healthy person and yet I couldn’t do anything to protect myself. I couldn’t do anything to stop this from happening (inaudible) and because of my strength there was more violence.

Anni: More violence?

Gilly: Because I fought it, I got more hurt.

Anni: Yes?

Gilly: So, as a result, my voice is… I can’t scream, ahm … I had cracked ribs, I had bruises all over, I had marks around my neck (inaudible) I had bashes on my head (laughs). (Session 3).

Pam said that she believed that women who had more physical injuries after being raped received more attention and compassion, perhaps revealing her regret for not receiving care and sympathy during her recovery, and her envy of those who are able to ask for nurturing.

Blocking off the experience of the rape as a way of coping

Gilly described her unconscious blocking off of the rape experience, to the point where she had no memory of what had happened and did not realise that she was pregnant.

I couldn’t tell anyone. I thought I’d die of shame, I was too shy, it’s not right, no one would believe me.

(Gilly, session 7).
Extensive uterine bleeding alerted a workmate’s attention to Gilly’s condition, and this resulted in a medical examination, two traumatic psychiatric assessments, hospitalisation and, finally, the termination of her pregnancy. She described the emotional numbness that followed the rape.

*I saw myself hiding in a cave, and to a degree, I’m still doing that… for, probably, probably about a year after that… phew… (laughs, blows nose)… The reason that I couldn’t put together at that time was because I had blocked it off so nicely, the only thing is that I was sore sore sore sore (inaudible) and I thought OK, so be it, it’s just an experience, it’s cool… I felt that I was living in a tunnel where there was a tiny little light at the end of the tunnel, OK, that thing in there at the end of the tunnel (points to drawing) I don’t know how to draw tunnels, it was like a tunnel in the air, and at the end a little light and I was walking along that long, long tunnel and eventually I would get to that light, I knew that I would get to that light. Nothing made me happy, nothing made me sad, nothing affected me, nothing made me cross, OK? I just functioned.* (Artwork 12).

Pam found Gilly’s image of the cave compelling, and spoke of the version of withdrawal that she had experienced after the rape.

*Pam: I, I related a lot to your cave, and to what your cave represents, and I understand why… the one point that came into my mind was that is this actually didn’t happen, it was a very strong thought, it didn’t happen and I’m just trying to draw attention to myself and I must take hold of myself today.*

*Anni: Hmm.*

*Pam: And I have to deal…with a lot of that, I realise I could have withdrawn into a cave…(inaudible) it is so easy to allow yourself to be sucked into that cave, to stay…(Session 3).*
Pam’s concept of the cave is different from Gilly’s in that it incorporates the depression, disbelief and self-blame that she felt around the rape experience. A comparison can be drawn between Pam’s road of guilt (Artwork 5) and Gilly’s cave of withdrawal (Artwork 12). The difference between the metaphors can be expressed as Pam’s road of guilt signifying a process, a movement through negative feelings, with the option of turning off the road into something more positive at some point. Gilly’s cave of withdrawal has a much more immobile quality, with little chance of moving through the feelings, as the only way out is the way she came in. The tiny light symbolises a small glimpse of hope, but the cave has a darkness and claustrophobia (as well as safeness) that is hard to escape from.

**Consciously distancing oneself from the experience**

Sue spoke of how she had recalled hearing an account of survival by a rape survivor, and had used the same technique, consciously removing herself from her body during the rape in order to survive it.

> You know, Alison, the survivor whose throat was cut, in Port Elizabeth, who got stabbed... and as he was raping me, my subconscious spoke up very clearly and said ”Alison said they did it to her body, and not to her mind” and that’s what helped me get through the rape... Because I think that if I had concentrated on what he was doing to me, it would have made it that much more difficult to, to, you know, handle the actual whole process. (Sue, session 3).

Sue’s coping mechanism of accessing information on survival from her memory during the trauma experience differs from Gilly’s dissociation in that it was done consciously, a cognitive technique derived from another person’s experience.

> In session 3, I had always thought to myself that having heard “Alison” speak and remembering her words of “they are doing this to my body and not my mind”, was what saved me...
Gilly and Sue can be seen as representing the active and the passive ways of dealing with the rape trauma. Sue’s active response may be linked to her positive levels of self-esteem after the rape, as she responded proactively to the attack and to the process of recovery, enabled by the presence of her husband (concluding interview).

**Post-rape feelings**

The participants described their feelings after the rape. These feelings included guilt, anger, resentment, fear, pain, sadness, hurt, shame, depression and shock. Gilly eloquently describes her emotional state immediately after the rape in her journal.


The freshness of the description after seventeen years is striking, perhaps due to her not having explored the rape, or her reaction to it, in the intervening years. She describes her depression and suicidal feelings in the weeks after the rape.

*I mean it got to the point where... I think I would be better off sitting in a puddle of mud (laughs).* (Gilly, session 5).

Later I felt suicidal & had my dog not jumped into my lap and cuddled into me while I was sitting on the floor in my lounge I may very well have shot myself, everything was already in order! I love my parents and brothers but they did not feature during that period. (Gilly, journal entry after session 4).
The participants all spoke of living in fear since the rape. For Sue, this has taken the form of being afraid of being outside, particularly of her and her children being out in the garden or in a public space (Artwork 17). This is rooted in a fear of not being able to get them inside again quickly in order to ensure their safety. She was living in a townhouse in a security complex, which had extensive security equipment, including an electric fence and electric gates, but this did not diminished her fear of being outside.

*Anni:* Hmm, hmm. And if you relate your fears around being outside and then bringing the kids inside, looking back to the rape experience, you can see the connection there?

*Sue:* Oh definitely, definitely, without a doubt!

*Anni:* Cause it’s interesting for me that the rape happened in your bedroom.

*Sue:* Hmm. It is people getting in.

*Anni:* But your fear is, but your fear is of being outside (inaudible).

*Sue:* It’s the fear of someone ... coming into my garden where I can’t get us inside quickly enough to get away from them. (Session 5).

Pam identified with Sue’s fear and described her own efforts to keep her daughter safe in the months after her attack. Pam’s fear resulted in rituals of locking her daughter in the car, checking her home for intruders, and of sleeping with the lights on to help with her difficulty of falling asleep.

*I can relate to the feelings ...I can remember living in a little house, in the middle of nowhere, on a farm ...but I can remember going ... collecting my kid from the crèche, driving home, I jumped out, locked the car, go into the house, check all round the house to see that everything was OK, quickly go out again, unlock the car, take my kid in and lock again...So I know those kind of fears that you’re living with...Quickly look through the house and see if the environment is safe and then take them in, I appreciate that (inaudible) I’ve been there too, I couldn’t sleep*
with the door open, and I remember about two weeks after my incident, going to bed at night ...
I had the lights on at night to sleep, and I thought, “if that’s what you need, that’s fine”. (Pam, session 5).

Gilly’s post-rape fear was of being trapped inside, a logical response since the attack happened in her bedroom. It still affected her in terms of sometimes feeling trapped when in conflict with others.

Gilly: I felt safer outside because I could run, I could get away, I could pick up stones or sand, I could throw it at them, I could do something, you know ... I could do that, it was better than inside, where I was trapped.

Anni: Hmm, inside was harder.

Gilly: And also now if I’m in, if I get very angry or having an argument with somebody ...if I’m angry and you close my space, I, I actually turn violent. (Session 5).

It became apparent that some of the feelings evoked by the rape still affected the participants at the time of the study, and in the completion interview a year later.

You know to get out of their way, they are prepared to shoot you. So leaving windows open next to doors, if the door’s open, not so much during the day, during the day I’m fine, but at night time I can’t go to sleep if the door’s open. (Sue, session 5).

Sue stated that she still has problems going to bed and getting to sleep because of her memories of the rape and the fear she feels in her pre-sleep state. This is perhaps more intense for her than for the other participants as she was sleeping when she was attacked.
The post-rape feelings recalled by the participants all seem to be readily evoked by cues associated with the attack, despite the number of years that have elapsed since the rape for all of the participants. Falling asleep was difficult for all three, perhaps because of the fear associated with not being able to maintain hyper vigilance.

**Coping a little bit at a time**

Gilly and Pam spoke several times of how helpful it was for them to deal with the trauma and recovery from the rape bit by bit. Sue made no comment on this, perhaps as she seems to have utilised a more proactive way of dealing with the rape trauma, enabled by her husband’s presence during the rape.

*I keep myself busy and try to deal with things as I am ready.*

*(Gilly, journal entry after session 2)*

O.K., it’s just a matter of how you cope with them and how you deal with them. You either deal with it there and then, or you put a blanket on it, and deal with a little bit at a time ...

*(Gilly, session 4).*

*Pam: When I was a teenager; ... when I went through it, I would deal with the next five minutes, that’s all you have to do.*

*Anni: Hmm*

*Gilly: That’s what I’ve been doing this week.*

*Pam: And even in that time when I couldn’t, I’d just deal with the next minute.*

*(Session 4).*

*Pam: ...when you read a book, do you read it straight through or do you sometimes, put it down and come back to it?*
Anni: Sometimes you put it down and you come back to it.

Pam: ...it goes into the cupboard (in unison/laughter) that’s fine, it’s fine, no problem to go back to it, pick it up again and carry on with it. (Session 4).

This talk of dealing with the trauma bit by bit is interesting as neither Pam nor Gilly had sought trauma debriefing or psychotherapy before the group art therapy to deal with the rape, though they had briefly belonged to a rape survivor’s group. Perhaps the ‘bit by bit’ refers to their own internal process of allowing themselves to think about the rape intermittently, and their willingness to consider the effect it has had on them. I suggest that this process of internal regulation may help to give some sense of control over the overwhelming experience of rape, and assist with recovery, rather than indicating denial.

The process of recovery from the rape

Pam describes the process of recovery from rape in her drawing from the second session. Pam likened the period of dealing with the negative feelings associated with the rape to “travelling the road of guilt”. Her drawing shows a straight road, drawn in vivid ochre, orange, red and purple wax crayon, starting among greenery, travelling through a bloodstained area (carmine red watercolour applied over wax crayon greenery) and becoming narrower and darker (Artwork 5). It ends in the “dried, burned out places”, represented by a charred forest, drawn on a red ground, the realm of no hope, of depression and suicide. Just before the charred forest, a small path turns off the road to the right. At this point, the rape survivor can choose to take the “more suitable road, which turned into a sort of a waterfall, coming into a river”. Pam described this as the phase of forgiving the self, and of choosing to return to “the river of life”. Her choice of a waterfall as the entry to the river of life is interesting, as it perhaps represents the frightening rush of energy and stimuli that confronts the trauma survivor on their return to everyday living.
Next to the river of life is a large, fruitful tree, with red hearts hanging among its fruit. Pam variously described this as love, as God’s love for her, and the love of those around her. Next to the fruitful tree stands a small leafless tree and, on the other bank of the river, a tree with some leaves and one red heart among its branches. These trees perhaps represent the stages in her own recovery.

So for me, it was a road that you go down, and you have to, at some stage, get off that road and get back onto a more suitable road, which turned into a sort of a waterfall, coming into a river, which is what I wanted to be. The road of guilt only gets to dried, burned out places... You’ve got to get off [the road of guilt] and on to the river of life ... and so for me, my tree represents – I want a lot of fruit on the tree, I want a lot of love on the tree, I want to get off the road of guilt. (Pam, session 2).

After I was raped, I am a sensible person, I have a very good brain, and I will not allow this to affect me, but you know, it actually did. You’ve got to go down that road. (Pam, session 2).

Sue described her reluctance to enter the pain during the first year of therapy, perhaps validating recent theorizing on trauma treatment that proposes early intervention is ineffective.

Like after the rape, I went to a very gentle therapist who just said “take your time” and for a year, we didn’t discuss it. Then I went to a trauma therapist, a specialist, and he said “Come, let’s get to it”. He used the penis word, and, it was awful while you were in there, but you walked out, feeling like something had shifted, you felt better. (Sue, session 1).

On reflection, Sue concluded that she had been ready to deal with the rape earlier, but that her first therapist had not been a trauma specialist, and had been reluctant to confront the issue of the rape (Sue,
completion interview). This perhaps demonstrates the desirability of referring rape survivors to traumatologists for specialist therapy.

Sue also described her way of dealing with telling family, friends and colleagues about the rape, by calling a meeting and telling the story of the rape in some detail.

...the fact that I had sat down with colleagues and friends and told them exactly what had happened and therefore ended any speculation before going back to work. I do believe that this assisted strongly in the healing process but had never thought of how effective it was for me. It is something which I would strongly recommend to other rape survivors. (Sue, journal entry after session 6).

This approach was effective for Sue, with her extravert personality style, active way of coping and with support from her husband. It prevented rumours from circulating, and created a context, at work and at home, in which talking about the rape was accepted and even encouraged. Sue said that she thought that having her husband present during the rape had made it easier for her to accept the reality of the rape, and to deal with it pro-actively (Sue, concluding interview).

Sue spoke of the progress she had made in recovering from the rape and the fact that it has now receded in importance in her life. She (and other prospective participants) expressed some reluctance to re-engage with memories of the rape as they now thought they completed some healing and had some distance from the pain of the rape experience.

A few years ago, the rape always stood foremost in my mind. Initially I would think of it all the time, then at least once an hour, then once a day, etc. I am now in the position that I perhaps
think of it every week to two weeks and then it is only a glancing thought as opposed to a long and ponderous thought process. (Sue, journal entry after session 6).

For Gilly, the after effects of the rape still affect her way of interacting with people.

*I separate logic and emotion too easily & apply this to my friendships and relationships.*

(Gilly, journal entry after session 6).

The split between feeling and thinking was evident in Gilly’s artworks in the way she drew a center line and placed an image in each half in the second and third sessions (Artworks 7, 11). We discussed why she does this, and how it works for her, and she expressed a desire to stop splitting her feeling and thinking in relationships. Now that she is conscious of it, she may continue to work on it to recover her spontaneity and connection with others. Gilly spoke of entering therapy at the end of the group art therapy, in order to work on this and other facets of her life that she is not happy with. She reported that she no longer separates thinking and feeling in the concluding interview, and ascribed this to her forgiveness of herself in the course of the group art therapy intervention.

Sue spoke of the struggle that she has each year as the anniversary of the rape approaches. She describes her tendency to somatise the anxiety that she feels at this time.

*Next month is the sixth anniversary of our attack. I am a very “date” kind of person and the date this year falls on exactly the same day (i.e.: Thursday night into Friday morning) as the actual attack. In the past I have always come down sick about two days before the attack anniversary and on occasion have suffered with problems breathing and claustrophobia etc.*

(Sue, journal entry after session 6).
Sue requested an individual art therapy session with me in the days before the anniversary of the rape as a way of dealing with her anxiety and fear. Unfortunately, this was not possible, but the proactive manner in which Sue dealt with the anniversary indicated her commitment to her own recovery. Sue’s concluding interview occurred on the anniversary of her rape, a year after the group art therapy intervention. She was excited that she had mistaken the date of the attack in telling a friend about it, and that she had not become ill in the days leading up to the anniversary. She concluded that her recovery was advancing satisfactorily (Sue, concluding interview).

The bodiliness of the rape experience was evident in the comments made by the participants about their attack. Gilly's revulsion and avoidance of sexual contact, resulting in her post-coital vomiting, are perhaps evidence of this. Sue's difficulty with the physiological cues linked to intercourse and Pam's avoidance of any intimate relationship since the rape suggest that the complexity of physical, psychological and spiritual injury may contribute to the extreme difficulty of recovery from rape.

This brief review of the different strategies used by the participants once again reflects the individual nature of recovery from rape trauma. Some strategies are more successful than others, for example, active strategies seem to be more beneficial than passive ones. Whether the rape survivor is able to engage an active response after the initial period of numbness and immobility seems to be dependent on the pre-morbid personality of the rape survivor, as well as the relationship to the rapist, the context of the rape, the support available to the rape survivor, as well as her own ability to access this support.

**Creating a safe inner space**

The participants were asked to create an image of a sanctuary, a safe space in nature in the second session. This took several forms for the participants, and the differences were very interesting. Sue chose an existing place, somewhere she had felt safe as a child (Artwork 6), whereas Pam and Gilly
created imaginary safe places (Artworks 5 & 8). Sue chose the family farm that had been an important part of her childhood.

That is a farm that my Mom used to own in the Waterberg. To me it is the place that symbolises peace and tranquillity and just thinking about it... So it symbolises peace, and being able to be at peace with myself. Looking out at the beauty of it was very symbolic... It brings a feeling of tranquillity to me – not of security, because I don’t think you can ever feel really secure in Johannesburg – but it brings tranquillity – the beauty of it comes back. (Sue, session 2).

Gilly created a shady waterfall with abundant plants growing around it. She was critical of her ability to create the image (Artwork 8).

The light dancing on the water as it’s coming down – light filters through the trees. It’s a very quiet place, very peaceful, very natural (inaudible) Supposed to be a stream of silver – but I didn’t get it right. (Gilly, session 2).

Pam drew her path of recovery, and within it, the safe nature space was shown as the river of life, flowing past an orchard of trees full of fruit, blossoms and hearts (Artwork 5).

You’ve got to get off and on to the river of life, so that’s what I went through as I was doing it (inaudible). I liked the watercolours I used. I enjoyed the serene colours and textures. (Pam, session 2).
The recovery of hope and new beginnings

The recovery of hope emerged as a thread in the first session in which the visualization was on the idea of ‘making my mark in a new way’. Pam and Sue spontaneously mentioned this in the first session. The phases of the moon were used by Sue as a symbol of new beginnings in session one (Artwork 1). She used daffodils as symbols of freshness, optimism and life (Artwork 2).

It’s very much a new life… I was thinking when I was drawing it “I should be drawing a new moon, you know, a sliver, which is no moon”, but I think it’s a beautiful, beautiful thing…. It just creates a light of its own, it ties in with the whole, the new step forward, a new light. And the daffodils, they have such a light. I drew daffodils coz daffodils are such a symbol of newness and hope and life. (Sue, session 1).

Pam also spoke of new beginnings in session one, representing them as seascapes and intricate geometric patterns (Artworks 1 & 2).

Yeah, it’s funny, my job’s coming to an end, too…it’s a new start for me, I work for my father, at home, and he’s retiring, so I have to…start something new….I’m not sure. (Pam, session 1).

Pam’s seascape seemed to reflect her preference for stability and calmness, though she accepted the need for change and new beginnings. Pam returned to the thread of the recovery of hope in both sessions 2 and 3.

Pam: …you know I wanted the confusion, and the anger, and the everything, down at the bottom, in the black, but I wanted it to grow, and I wanted it to grow into something.

Anni: Mmm
Pam: In the black and that. But I wanted to sort of growth. Ahm, I wanted it to grow into something different.

Anni: Hmm

Pam: It became a different thing, something growing. (Session 2).

In the artwork in this section, Pam seemed to describe the possibility of hope and healing emerging from the negative emotions associated with the rape experience. She referred to this again in session 3:

Pam: It was a horrible thing to happen but I, I feel like I’m a better person for it, I’ve grown out of it, I’m continuing to grow out of it (inaudible).

Anni: Something good came out of it, you can see it in the picture.

Pam: Ja.

In the image she is referring to, she has shown a tiny seed sprouting from out of the black stuff (the confusion, anger and horror of the rape) growing into a seedling, eventually becoming a full-sized tree with abundant fruit and hearts, signifying love, and God’s love for her in particular (Artwork 9). This may be interpreted as a sequence representing hope that good can come from suffering, in the form of her faith and her recognition of her own limited emotional expression:

How I as a person...have been... shackled by my emotions... I see myself as a cripple, an emotionally crippled person... I’m still learning how to deal with anger... and that’s basically my growth point at present, learning how to let go of my anger and how to enjoy life.

(Pam, session 5).
Pam saw the emotional constriction that had existed for her from childhood with more clarity since the rape. She described her troubled relationship with her mother and the anger she had felt in response to her mother’s manipulative behaviour. She regarded this process as a positive result of the rape and another form of new beginning.

**Longing to create a healthy intimate relationship**

Gilly and Pam both expressed their wish to create a healthy relationship with a partner. For Gilly, the issues with trust and commitment have produced a string of unsatisfactory relationships. She conceptualises a relationship primarily in sensual or sexual terms. Her image of reclaiming sensuality is of a pretty woman in a classically seductive pose, but with an innocent face and a covering veil of palest blue. Her image perhaps sums up the conflict between the injunctions against sexual behaviour learnt in childhood and her desire for intimate connection and sexual expression.

*I would like to be loved. I would love to be in a healthy relationship and know how to do this successfully. (Gilly, journal entry after session 2).*

*Emptiness – something vital is missing from my life. Unsuccessful partnerships / relationships. My own fear of commitment. (Gilly, journal entry after session 6).*

Gilly commented on her experience of potential male partners either being horrified by the rape, or obsessed by it. She concluded that it was wise to tell partners about the rape only when the relationship had already become a stable one. The fact that Gilly had not been in a satisfactory relationship since the one that ended in the rape as she approached forty at the time of the intervention illustrates the deep and pervading emotional damage that she incurred during the rape. Gilly arrived at the concluding interview a year later with her boyfriend of nine months, and spoke of her happiness in this
relationship. She thanked me for helping her to reach a point at which she could create a relationship through her participation in the group.

For Pam, her withdrawal from people after the rape has probably contributed to her still being single. She has an ideal partner in mind, and her artwork shows a vision of what this relationship could be like. Her image shows that her concept of sensuality has a strongly spiritual quality, with little or no physical or sexual content (Artwork 19).

*Anni:* And the idea of, of entering into a sexual relationship, you know being that you haven’t experienced that since the rape?

*Pam:* I’ve, I’ve built up, in my mind the sort of person and how he will react (inaudible) and I’m a little bit worried... so often in life I've built up this picture, but... and the colours, pale colours...I think it’s a ...a very individual thing, what sensuality is ... *(Session 6).*

Pam’s image and her comments express the anxiety which is probably common to rape survivors: the challenge of overcoming physical and emotional cues in order to create a healthy relationship.

**Changed perception of self**

Experiencing a trauma as invasive and violent as rape seems to produce a change in the way the rape survivor views herself. Some of these changes are temporary, some are more permanent. Gilly discussed the feelings of worthlessness and powerlessness she experienced after the rape.

*That was the scary part as well... “I’m worth nothing”...we all go through that.* *(Gilly, session 2)*
I also felt afterwards as well that you are powerless...not “no worth” – “zero worth”.... It took me a long, long, long time to, every now and again it comes back. (Gilly, session 2).

Gilly spoke of the derogatory terms in her journal entry after session 2, which she used to describe herself after the rape, "worthless, zero worth, contaminated, numb", as well as the barriers that she had placed around herself. These comments reflect the shame, depression, denial, poor self-concept and lowered self esteem observed in rape survivors (Burgess & Holmstrom, 1974 ; Libow & Doty, 1979) and the social isolation and interpersonal difficulties of rape survivors (Ellis, et al., 1981).

Survivors commonly experience a fear of death or serious injury during the rape, according to Kilpatrick and Veronen (1984). Both Gilly and Pam spoke of the sense of having died in the course of the rape, though in a symbolic, rather than realistic, way.

...it's like I had no control...and vanished, I used vanishing cream, and it worked!

(Gilly, session 3).

I was numb / dead. Betrayed. All my securities shattered. My self-image shattered. All consuming nothingness. (Gilly, journal entry after session 4).

I, I basically died and I’m now a plant and I can come up, and if anything is wrong... it’s quite OK, I’m just a little tender; tiny little plant coming up and that in the Christian thing, all old things are cast away, you’re a new creation. (Pam, session 3).

The perception of symbolic death that Gilly and Pam share may stem from the numbness that seems to be a psychological response to the trauma of rape. It may also be attributed to the sense that one will never be the same again after the rape experience. For Gilly, the numbness was still present, and the
return to feelings around the rape during the art therapy group seemed to be uncomfortable and scary for her. Gilly reported a noticeable reduction in occasional feelings of “nothingness” in the concluding interview, something she had been terrified of previously.

For Pam, the loss of her sense of immortality was represented in spiritual terms, in her metaphor of her old self dying in the course of the rape, and of being reborn in Christ. She represents this cycle of death (symbolised by burning) and rebirth twice in the art works she made in the current study in the form of charred earth (Artwork 5) and a fireball of anger (Artwork 16) followed by the life cycle of a flowering plant (Artworks 5, 9 & 16). She used a quotation from the Bible in her image “the promises of God are ‘yes’ and amen” to characterise this cycle of death and spiritual rebirth (Artwork 9).

Sue saw the death aspect of the rape differently from Gilly and Pam. She seems to have been more in touch with the desire to live that was evoked by the rape, rather than the death of feelings or of the old self.

Sue: Ja, but I, I think, I dunno, I’ve got to disagree with you, I got a different (inaudible) because before I was raped I thought I would rather die than be raped. I would not be able to live through it. But when you are in the situation where you do get raped, and you’re threatened with death and I will kill you if you don’t open your legs, you will do anything ...

Gilly: I know

Sue: Because your will to survive is so strong.

Anni: Hmm.

Sue: That if it means being raped ten times you will get through it, because you need to survive. (Session 3).
Pam’s experience of the rape had produced a lot of self examination over the years. She came to the conclusion that she had been emotionally inexpressive and that this was something she needed to change.

_How I as a person…have been… shackled by my emotions… I see myself as a cripple, an emotionally crippled person… I’m still learning how to deal with anger…that is the epicentre of my life at the moment, learning how to release it, safely, and recognising that my anger’s always been held down, it’s been oppressed and repressed, and that’s basically my growth point at present, learning how to let go of my anger and how to enjoy life._ (Pam, session 5).

Gilly’s self-esteem was greatly reduced after the rape and the abortion, and she judged herself to be contaminated and devalued. She became depressed and withdrawn, despite having blotted out all memory of the rape.

_I felt dirty, I felt as though I was a second hand person, you know, degraded._

(Gilly, session 3).

_My personality changed, OK. I don’t know why, my friends and my family, just all said “where are you, you’ve disappeared” and I couldn’t remember what had happened, though I tried very hard, but, I couldn’t… (cries)_

(Gilly, session 3).

Over the years, Gilly tried to ignore the rape, concentrated on her work and avoided social contact.

_My work became my life & all my energies & dedication were work related. Relationships came last (with the exception of my family)._
She has struggled with relationships, including friendships and those with her colleagues, because of her fear of connection and being hurt. This can represent another form of death as a consequence of the rape, that of social death, of being perceived differently by family and friends when they learn of the rape. Winkler (1991) describes this in terms of the rape survivor’s self being socially constructed in a different way because of blame for the rape. Perhaps the ‘just world’ assumption that ‘only bad things happen to bad people’ contributes to the difficulty of treating rape survivors in the same way after the rape (Janoff-Bulman & Frieze, 1983). The thinking may be “If I admit that rape can happen to an innocent women, then I admit that it could happen to me. If I do so, I would then lose the imaginary protection of the ‘just world’ assumption”.

The ‘social death’ of the rape survivor can lead to her developing new patterns of interpersonal behaviour, as described by Gilly.

*I’ve become independent, too independent, I’ve become strong headed and to a degree, sometimes difficult..., I have put barriers around myself, with certain people...for good reason, I dunno,... I find it very difficult to have decent relationships.* (Gilly, session 3).

Post-rape changes are not all negative. A positive consequence of the rape trauma is that Gilly trained as a first aider, and she has done a lot of counselling work with trauma and rape survivors. She ascribed her compassion, understanding, sensitivity and listening skills to her survival of the rape.

*It’s taught me to grow, the understanding, It has helped me to find compassion. It has taught me a lot of understanding and it has taught me to listen, to not to the words that people say. I’m*
aware of a lot more, but also my senses are heightened to the point that am sensitive to things…
to what they are feeling. This is the first time I’ve spoken about it. (Gilly, session 3).

Gilly’s discussion of the positive changes in herself, mainly due to her decision to work as a paramedic. Her increased empathy, sensitivity and compassion are striking, but only seem to be directed towards those who themselves have recently experienced trauma.

Sue compared her pre-morbid personality with her post-rape self in the concluding interview. She described herself as vibrant and outgoing, with a need to prove herself before she was raped. Afterwards, she thinks she became “quieter, calmer, not needing to prove myself, and just glad to be alive”. She thought this was a positive change, and thinks that she gets more out of life now. Pam, Gilly and Sue’s experience show that rape can have positive effects, though these seem to be greatly outweighed by the negative effects on the self.

4.7 Personal reflection on the data analysis process

One of the advantages of qualitative research is the accommodation of different explanations for the data, along with the acknowledgement that another researcher might draw different conclusions when looking at the same data with the same methods. I have resisted the tendency to oversimplify the explanations for the exceptionally rich and complex data that the study produced. I retained strands of meaning that emerged in the material produced by only one group member, for example Pam’s ‘road of guilt’ metaphor. This decision highlights the fact that the interpretation of the data is bound up in the ‘self’ of the researcher. Van Leeuwen and Jewitt (2001, p.25) refer to this as ‘going beyond the data’ in that the interrelationships between images and text, the definitions and quantification of the images may risk not leading to valid inferences. Such interpretations, may, however, be helpful to the readers of the research study, despite such risks.
I have made the categories of the data analysis as precise in their definitions as possible, and devised objective criteria for the theoretical concepts used in the content analysis (Kress & van Leeuwen, 1996). This was in order to make the definitions unambiguous, and to assist in assigning visual and verbal data to certain categories. The question for me was ‘does the piece of data fit the category, or am I stretching the category to fit the data?’ In short, was the method measuring what it was supposed to measure, and was the analysis valid? The interwoven nature of the participant’s physical and psychological responses, social surroundings, the researcher and the group art therapy process often made the allocation of data difficult.

All visual / verbal semiotics and data analysis may be criticised as being subjective in nature. I had to make decisions about grouping threads under theme headings, and the sequencing of the themes in the process of writing up the research. I became aware that the way in which the themes were presented might change the threads of meaning found in the data and spent some time deciding on the order of arrangement (Denscombe, 2001). Presenting the research in a doctoral thesis required me to make decisions about whether to try to represent the full experience of the participants in the study, or to produce a clear, concise, readable account of the study. My decision was to make the report of the study was full as possible, but with judicious pruning to make it comprehensible and readable.

The concluding interview took place one year after the completion of the intervention, due to the complexity of writing up the data analysis. Pam was not available for the concluding interview. Sue and Gilly were able to attend, but were apprehensive about reviewing the material. Gilly needed considerable reassurance and encouragement before she agreed to attend the concluding interview.

I checked their emotional response occasionally during the interview, and offered to do follow-up therapy if they felt it was needed. Sue was pleased that she had started to mis-remember the date of the
rape, despite being “a very ‘date’ kind of person” and that she had not experienced the ill health in the days coming up to the anniversary of her attack that she had done in previous years. She judged this indicated that she had made considerable progress in her recovery. Gilly was excited to introduce me to her boyfriend of six months, and said it was “wonderful” to finally be in a relationship. She also told me that she had finally decided to tell her father and her brother about the rape immediately after the group art therapy intervention, something she had wanted to do for a long time. She thanked me for asking her to take part in the study, and said it had been very painful, but also very important for her recovery.

4.8 Conclusion

I have described the group art therapy process over the seven sessions and the response of the participants to the sessions in this chapter. I have explained my process of data analysis, first of the images, then of the verbal data, and the final triangulation of visual and verbal components. I have explained the identification of strands of meaning within the data, and the process of refining the categories of themes that emerged from the data. I have drawn conclusions about the way the participants represented their rapists in their images, including the power relationship between survivor and attacker and the intended impact of the images on the viewer. I have also assessed the visual modality of the artworks and drew conclusions about the response of the participants to the art therapy sessions.

I conclude that the participants experienced the benefits of the group art therapy process described by Liebman (1984, 1986) (Chapter 2: 67). The safe space to discuss painful feelings, the opportunity to express inner conflicts non-verbally, and the universality of their experience seemed to be of most use to the participants. Of the art therapy process itself, Gilly’s use of double images to express her splitting of emotion from physical intimacy in her relationships with men is an interesting example of art therapies’ ability to represent abstract, but visceral, dilemmas in a non-verbal or symbolic form.
The participants’ processes seem to reflect the three stages of accessing traumatic memories, examining and re-working the trauma in the art making process, reintegrating the memory and finally rejoining the world through interaction with other survivors described by Johnson (1987) (Chapter 2: 69). Overall, the value of women coming together for a process of healing, or ‘sisterhood’ (Chapter 2: 40) was acknowledged as very important by Gilly and Sue in their concluding interviews.

The themes that emerged in the data analysis are categorised in two sections: those common to most rape survivors, and those unique to the individual, as proposed by postmodernist views of rape (Chapter 2: 52). Each participant spoke about the particular changed structure of the self that they had experienced as a result of the rape (Chapter 2:52). The concept of bodiliness helped my understanding of the common theme of death related to the invasive violence of the rape experience, as well as the supreme difficulty of recovering from rape, and the difference in men and women’s experience of sexual violence. The impact of social discourses around rape on the participants, how they were treated by health practitioners, family and friends, was a vivid illustration of women’s disadvantage in Foucault’s concept of ‘bio-power’ (Chapter 2: 60). Using these postmodern feminist tools to view the data analysis process helped me to conceptualise the strands, themes and process of the intervention. As I wrote up the findings, the pluralism of the experience of rape and the inappropriateness of the existing dominant discourses and universal laws in this area of research became apparent.

The process of analysing the data brought me to consider my own position in the process, and to consider how my own situatedness had affected my interpretations. As an English, middle aged woman who has experienced physical and emotional abuse, my perspective is one of empathy with the participants and a desire to represent their experience fully. I found it helpful not to have experienced rape myself as I did not become overwhelmed by the intense emotion within the group, though I was moved by their pain. I was able to stay in my role of therapist and participant, and keep the group on track as far as process and time was concerned.
My social location affected my view of the participants and the research as I am from a different income group, have a tertiary education level, and an English cultural background. The participants had to explain some cultural references to me, and they would assume a deferential tone when referring to my studies and my role as therapist. Inevitably it seemed that there was a power relationship between us, despite my efforts to maintain an equal status.

I found the connectedness of gathering knowledge about the data and the group in a postmodern feminist study very exciting, surprisingly comfortable and familiar. This was in contrast to the difficulty I had experienced in writing about postmodern feminist theory. The process was pleasurably challenging in contrast to the grim struggle I have experienced in the quantitative research. The ‘fit’ between the final theoretical basis, the research question and the tools of analysis became congruent and made sense. I enjoyed the compassion and respect the postmodern feminist approach favoured, both between myself and the participants, and in the process of writing up the data. The concluding interview gave a chance to verify and substantiate my conjectures with all of the participants but Pam, and ameliorated my discomfort with making other women’s pain the subject of my doctoral thesis.
Chapter 5 Review of the current study

Where do these words spring
but from emptiness –
that deep interior pool,
where nothing exists
and all things matter.
(Burke, 1996).

5.1 Introduction
The concluding remarks in this chapter reflect on the importance of doing this study. This study contributes to the body of knowledge regarding the impact of rape, recovery from rape and the usefulness of group art therapy to rape survivors. The knowledge that it provides is of particular value as it is conducted within a South African context. Limitations of the study are discussed, and ideas for future research are presented.

5.2 Summary of the study
This thesis provides an overview of my personal process in conducting this research. I initially conceptualised the research in terms of Existentialist psychology, positive psychology and salutogenesis, with the emphasis on making meaning of the experience of rape, in order to create healing. The treatment modality was that of group art therapy. My interaction with the participants in the group art therapy changed my conceptualisation of the study to that of a feminist, postmodern orientation, so that it evolved into an observational, qualitative case study.

In this study, I have presented an overview of women’s position in South African society, of the phenomenon of rape, and of feminism and postmodern feminism (and their views on sexual violence) in order to contextualise the study. I have reviewed the destructive impact of sexual violence on
victims, provided a brief overview of PTSD (with a short assessment of rape-related PTSD) as well as a brief outline of models of recovery from rape trauma. I have also outlined the process and particular benefits of individual and group art therapy. In addition, I have provided a concise review of the current literature regarding art therapy with sexual trauma survivors.

I conducted seven weekly sessions of group art therapy with three rape survivors referred to me by a rape activist. Each session consisted of a guided visualisation, the making of images, a discussion of the images and the process of making them, and a brief assignment to be completed before the next session. I analysed the images produced in the seven art therapy sessions, the transcripts of the sessions, as well as the journals kept by the participants during the study. I identified themes which illustrated the participant’s use of the group art therapy process in their recovery from the rape trauma. I attempted to corroborate the emerging themes with published findings, noted themes that were not already published, and finished the data analysis with a final consultation with the participants to validate my conclusions.

A doctoral thesis, by definition, decontextualises the study it represents, lifting it into the realm of comparison with other academic research findings (Bolker, 1998; Denscombe, 2001). It has therefore, been a considerable challenge to retain the experience of the women in this study, and at the same time to fulfil the requirements of an academic thesis. In reviewing the content and process of the study, I derived the following themes: survival strategies and recovery from the rape, the use of symbols, themes related to the rapist, changes in relationships due to the rape, changes in the self related to the rape, and responses to the experience of group art therapy. They are presented in the following section, grouped under the headings of the two over-arching themes: the rape experience, and the experience of the group art therapy.
The final section of this chapter gives my thoughts on the strengths and weaknesses of the study, recommendations for improving the group art therapy outline, and recommendations for the therapist who wishes to replicate this study. It concludes with a reflection on the extent to which the study has achieved its stated objectives.

5.3 Main themes

In this section I will summarise the themes which emerged in the process of analysing the artworks, transcripts and journals produced by the participants. The data is divided into two sections under each of the two major themes: aspects of the study which are explained by the current literature, and aspects of the study which are not explained by the current literature. Within each sub-heading, the themes are arranged from the interpersonal (relationships with others, the rapist) to the intrapersonal (changes in the self after the rape).

5.4 The rape experience

The three participants expressed some similarities and some differences in their responses to the trauma of rape, both in the strategies they used, in the changes they perceived, and in the form their recovery took.

5.4.1 Aspects of the study which are explained by the current literature.

Changes in relationships with others after the rape

All the participants had experienced changes in their relationships with others after the rape. These changes were both negative and positive in nature. Two of the three participants had found it difficult to talk to family and friends about the rape. The third, Sue, had addressed the problem directly by calling a meeting to inform her colleagues and friends about the rape. Despite this direct action, Sue had a strong sense of being different from other people, in common with the other participants (chapter 2: 27-28). Published research in this area reports that rape survivors often feel stigmatised, that they
bear the responsibility for the rape, and that their consequent feelings of shame may affect their interactions with friends and family (Burt & Katz, 1987; de Silva, 1993).

Gilly and Pam's portrayal of the observing gallery illustrated their feeling of being judged by others, described verbally by them as they recounted instances of being judged, blamed, misunderstood or disbelieved. Brooke (1997, p.29) cites Spring as noting the link between "the disembodied eye, highly stylised eye, or tearful eye to guilt within the context of sexual abuse" in her research with rape and sexual abuse survivors when compared with art work produced by a control group of women who had not experienced sexual abuse, life threatening trauma or illnesses. Brooke (1997) also cites research by Dax, Garrett and Ireland, Hammer, Howard and Jakab, Nederlander, and Stember linking the frequent representation of eyes in artwork made by women dealing with sexuality and sexual abuse. The participants in the current study did not use eyes as symbols (whether disembodied, stylised or tearful) in their art work. It may be that the 'gallery of observers' (Gilly and Pam) performs the same function as the watching eyes for the women in this study, perhaps representing the survivor's guilt, shame and sense of being judged.

Survival strategies and recovery from the rape

The resources used by adult women to survive rape are classified by Herman (1992) as physical, cognitive or spiritual. Gilly fought back physically during the rape, and believes that she was hurt more because of this. Her emotional withdrawal into the cave / tunnel was a coping mechanism that helped her through the trauma after the rape, namely the multiple medical and psychiatric assessments, and finally the termination of her pregnancy. This unconscious withdrawal is described by Johnson (1987) as potentially problematic, as the trauma survivor may extend it's use to cutting off sources of help, including the therapist. This may explain Gilly's reluctance to seek help until seventeen years after the rape.
Sue's coping mechanism was to recall comments made by a rape survivor, to consciously disengage from her body, and to tell herself that the rape was happening to her body, not to her mind. *Conscious disconnection* from a traumatic experience is a well-documented technique, and has been associated with a quicker recovery (Burgess & Holmstrom, 1979). This active style of coping mechanism fits with Sue's optimistic personality type, as reflected in her calling the meeting to tell her colleagues and family about the rape, and her swift entry into therapy after the rape. Her active way of coping during and after the rape seems to have been facilitated by the presence of her husband during the rape.

In contrast, Gilly and Pam's pre-morbid personalities seem to have been much less adaptable and more introspective, resulting in their post-trauma silence and withdrawal from possible social support. All three responses seem to be examples of how the survivor's pre-rape personality influences her ability to come to terms with the rape (Cooperstein, 1999; Foa and Riggs, 1993; Kobasa, 1979; Kobasa, Maddi, & Kahn, 1982; Lightsey, 1996; Park, Cohen & Murch, 1996; Strümpfer, 1995).

It is interesting that all of the participants in the study used spirituality as a coping mechanism, but in very different ways. Sue initially blamed God for the rape, and cited her husband's presence as a great source of strength during the rape. Gilly saw the rape as part of God's plan for her life, not positive or negative. In contrast, Pam used her faith to help her through the trauma, and attributed her survival of the assault as a result of God's love for her. These strands of meaning illustrate the pluralism of the ways in which rape survivors construe the attack, utilise their coping mechanisms and interpret their own survival. One of the advantages of the qualitative nature of this study is the opportunity to examine these individual differences in more detail, rather than grouping both Sue and Pam's use of spirituality under the heading of one coping mechanism.

The resources used by the participants can be classified as intra-, inter- and extra-psychological, and vigorous use of these resources may linked to better recovery from physical and mental trauma.
(Grounds, 2001; Lightsey, 1996; Seligman & Csikszentmihalyi, 2000; Strümpfer, 1995). These studies do not mention spiritual practice, or religion, as described by Pam, but the use of spiritual resources in survival and recovery from trauma has been documented in the literature (Frankl, 1963, 1967, 1969, 1973; Herman, 1992; Jimenez, 1993; Kelly, 1995; May, 1989).

The post-rape differences in recovery and in changes in relationships with other people experienced by the participants may be due to the interaction of different pre-morbid personality styles, systems of belief and learnt patterns of coping in a crisis (Heath & Davidson, 1988; Janoff-Bulman, 1979; Libow & Doty, 1979; Meyer & Taylor, in Ward, 1995). This consideration is important for mental health professionals dealing with trauma survivors, as quieter individuals may not demand the attention they need in recovery groups because of these factors. Such individuals may need encouragement to talk about their experience, or may give up their 'air time' in the group, because of shyness, shame, beliefs about the value of humility, intrapsychic coping mechanisms, or low self esteem. More expressive individuals may need containing if they tend to dominate the group, though their need to be heard is also valid. The therapist treads a fine line between keeping 'air time' evenly allocated, and dealing with talkative group members, such as Gilly, who have a need to tell long, discursive stories. The group art therapy situation seemed to release a need to talk, to receive the attention she wanted, or to receive something from the group, perhaps because she felt that she had lost something in the course of the rape and its sequelae. The flexibility of the group art therapy sessions allowed for her need to tell the stories, but on occasion I stepped in diplomatically to allow others to be heard.

Dialectical nature of the recovery from rape

The dialectical nature of the recovery from rape is evident in the current study. Gilly's distrust of people after the rape, her feelings of being betrayed by her fiance and her mother co-exist with her social contribution of working as a paramedic and counselling rape survivors. Sue's closemess with her husband after the rape co-existed with their difficulties with intimacy and sex. Pam's quiet personality
and difficulty in telling others led to a lonely process of recovery with little support, though her faith was a great source of strength for her. She was also experiencing a chronic life stressor at the time of the rape as she was in the process of divorcing her husband. Research suggests that an existing chronic life stressor may aggravate post traumatic stress reactions (Chapter 2:30). Pam's pre-sleep nightmare images, depression, checking behaviour and reluctance to enter another relationship all suggest that she experienced some level of post-rape PTSD, and consequently her recovery was far from easy. Pam's avoidance of representing the rape visually (other than in symbolic form) and her representation of sensuality as a spiritual thing in the final session (rather than a physical or a sexual relationship) may indicate that she still has some unfinished business around the rape and physical intimacy. These difficulties may be linked to the bodiliness of the experience of rape, and the complexity of recovering from physical and psychological wounding.

Gilly's choice to train as a first aider and to work at scenes of trauma and counselling rape survivors is understandable in terms of Herman's (1992) observation that trauma survivors often become involved in social upliftment projects. Putting their energy, time and skills into an activity which helps others is perhaps a way of make meaning of their own suffering. It seems that these activities may help Gilly to heal her rape experience through listening to stories of other rape survivors. She helps to relieve their suffering, and so has the sense that her life matters (by working on projects to give order and purpose to her time and efforts). In this way, she creates a meaningful narrative for her life, of "making a difference" (concluding interview) as suggested by Frankl (1967).

The individual choices and features of the participants' recovery from the rape are explicable in terms of the unique nature of human existence, with its consequent subjectivity and freedom of choice (Crous, Havenga Coetzer & van den Heever, 1997). Sue's proactive way of calling a meeting to tell her story to colleagues, family and friends elicited a lot of support. However, this co-existed with her anxiety for the safety of her family and her fear of open spaces. Pam's decision to tell few people, and
Gilly's difficulty in telling anyone reflect the continuum of responses to rape trauma. Buf Meyer and Taylor (1986) describe social withdrawal as a maladaptive coping pattern, and it has been linked with a poor rate of recovery from sexual trauma (Chapter 2:30). Alternatively, from a feminist viewpoint, such withdrawal may be seen as an adaptive response to the perceived social discourses of stigmatisation of rape victims, feelings of being different from others and the rape survivor's need to protect the self from more pain.

Changes in the self after the rape

The participant’s perception of changes in themselves in response to the rape shared the theme of death, though this was expressed in several different ways. Pam and Gilly each spoke of a symbolic death of the self in the trauma of the rape. Cahill (2003) quotes Brison's description of this phenomenon - "I was no longer the same person I had been before the assault". Cahill (ibid.) also refers to Winkler's definition of death as a result of the rape in social terms, in that the victim is blamed for her attack. I propose that a woman is socially constructed in a different way after the rape by family, friends and acquaintances, to the point that she may feel that her old social self has ceased to exist. This can be seen as an example of the subjective positioning referred to by Foucault (1978, 1980) in which discourse powerfully influences the production of subjective experience.

Gilly described this as the 'disappearance' of herself after the rape. As a shy young woman, her subjective experience was so painful because of the pervasive influence of the social discourses around rape that she withdrew from others, and from the reality of her rape and pregnancy. Her images of withdrawal (into the cave, or the tunnel) are very powerful (Artwork 8). A tiny, pale face smiles bravely from the depths of the tunnel, a jewel glows in the dark of the cave, both perhaps representing Gilly's religious belief and hope (Chapter 4: 24). This theme can also be related to the loss of the sense of immortality, and the change this produces in survivor's attitudes, because of the proximity to death they have experienced (Herman, 1992; Janoff-Bulman & Freize, 1983). For Pam, the loss of her sense
of immortality was represented in spiritual terms, in the metaphor of her old self dying in the course of the rape, in order to be reborn in Christ (Chapter 4: 54).

5.4.2 Aspects of the study not explained by the current literature

Themes related to the rapist

Surprisingly, the fear of the attacker returning is not mentioned in the current literature, though perhaps this may be subsumed under the general heading of 'fear' after the rape. In the current study, the fear of the rapist returning was spoken about in terms of fear of open spaces, of open doors at night, of sleeplessness, and in nightmare images. In visual terms, the children locked in behind the Trellidoors in Sue's image (Artwork 16) Pam's nightmare image of a muscular black man (Artwork 13) as well as the observing local community, communicate this fear powerfully. In the session on unresolved issues from the rape, Gilly spoke of her fear of trusting people, and she represented this in her artwork as the 'gallery of observers', as well as the question mark on the table (Artwork 18). Both the art work and verbal data confirm the importance of this theme for South African rape survivors.

The fear of the rapist returning was represented in the verbal data by Pam in checking rituals, such as locking her daughter in the car while she checked the house on returning home (referred to as precautionary behaviour by Buf Meyer & Taylor, 1986) and in her image of a re-occurring pre-sleep nightmare of a reclining muscular black man, as well as the faceless members of the community (Artwork 13). Her fear of the rapist returning seems to have been compounded by not having seen his face, therefore generalising her fear to all black men. All three participants spoke of their difficulty in getting to sleep because of sounds and mental images reminding them of the rape. These cues relate to the intrusive nature of traumatic memories referred to by Frederickson (1992).

Personal safety, law enforcement and the judicial process
The participants' fears of another attack by the rapist were compounded by their lack of faith in the ability of the South African Police Service to keep them safe. All three dreaded the capture of their rapist and being asked to identify him. This was mainly due to the lack of police facilities for identity parades to be done in a way that would protect the identity of the survivor: through a one way glass, or on closed circuit television. The fear of retributive attack by the rapist is very real for rape survivors in South Africa. The high rate of escape from custody and jail in the South African judicial system may explain the reluctance of many rape survivors to report the rape. This is pertinent in view of the fact that the majority of rape survivors know the identity of their attacker, and still do not lay a charge against him (Van Niekerk, 2004). Although it was not mentioned by the participants in this study, it is of concern that South African rape survivors have been exposed to the open court system in the past, in which they had to give testimony face-to-face with their attacker. If the prosecution was unsuccessful, then the rapist left the court a free man, with the name and address of his victim. The new rape courts provide for witnesses giving testimony by closed circuit t.v., as well as skilled prosecutors and judges, but this is a recent innovation (Itano, 2003).

The participant's view of the recovery from rape

The participant's observations of the recovery from rape differed enormously. For Gilly and Sue, no metaphor emerged for this process. In contrast, Pam's strong visual and verbal metaphor of the 'road of guilt', leading to the 'burned, dried out places' (depicted as a charred forest, representing suicide and depression) is a vivid one. The rape survivor needs to turn off the road of guilt, Pam suggested, and enter the waterfall that leads in to the 'river of life', an extended metaphor for the process of recovery for the rape survivor. The road of guilt may be compared to the survivor blaming herself for the rape, either for the behaviour leading up to the rape or for being a victim, as mentioned by Meyer and Taylor (in Ward, 1995). Meyer and Taylor's research suggests that self blaming can be linked to poor recovery, perhaps reflecting Pam's comment that stepping off the road of guilt is the first movement towards healing. Pam's mention of self-blaming may indicate that it has been a painful part of her post-rape
experience. Her low levels of mastery and control and generally fearful way of interacting with the world may explain her generally slow recovery from the rape, as suggested by Heath and Davidson (1988).

Changes in the self after the rape
Gilly reflected on her tendency to split the emotional and the physical parts of herself in relationships, expressed by her visually as dividing the page in half horizontally or diagonally, and putting an image in either half. She also made two separate images in the early sessions, one unrelated to the theme of the session and showing flowers and geometric patterns, the other rougher and more emotionally expressive, directly related to the theme of the visualisation. This process could be interpreted in many ways, both in intrapsychic or interpersonal terms. The creation of double images on the same page could indicate the presence of dissociation, a common post-rape symptom (Chapter 2:26). In Gilly's case, it could be linked to separating the cognitive and emotional / physical elements of the sex drive, labelled isolation by Freud (Eidelberg, 1968). It could also be a symbol for the feelings of detachment and estrangement from others described by many post-traumatic stress sufferers (Chapter 2: 27).

The use of multiple images by participants is an interesting phenomenon in group art therapy, and is not mentioned in the current literature. Kramer (1971) observed that such 'saccharin' images were produced by children who were in an intense struggle for control. This may indeed have been the case for Gilly, and perhaps it also explains her need for discursive story telling as a means of controlling the group process. Gilly stopped making her flower / pattern pictures and split images after the first two sessions, perhaps as she began to trust the group, and as we came to the more challenging sessions.

5.5 The experience of group art therapy
The potential of group art therapy to assist in recovery from sexual assault has been well documented, though this has usually been conducted with adult survivors of childhood incest and sexual abuse.
Brooke (1997) refers to research by Davis, Malchiodi, Spring, Sidun & Rosenthal, van der Kolk, and Vandeusen & Carr, in this area. Less research has been done on the experience of group art therapy as a therapeutic tool with rape survivors (Brooke, 1997; Garrett & Ireland, 1979; Hargrave-Nykaza, 1994; Johnson, 1987; Lemmon, 1984). As far as I can ascertain, no South African study of individual or group art therapy with rape survivors has been published to date. For this reason, the current study is important in that it examines a little-explored area of trauma intervention in a South African context. The participants approached the group art making with different levels of experience and confidence, and all three evolved an individual process and visual language in their exploration of their rape trauma.

5.5.1 Aspects of the study which are explained by the current literature

Graphic indicators in art work made by sexual abuse survivors

Certain graphic indicators are common in art work made by sexual abuse survivors. Brooke (1997) refers to research by Malchiodi, and Sadowski & Loesch, in which they observe that survivors of sexual violence tend to avoid drawing the lower parts of the body. This may provide an alternative explanation for the close range and focus on the head and upper body in the images of the rapist made by the participants in the current study. Isolation is also a common element in sexual abuse survivor's stories (de Silva, 1993) and is evident in Gilly's solitary pale figure in her tunnel / cave drawing.

Data analysis in art therapy takes into account the choices made by the individuals about the media chosen, and the way in which they are applied. Robbins (1987) proposes that the texture of art materials can echo, reflect, or compliment psychological states of mind. In the current study anger, pain and resentment towards the rapist were expressed verbally during the 'drawing my attacker' session. The participants chose different media for this session, and their application, coverage of the
page and style of representation were also different from the other art works made during the study, perhaps due to the emotional content of the theme.

Gilly and Sue both chose predominately dry black and brown wax crayon, and drew in a sparse, linear style, shaded and blended with considerable pressure (Artworks 14 & 15). Pam chose a heavy blended application of wax crayons to depict her rapist (Artwork 13). The changes in application, pressure and media are in striking contrast to the soft watercolours used in earlier and later sessions, and may have been a means to shock (Robbins, 1987) or perhaps a way to strike back, or hurt the rapist in a symbolic way. Brooke (1997) comments on the use of black and dark colours by sexual abuse survivors, as do other researchers in this field (Cohen & Phelps, 1985; Spring, 1978, 1993). This may reflect Sue's stated need to show the rape in stark terms, with nothing to soften it. However, I prefer to consider the individual's stated intention in using the colour in each image, an area neglected in most art therapy studies in the current literature.

The use of symbols
Symbols of hope seemed to be important for the participants, whether the daffodils, moon and star shapes depicted by Sue in strong wax resist (Artworks 3 & 4) or the plant growth cycle used by Pam to show the transformative aspect of recovery from trauma (Artworks 5, 9 & 16). The recovery of hope is mentioned as an important part of post-rape counselling by Draucker (1999). Pam's painting in the first session showed the fear of change that recovery and new beginnings evoke for her (Artworks 1 & 2). She represented this in paintings of the sea, with it's strong currents and wild waves. She spoke of her resistance to change, and also of her awareness that change was essential if she was to create a new life and healing for herself.

In my efforts to triangulate the visual and the verbal data, I observed that themes were mentioned verbally as well as visually, mainly because of my questioning in the discussion period of the sessions.
For example, the participants used abstract, figurative and iconographic symbols as a language to express their lived experience of the rape and their recovery from it. This perhaps relates to the difficulty of expressing lived experience in a verbal way, referred to by Gendlin in his theorising on the use of symbols to represent lived experience (Jung, 1964; Levin, 1997). Johnson (1987) cites the possibility that the symbolic representation of dreams, fantasies or feelings is one of the greatest advantages of art therapy as a treatment for trauma.

In this art therapy group, symbols were used to represent benevolent concepts (such as God's love, healing, faith, beauty, peace and rebirth) as well as negative concepts (such as the rape, alcohol use, violence and racial stereotyping). Moon (1995) comments on the pitfalls of assuming what the meaning of a symbol is for the client, and Malchiodi (1998) comments that symbols in art work evolve from the individual's background, including life experiences, culture, and personal perspectives. The collaborative nature of the group art therapy also had an effect on the images made, and the emotional reaction to one another's art works was sometimes strong. I have therefore attempted to clarify the meanings of symbols with the participants, rather than interpreting them myself.

Pam's use of the heart in her flowering fruit tree which represented God's love for her, and healing (Artwork 5). Heart symbols are common in artwork made by sexual abuse survivors, according to Jones, (1989) and Malchiodi (1990). The heart symbol may represent the emotional response to the rape, for example, "the heart, generally recognised as the seat of feelings, or the generator of feelings, if damaged or absent, would feel like death emotionally" (Sagar, in Brooke, 1997, p.33) and sometimes represents the post-trauma sensation of something missing or lost (Jones, 1989). This is of interest when related to Pam's description of herself as "an emotional cripple", perhaps indicating her longing for emotional expression. It may also link to the thoughts of death related to the rape experience reported by Pam and Gilly, perhaps suggesting that it is the capacity to feel which died in the rape experience.
5.5.2 Aspects of the findings not explained by the current literature

The experience of group art therapy

The analysis of the images made in the course of the current study reveals that participants' choices about materials, the way they are used, and the construction of the images are both intentional and very revealing. The assessment of the images using content analysis reveals that the participants represented the rapists either in the demand / confrontation classification (Pam and Sue) or in the offer / ideal classification (Gilly). This perhaps implies that the perceived power relationship between the participant and the attacker is one of equality, as they are at eye level with one another. Sue disputed this in the concluding session, attributing the demand / confrontation representation of her rapist to her difficulty in representing a man she had never seen.

Gilly's choice of the offer / ideal depiction of her rapist, and the way he avoids the observer's gaze, may refer to his physical beauty, her love for him and to the way in which he concealed his potentially violent sexual nature. These observations suggest that the choices made by clients in art therapy as to how to represent the rapist may suggest the many subtleties of meaning, and the rape survivor's attitude towards the rapist. The participants' comments on their images of their rapists (wanting to converse with him, wanting to let him know he had not destroyed their life, wanting to forgive their attacker) corroborate Horowitz's (in Rubin, 1999) assertion that much of our thinking is visual, in that how we represent others in our art works represents our attitudes towards them.

Representation of the rapists

The therapeutic effect of drawing the rapist was a powerful one, particularly for those participants who had not seen the face of their rapist. Completing the sensory data from the rape with this image meant that a more complete story of the rape could be told, and unresolved issues around the rape could be
dealt with. The fantasy of what the rapist looked like was strong for Pam, and she had thought hard about how she would portray him. Once the image was completed, and the fantasy of the rapist was externalised, a healing conversation could take place between the survivor and the rapist, and the survivor could 'have the last word'. The destruction of the image of the rapist seemed to be a powerful symbolic experience and a source of satisfaction to the participants. It seemed that a symbolic reclaiming of power had perhaps happened, even a symbolic death of the attacker, and hence some emotional closure became possible. This process is *catharsis*, or the re-experiencing and release of traumatic material with a consequent emotional response (or abreaction) as described by Freud (1953). The process of making the image of the rapist, conversing with him and destroying his image seems to create the recovery of mastery that is thought to be an important part of both trauma debriefing and recovery from rape (Buf Meyer & Taylor, 1986; Hanes, 2000).

The rapists are shown in close proximity to the viewer in the images, either in the intimate, the close / personal, or the far personal range (Artworks 13, 14 & 15). These choices may reflect the unwillingness of many sexual assault survivors to depict the lower portions of the body. The images may also reflect the desire of some of the participants to have a conversation with their rapist, or in Sue's case, to clarify what he might have looked like. In everyday circumstances, such an intimate process would naturally occur in privacy, and in quiet tones, so the two parties would need to be in close proximity. The presence of the rapist was very real for the participants in the 'drawing my attacker' session and they spoke of the reluctance they felt when thinking about drawing their attacker. With this in mind, the participants' choices to depict the rapist in such close proximity reveals considerable courage on their part. The process of conversing with, or silently observing, the image of the rapist was an intensely emotional experience for the participants and is reminiscent of the Gestalt 'empty chair' technique (Perls, 1969),
The intended effect on the viewer of the images of the rapists is very interesting. Gilly's image evokes the ambivalence that she felt towards her fiancé - the golden youth she had loved, paired with the black hearted devil he became as a result of the rape (Artwork 15). In contrast, Pam's image is of a terrifying, monolithic mask, staring blankly at the observer (Artwork 13). The image evokes fear in the observer, as well as communicating the anonymity of the rapist. Sue's image is different again, a compilation of cues associated with the rape, and a simple, imaginary portrait of the rapist (Artwork 14). Sue's intention seems to be to reconstruct the sensory fragments of the rape, as we strive to understand her representation of the rape. Her choice of a linear drawing style was to present the horror of the experience in an austere way, with nothing to soften it. All three participants engaged with the image of their rapist at the end of the session, and all three tore up the image, burned and buried it in the next session. The process of 'having the final word' and symbolically destroying the rapist seemed to be important parts of the intervention. It seems likely that these rituals provided a way for the participants to reclaim power from, as well as closure with, their attackers.

Graphic indicators in the art work of sexual abuse survivors

Graphic indicators of sexual abuse noted in the literature were not found in the images in this study, for example wedges, phallic or vaginal trees, encapsulation of figures, or role reversals, referred to by Brooke, 1997, quoting research by Cohen and Phelps, German, and Johnston, Goodwin, Kaufman and Wohl, and Spring. The absence of these features may be due to cultural factors (the studies quoted by Brooke are mainly American) or to other factors, perhaps the age of the participants, or exposure to multiple sexual traumas in research with incest survivors. The studies quoted by Brooke are psychodynamic in nature, and this may have influenced the findings, or other unknown factors may be at play. In short, the analysis of sexual assault survivors' artworks requires taking note of the researcher's orientation and influence on the study, general trends across the intervention, cultural factors, the context of the research, as well as individual features of the artwork within the current study.
The use of symbols

The richness of the individual symbolism meant that it was helpful to have the transcripts of the group sessions, as well as the consultations with the participants in the data analysis phase, in order to clarify what these symbols represented for the individuals. Such symbols were generally used to convey abstract meanings (love, isolation, depression, healing, suicidal thoughts, sensuality and safety) and embodied concepts that were hard to put into words. Each participant developed a personal language of symbols in the course of the therapy (for example Pam's symbols of recovery, consisting of the road of guilt, the dried burned out places, and finally the waterfall that returns the rape survivor to the river of life). Such symbols were both personally meaningful, and also had an intensely evocative effect on the other group members.

Benefits of the group format

The group in the current study was small (three participants) and there was a spirit of acceptance and mutual support that overrode any self consciousness. The cohesiveness of the group seemed to create a high tolerance of potentially irritating behaviour, for example, Gilly's discursive story telling. The other participants seemed to accept that this was something she needed to do, and I attempted to limit her monopoly of 'air time' in a sensitive, but firm, manner. The effect of making art work in groups for sexual abuse survivors is described by Malchiodi (1997) as instilling a strong feeling of not being alone, and it seems that the benefit of group art therapy (referred to by the participants in the current study) outweighed any potential conflict. The expression of painful material that had been held internally for a long time seemed to engage the group members in a personal journey that was contained, and made possible, by the group.

Visual modality of the artworks
Verbally-expressed themes were not the only aspects of the study that I found interesting. My analysis of the visual modality of the artworks revealed trends across the participants' images and across the sessions (Appendix A). The use of colour in the early sessions (sessions 1 & 2) shows that all the participants chose weak to clear colours, becoming stronger in session 3, then moving to black and dark tones in session 4 ('drawing my attacker') then to stronger colours in session 5 and returning to paler colours in the final session. Coincidentally, the paper coverage was comprehensive in the early and the last session, but the participants left large areas of white paper during the 'drawing my attacker' session. Also, the application of the media became much heavier in the fifth session. I reflected on what these trends might mean, and discussed them with the participants.

These differences in the use of colour, coverage and handling of the media and paper coverage may reflect the process of the participant's engaging with, and becoming confident in, the group art therapy. The choice of darker colours, as well as their strong contrast with the white paper, are perhaps intended to convey the drama of the rape, as well as the intensity of the emotions (shock, fear) that the participants want to evoke in the observer in the artworks that refer directly to the rape. The participants seemed to feel secure enough in the art therapy group to produce vivid, shocking images, with little editing, after only a few sessions.

5.4 Weaknesses and strengths of the study

5.4.1 Qualitative research criteria

Validity and reliability are defined differently in qualitative research from traditional quantitative research criteria. Guba and Lincoln (1981) propose that criteria parallel to internal validity, external validity, reliability and objectivity are required for qualitative research to be trustworthy. This is necessary because qualitative research uses a constructivist, rather than a positivist, epistemology.
5.4.2 Credibility

Internal validity is replaced by credibility in qualitative research, replacing the idea that the relationship between reality and the research findings is isomorphic with the idea that the isomorphism exists between the constructed experience of the participants and the reconstructions made by the researcher (Guba & Lincoln, 1981). Credibility is established in a qualitative study when the lived experiences reported by the participants are recognised and validated by others who have had a similar experience. Techniques such as prolonged engagement, persistent observation, peer debriefing, negative analysis, progressive subjectivity and respondent checking contribute to credibility.

The current study employs prolonged engagement, or spending enough time with each of the participants in order to develop a trusting, open working relationship. Prolonged engagement enables submersion in the research area, thus facilitating the identification and verification of themes.

Persistent observation was as aspect of the current study as the intervention was carried out over seven weeks, with the completion interview one year later. This lasting engagement with the participants resulted in time to observe the characteristics and elements in the participant’s interaction with the group art therapy that were relevant to answering the research question.

Peer debriefing took part in the current study in the form of my attending supervision with clinical and research supervisors throughout the research period. My supervisor’s questions regarding the research questions and conclusions, as well as my own reaction to the group sessions, were invaluable. Peer debriefing was particularly necessary because of the sensitive nature of the research topic and the emotional impact on myself in the intervention, the writing up and the concluding interviews.

Negative analysis took the form of revisiting the research question and revising the theoretical basis and methodology of the study as the research process unfolded (Guba & Lincoln, 1981). This process
demanded considerable re-writing of the literature survey after the intervention was completed, matching the postmodern feminist theoretical basis to the research process and purpose.

Progressive subjectivity in the current study took the form of my keeping a research diary in which to record my developing ideas around the research. Decisions about the group size, theoretical and methodological changes and data analysis were recorded and revised in the writing up process.

Member checking consisted of the concluding interview with the participants in order to clarify themes and to ensure that the themes accurately reflect what was said in the sessions. Guba and Lincoln (op. cit.) suggest that member checking allows for assessment of the intention behind what was expressed, also the chance to correct mistakes or misinterpretation of data. This was obviously very important in the current study as much of the data was visual. Member checking gave the participants the opportunity to add relevant information and to judge whether I had accurately reported the content of the sessions. The participant also validates having said certain things in the sessions. The participants were also able to review their progress in the year since the study and to assess the effect of the intervention in their recovery.

Transferability

Transferability is parallel to external validity, or generalisability. This refers to the extent to which the findings of the study can be applied to other contexts and settings. I have given extensive detail of the current study on which other researchers can base their comparisons, judged to be the requirement for transferability by Guba and Lincoln (ibid.).
Confirmability

Confirmability is parallel to the traditional criterion of objectivity, and assesses the extent to which the origin of the data, interpretations and outcomes of the study are derived from the participants and the resources described within the study, and not from the researcher's imagination. A limitation of the current study is the fact that I was not only the designer of the programme, the leader of the group, but also the analyst of the data and the interpreter of the considerable amount of data gathered. My absorption in the research process and my deep connection with the participants means that I became deeply immersed in the study, the participants and the analysis of data. This would be considered problematic in an experimental study, but this is not the case within the postmodern feminist framework of the current study, which requires a collaborative approach. The concluding interview was also useful in verifying my interpretation of the data. The audit trail of the current study shows that my decisions regarding the quality and aptness of the inquiry process were carefully considered and that my findings are indeed rooted in the data.

The small group size enabled plenty of discussion time for the participants, and the possibility of deep connection with the group members for myself, leading to greater trust and openness (Denscombe, 2001). The participants said that they appreciated the intimacy of the group, and that they thought a larger group would reduce the chance to hear and be heard, as well as lower levels of connection. They pleaded with me that future art therapy groups with rape survivors should be no larger than four participants to retain the time to tell the stories, to develop trust, and to retain the intimacy of the very small group.

Traditional methods of research tend to cut off the researcher from others, and others from the researcher, surely unhelpful when one is working within sensitive areas and with traumatised people (Payne, 1993). In the current study, the richness of the shared experience and of the data obtained
became of more value than the possibility of generalising the findings. The lived experience became the focus of the study, rather than dubious universal truths, or devising a 'recipe book' approach to running the art therapy group.

### 5.5 Recommendations regarding the format of the intervention

Feedback from the participants and my own reflections on the current study indicate that a six session format was too short for the full development of themes and the exploration of personal issues within the group. It seemed that a ten session intervention might be more effective after some discussion with the participants. This is slightly longer than the eight session outline used for adult sexual abuse survivors (Brooke, 1997; Waller, 1992), but considerably shorter than the twenty session group outlines for female incest survivors (Anderson, 1995; Corder, Haizlip, & DeBoer, 1990; Powel & Faherty, 1990). The decision about the number of sessions would need to include the practicality and sustainability of a longer intervention versus the time needed to create a beneficial therapeutic effect for the participants.

A ten session format would allow for the process of creating trust in the group, as well as gaining confidence in the process of making art as a therapeutic activity. The participants would have more time to explore the themes related to the rape in the central sessions, in a safe and contained environment. Gilly requested that more time should be allocated to exploring anger around the rape in the sessions, as well as anger management skills. Brooke (1997) cites research by Anderson, Nez, Powel and Faherty, and Serrano which indicates good results when using clay for the expression of anger with incest survivor groups, and so clay could be added to the media used in the current study. More opportunities for catharsis might be built into the group outline, for example modelling or painting other aspects of the rape, for example, images of anger and pain, the cost to the rape survivor and the possible destruction of these artworks.
The last two sessions consisted of reconstituting the story of the rape, as well as making a new story of the self in the company of other rape survivors. The six session format meant that the process of ending the group was in the participants' minds as they tried to develop these new stories. It would probably be more effective to allow more sessions for dealing with emotional topics, including the development of the new story of self, before entering the termination stage of the group therapy. The final stage of the group process consisted of emotional withdrawal from the other group members and myself as therapist (Lacoursiere, 1980). The withdrawal appeared in the art making as a return to watercolour and 'safer' images, along with discussions about whether to continue the group unsupervised, to remain in touch socially, or to end the connection with the final group session. This process was complex and emotional, and would probably be more easily accomplished if the group had not still been dealing with trauma-related material.

The ending of the group is as important for rape survivors with their issues around trust, connection and disconnection as it is with other populations. The manner of ending any group needs careful thought and consultation with the group members so that it is constructive and empowering for the participants. The use of ritual at emotionally-charged times in the current group's lifespan in the current study proved to be invaluable. This was particularly the case at the end of the intervention. I asked the participants to bring ideas for a closing ritual in the final week., This allowed them to participate in the containment of feelings and the celebration of the ending of the group in the final session. Despite the intensity of the seven weeks spent together, the participants decided not to stay in touch afterwards, though this was discussed in some detail.

5.6 Conclusion

I conclude from the above findings that the experience of group art therapy was useful to the rape survivors who participated in the study as a part of their recovery. This study supports findings in other studies regarding the therapeutic benefit of group art therapy with sexual abuse survivors. However,
therapists who intend to use this outline as a basis for their own work should consider the following recommendations.

The timing of the group art therapy intervention in the survivor's recovery is very important. The therapist needs to decide if the potential participants will be ready to enter into the group art therapy process. Selecting participants who are not ready for the intervention might result in negative feelings about the self for the rape survivor, members leaving the group in mid-process or in behaviour that might be unhelpful to the group therapy. In terms of the three phase models of recovery from rape, the earlier stages are characterised by anxiety, confusion and some emotional disintegration, and a concern with overcoming the initial shock of the rape trauma. The optimal time for participation in the current study would be during the third, or integration / resolution phase of the model, during which the survivor's memories of the rape re-surface, and the survivor feels a need to discuss the rape (Chapter 2: 32). In two stage models, the rape survivor would be ready to enter a group art therapy intervention in the second, or reorganisation phase of the model Chapter 2: 33). This stage comprises a gradual recovery of physiological, emotional and behavioural functioning. In a transactional model, the current study would probably be most effective after the survivor has emerged from the state of disequilibrium and is involved in the tasks of the adaptation process phase (Chapter 2:34). Assessment instruments for readiness, or the Stages of Change Questionnaire might be used to assess readiness for participation in a similar study (Chapter 3 :32).

The size of the group requires careful consideration. It may be tempting to run a larger group because of the great need of rape survivors in most communities. The fact that the participants in the current study begged me to keep the group small in future programmes should be born in mind. We concluded that four participants was the most that the group could accommodate. Their thinking was that a larger group would cut the time for each participant to be heard, reduce the feelings of support and trust in the group, and so reduce the benefit for the participants.
Dealing with resistance to change is an important factor in running the group. Group members may say they are ready to begin their healing work, but may also experience a degree of resistance to the process. This can manifest in many ways, for example the long irrelevant story telling used by Gilly in the current study was perhaps a form of resistance. Other forms may include making pictures without emotional content, arriving late for sessions, or refusing to participate in the group discussion. Slowing the pace of exploring the trauma (or moving away from traumatic material) by the therapist, acceptance by the group, as well as encouragement by the therapist may help the participant to move beyond her resistance to engage with the group art therapy process.

Monitoring of the individual group members' symptoms and progress is essential in the group process. The current study is by no means a 'cookbook' approach for working with rape survivors, and their extreme sensitivity, elusiveness and fearfulness should always be born in mind. If a participant exhibits agitation, distress, deterioration of ego functioning, substance abuse, recurring flashbacks, dissociation, regression, self-mutilation or excessive sexual activity in the course of the intervention, then the therapist needs to use a less challenging approach. This may involve using less confrontation in the sessions, reducing any pressure for change, and giving up the use of powerful techniques such as guided visualisation, role plays or the exploration of traumatic material (Dietrich, Baranowsky, & Harris, 1999). If the participant shows extreme distress, or continuing deterioration in the group process, their continuing participation in the intervention needs to be reviewed with them.

The therapist needs to be skilled in group work in order to keep the group focussed and doing the work. During the sessions, I found myself constantly moving between directing the group process, monitoring the emotional state and engagement of the participants with the process, dealing with any conflict between group members, checking the timekeeping outline for the session and keeping an eye on my own emotional response to the material and the session. My intention was to remain calm and
confident in leading the group on the basis that this would help the participants to stay focussed and secure in their engagement in the group process and with the material.

My choice in this study has been not to interpret the images, the use of colours or the symbols utilised by the participants in the current study. This was because of my own postmodern feminist paradigm, as well as my distaste for imposing meaning on the participants' artwork. However, therapists of other theoretical stances may choose to interpret the art works, if they believe it to be helpful to the therapeutic process and the participants.

The number of sessions and themes for the sessions in the group art therapy process may vary (see above). The number of sessions, the themes, as well as whether the sessions are structured or unstructured, needs to be made with consideration for the needs and preferences of the participants. The purpose of the group and the therapist's judgement of the group's progress may require changes to be made in the course of the intervention.

Sensitivity to the cultural or religious practises of the participants on the part of the therapist is important. Participation in the guided visualisation in the current study conflicted with Pam's religious practise, so she chose to sit outside until this part of the session was complete. She was informed of the theme of the visualisation, and rejoined the group when the art making began.

The quality of the relationship between the therapist and the group members was vital in this intervention. Spending time building trust in the initial contact between myself and the participants was very important. Time spent at this stage building a warm, trusting relationship probably contributed to the participants' deeper engagement with the group process at a later stage, and to the overall success of the intervention.
The therapist needs to remain reflexive in his or her interaction with the art therapy group. Secondary traumatisation is a real hazard for the therapist dealing with group trauma work, as is compassion fatigue. The therapist needs to check his or her emotional response to what is being shared in the group, and whether it is distressing, becoming reduced or even deadened. Regular supervision related specifically to the facilitation of the group is essential.

The context of the group art therapy is of importance. The room for group art therapy needs to be secure, with a door that closes and a good degree of privacy. Ideally, there should be enough space in the room to allow for the art making process to take place in some solitude. The current study was conducted on the Rand Afrikaans University campus, which gave a level of security and serious academic intent that probably assisted the success of the intervention.

In conclusion, I suggest that group art therapy provides a powerful therapeutic tool for use with survivors of sexual violence. It provides a flexible, creative medium which allows for the individual needs of the group members. Women with widely different personality styles, cultural backgrounds, religious beliefs, coping mechanisms and stages of recovery were able to explore their experience of rape trauma, to be heard, and to receive support within the group. Although no causal link with healing is possible in the current study, the relief and gratitude expressed by the participants, and the warm connection they established within the group, may presumably be associated with healing.

I suggest that this study has answered the research question stated at the beginning of this thesis, in that I have examined in detail ‘the experience of the participants in a structured group art therapy intervention designed for use with rape survivors in the process of recovery’ (Chapter 1: 7). In order to do this, I have examined the context of the study in terms of women’s historic and current disadvantaged socio-political, legal, and cultural status in South Africa. I have examined the relationship between women’s traditional and current status, societal change, challenges to masculinity
for South African men, and the factors related to the high levels of sexual violence against women in South Africa.

I have defined rape, and outlined the social discourses relevant to rape in South Africa. I have described the effect of sexual violence on rape survivors, the factors influencing their recovery, and theoretical models of recovery from rape. I have explored feminism, feminist psychology, feminist epistemology, African feminism and postmodern feminism, including feminist and postmodern feminist views of rape, in order to describe an appropriate theoretical model for the current study.

I have described art therapy, its history and processes, its various forms, its use in mental health programmes and its particular suitability for use with survivors of sexual violence. This was in order to provide a justification for my choice of art therapy as the treatment modality in the current study.

I have assessed the patterns of life experience which the participants brought to the intervention, including the individual details of their rape experiences. I have reviewed their pre-morbid personality types and their consequent use of different response styles and coping mechanisms.

I have investigated what the participants experienced during the intervention, both what was useful and what was redundant or unhelpful for them. This was accomplished by means of my analysis of the visual and verbal data from the intervention, and also by means of a concluding interview one year after the study. Suggestions for improvements to the group art therapy intervention were noted and have been incorporated into the recommendations and conclusions.

I have attempted to record what patterns of change were reported by and noted in the participants in the course of the intervention. The patterns of change were subtle, and were validated in the images, journal extracts and concluding interviews, and were all couched in tentative terms. I have identified
themes within the data by triangulation of the verbal and visual material in order to understand more about the individual process of recovery from rape. The material was rich and yielded a series of themes, some shared by all the group members, some purely personal. I have placed these within the current literature, where possible, and where not, identified those that require more investigation. My intention was to produce a vivid record of the experience of the group art therapy process, and I conclude that this was adequately carried out.

I set out to draw conclusions about the utility of group art therapy with rape survivors in a South African setting. The experience of being a participant in the sessions, of analysing the visual and verbal data, of carrying out the concluding interviews, of reflecting on my own process and of writing up the findings lead me to conclude that the group art therapy intervention was indeed useful to the participants. The life changes reported by the participants in the concluding interviews, and by myself in my reflections on the current study indicate that it was a remarkable experience for all of those who participated in it.
Appendix A     Modality of the art works
### Appendix A  Visual modality

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<th>Session 3</th>
<th>Session 4</th>
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<td>sea, waves, sky</td>
<td>cross, charred earth, plant growth cycle</td>
<td>burned forest, road, river, waterfall, sky</td>
<td>faces, mask, hat, reclining male figure, observers</td>
<td>explosion of anger, plant growth cycle</td>
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<td>The promises of God are 'yes' and amen</td>
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Visual modality table, Pam
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<th>Session 3</th>
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<th>Session 5</th>
<th>Session 6</th>
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<td>noose, face, zip, dog, leg</td>
<td>security gates, garden hose, 3 bushes, jungle gym, sandpit, slide, wall, grass, keys</td>
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Visual modality table, Sue
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<th>Session 5</th>
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<td>flower, wall, waterfall, rocks, plants, sky</td>
<td>flower, cave, gem, light, tunnel</td>
<td>devil, lightning, pain, heart, tears, bottle, alcohol</td>
<td>observers, self, question mark, table</td>
<td>voluptuous woman, veil, chaise longue, flower</td>
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Visual modality table, Gilly
Appendix B  Art works

Session 1: Pam

Artwork 1

Artwork 2

Sue

Artwork 3

Artwork 4

Session 2: Pam

Artwork 5

Sue

Artwork 6

Gilly

Artwork 7

Artwork 8

Session 3: Pam

Artwork 9

Sue

Artwork 10

Gilly

Artwork 11

Artwork 12

Session 4: Pam

Artwork 13

Sue

Artwork 14

Gilly

Artwork 15

Session 5: Pam

Artwork 16

Sue

Artwork 17

Gilly

Artwork 18

Session 6: Pam

Artwork 19

Sue

Artwork 20

Gilly

Artwork 21
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