BLACK ADOLESCENTS AND DOMESTIC VIOLENCE: AN EXPLORATORY STUDY USING SOLUTION FOCUSED GROUP THERAPY

by

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MINI DISSERTATION

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DEDICATION

This research is dedicated to my husband, Governor, for believing in me, for his encouragement, moral support and intellectual enlightenment. Even though I experienced many setbacks, you never lost faith in me, and encouraged me to fulfill my dreams. And to my two sons, Katlego and Ofentse for being the sunshine in my life, for the unconditional love you showed and understanding that I could not always be available to you!

To children out there who are victims of domestic violence: Guys, this is for you.
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South Africa has been rated amongst the world’s most violent societies. Most women and children of all races and income level are victims of violence from their partners or parents. There is a widespread recognition that domestic violence represents one of the major causes of stress in modern social experience. There is, however, a large gap in our knowledge about the adolescents’ views and experiences of domestic violence in South Africa. The focus in many studies has been mainly on women’s experiences of domestic violence. For this reason the focus of the present research is to explore a way in which these adolescents can be helped to deal with their experiences of domestic violence. An assumption is made that Solution Focused Group Therapy would go a long way to rectify some of the problems facing Black adolescents in our communities. This is evident in the fact that many Black people are not exposed to therapy, or if exposed never go for therapy on issues such as domestic violence and abuse due to cultural beliefs. The research explores Solution Focused Group Therapy as a therapeutic approach that is brief, cost effective and possibly relevant to Black adolescents as its focus is on solutions rather than on problems. This study utilized the generic qualitative methods based on the exploratory paradigm. A case study of three Black adolescents, one boy and two girls, who have experienced domestic violence was used. The research found three main themes namely 1) the adolescents’ attitudes towards therapy; 2) the adolescents’ experiences of domestic violence; and finally 3) how adolescents related to Solution Focused Group Therapy. Findings revealed Solution Focused Group Therapy as best suited for black adolescents. However, Solution Focused techniques had to be adjusted to fit with the African culture of collectivism. An important contribution of this study was the information obtained which provided a new perspective on domestic violence in Black communities and the value of group therapy for Black adolescents. The information, which has emerged from this study, may be useful for psychologists working with Black adolescents.
**Abstrak**

Daar word aangedui dat Suid-Afrika een van die mees geweldadige gemeenskappe ter wêreld is. Die meeste vrouens en kinders van alle rasse en inkomstegroepe is slagoffers van hul lewensmaats of ouers. Daar word oor die algemeen aanvaar dat gesinsgeweld 'n belangrike oorsaak van stres in moderne sosiale ervarings is. Daar is egter 'n groot leemte in ons kennis oor die adolessent se siening en ervarings van gesinsgeweld in Suid-Afrika. Die fokus van vele studies is hoofsaaklik op vrouens se ervarings van gesinsgeweld. Gegewe hierdie rede is die fokus van die huidige navorsing om 'n wyse te ondersoek waarbinne hierdie adolessent geheel kan word om hul ervarings van gesinsgeweld te hanteer. 'n Aanname word gemaak dat Oplossingsgefokusde-groepterapie nuttig sal wees om die probleme wat Swart adolessent in die gesig staar, aan te spreek. Dit is duidelik in die feit dat vele Swart persone nie blootgestel is aan terapie nie, of indien hulle blootgestel is, nie terapie ontvang vir probleme soos gesinsgeweld of mishandeling as gevolg van kulturele gelowe nie. Die navorsing ondersoek Oplossingsgefokusde-groepterapie as 'n terapeutiese benadering wat beperk is in tyd, koste-effektief is en moontlik relevant is vir Swart adolessent aangesien die fokus op oplossings eerder as probleme val. Hierdie studie het gebruik gemaak van die generiese kwalitatiewe metodes gebaseer op die ondersoekingsparadigma. 'n Gevallestudie van drie Swart adolesent, een seun en twee meisies, waarvan almal gesinsgeweld ervaar het, is gebruik. Drie temas is aangedui deur die navorsing naamlik 1) die adolescente se houdings teenoor terapie; 2) die adolescente se ervarings van gesinsgeweld; en laastens 3) hoe adolesente kon aanklank vind by Oplossingsgefokusde-groepterapie. Die resultate toon aan dat Oplossingsgefokusde-groepterapie die beste gepas is vir Swart adolesent. Daar is egter gevind dat Oplossingsgefokusde-tegnieke aangepas moes word om te pas by die Afrikakultuur en kollektivisme. 'n Belangrike bydrae van hierdie studie is die inligting wat verkry is wat 'n nuwe perspektief bied aangaande gesinsgeweld in Swart gemeenskappe en die waarde van groepterapie vir Swart adolesent. Die inligting wat verkry is uit die studie kan nuttig wees vir sielkundiges wat met Swart adolesent werk.
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CHAPTER ONE

SCIENTIFIC FOUNDATION OF THE STUDY

1.1 INTRODUCTION

The devastating level of violence that exists in South Africa has touched all South Africans to a great extent. Violence in all its forms is common in our country and everyone experiences some form of violence (Jewkes, Levin & Penn-Kekana, 2002; Mashishi, 2000). McKendrick and Hoffman (1990) clearly demonstrate that by being part of a violent society, the lives of all are touched and tarnished by the violence: by perpetrating it legally or illegally, by being a victim of it, directly or indirectly, or by being a witness to it, firsthand or via the media. A lot of women and children of all races and income levels are victims of violence from their partners or parents rather than being victims of individuals outside the family (Harrington, Lynch & Dubowitz, 1999; Volpe, 1996).

The South African government, at the highest policy-making levels, has expressed commitment in addressing different forms of violence against women and children. Although there are a number of encouraging initiatives to curb domestic violence, such as the introduction of the Domestic Violence Act No.116 of 1998 and the establishment of progressive women’s groups mobilising against women and child abuse, there is, up to date, no co-ordinated national strategy to systematically address the problem holistically in the criminal, law enforcement, health and welfare systems. The government attributes this lack of progress to its overwhelmed efforts of trying to address the past imbalances, and in also trying to overcome patriarchal attitudes in society that condone domestic violence as a ‘private family matter’ (Vogelman & Eagle, 1991; Mashishi, 2000). Yet, recent statistical estimates based on various Non-Governmental Organisations surveys show that one in four women in South Africa was in an abusive relationship in 1999 (Bollen, Artz, Vetten & Louw in Vermaak & Jansen van Rensburg, 2003). These statistics urge prevention and intervention
strategies for women and especially children exposed to domestic violence (Vermaak & Jansen van Rensburg, 2003).

As a Black intern psychologist I was concerned with studying an intervention strategy for adolescents who have experienced domestic violence. Research is abundant on the needs, effects and experiences of women affected by domestic violence (Hutchings, 1988; Mullender, 1996; Fedler and Tanzer, 2000; Manabe, 2001); however research pertaining to adolescent experiences is few and far between. More so, research on Black adolescents and a therapeutic technique that the adolescents could relate to seems lacking. This research study focused specifically on young Black adolescents’ experiences of domestic violence and how they related to Solution Focused Group Therapy as a therapeutic intervention technique.

The first chapter of this study introduces the reader to the context and rationale of the research, the research statement, as well as a short introduction to the researcher. The aim of the study is outlined followed by an overview of the research methodology, which will include an overall design of the study. Finally, concepts are clarified and the ethical measures important for the research are discussed, followed by a summary of the chapter.

1.2 CONTEXT AND RATIONALE

“Regardless of how much effort has been made by care giving adults to keep it a secret, when a mother is battered, a child becomes a victim too.” (Senecal, 2002, p.1)

The past decades have seen the majority of Black South Africans living in a society in which violence has been part of their total existence (Dawes & Donald, 1994). Violence is prevalent in all societies to a greater or lesser extend, and will wax and wane depending on circumstances such as war, political oppression, democratic freedom, a military coup, or acts of terrorism. However, when for whatever reason the nation becomes severely polluted by violence, the corrosive effects permeate all layers of society, damaging natural institutions, community life, and family life so that no individual remains untouched by its vicious presence (McKendrick & Hoffman, 1990).
Violence can be attributed to a number of factors, such as neuropsychiatric conditions, religious fanaticism or beliefs, substance abuse, socio-economic status, personal or cultural belief systems (McGee, 2000) and can be physical, sexual, economical, emotional or psychological (Harrington & Lynch, 1999; McGee, 2000; Mullender, 1996; Vermaak & Jansen van Rensburg, 2003). According to (Vachs in Osofsky 1998, p.126) “some of the most destructive violence does not break bones it breaks minds”. Osofsky (1998) further points out that violence does not result in the death of the body; it results in the death of one’s soul. We are beset with reports of violence that are mind-numbing in frequency, intensity, cruelty and indiscriminate applicability to all ages, colours, genders and situations. Reports of violence upset, anger and frighten people in general.

Violent crimes such as shootings, terrorism, hijacking, taxi violence, murders, armed robbery and theft, have become common place in South Africa today and constitute an intricate abhorrent aspect of people’s lives that seems inescapable at present. People learn to adapt, adjust and to pray that nothing violent happens to them or any of their loved ones. However, when the violence emanates from the haven of their existence, their home, by the very people that profess to love them, that they trust implicitly and that are their role models, then the very fabric of their existence is shaken to the core (Osofsky, 1998; McIntosh, 2002).

The family is the microcosm of society (Gladding, 1998), therefore violence in a particular society is invariably linked to the high levels of domestic violence. Yet the reverse is also true in that an understanding and acceptance of violence in the home facilitates and perpetuates violence in a wider society (McKendrick & Hoffman, 1990). Therefore, the prevalence of domestic violence is a “life threatening problem facing our society” (Vermaak, 2003, p.2).

Human beings can live with many adversities and manage to rise above them and progress because of their innate resilience. They can, to an extent, live with the societal and world violence as long as they manage to dodge the bullets. However, when violence is from within the most solid, stable and important structure of their existence then they are damaged to the crux (Hutchings, 1988).
Contextually, as Campbell (1992) states, violence in the Black African society is perpetuated by a crisis in African masculinity. Violence is seen as being a compensatory mechanism whereby men have sought to reassert their masculinity within the families and have learnt to be violent. Campbell reports that the family is also seen to contribute in teaching men to be violent (1992). African men therefore view violence as a socially sanctioned means of resolving conflict. Violence against mothers and children by their fathers or violence by older brothers to their siblings takes place under the disguise that men are policing their family (Campbell, 1992).

In the Western world it seems that there is openness towards disclosure of domestic violence. Yet the South African context cannot be seen only as Western but also includes specific African cultures and these cultures’ perspective on the disclosure of domestic violence differs from the Western perspective. As a result of the silent and sensitive nature of most of domestic violence acts within the Black South African communities (Mashishi, 2000), victims find it difficult to acknowledge the need for therapy. In addition, the concept of therapy is fairly new within Black communities and thus Black South African adolescents live in high-risk environments where they are prone to manifest anxiety, depression, withdrawal and fear due to their exposure to domestic violence (Vermaak & Jansen van Rensburg, 2003). Much as some adolescents learn to survive despite the family circumstances, a majority of these adolescents are trapped by what takes place at home. Vermaak and Jansen van Rensburg (2003, p.10) concur and aptly state that when adolescents witness domestic violence it “impacts negatively on their communication and negotiation skills”.

Many Black adolescents have not been exposed to therapy, or if exposed never go for therapy on issues such as domestic violence and abuse due to family and cultural boundaries. However, these adolescents strive to survive within those conditions without any psychological intervention. Wade in Berg and de Shazer (1997) observes that those people who seek therapeutic intervention due to domestic violence or other forms of oppression have a history of prudent, creative and determined resistance. This has therefore shown that people who are badly treated can resist. Considering the above mentioned issues, my main concern as a Black therapist was to explore a therapeutic approach for Black adolescents to deal with experiences of domestic
violence. This therapeutic approach was to be brief, cost effective and culturally relevant.

According to Sharry (2001), Solution Focused Group Therapy has been applied in many settings including work with adolescents and in particular those who have experienced domestic violence. Yet this has not been researched within an African context. Due to the collective nature of Black South Africans (this will be discussed in detail in Chapter Two) I decided to conduct research on Solution Focused Group Therapy and how adolescents relate to this approach. Solution Focused Group Therapy proposes to establish collective goals and to “harness the group’s resources and strengths” (Sharry, 2001, p.1) moving “away from explanations, problems and pathology towards solutions, competence and capabilities” (Sharry, 2001, p.7).

Owing to South Africa’s past imbalances and past hurt focussing on the past would serve no purpose. It is for this reason that my dissertation has focussed on Solution Focused Therapy rather than traditional regressive therapy. As a Black therapist, working with Black clients, our tradition and culture are different from the Western world. Therefore coming to therapy for a Black client has a totally different meaning than coming for therapy from a White client’s perspective. Black clients find it difficult to talk about problems yet need advice or a solution to the problem. As mentioned earlier, due to its brief, cost effective and culturally relevant nature, the researcher made an assumption that Solution Focused Group Therapy would go a long way to rectify some of the problems facing Black adolescents in communities.

1.3 A RESEARCHER’S PROFILE

With the currently high domestic violence rate in Black communities in South Africa, there was a need to investigate how Black adolescents experience this phenomenon as this has been a much neglected area in terms of research. My interest in this topic was sparked a few years ago when I began to realise that there were significant areas of my life that were informed by my own exposure and experiences as a child living within a violent family and society. I began to realise how I had unconsciously constructed a self-narrative that limited my life in terms of possibilities.
Somehow, in relation to certain social situations, I remained distant, a frightened little girl. Looking back I see that like many victims, I remained silent as I thought that nobody could protect me: not the law and not even my mother as she was also a victim. I could not talk about it to peers, or my teachers, as it was said to be a “family issue”. As rightly quoted by Vogelman and Eagle (1991, p.2) “... domestic violence takes place within an ideological context that views the family or household as a private domain within which conflict should be contained and settled without outside interference”. I had no idea how to protect myself other than to retreat into books and silence.

As a Black woman I was brought up in a culture where incidents of domestic violence were to a great extent ignored or given scant notice or treatment. Looking at it now, it is as though we averted our eyes from violence in the family because we do not want it to happen and believe that it should not happen. When forced to acknowledge its existence it is as if we attempt to deny that it is widespread or severe or that it happens between ‘normal’ people. Everybody in the family is affected by domestic violence; children too. As aptly stated by Evans (1997, p.3) that “when a mother is battered, a child becomes a victim too”. Research has been conducted on young children and domestic violence, however, a large gap in our knowledge about the adolescents’ view and experiences of domestic violence in South Africa exists. The focus in many studies has been mainly on women’s experiences of domestic violence (Kacen & Motsei, 2002, 2002; Mashishi, 2000; Saunders, 2001). For this reason the focus of this research was to explore a way in which these adolescents’ could be helped to deal with their experiences of domestic violence.

I strongly feel that adolescents coping with the grief of the death of parents are often given much more attention and recognition for what they are feeling and experiencing than adolescents of violent families who experience much of the same hurt and pain. Yet these adolescents often receive very little help, understanding and support. This research presented me with an opportunity to gain greater understanding and insight into the experiences of domestic violence as seen by Black adolescents and to explore Solution Focused Group Therapy as a means of intervention.
1.4 RESEARCH QUESTION

Taking the above mentioned context and rationale into consideration the following research question emerged:

How do Black adolescents relate to Solution Focused Group Therapy as a therapeutic approach in dealing with their experiences of domestic violence?

Other sub questions explored in this research were:

- How did the Black adolescents view therapy?
- How did these Black adolescents experience domestic violence?

1.5 AIM OF RESEARCH

The overall aim of the study was to explore Solution Focused Group Therapy as an approach to helping Black adolescents who have experienced domestic violence. In order to achieve this aim a theoretical framework was constructed that consisted of readings on Solution Focused Group Therapy and its goals, domestic violence within the family, adolescence, Black culture and the roles of both the therapist and the client in therapy. In order to explore the clients’ relatedness to the therapeutic approach, it was necessary to understand Black philosophy and the Black culture as a way of being.

The study was therefore aimed at:

♦ Exploring how Black adolescents related to Solution Focused Therapy as a therapeutic technique.

The research method utilised in this study will now be discussed.
1.6 RESEARCH METHODOLOGY

A brief description of the research design is given in this section. A detailed description will be given in Chapter Three.

Strauss and Corbin (1990) maintain that qualitative research can be used to uncover and understand what lies behind any phenomenon about which little is yet known. This approach can also be used to gain a novel and fresh slant on things about which quite a bit is already known. The design in this research study will be qualitative, exploratory, descriptive and heuristic (Strauss & Corbin, 1990; Mouton & Marais, 1994; Marshall & Rossman, 1999).

1.6.1 QUALITATIVE RESEARCH APPROACH

Merriam (1998, p.5) defines qualitative research as “an umbrella concept covering several forms of inquiry that help us understand and explain the meaning of social phenomena with as little disruption of the natural setting as possible”. Qualitative research can further be explained as a multi-perspective approach to social interaction that is aimed at describing, making sense of, interpreting, or reconstructing interactions in terms of the meaning that the participants attach to it (McLeod, 2001).

This study utilizes the generic qualitative method based on the exploratory paradigm. According to Merriam (1998), generic qualitative research seeks to understand a phenomenon, a process, or the perspective and worldview of the people involved. This involves the study of natural processes, which are observed in the natural setting in an effort to discover facts and perspectives. In this research the natural process of Solution Focused Group Therapy was studied to discover how the Black adolescents related to the therapeutic technique. Grinnell (1993, p.152) describes explorative research as useful when “little is known about the field of study”. As little is known about how Black teenagers relate to Solution Focused Group Therapy, a qualitative exploratory research approach was used.
1.6.2 EXPLORATORY CASE STUDY DESIGN

A research design is the science and art of planning procedures for conducting studies so as to get the most valid findings (Vogt in Hussey & Hussey, 1997). A case study design was used and viewed as an intensive, holistic description and analysis of a single instance, phenomenon or social unit (Merriam, 1998). The social unit or case in this study was a group of Black adolescents who have all experienced domestic violence. A case study design was employed to gain an in-depth understanding on how Black adolescents relate to Solution Focused Group Therapy.

1.6.3 PURPOSEFUL SAMPLE SELECTION

Purposive sampling was used in this research. According to Neuman (2000) it is used in selecting cases with a specific purpose in mind. Merriam (1998) also refers to purposive sampling as a method in which information-rich cases are selected in order to gain insight and understanding from which a great deal can be learned. A purposeful sample selection of three Black adolescents who have experienced domestic violence was made in order to gain as much information as possible.

1.6.4 METHODS OF DATA COLLECTION

The data collection methods used in this study were participant observation, field notes and video transcripts. Each therapeutic session was recorded as observation sessions. Video recordings and field notes were used in the process of data collection. The clients’ verbal and non-verbal language and behaviour in therapy was recorded and transcribed. Each method of data collection will be discussed in detail in Chapter Three.

1.6.5 METHODS OF DATA ANALYSIS

Marshall and Rossman (1995, p.111) indicate that “data analysis is the process of bringing order, structure and meaning to the mass of collected data”. Data analysis in the current study was based on a content analysis method of data analysis. According
to Weber (1985) this method is based on an inductive way of categorising information by consolidating, reducing and interpreting data into categories. Miles and Huberman (1994) further explain data analysis as a process of inductively forming categories and sorting out things. Data analysis involves a process of data reduction, data display and conclusion drawing.

1.6.6 FINDINGS OF THE RESEARCH

The research findings in this study will be displayed in a form of matrixes. Denzin and Lincoln (1998) refer to data display as an organised collection of information that allows for the data to be interpreted and conclusion deduced (see Appendix C-E).

1.7 CONCEPT CLARIFICATION

Throughout the study the terms ‘domestic violence’ and ‘family violence’ will be used interchangeably as they carry the same meaning. The term ‘Black’ is used throughout this research to denote those of indigenous African origin.

1.7.1 DOMESTIC OR FAMILY VIOLENCE

According to Levinson (1989, p.11) a ‘family’ is defined as a social group characterised by common residence, economic co-operation, and reproduction. This definition concurs with that of Orton (1997), that a family is a group of people who love and care for each other. This includes the nuclear family, single parent family, childless family and intergenerational family. ‘Violence’ can be defined as the ability to exert physical force on others, and also the ability to appropriate people’s symbols and information, as well as their territory and economic resources (Bradby, 1996). Violence can be categorised in terms of the “relationship between the aggressor and the intended target of the violent act”: household members, acquaintances and strangers (Levinson, 1989, p.39).
Furthermore, the Domestic Violence Act No.116 of 1998 maintains that domestic violence is any one or more of the following forms of conduct performed by a respondent in respect of a complainant which consists of:

- Physical abuse
- Sexual abuse
- Emotional, verbal or psychological abuse
- Economic abuse
- Intimidation
- Harassment
- Stalking
- Damaging property
- Entry into complainant's residence without consent
- Any other controlling or abusive behaviour towards the complainant.

Therefore, domestic violence can be clustered into four categories namely: physical violence, sexual violence, psychological abuse and abuse to property. Exposure to this form of violence is considered life-threatening, as victims are left with the sense of vulnerability and helplessness (Volpe, 1996).

1.7.2 ADOLESCENCE

'Adolescence' can be described as a period of great storm and stress as well as physical, mental and emotional potential. It is further seen as "a period of energy alternating with lethargy, exaltation with expressive gloom, childish selfishness with altruistic selfishness, conceit with humility, tenderness with cruelty, curiosity with apathy" (Conger in Lefson 1997, p.17). Vermaak and Jansen van Rensburg (2003, p.10) explain adolescence as a demanding and challenging developmental period in terms of biological, cognitive, emotional and social aspects. During this stage adolescents struggle with their sense of identity versus confusion and are in a searching period of "who they are", "where they belong" and "what do they want out of life". When adolescents are exposed to domestic violence at this stage, they are
prone to maladaptive practices and difficulties in establishing healthy relationships (Vermaak & Jansen van Rensburg, 2003).

1.7.3 SOLUTION FOCUSED THERAPY

Solution Focused Therapy is a brief systems psychotherapeutic approach with the goal of accomplishing client change. The approach uses pre-treatment changes by utilising clients' resources and building on what the clients are already doing that is working for them and reinforcing those behaviours. It does not focus on the clients' problem, its cause and development, but rather towards their solutions, competence and capabilities. Neither does Solution Focused Therapy focus on pathology (Sharry, 2001).

Walter and Peller (1998, p.10) further define Solution Focused Therapy as "a model and a way of thinking" about how people change and reach their goals. It is seen as the way therapists converse with their clients with the goal of constructing solutions together. Solution Focused Therapy will be discussed in detail in Chapter Two.

1.7.4 GROUP THERAPY

According to Corey and Corey (1987, p.10), group therapy offers unique therapeutic possibilities. It is the dynamics eminent within groups that provide support, caring, confrontation, and other unique qualities that are not found in individual therapy. Members within groups are exposed to new social skills and offered the opportunity to apply some of their new knowledge. Sklare (1997) also views group therapy as applicable in Solution Focused Therapy as it resembles family therapy in that group members provide feedback to each other based on their observed interactions in therapy.

Solution Focused Group Therapy aims at bringing people together to support and encourage one another towards similar goals. A therapeutic group aims at creating a group culture that is positively influential, so that members can literally learn 'how to feed' one another. Its focus is to establish goals that are "collectively and mutually
beneficial to group members so as to harness the group's resources and strengths which will empower members to make realistic steps towards their set goals in the short term” (Sharry, 2001, p.1).

1.8 ETHICAL MEASURES

The researcher had to consider the ethical responsibilities associated with qualitative research (Silverman, 2000), therefore participation was voluntary and participants were clearly made aware of their right to withdraw from this study at any time, without explanation or prejudice.

1.8.1 INFORMED CONSENT

A pivotal ethical issue in research is informed consent. What makes this a principal issue is the fact that many other topics, such as deception and invasion of privacy, are encompassed. It is therefore crucial for the researcher to obtain informed consent from the subjects who are taking part in the research (Hadley & Mitchell, 1995). In this study informed consent was obtained from the participants, their parents and the school. No participant was coerced into participating, thus participation was voluntary. The group was made aware of their rights and what they were getting involved in before they signed the written agreement to participate. They were also well informed regarding the nature of the study, and their responsibilities towards this study.

1.8.2 PRIVACY

Confidentiality and anonymity are issues that are closely related with protection. Therefore, the information shared in the therapeutic sessions will remain confidential as it is regarded as the private property of the participants. The participants remain anonymous as their names were changed and a guarantee of anonymity and confidentiality of records were laid out in the consent form.
1.8.3 BENEFIT OF THE STUDY

The study benefited the participants in the sense that after terminating therapy they were able to deal with their experiences of domestic violence in a positive way and began to focus on their future dreams. The community also benefited in that this form of approach will also be used in addressing other adolescents in the community who are going through the same experiences and also to use the group as peer facilitators to start support groups for such adolescents.

1.9 PLAN OF THE STUDY

The remaining chapters of this research will contain the following:

In Chapter Two a theoretical orientation of the study will be outlined. Black adolescents’ experiences of domestic violence and how they relate to Solution Focused Group Therapy as a therapeutic approach will be explored. The specific research method and research design used in this study will be presented in Chapter Three. In Chapter Four the data collected from the participants will be discussed and analysed. Data will also be interpreted with supporting literature. Chapter Five will be devoted to the findings and consolidation of this study. Attention will be given to limitations of this study, and recommendations with regard to further research will be made.

1.10 CONCLUSION

In conclusion, it seems as though the violent circumstances in which we grow up in our Black communities will colour our personalities and view of life thereafter. As Shmukler (1989) clearly reflects, the Black child’s world is dominated by political events, police presence and violence against a backdrop of deprivation and poverty. Therefore, in order for intervention to be effective, there is a dire need for us, as professionals in the helping fields, to understand and be sensitive to the cultural ethos inherent in those we serve. It is important for us to learn from them and to be willing to be truly empathic by allowing ourselves to enter their world with respect and value.
for who they are. Lastly, it is important to remember that our adolescents are not a *tabula rasa*, but rather people whose state of mind has been altered by the violence and oppression they have undergone in their families.

Chapter One was used to create the framework for the study. The context and rationale of the study was outlined. The context presented was used to identify the research question, which generated sub-questions that were used to formulate the aim of this study. The chapter also briefly outlined the research method and research design to be used in the study. Concept clarification was presented and finally ethical measures undertaken in this study were discussed.

Chapter Two will be devoted to the exploration of literature providing the background to Black philosophy and culture, adolescence and domestic violence and lastly Solution Focused Group Therapy as a therapeutic approach.
CHAPTER TWO
THEORETICAL ORIENTATION

2.1 INTRODUCTION

The devastating level of violence that exists in this country has touched South Africans to a great extent. It is not just the high rate of violence, but its meaningless, excessive and brutal nature, which is a great cause for concern. While other countries are faced with bombings, terrorism and civil wars, South Africa is known for its violent scenes in homes (Sowetan, 2003). Physical, emotional and psychological scars are consequences of this violence. The home is often perceived to be the “training school for violence”, as many see it as a means of control over others, a way of exerting power and a means to legitimise the roles of family members (Hutchings, 1988, p.17).

According to the Domestic Violence Act No.116 of 1998, domestic violence is viewed as a serious social evil. It is also evident in the Act that the incidence of domestic violence in South African families is high, that the victims of domestic violence were among the most vulnerable members of the society, and that domestic violence takes on many forms. This act also proposes that acts of violence may be committed in a wide range of domestic relationships and that the remedies provided to the victims of domestic violence have proved to be ineffective (Domestic Violence Act No. 116 of 1998, p.121).

Domestic violence in Black South African families tends to take many forms and often escalates in severity over time. Some forms of domestic violence are common world-wide, others are limited to specific communities, cultures and geographical regions and some are more dangerous than others (Mullender, 1996). What is of great concern, however, whatever the form of violence is that there is one thing in common for all of them, they humiliate and control victims, especially when victims are children (McIntosh, 2002).
Many studies show that there are various factors that lead people to be violent within their families. They may be affected by societal factors relating to cohabitation and marriage; economic factors such as poverty and unemployment; marital factors such as relationship dissatisfaction and power relationships and personality factors such as aggressiveness, low self esteem and anger (Mullender, 1996; Peled et al., 1995; Smith, 1989; Stark & Flitcraft, 1988; Thorman, 1982). Whatever the reasons behind the violence, most children become the silent and unnoticed victims of these violent acts. People want to believe that domestic violence will relieve all their stresses - but it does not wipe the slate clean. Vermaak and Jansen van Rensburg (2003) argue that the primary victims at risk of domestic violence are not only partners; but domestic violence also impacts negatively on the development of children who witness it. This is even worse when adolescents find themselves trapped in that violent situation. The study views a family in terms of its nuclear, extended and intergenerational nature. Therefore, in this study, the researcher will focus on domestic violence as occurring in the home, where the perpetrators are significant members of the family.

This chapter is a literature study. A theoretical orientation to the main concepts of the study was necessary as a baseline. In exploring how Black adolescents who have experienced domestic violence relate to Solution Focused Group therapy, it was critical to understand the Black philosophy and culture. A clear exploration of domestic violence as an issue within Black families was also made. As the focus of the study was on Black adolescents, I found it important to look at the concept of adolescence, and how domestic violence affects them. An in-depth theoretical literature review of Solution Focused Group Therapy as a therapeutic intervention was discussed in this chapter. Finally, a summary of the chapter is provided.

2.2 BLACK PHILOSOPHY AND CULTURE

"A culture can shed off many of its traits and gather foreign accretions without losing its identity" (Wiredu, 1992, p.65)

In defining culture, (Pare in Manabe, 2001, p.8) sees culture as “a community of individuals” who see their world in a particular manner and who share particular
interpretations as central to the meaning of their lives and actions. The author further explains that culture depicts a collection of people in terms of their practices and thus gives primacy to the interpretive, cultural and narrative aspects of lived experiences.

To understand domestic violence among Black families, it is important to understand the Black or African culture. Makhale-Mahlangu (1996) argues that there is a lot of debate in literature regarding African or Black philosophy and culture. (Mudimbe in Byrne 1994, p.17) supports the author by raising questions such as “what is Black philosophy, who has the right to describe it, comment upon it or present opinions about it?” Wiredu (1980) further reiterates that culture is a complex phenomenon. Its meaning goes beyond art, song and dance to include everything that is connected with people’s way of life. However, (Gyeke in Abrams, 1991, p.126) is of the opinion that Black philosophy is “constructed on the basis of cultural elements and traditional life.” Throughout the world, African people’s view of the world is that of universal oneness. Gyeke thus views culture in a metaphoric saying that “the African cosmos is like a spider web: its element cannot be touched without making the whole vibrate, everything is connected, interdependent” (Abrams, 1991, p.126).

However, in the South African context, this web has been partially disturbed by Western culture. Black South Africans have no ‘pure’ African culture, as they have to some extent assimilated the Eurocentric world-view. Even though most of these African characteristics in South Africa have been eroded; they are not totally extinct. Makhale-Mahlangu (1996, p.1) refers to Black characteristics as “deeply and innately embedded in the African Persona”. This “Black African Personality”, as communicated by Balwin (1981), Sofola (1973) and Tembo (1990), is an essential humane and moralistic cultural characteristic (Makhale-Mahlangu, 1996, p.2).

An important characteristic of the African personality is the understanding of the concept of ‘self’. In the Western tradition this is understood in the context of uniqueness and the ethnocentricity of the individual. However, in the African context the ‘self’ is seen as an interdependent entity shared with all members of the tribe (ethnic group) or community. This then becomes the lens in which to understand the function of the person in the African perspective. It is in this regard that psychologists
working with Black clients are challenged to emphasize the relationship and the interconnection between people, rather than focusing on the separateness, uniqueness or individuality of the person.

Despite our Eurocentric world-view, as Black South Africans we still have not dimmed the African intergenerational legacies of family relationship, group solidarity, the belief in the moral philosophy of respect for the elders and worth of human beings as opposed to material worth (Ivey, Ivey & Simek-Morgan, 1997). For us, living in harmony with nature is an element of socialization and development of the Black African child. Therefore, social gatherings among us, as Black people, constitute a high priority value. The Afrocentric world is summed up by Cheatham (1990):

"Unlike the Western philosophic system, the African tradition has no heavy emphasis on the individual; the individual's being is authenticated only in terms of others....there is a sense of corporate responsibility and collective destiny as epitomized in the traditional African self-concept: "I am because we are; and because we are, therefore I am." (Ivey, Ivey & Simek-Morgan, 1997, p.139)

Mokgoro (1998) reiterates the abovementioned statement by defining the concept of "Ubuntu" as an age-old African term for humaneness - for caring, sharing and being in harmony with all creations. According to the author, Ubuntu as an ideal means the opposite of being selfish and self centred. It promotes co-operation between individuals, cultures and nations (Mokgoro, 1998). Ubuntu thus empowers all to be valued and to reach our full potential in unity with all around us, and can be further described as a philosophy of life representing humanity, humanness and morality. Ubuntu is underpinned by social values such as group solidarity, conformity, compassion, and respect for human dignity, a humanistic orientation and collective unity (Mbili, 1991; Mbigi, 1997; Mokgoro, 1998; Mudimbe, 1988).

It is also interesting to note that, as opposed to the Western way of viewing mental disorders and psychotherapy, which isolates the person from the social context and people, Africans view the whole family and society as participants in restoring health and order. For us, coming together has a curative force during the times of illness, traditional healers, religious leaders, the elders and the immediate members of the
family are all gathered in group participation as a form of treatment (www.africawithin.com). The same method is also applied in cases of family problems such as domestic violence. During this period family members have to report these problems to the abovementioned leaders and hope that the situation improves. However, during the process the children within this violent family are not even considered as they are viewed as not being affected by the violence. Therefore, it is important that the psychologists working with Black clients in therapy address the social as well as the cultural reality of the people they serve. Among others, these psychologists must posses an extensive body of knowledge about Black culture. (De Jong in Charlton (1996, p.57) mentions the need for the following knowledge:

- Causes, cures and prevention of diseases and other causes of suffering
- Witchcraft and sorcery
- Communicating with the spirits of the dead
- Rituals, possession dances and singing
- Dream interpretation

Charlton (1996) proposes that psychologists be aware of the differences between collectivism and individualism when working with Black clients. ‘Collectivism’ is defined in terms of its themes of self-definition as part of the group, subordination of personal goals to in-group goals, concern for the integrity of the in-group and intense emotional attachment to the group (Triandis, Bontempo & Vilarelal, 1988). ‘Individualism’, meanwhile, is viewed as self-definition, an entity that is distinct and separate from the group. Emphasis is on personal goals, even if pursuit of such goals inconveniences the in-group (Triandis, Bontempo & Vilarelal, 1988). The differences between individualism and collectivism are illustrated in Table 2.1. Group therapy seems to fit with the collective characteristics of Black philosophy. In their study of domestic abuse projects, Peled and Edleson (1995) also suggested group work with children as being able to achieve major goals of allowing participant adolescents to break the secret of violence, enhancing their ability to protect themselves, strengthening participants’ self-esteem and providing a safe and fun environment in which the adolescents can have positive experiences (Peled & Edleson 1995).
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<th>Collectivism</th>
<th>Cultural Patterns</th>
<th>Individualism</th>
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Table 2.1: Differences between collectivism and individualism (Charlton, 1996, p.47.)
Sharry (2001) argues that Solution Focused Group Therapy mirrors a growing consumer and cultural preference for strengths-based and briefer forms of therapy. The approach also empowers members individually and collectively to take action, thus presenting group members with a collaborative way of using resources they possess. As in the African culture, Solution Focused Group Therapy offers group members an inherent therapeutic power that brings them together to help one another, giving rise to increased optimism, support and learning and creating a positively influential group culture so that members can, as aptly stated by Sharry (2001, p.1) “literally learn ‘how to feed’ one another”.

It is in this breath that Group Therapy was selected to explore how Black adolescents who have experienced domestic violence relate specifically to Solution Focused Group Therapy. This approach to therapy does not dwell with the past but focuses on solutions, thus allowing adolescents to focus on their positive experiences through the use of problem-free talk, exceptions, miracle questions and positive messages (Wheeler, 2001; De Jong & Berg, 2002; Rhodes, 1993). Solution Focused Group Therapy is discussed in detail in sub-section 2.6.2 of this chapter.

2.3 THE PHENOMENON OF DOMESTIC VIOLENCE

“... Domestic violence takes place within an ideological context that views the family or household as a private domain within which conflict should be contained and settled without outside interference’s” (Vogelman & Eagle, 1991, p.2)

Although the recognition of domestic violence as a developing social problem is still relatively new in South Africa, it is by no means a new phenomenon. Historically, domestic violence has been a feature of life for most women in all countries, races and ethnicities and is a pervasive, systemic and global issue. While South African streets have become dangerous for all, the home is often perceived as the most dangerous place for women and children (Fedler & Tanzer, 2000). The perpetrators of domestic violence are often known to the victims, and may be their partners, uncles, grandparents or acquaintances.
In Black communities domestic violence is one of the major family crises in which social support disappears. Neighbours think it is none of their business and friends are often afraid that they will have to take sides. This leads to the prolonged and serious nature of domestic violence; escalating in frequency and intensity over time (Smith, 1989). In South Africa the government is beginning to recognize domestic violence as a public health issue that is related to depression, suicidal ideation and a host of other psychological problems for women, children and adolescents (Domestic Violence Act, 1998). This is further supported by researchers such as (McGee, 2000; Vermaak and Jansen van Rensburg, 2003) that domestic violence has damaging psychological effects for children and adolescents who witness it.

Yet what constitutes domestic violence? McIntosh (2002) describes domestic violence as an inherently non-thinking state of mind. Children living in angry homes experience many forms of violence and find themselves in a profound web of “unthinkingness” within which this violence is propagated (McIntosh, 2002, p.2). Due to the unavailability of reliable methods to capture data, and the fact that families do not disclose, it is difficult to establish the rate of domestic violence in Black South African families. As in many other countries, women and children in South Africa are abused behind closed doors. According to Durbin in Smith (1989) domestic violence is the most unreported crime and he estimates that it is probably ten times more unreported than rape. Much as it is thought that domestic violence is a crime only rarely reported to the police, there are no agreements as to what proportion is reported (Vetton, 2000). The silent nature of domestic violence is succinctly described by Edwards (in Smith, 1989, p.6) as:

"... an elusive research topic: it takes place behind closed doors; is concealed from the public eye; and is often unknown to anyone outside the immediate family".

Domestic violence can take various forms, such as physical violence, sexual violence, emotional violence, economic violence and verbal violence. Irrespective of its form, violence has physical and psychological effects on the victim and escalates in frequency and severity over time (Goosen & Shaik, 1998; Mullender, 1996; Smith, 1989). According to (Dobashes in Smith, 1989), there is no precise time at which episodes of domestic violence begin or end: instead they form part of a continuing
relationship. This is further supported by Walker’s cycle of domestic violence (in Braverman, 1988) which has three distinct phases varying in both time and intensity. These phases are:

a. Tension-building phase
During this phase the perpetrator looks for mistakes made by the targeted victim. There are minor battering incidents where the victim is made to always feel apologetic and avoids upsetting the perpetrator. These incidents lead the victim to learn various techniques such as staying out of his way, blaming herself, openly acknowledging the perpetrator’s supremacy over her, and never allowing herself to become or show anger towards the abuser. However these techniques lead to the second phase (Braverman, 1988).

b. Acute phase
During this period the perpetrator physically abuses the victim. At this stage the victim “gets the beating whatever her response is” (Smith, 1989, p.21).

c. Tension reduction or honeymoon phase
This is the most controversial phase of the violence as the perpetrator apologises and promises not to do it again. He buys her gifts and helps with household chores. At this phase the perpetrator’s behaviour is “typical of a little boy who has done something wrong; that is he confesses... and cries for forgiveness” (Smith, 1989, p.21). The author further explains that it is at this stage that the victimisation is complete; she carries on in the relationship and “she becomes an accomplice to her own battering” Walker (in Smith, 298, p.22). Literature shows that there are also various factors contributing to domestic violence, such as economic inequality between men and women; acceptance of violent conflict resolution mechanisms and male authority and control of decision-making (Campbell 1992; Lupton, 1994; McKendrick & Hoffman, 1990; White, 1995). Since this is not the focus of this research, these factors will not be dealt with in detail. Figure 2.1 shows a diagram of the cycle theory of domestic violence.
In as much as domestic violence is seen in the eyes of spousal abuse, for some years now, research has provided evidence that violence does not go unnoticed by children in the family (McGee, 2000). This is reiterated in Hendriks et al. (1993, p.172) in saying:

"There is still a very common assumption that the troubles of childhood will pass, that children are resilient, that they forget. The truth is that children's lives are continuous. The scars of early childhood do enormous emotional damage in the present to the child". (Hendriks et al., 1993, p.172)

Children's early life experiences and relationships affect the way they mature (Bhana & Hochfeld, 2001). According to the physiological theory, children develop according to phases. For them to be able to move through each phase, they have to develop in the core areas of that stage towards a more matured developmental phase. Children who experience domestic violence find it difficult to go through these stages easily and in a healthy manner as domestic violence has a negative impact on their physical, behavioural and psychological/emotional development (Bhana & Hochfeld, 2001; Vermaak & Jansen van Rensburg, 2003). Johnson in Bhana and Hochfeld, (2001, p.9) gives an illustration of likely problems that will occur due to unresolved developmental tasks on children experiencing domestic violence.
Much as the researcher's focus is on adolescents' experiences, it is of importance to focus on all the phases as these adolescents would have experienced them while growing up in violent families. According to McGee (2000), children and adolescents who have experienced domestic violence will display feelings of fear, sadness, anger and powerlessness. This will have an impact on their sense of identity, health, education, relationship with significant others, friendship and extended family (McGee, 2000; Vermaak & Jansen van Rensburg, 2003). Table 2.2 is an illustration of childhood developmental tasks:

<table>
<thead>
<tr>
<th>LIFE STAGES</th>
<th>TASK TO RESOLVE</th>
<th>LIKELY PROBLEMS IF TASK REMAINS UNRESOLVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy</td>
<td>Trust vs. mistrust</td>
<td>Hopelessness, depression, anxiety</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self-doubt, withdrawal, dependence</td>
</tr>
<tr>
<td>Play age</td>
<td>Autonomy vs. shame and doubt</td>
<td>Developmental delays, anxiety, depression</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nervousness, problems, self-consciousness</td>
</tr>
<tr>
<td>Younger school age</td>
<td>Initiative vs. guilt</td>
<td>Sense of inferiority, guilt</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self-esteem, mood</td>
</tr>
<tr>
<td>Older school age</td>
<td>Industry vs. inferiority</td>
<td>Sense of inferiority, work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self-esteem, mood</td>
</tr>
<tr>
<td>Adolescence</td>
<td>Identity vs. identity confusion</td>
<td>Sense of identity, work</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self-esteem, mood</td>
</tr>
</tbody>
</table>

Table 2.2: Childhood Developmental Tasks
2.4 ADOLESCENCE

Adolescence can be defined as the transitional phase from childhood to adulthood. The onset is marked by the physical changes characteristic of puberty (Lefson, 1997). Adolescence is considered complete when young people accept adult roles and responsibilities, including sexual independence. It is during this phase that important lifestyle decisions are made (Greathead, 1998). The study of adolescence is a study of contrasts, change, experimentation and growth (Lefson, 1997). The society in which the adolescents grow has an important influence on their development, relationships, adjustments and problems. The expectations and pressures of the society mould their personality, influence their roles and guide their futures. The structure and functions of their families and the society either help them fulfil their needs or create new problems by stimulating further tension and frustration.

Adolescence can be described as a period of great storm and stress as well as physical, mental and emotional potential. Conger in Lefson (1997, p.17) further sees adolescence as “a period of energy alternating with lethargy, exaltation with expressive gloom, childish selfishness with altruistic selfishness, conceit with humility, tenderness with cruelty, and curiosity with apathy”. It is also at this stage that adolescents are struggling to achieve an identity of their own and to finding a personal answer to the age-old question “who am I” (Vermaak, 2003, p10). Long et al. (1987, p.15) further describe it as a “time of stress, turmoil, transition and questioning”. At this stage the adolescent experiences the highs and lows of emotions and because of the changes in their lives, adolescents find it difficult to describe their pain. Furthermore, Long and Forehand (1987) state that adolescents are pressured to succeed and they are expected to perform up to standard (Long et al. 1987). They need to be trusted and given the freedom to make some significant decisions and they need the faith and support of caring adults (Corey & Corey, 1987).

The ability to express emotions and articulate feelings of lowered mood is tied to cognitive maturity, which is in the process of occurring at this stage of development (Long et al., 1987), thus making it difficult for the adolescent to express the pain s/he is feeling. Adolescents are often afraid of being overwhelmed, they feel vulnerable
and need a strong family structure. They need rules and understanding that parents care about them and that they care about their parents. In this respect, Wallerstein and Blakeslee (1990, p.171) claim that:

"Parenting is never more needed, nor more challenged than with adolescents. As youngsters deal with the impulses of the increasing sexual maturity, they need to know that the world has stability, that there is right and wrong, give and take. Moreover, it is critically important for adolescents to have a home that is a safe haven when the world gets too competitive, too hurtful or too frightening".

It is at this stage of life that children are impressionable and vulnerable to a myriad of influences that affect aspects of their lives. Adolescents are at the threshold between childhood and adulthood, and they want to look and feel like adults overnight. This includes dabbling with issues they are not mature enough to handle, often having detrimental effects on them (Kimmel and Weiner, 1995).

### 2.5 Adolescence and Domestic Violence

The multifaceted nature of adolescents’ development makes it a time ridden with conflicts and stress. At this stage many of them are capable of surviving this period with the help of family, friends, school and society. However, there are others who do not have the support during this crucial time, and resort to other ways of trying to cope with the stress of approaching adulthood (Mel & Weiner, 1995). When domestic violence becomes overwhelming, the meaning of life itself disappears. McIntosh (2002) further argues that adolescence is a stage of life when healthy parents are expected to bring the world to the child in manageable doses. They must make their adolescents’ experience of life manageable, tolerable, and thinkable. Their role is to allow life’s rough, real experiences into their children’s lives in ways and means that can be thought about and integrated usefully into increasing capacities to function independently in the world. However, it is at this period of life that children from violent families do not receive these parental functions of protection and thought, and it is thus prone to break down in a spousal violence dynamic (McIntosh, 2002; Wallerstein & Blakeslee, 1990; Vermaak & Jansen van Rensburg, 2003).
In sum, for most people adolescence is a difficult period, characterized by many paradoxes. Corey and Corey (1987, p.283) succinctly sum this by saying: “Adolescents strive for closeness, yet also fear intimacy and often avoid it. They rebel against control, yet they want direction and structure. Although they push and test limits imposed on them, they see some limits as a sign of caring. They are asked to face and accept reality, and at the same time they are tempted by the many avenues of escape, and they are expected to think of the future, yet they have strong urges to live for the moment and to enjoy life”.

Vermaak and Jansen van Rensburg (2003) explain that it is during the adolescent stage that children who are exposed to domestic violence are prone to adopt maladaptive coping strategies. They may also find it difficult to establish healthy relationships or tend to imitate the maladaptive practices they are exposed to at home. While adolescent girls may develop negative attitude about relationships and marriage, adolescent boys often copy their fathers and start abusing their mother or partners (Vermaak & Jansen van Rensburg, 2003). With all these polarities it is easy to understand that adolescence is typically a turbulent and fast moving time that accentuates loneliness and isolation. Group experiences can be very useful in dealing with these feelings of isolation and making constructive choices for a satisfying life. Solution Focused Group therapy is especially suitable for adolescents, because it provides a place in which they can express and experience their conflicting feelings, discover that they are not unique in their struggles, openly question their values and modify those they find wanting and learn to communicate with peers (groups4kids.com; Sharry, 2001; Wood, 2000).

In addition, group therapy lets adolescents be instrumental in one another’s growth as group members help in the struggle for self-understanding. More importantly, a group setting gives adolescents a chance to express themselves, to be heard and to interact with the peers. It is a place of self-exploration (Corey & Corey, 1987).

Based on the abovementioned information on adolescents, I maintain that using Solution Focused Group Therapy for Black adolescents would be of best interest for them at this stage of their lives. As Black adolescents, oriented in the Afrocentric
worldview, being there for one another and beginning to feel secure during this phase of their development would provide them with the sense commitment to relationships, life goals and core identity, which they have lost due to domestic violence. After this discussion of adolescents and domestic violence, I consider the theoretical background of Solution Focused Group therapy as part of my theoretical orientation.

2.6 SOLUTION FOCUSED THERAPY AS A THERAPEUTIC APPROACH

According to Feltham (1997), people in difficulty are doing the best they can, but often unintentionally dig deeper holes for themselves. It is during this period that such people find themselves unable to draw on their emotional resources to deal with their problems. At this stage the primary result they want is to find solutions for their problems. The Solution Focused approach to therapy fulfils this need.

O’Connell (1998) views Solution Focused Therapy as a dialogue where both the therapist and the client construct the problem and the solution as partners. It is therefore a language game whereby meaning is reconstructed from the stories we bring into therapy to subjectively and culturally describe our realities. Therapy allows clients to tell and retell their story using language, which reshapes the social reality by which they live. Watzlawick in O’Connell (1998, p.11) concisely phrases this by saying “reality is invented, not discovered”. Therefore, language does not simply reflect reality, it creates it. Furthermore, Miller, Hubble and Duncan (1996) see both verbal and non-verbal language as the source of personal and social reality and the means towards a future in which clients can perceive solutions.

Solution Focused Therapy views therapy as a multidisciplinary collaboration between two experts, the client and the therapist, with the view to reaching shared solutions (Proschaska & Norcross, 1999). This approach is very future-focused and moves away from a problem focus to a solution construction with clients. Therefore the emphasis of treatment shifts from trying to understand the problem and how to help the client solve it, to asking clients’ questions and prescribing tasks to help them focus on their own perception of needs and goals. Solution Focused Therapy also focuses on
the client’s “own existing and potential resources” for solutions (Feltham, 1997, p.37).

Solution Focused therapists believe that answers cannot be found in the past, and must be looked at in the present and the future: “We cannot change our past, but we can change our goals” (Proschaska & Norcross, 1999, p.440). The belief that tragedies of the past cause later problems and render people vulnerable to future strain can become a self-fulfilling prophecy. On the contrary, to think of one’s past as a resource may help people in achieving their goals (Proschaska & Norcross, 1999). However, being solution focused does not necessarily mean that talking about the past is forbidden or undesirable, but it means that the past can be discussed not in terms of the source of trouble but as a resource (Peller, 1998). One can learn to see one’s past misfortunes or ordeals, in addition to having caused suffering, as also bringing about something valuable and worthwhile.

Walter and Peller (1992) define Solution Focused Therapy as a model and a way of thinking about how people change and reach their goals. Solution Focused therapists converse with their clients with the goal of constructing solutions together. Therapeutic intervention is not about the techniques used in it, but its basis lies in understanding the assumptions from which the model operates. The authors further argue that these assumptions have a pragmatic value in that they guide thinking and acting, allowing “the freedom to roam and be creative with the assurance that we are being guided in our actions” (Walter & Peller, 1992, p.10).

In order to understand Solution Focused Therapy one needs to be aware of the twelve assumptions of Solution Focused Therapy, as proposed by Walter and Peller (1992, p.12):

- Focusing on the positive, on the solution, and on the future facilitates change in the desired direction. Therefore, focus on solution-oriented talk rather than on problem-oriented talk.
- Exceptions to every problem can be created by therapist and client, which can be used to build solutions.
- Change is occurring all the time.
• Small changes lead to larger changes.

• Clients are always co-operating. They are showing us how they think change takes place. As we understand their thinking and act accordingly, cooperation is inevitable (de Shazer 1982, 1985a, 1986, Gilligan 1987).

• People have all they need to solve their problems.

• Meaning and experience are interactionally constructed. Meaning is the world or medium in which we live. We inform meaning onto our experiences and it is our experience at the same time. Meaning is not imposed from without or determined from outside of ourselves. We inform our world through interaction.

• Actions and descriptions are circular.

• The meaning of the message is the response you receive (Bandler & Grindler, 1979; Dilts et al., 1980).

• Therapy is a goal or solution endeavour, with the client as expert.

• Any change in how clients describe a goal (solution) and/or what they do affects future interactions with all others involved.

• The members in the treatment group are those who share a goal and state their desire to do something about making it happen.

In working with groups, Sharry (2001, p.17) proposes seven principles of Solution Focused Group Therapy to support Walter & Peller (1992). These principles are:

• Focussing on change and possibilities.

• Creating goals and preferred futures.

• Building on strengths, skills and resources.

• Looking for ‘what’s right’ and ‘what’s working’.

• Being respectfully curious.

• Creating co-operation and collaboration.

• Using humour and creativity.

Solution Focused Therapy proposes certain techniques that can be utilised in therapy. These techniques will now be discussed in detail.
2.6.1 SOLUTION FOCUSED TECHNIQUES

As stated by Wheeler (2001) Solution Focused Therapy is essentially a conversational approach, it is able to unlock a process of problem resolution without having to be tailored to the problem in question as clients are seen as able to create their own strategies for change. The author further states that in practice, assumptions and techniques link to each other in a recursive manner. According to him, techniques without assumptions often fail to be of benefit, whereas the assumptions can be seen as propositions which can be tested out by using the techniques (Wheeler, 2001).

Various Solution Focused Therapy techniques using ideas from Milton Erickson have been developed by de Shazer and associates (1985, 1988, and 1991). De Shazer valued the principle of ‘utilisation’ (Rhodes, 1993, p.27). This principle promoted the use of clients’ own resources, strengths, beliefs and behaviours in the direction of change. De Shazer (1985) saw the key to brief therapy as:

"utilizing what the client brings with to meet his needs in such a way that the client makes a satisfactory life for himself" (in Rhodes, 1993, p.27).

Techniques developed for Solution Focused Therapy are problem-free talk, goal clarification, exceptions, and miracle questions, scaling questions, compliments and messages and tasks (Wheeler, 2001).

2.6.1.1 Problem-free talk

For many years clients in therapy have been viewed as unable to cope and in need help of because they have a problem which makes them different from those who do not have problems. Therefore, the term ‘having problems’ is viewed as inherent or belonging to people. The existence of problems thus provides the rationale for the existence of professional helpers (Weick, Rapp, Sullivan & Kisthardt 1989). Because of this abovementioned notion, clients often talk about their problems in ways that give little or no clue as to how their lives would look with the problem being solved, but rather give an intense, detailed description of how these problems are horrible or difficult. This leads to what de Shazer calls ‘problem talk’ (De Jong & Berg, 2002,
Solution focused therapists have moved away from problem talk to looking at a problem-free talk or solution talk approach to therapy. They begin sessions in general conversations dealing with the person’s interests and strengths, therefore inviting the clients to talk about aspects of their life other than the problem (De Jong & Berg, 2002; Rhodes, 1993; Wheeler, 2001).

2.6.1.2 Goal clarification

This technique invites the client to define their preferred goals as these are later used as primary targets for change. De Jong and Berg (2002, p.16) view these well-formed goals as “specific, concrete, and measurable”, thus important to the client as they represent the beginning of something rather than the end. Rhodes (1993) further clarifies goals with the client by asking him/her to construct a picture of how s/he would know when making progress. Therefore, workable goals can be negotiated at any stage of a solution-focused session, and would usually be returned to on several occasions (Rhodes, 1993).

2.6.1.3 Exceptions

Murphy (1994, p.59) refers to exceptions as “specific circumstances in which the stated problem does not occur, or occurs less often”. As with other solution-focused aspects, exceptions can facilitate respect for the client’s frame of reference. During this process the clients’ strengths are also elicited, elaborated on, expanded and evaluated. The objective here is finally or ultimately to empower and maintain the clients’ changes over time (De Jong & Berg, 2002; Murphy, 1994). In this technique, clients are asked about times when the problem was not a problem. This is more helpful than asking about times when the problem was more evident. In many ways, it is easier to build on what is already going right than to fix what is going wrong (Prochaska & Norcross 1999). Murphy (1994, p.59) states that it is often “more productive to increase existing success, no matter how small, than it is to eliminate a problem”. This technique can also be used after a ‘miracle question’ (explored below) to establish which parts of the ‘miracle’ have already occurred. In the South African context today, this is very relevant, as we are empowering clients to realise their strengths rather than focusing on a problem-saturated past.
2.6.1.4 Miracle question

"Only when people start creating scenarios of possibility do they move in directions more satisfying to them, and [their] problems become more lost or much less influential". (Saleebey in De Jong & Berg, 2002, p.76)

The ‘miracle question’ is an important part of Solution Focused Therapy and is a way of establishing goals that are meaningful for the client. This question, when pursued, leads to a concrete ‘picture’ of what the solution state will be like (Rhodes, 1993, p.30). It therefore aims at giving the clients the opportunity to picture a life without problems. Clients find it easier to answer this question without being bogged down in the “yes, buts” that reflect their current feelings of hopelessness, because it is a “let’s pretend” question (Walter & Peller, 1998, p.200). The usefulness of this technique in therapy is that it grants clients permission to think about an unlimited range of possibilities and thus a future-focused therapy (De Jong & Berg, 2002). Due to its nature of helping clients clarify their goals, identifying existing progress and clarifying existing options for progress, “a miracle question acts as a mechanism for change” (Wheeler, 2001, p.294).

The relevance of this technique in the South African context is that miracles, just like luck and dreams, are important aspects of the African culture. We believe in miracles as they give us hope about our tomorrow. This also lies in our belief in God and our ancestors, who make miracles happen.

2.6.1.5 Scaling questions

According to De Jong and Berg (2002), the scaling questions help the client to express complex, intuitive observations about their past experiences and estimates possibilities. They invite clients to put their observations, impressions and predictions on a scale of 0 to ten. In themselves, scaling questions are useful, since they allow clients to visualize or imagine, in a very natural way, their experiences as the numbers on the scale are representative of them. These questions may also provide a platform for asking about exceptions. Scaling questions can also be useful to gauge the client’s impression of change between sessions - either by reference to a previous scaling
answer, or by describing the scale as where you were last time and where you are now. This helps ascertain “the clients’ level of confidence in a change and their motivation to try something out” (Rhodes, 1993, p.31). The scaling question is resourceful in therapy as a client’s perception of almost anything can be accessed through the use of scaling questions. These include self-esteem, pre-session change, self-confidence, investment in change, willingness to work hard to bring about desired change, prioritising problems to be solved, perceptions of hopefulness and evaluation of progress (Berg in De Jong & Berg 2002; Wheeler, 2001).

I find the scaling question helps clients to realise how much they have moved away from the perceived problem into looking at the positive aspects of their future. It also helps them to try to move towards a higher scale, which makes them realize the changes they have accomplished through therapy.

2.6.1.6 Compliments

“Clients have personal qualities and past experiences that, if drawn on, can be of great use in resolving their difficulties and creating more satisfying lives.”

(De Jong & Berg, 2002, p.34).

Wheeler (2001) refers to compliments as helpful throughout the session and also at the end of the session, as the therapist comments about the client’s abilities and resources, and alerts them to resources they may not have noticed or disregarded. De Jong & Berg (2002, p.118) elucidate compliments as “affirming what is important for the client”. Compliments affirm a client’s successes and the strengths these successes suggest. As a Solution Focused therapist the value of compliments are observable in the clients’ reactions to the affirmations when offered the compliments. If the observations connect, clients will smile, shake their heads in agreement or say ‘thank you’. This is important in therapy as it assures the therapist that the compliment makes sense to the clients (De Jong & Berg, 2002; Rhodes, 1993).

2.6.1.7 Messages and tasks

Solution focused development as a team approach led to therapists giving messages to their clients. According to Sklare (1997, p.54) messages consist of three parts namely:
"compliments, bridging statement and tasks". This has an essential role for Solution Focused therapists and clients as on the one hand it allows therapists time to reflect on the process, review notes and be in a position to consult with team members to construct a message that will best help the client. On the other hand, messages serve as a positive reinforcement for what has occurred in the session by reminding clients of resources and strengths and to help them keep on track towards achieving their goals (Sklare, 1997).

De Jong and Berg (2002) as well as Rhodes (1993) refer to two categories of tasks namely observation tasks and behavioural or ‘doing’ tasks. In an observation task the client may be asked to observe times between now and the next session when particular aspects of his or her life prove useful in solution building and to report back in the next session. In ‘doing’ tasks the therapist might suggest to the client to do something or to take a particular action the therapist believes will be useful to him/her in constructing a solution. Both tasks are based on the information gathered through the session and must make sense to the client’s frame of reference (Rhodes, 1993; De Jong & Berg, 2002).

From the above assumptions and techniques it can be concluded that change is an ever present aspect of life and that people are healthy, competent, and that people have the capacity to construct solutions that can enhanced their lives by focusing on solutions rather than problems. These assumptions create criteria for “well-defined goals in therapy” (Prochaska and Norcross 1999, p.444).

I find this approach relating to the Black context and culture, because as Blacks we find it easy to go and seek help where we are not asked the details of our problems. Black people feel comfortable in not sharing their problems but would rather look for expectations and solutions. This could also be due to the fact that the Black political, social and family history is full of painful memories that would not be helpful for clients, especially adolescents who are struggling with many other issues in their development.
As a Black therapist, I have also found this realistic in my practical work, as Black adolescents do not go into detail about their problems; they only give a superficial reason for coming for therapy, but expect me to help them without going deeper into the problem. Since the future is often connected to the past, adolescents with a stressful past are prone to have a helpless view of their future. However, the contrary is true; a positive view of the future invites hope, and hope in its turn helps to cope with current hardships. To recognise signs indicating the possibility of change, to view the past as an ordeal rather than a misery, to provide the inspiration for generating solutions, and to fantasise about the future helps not only to set goals but also to increase clients awareness of the solution they already have (www.mtsu.edu).

2.6.2 THE THERAPEUTIC RELATIONSHIP IN SOLUTION FOCUSED GROUP THERAPY

The therapeutic relationship in Solution Focused Group Therapy is very brief. The therapist plays an active role in shifting the focus as quickly as possible from a problem to a solution. The main aim is to help the client in exploring strengths and building solutions. Because clients are experts in what they want to construct, they become more in charge of the process (Prochaska & Norcross, 1999). Therefore the therapist becomes a collaborative partner as the clients reshape their meanings and creates more satisfying and productive lives. Goolishian and Anderson in De Jong and Berg (2002, p.279) succinctly explain this relationship as:

"... a collaborative and egalitarian process as opposed to a hierarchical and expert process. The therapist’s expertise is to be “in” conversation with the expertise of the client. The therapist now becomes the learner to be informed, rather than a technical expert who knows”.

The therapeutic relationship lasts only until a therapeutic acceptable solution is found; therefore only few sessions are needed. The aim of the treatment is “to start the therapeutic process and not to finish it” (Prochaska & Norcross 1999, p.444). Feltham (1997) further argues that Solution Focused therapist’s aim is to regard every session as potentially the last and therefore focus on locating the clients’ expertise. Because of this therapists can also not determine how many sessions they will have with the clients. However, many Solution Focused therapists recommend between five and ten...
sessions (Miller, Hubble & Duncan, 1996; Prochaska & Norcross, 1999; Rhodes, 1993).

Adopting this therapeutic intervention approach has been relevant for me as a Black therapist for some basic reasons. Firstly, rooted in Constructivism, Solution Focused Therapy takes into account the environmental and contextual factors because of the belief that people are unique beings and make sense of their worlds in their own way, the world providing data for their constructions and meaning making. Unlike many Eurocentric approaches to therapy, which ignore the culture and contextual specificity of Black families, Solution Focused therapists adapt to the client’s frame of reference, without trying to play expert in the field (Ivey, Ivey & Simek-Morgan, 1997).

Secondly, looking at the South African context, where people cannot afford the financial implication of long-term therapy. Even people who have medical aids cannot afford long sessions as most medical aids still offer limited amounts for psychological services. The reality of the Black communities is that only few have access to such basic services as medical aids. Taking a look at the public services such as hospitals and primary health care clinics, the availability of these services is only to a few so-called severe cases. In most cases these are psychotic and trauma patients. With the latter, it is a once off service that is a quick fix for the moment.

Thirdly, during my practice as a student and during my internship, I have discovered that people in the Black communities’ shy away from using professional psychological services. Those who try it also tend to quickly terminate treatment more often than White clients do. They use therapy in the medial sense and as one client stated ‘once you feel better you stop the medication and you can only go back to it when trouble shoots again’. In most cases, psychological problems/disorders are attributed to supernatural forces (possession of evil spirits, witchcraft, angry gods, and so forth), and victims seek help from priests, traditional healers and sangoma’s rather than from doctors or psychologists. This is even worse with issues such as domestic violence and child abuse, which are still viewed as family issues that have to be dealt with in the privacy of the home. Women and children are still regarded and treated as ‘properties’ of the husbands and fathers. There are however other barriers to the
services such as cultural barriers, language barriers, access barriers and institutional barriers.

Lastly, as stated in Molnar and de Shazer (1987, p.351) the emphasis is on functional systemic behaviour, and Solution Focused Therapy would seem relevant as a future orientation to therapeutic practice for Black clients. This approach builds on clients’ existing thoughts, feelings and behaviours as its primary value for therapeutic tasks, which enhances the therapist-client co-operation as the client is not asked to think, feel or behave in a foreign way to this usual way (Molnar & de Shazer, 1987). It is in the light of the above information that my research focused on Solution Focused Group Therapy as an alternative therapeutic intervention for Black adolescents who have experienced violence.

2.7 CONCLUSION

Chapter Two discussed relevant literature on domestic violence, adolescents and Solution Focused Therapy as a therapeutic approach in helping people move from problem talk to solution talk. This chapter also emphasised the role of the African culture and philosophy. The methodology used to explore how Black adolescents who have experienced domestic violence relate to Solution Focused Group therapy will now be explicitly discussed in Chapter Three.
CHAPTER THREE

RESEARCH METHODOLOGY

"The research methods you choose say something about your views on what qualifies as valuable knowledge and your perspective on the nature of reality."

(Glesne, 1999. p.4)

3.1 INTRODUCTION

The aim of this chapter is to clarify the research methodology and the research process applied in the study. Qualitative research is defined, as well as, the method of data collection and data analysis. The chapter concludes with descriptions of the reliability and validity of the research.

3.2 THE RESEARCH METHOD

There are a number of different reasons why people undertake research. Mouton and Marais (1990) believe that people are motivated to do research out of inquisitiveness about a certain subject or phenomena. These authors hold that “some authors are likely to classify all research that does not contain statistics as qualitative while others may be more inclined to specify that research in which specific methodologies or approaches are used must be regarded as qualitative” (Mouton & Marais, 1990, p.115). This research inquiry utilises a qualitative approach with its distinctive role of creating knowledge base for practice and policy (McLeod, 2001). Figure 3.1 graphically illustrates the research method used in this study.
Figure 3.1: Graphical illustration of the research method in this study.
3.2.1 Qualitative Research

"Because we cannot experience the world directly, we will never know for sure what the world really is.... It is a matter of belief." (Potter, 1996, p.36)

Qualitative research is an umbrella concept covering several forms of inquiry that help us understand and explain the meaning of social phenomena with as little disruption of the natural setting as possible (Merriam, 1998). Qualitative research offers a set of flexible and sensitive methods for opening up the meanings of areas of social life that were previously not well understood (McLeod, 2001, p.1). McLeod (2001) further states that the purpose of research is to enhance knowledge, which enables us to know more about the way counselling and psychotherapy operate and how or why they are effective or not effective.

This study utilises the basic qualitative method based on the exploratory paradigm. Basic qualitative research seeks to understand a phenomenon, a process, or the perspective and worldview of the people involved. This involves the study of natural processes, which are observed in the natural setting in an effort to discover facts and perspectives (Merriam, 1998). In this study the process of Solution Focused Group Therapy is observed and explored in a natural therapeutic setting at the Institute for Child and Adult Guidance.

Neuman (2000, p.23) states that "those who seek an understanding of the fundamental nature of social reality are engaged in basic research". In this study the social reality of Black adolescents who have experienced domestic violence was explored. Neuman (2000) further explains basic research as the source of new scientific ideas and ways of thinking about the world.

This study was explorative in nature as little was known about how Black adolescents relate to Solution Focused Group Therapy. Grinnell (1993, p.152) states that "explorative research is useful when little is known" about the field of study. This form of research rarely yields definitive answers and has a few guidelines to follow as everything about the topic is potentially important. Therefore as an exploratory
researcher one has to be creative, open minded and flexible so as to explore all sources of information (Neuman, 2000).

3.2.2 Exploratory Case Study Research Design

"A research design is the science and art of planning procedures for conducting studies so as to get the most valid findings." (Vogt in Hussey, 1997, p.114)

Mouton (1996, p.107) defines a research design as “a set of guidelines and instructions to be followed in addressing the research problem”. An exploratory case study design seems to have distinct advantages and fits perfectly with the study and also with the constructivist position I took as the researcher. Yin, (1994) views an exploratory case study as aimed at defining the questions and hypotheses of a study. Merriam (1998, p.27) on the other hand defines a case study as an “intensive, holistic description and analysis of a single instance, phenomenon or social unit”. The author further explains that a case study design can be employed to gain an in-depth understanding of the situation and meaning for those involved.

Merriam (1998) further characterises case studies as being pluralistic, descriptive and heuristic. This research correlates with Merriam’s (1998) suggestion in that:

- The case study is particular and pinpoints a particular situation - Black adolescents experiences of domestic violence and their relation to Solution Focused Group Therapy.
- The case study is descriptive in nature – it illustrates the many complex situations that contributed to these adolescents’ experiences of domestic violence.
- The case study has a heuristic quality as it explains the reasons for domestic violence: what happened and how adolescents experienced the situation. It also brings a new meaning and understanding to what is already known.

Miles and Huberman (1994) propose that a case study design is a phenomenon occurring in a unit or bounded context. This research design is clearly an exploratory
3.3 SAMPLING

3.3.1 Method of Sampling

Directed by the main aim of the study to explore Black adolescents' experiences of domestic violence using Solution Focused Group Therapy, this research used purposive sampling. According to Neuman (2000) this form of sampling is used in selecting cases with a specific purpose in mind. Merriam (1998) also refers to purposeful sampling as a method in which information-rich cases are selected in order to gain insight and understanding from which a great deal can be learned. Exploratory research proposes the use of purposeful sampling. In addition, Denzin and Lincoln (1998, p204) state that researchers should always consider sampling to be “purposeful and contextual”. The bounded case in this study was intentionally selected to give the predominant information needed in order to explore the experiences of a specific group; namely Black adolescents who have experienced domestic violence and how they relate to Solution Focused Group Therapy.

In purposeful sampling it is important for the researcher to first determine the selection criteria to be used in choosing the participants. These criteria must reflect the purpose of the study and guide the process to be followed (Merriam, 1998). The following criteria were used in the case study:

- All respondents were Black adolescents.
- All respondents were adolescents who have experienced domestic violence.

3.3.2 Sampling Procedure

To have access to the participants for this study, which were a group of three Black adolescents who have experienced domestic violence, necessary permission was to be obtained from the ‘gatekeepers’ (Breakwell, 1995; Merriam, 1998). Therefore, the school was approached in requesting participation in this research and identified
relevant participants. The participants were then requested to participate and time was taken to explain the aim and background of the research to the participants. Great care was taken to say just why that particular group was requested to participate, without leaving them to wonder 'why them?' (Dyer, 1995).

The research process was explained to all participants. A letter outlining the aim of the research and the process was submitted for signing by the participants. In this letter, the participants were assured of the highest regard for confidentiality and privacy. In order to comply with the ethical standards of research a consent form was given to and signed by both the participants and the parent(s) or guardian. A template of this letter appears in Appendix A.

3.3.3 Research Participants

The participants were revealed as three Black adolescents who have experienced domestic violence. The ages of the adolescents fell within the range of 14-18 years old. Two of the participants were orphans; one had a father, but was not living with him. All were living in a boarding school, which also served as a children’s home.

3.4 METHODS OF DATA COLLECTION

The paradigm of the study determines the nature of the data collection methods and the way in which these methods are implemented (Charlton 1996). Le Compte & Priessle (1993) explain qualitative data collection as making use of rich and diverse data in order to answer questions about the complexity and variability of human life. Furthermore, Merriam (1998, p.69) views data as consisting of “direct quotations from people about their experiences, opinions feelings and knowledge recorded in observation”.

In this study data were obtained through an integration of multiple methods to address the research question. These methods were used in an integrated rather than an eclectic way (Mason, 1996). In combining these methods, I hope to put the parts of the puzzle together so as to address the research question. The multiple methods of
data collection used in this study were participant observation, field notes and video-recorded transcriptions, which will now be discussed.

3.4.1 PARTICIPANT OBSERVATION

In everyday life we observe people, interactions, and events. This natural observation is mostly a routine. However, Glesne (1999, p.46) views observations in research setting as different from our everyday observation in that the researcher carefully “observes, systematically experiences, and consciously records in detail” the many aspects of a situation. Furthermore, Silverman (1993, p.11) views observation as a means of data collection as fundamental to much of qualitative research in that it aims to “gather first hand information about social process in a ‘naturally’ occurring context”. Muller and Dingwall (1997) further view observation as enabling us to document participants accounting to each other in a natural setting. In this form of data collection the observer becomes part of the research, but most important to the observation is a document of the transactions between participants themselves (Miller & Dingwall 1997). Merriam (1998) perceives observations as making it possible to record behaviour as it is happening. Observation qualifies as a research tool when it:

- serves a formulated research purpose
- is planned deliberately
- is recorded systematically, and
- is subjected to checks and controls on validity and reliability (Kidder in Merriam, 1998, p. 95).

In this study the therapeutic Solution Focused Group sessions were deliberately planned according to the principles of Solution Focused Group Therapy and systematically recorded as observation sessions. The researcher, who also served as the therapist, was a participant observer of the therapeutic sessions.

This research can be described as participative in that the researcher was directly involved in therapy sessions with the participants in six sessions over a period of four months. During this period the researcher took notes and made observations of the process of therapy. These observations included looking at issues that presented
difficulties to participants as well as those parts of therapy to which they found it easy to relate to. As Yin (1994, p.87) aptly states:

“Participant observation is a special mode of observation in which you are not merely a passive observer. Instead, you may assume a variety of roles within a case study situation and may actually participate in the events being studied.”

As participant observer the researcher was able to observe activities known to the group. This allowed for a balance between the depth of the information revealed to the researcher and the level of confidentiality promised to the group in order to obtain this information (Merriam, 1998). As mentioned by Adler (1994, p.380) the researcher holds an “active membership role” by being involved in the participants’ central activities without committing herself to participants’ values and goals. The researcher played an active role within the group in that she was the therapist for the group (participants) and therefore had first hand insight into the adolescents and how they related to Solution Focused Group Therapy.

3.4.2 FIELD NOTES

Field notes are “written accounts made on the spot or as seen as possible after the occurrence, that represent the interaction and activities of the researcher and the people studied” (Le Compte & Priessle, 1993, p.224). The use of field notes is a primary recording tool of the qualitative researcher. In order to be of use, as stated by Glesne (1999), field notes must include descriptions of people, places, events, activities, and conversations. The researcher used field notes as a place for her ideas, reflections, hunches, and notes about patterns that were emerging. It also became a place for exploring the researcher’s own biases (Glesne, 1999).

3.4.3 TRANSCRIBED VIDEO RECORDINGS

According to (Bettorf in Glesne, 1999, p.57) “density and permanence are seen as primary advantages of data collected through video recording” as it is possible to return to the information at a later stage. (Johnson in Charlton, 1996) views video
recordings as the most comprehensive method in collecting observational data. According to him:

"Video technology allows researchers to capture the nature of the physical setting, the identity of the participants in interaction, and many aspects of non-verbal communication such as gestures, bows and eye-contact. Grouping patterns can be captured as well, particularly if the person recording is an informed member of the research team". (Johnson in Charlton, 1996, p.75)

In this study the therapeutic sessions were all video recorded and transcribed verbatim. Transcripts needed to be made from data collected from the therapeutic sessions that were videotaped. Heritage in Byrne (1994) notes the advantages of working with transcripts as:

- providing the researcher with more detail
- allowing the reader and researcher to return to the exact extract to either analyse or refer back
- permitting the researcher to have direct access to the data.

Appendix B is an example of transcriptions of video recorded sessions.

3.5 DATA ANALYSIS

Marshall and Rossman (1995, p.111) indicate that "data analysis is the process of bringing order, structure and meaning to the mass of collected data". Data analysis in this research was based on the content analysis method of data analysis. According to Merriam (1998, p.159) "all qualitative data analysis is content analysis" as the content of transcripts, field notes and observations are analysed. The content of the data are analysed for themes and recurring patterns of meaning. Merriam (1998) further states that this form of analysis centres on communication of meaning as the focus.

This approach is based on an inductive way of categorising information by consolidating, reducing and interpreting data into categories (Weber, 1985). In this research the experiences of domestic violence by adolescents is analysed by formulating categories from the obtained data. The aim is to understand the in-depth experiences of these adolescents and exploring Solution Focused Group therapy as an
alternative therapeutic approach in dealing with these experiences. Therefore, in order
to understand these experiences, this study adopted the general view of qualitative
analysis as outlined by Miles & Huberman (1994). The authors argue that data
processing is connected to three sub-processes namely data reduction, data display
and conclusion drawing and verification.

Raw data in this study were transcribed verbatim and processed by making use of
contextual and chronological clustering techniques. This is a process of seeing "what
things are the same, and which go together and which do not?" (LeCompte in Miles &
Huberman 1994, p.249). Miles and Huberman (in Byrne, 1994, p.53) clarifies the aim
of clustering the data as a means to "understand the phenomenon better by grouping
and then conceptualizing the objects that have similar patterns". It is thus a process of
inductively forming categories and the sorting of things (Miles & Huberman 1994). A
description of each process follows in the following section.

3.5.1 DATA REDUCTION

Data analysis involves reducing the information to manageable proportions with the
objective of identifying emerging themes and patterns. Miles and Huberman (1994) as
well as Denzin and Lincoln (1998) claim that data reduction is a part of the data
analysis process. The process of data reduction refers to the selecting, focusing,
simplifying and transforming of the data from new raw collection to the end results.
In qualitative research it means that the main focus is on understanding social events
rather than explaining them. A reduced set of data enables the researcher to assess the
meaning. In order to derive meaning from the data, the following reduction process
was followed:

- The data were collected through observation sessions and transcribed
  verbatim.
- The transcribed data were read through several times to gain a holistic picture.
- The main ideas or themes were written down thus reducing the data to
  manageable proportions. Recurring patterns and themes pull together separate
  pieces of data (Miles & Huberman, 1994).
• These main themes or units of meaning were then noted together (Henning, 2003). Assembling these pieces of data is referred to as clustering. It is common practice to clump things into categories in order to define them. Miles & Huberman (1994, p.249) state that clustering is an approach that enables "a better understanding" of a phenomenon because it allows for grouping and then conceptualizing data with similar characteristics.

• These themes were then displayed in matrices with raw data quotes from every participant to strengthen the validity of the category and allow for conclusions and recommendations to be deduced (Appendices C - E).

3.5.2 DATA DISPLAY

Denzin and Lincoln (1998) refer to data display as an organized collection of information that allows for the data to be interpreted and conclusions deduced. Miles and Huberman (in Glesne, 1999, p.140) describe data display as "an organized assembly of information that permits conclusion drawing and action taking". Data display helps the researcher to identify the elements of her study as it provides a skeleton of one's work. Glesne (1999) further views data displays as helping the researcher in the research without getting lost in the details.

The data in this study are displayed in matrix displays. Miles and Huberman (1994, p.240) explain matrix displays as "designed in a creative and systematic manner that is particular to the specific data being recorded". Matrices are constructed in such a way that will provide the research questions with answers. It is valuable that the matrix created be beneficial and well understood by the researcher (Miles & Huberman, 1994).

3.5.3 CONCLUSION DRAWING

The purpose of qualitative analysis is to determine what things mean (Byrne, 1994). In using matrices, the researcher looked at "patterns, explanations, casual flows and configurations" (Miles & Huberman, 1994, p.11), to derive at meaning. These will
assist the researcher to interpret, verify and to draw conclusions from the consolidated data which will be discussed in Chapter Four.

3.6 TRUSTWORTHINESS

Two criteria, against which qualitative data and data analysis are judged, are validity and reliability to determine the trustworthiness of the study. While case studies do not have a set of uniformly agreed on requirements for validity and reliability, validity generally refers to the accuracy and the value of the interpretations. Miles and Huberman (1994) describe validity as to whether the findings of the study make sense. LeCompte and Preissle (1994, p.332) view valid results as “accurate, justifiable, warrantable and hence believable”.

Similarly, reliability refers to the degree of consistency with which instances are assigned to the same category by different observers or by the same observer on different occasions (Bless & Higson-Smith, 1995; Miles & Huberman, 1994; Silverman, 1993). To ensure reliability and validity in this study, truth-value, applicability, consistency and neutrality as strategies for trustworthiness were used (De Vos, 1998; Guba & Lincoln, 1985).

McLeod (2001, p.188) argues that in qualitative research there is never a space to unequivocally establish the ‘truth-value’ of the descriptions and analysis that are presented and thus views validity as ‘a matter of trust’. According to the author, it is issues such as the personal qualities of the researcher, his or her integrity, courage, honesty and commitment to the task of inquiry that make a difference (McLeod, 2001).

As this study pursued an interpretative approach which focuses on understanding the meaning of the process or experience as constructed socially by individuals (Merriam, 1998), objectivity as a criterion for validity was discarded and the focus was on interpretative validity (Gall, Gall & Borg, 1999). Gall et al. (1999, p.303) view interpretative validity according to the following:

- Usefulness: the extent to which a case is enlightening or liberating.
✓ Contextual completeness: in which comprehensiveness is a standard of credibility.
✓ Researcher positioning: a demonstrated sensitivity by the researcher to how she relates to the case being studied.
✓ Reporting style: the ability to reconstruct the participants’ reality credibly and authentically.
✓ Chain of evidence: meaningful links between research questions, raw data and findings.
✓ Outlier analysis: the use of exceptions to strengthen the basic findings.

Based on these criteria, there is little distinction between validity and reliability, and both are assessed in context rather than against external ad objective standard. Therefore reliability ensures credibility of the researcher’s knowledge claim, and acknowledgement of her central role, relationship and bias in the research.

To ensure credibility, a rapport with participants was built encouraging genuine communication and building a therapeutic relationship while sharing experiences. Throughout this process, the researcher employed “respectful curiosity” as the core of the research (Sharry, 2001, p.32). The raw quotes of the conversations are used to strengthen validity of the study. This aided the authenticity of the research study.

In ensuring reliability and consistency, the data were collected through field notes, taped video and audio therapy session which were transcribed verbatim. Silverman (1998, p.203) asserts that data that is tape-recorded has strength in terms of accuracy; however he states that “single encounters” might be at risk of not capturing data. In this research, a group of three Black adolescents went through group therapy and their data were transcribed verbatim to achieve reliability. A detailed exposition appears in the matrices in Appendix C-E.

Throughout the research, the researcher used peer review to verify data and to ensure that it is the participants’ expressions, as indicated by (Merriam, 1998). This process was accomplished by two of the researcher’s colleagues who were the observation team members in all therapy sessions. To ensure peer examination, a discussion and
review of the process of data collection, analysis, categorising, interpretations and findings was pursued with colleagues. This process, as described by Guba and Lincoln (in Maykut & Morehouse, 1994) enabled the researcher to have an audit trail of her research, which ensured neutrality in the research. Miles and Huberman (1994, p.278) define an audit trail as “a detailed record of the research methods and procedures”. An audit trail can assist in verifying if research findings are authentic (Merriam, 1998).

3.7 CONCLUSION

In this chapter research design employed in this study was discussed. The main tenets of the research design were discussed, illuminating the nature and characteristics of qualitative research methods. The chapter also focused on the sampling procedure, methods of data collection and data analysis. The chapter concluded by discussing trustworthiness as it related to the current study.
CHAPTER FOUR

DATA ANALYSIS AND LITERATURE CONTROL

"Data analysis is the process of making sense out of the data ... it is a process of making meaning." (Merriam, 1998, p.178)

4.1 INTRODUCTION

This chapter focuses on the data analysis and literature control. The processes that the researcher engaged in when analysing data are discussed in detail, and the themes that emerged from the obtained data are shown. The main categories are described and relevant raw quotes from the observation transcripts are used to support each theme. Relevant literature is used to support the emerging results to strengthen the research study.

4.2 INTRODUCTION OF PARTICIPANTS

Purposive sampling was used. The researcher contacted the head of Bophelo School for names of the known adolescents who have experienced domestic violence. Three adolescents’ ages between 14 and 18 were selected for the purpose of this study. Two of the adolescents were females and one was a male. In order for the analysis to make sense to the reader, a brief background of each of the participants’ experiences of domestic violence as related by them is portrayed. As mentioned in Chapter One, participants’ anonymity and their right to privacy and confidentiality are key ethical aspects in research. Therefore, in keeping with this human right, the researcher used pseudonyms to address participants.
PARTICIPANTS' STORIES

Participant One: Nonhlanhla

Nonhlanhla grew up as a happy girl, living with both her parents, two brothers, her grandmother and aunts. Her parents loved her and took good care of them. Things changed when Nonhlanhla was seven years old. Her father had a tuck shop and was successful in his business. However, Nonhlanhla's grandmother was jealous of her father's success as she loved her younger uncle and wanted him to own her father's business. The grandmother and the uncle then killed her father and mutilated him.

After her death, they took her clothes and showed it to others as proof of the children and their mother. The family left them and their mother with nothing.

This was the beginning of the worst. The family forcefully took Nonhlanhla and her brother away from their mother. They only left the youngest one as he was only one year old. Nonhlanhla and Sipho (brother) were taken away from their mother to stay with their uncle. Sipho was never allowed to attend school as he was forced to do household chores and to be a shepherd. Their mother then moved to Johannesburg. In 1990 she came and abducted Nonhlanhla from school as she has been looking for her and brought her back to Johannesburg.

Her grandmother was so angry and said to Nonhlanhla's mother “you are going to die the way your husband died”. One day, her mother decided to go back to Natal for her brother who was treated as a slave by her grandmother and uncle. Her mother had to wear a disguise to get her brother. She managed to take him out. However, her family started to search for her and when they caught her they called the police. Nonhlanhla's mother explained everything to the police and the kids were asked to decide with whom they wanted to stay and they chose their mother.

They mother then stayed with both of them in Orange Farm. Shortly after the Nonhlanhla's mother got sick. Notthlanhla explains that her mother was 'bewitched' by her grandmother as she had promised to kill her. In January 1998, her mother got worse and decided to look for a boarding school for her children. She then took them to Bophelo. In March of the same year she died of a “terrible headache”. Presently all three children are at Bophelo.

Participant Two: Tshepo

Tshepo's father died when he was three years old and his mother had cardiac problems. Her condition was worsen by his elder brother's behaviour. He was always involved in criminal activities and people would come to his mother to demand compensation for whatever his brother did. His brother would also come back home and be violent towards his mother. This worsened his mother's heart condition and in 1996 she had to take an early retirement. In 1997 Tshepo's mother died.
Participant Three: Bonolo

Bonolo's mother died when she was very young. Her father left her, her two sisters and a brother to live with another woman. Her one sister was working and the other one used to live Bonolo and her brother alone at home to go to parties with friends. One night they were left alone at home when a stranger came to look for her sister. When they told the man that their sister has gone to a friend's place, the man insisted that Bonolo come with him to show him the place. Bonolo says she cannot recall how old she was but she was still very young. The man then took Bonolo and raped her. After the incident an old lady from the community took her to stay with her. At this old lady's house Bonolo recalls that they were a group of children and this woman received social grant for fostering them. During this period they were physically and emotionally abused. The children were then removed from her and taken to Bophelo. Bonolo says at home she does not remember her parents fighting, but her father was always violent towards the sisters, especially after her mother's death.

4.3 METHODS OF DATA ANALYSIS

4.3.1. CONTENT ANALYSIS METHOD

According to Merriam (1998) content analysis is a method where the content is analysed qualitatively for themes and recurring patterns of meaning. Furthermore, Weber (1995) explains the central idea in content analysis as classifying the many words of text into fewer categories. Content analysis forces the researcher to scrutinise the material she is evaluating and classifying it by specifying the category it
results under (Rosenthal & Rosnow, 1991). In this study the formulation of categories from the obtained data were done as soon as the data were in a typed format.

Merriam (1998) describes the content analysis approach as focusing on communication of meaning and thus based on inductive data analysis and contextual interpretation. Merriam (1998, p.178) defines data analysis as “a process of making sense out of the data” involving consolidating, reducing, interpreting what people have said and what the researcher has seen and read, thus making it a process of meaning making. As explained in Chapter Three, (Miles and Huberman 1994; Denzin and Lincoln, 1998) further define data analysis as three sub processes: data reduction, data display and conclusion drawing which occur before, during and after data collection process. The data in this research were analysed in these three ways using the content analysis method of data analysis. Each observation session underwent a process of individual data analysis to arrive at common categories and themes in the session. Each observation was thus analysed using the content analysis method, whereby data was reduced to meaningful themes and categories and then displayed in matrices. The data was then interpreted to make recommendations.

4.3.1.1. Data Reduction

As defined by Miles and Huberman (1994, p.11) data reduction as part of the analysis process refers to the process of “selecting, focussing, abstracting and transforming” the data obtained in research. The following procedure of data reduction was followed in this research:

- The observations were transcribed verbatim and numbered line by line. The observation texts were read through qualitatively to capture a holistic understanding. An example of a transcribed observation follows (the complete transcribed text appears in Appendix B).

<table>
<thead>
<tr>
<th>106</th>
<th>Researcher:</th>
<th>What helped you? What is it you used to cope with the situation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>107</td>
<td>Participant:</td>
<td>Since I came here I have tried to accept that what happened has already happened, so I must be educated and be able to retrieve whatever belonged to my father.”</td>
</tr>
</tbody>
</table>
The main ideas that emerged were written down as concepts (Rubin & Rubin, 1995) and provisional categories were made (Merriam, 1998). A category is a concept derived from the data and reflects the purpose of the research and answers the research question (Merriam, 1998).

Units of meaning were identified and highlighted (Maykut & Morehouse, 1994). These are the smallest units of meaning that can be understood, such as words, phrases or sentences without any other information added into it. Ideas and concepts are revealed through the particular word and vocabulary that the participants used.

The identified units were organised into clusters. According to Miles and Huberman (1994, p.249), clustering is a technique that “helps to understand a phenomenon better by grouping and then conceptualizing objects that have similar patterns or characteristics”. Clustering as a technique combines content analysis with the reduction of data.

When data did not fit in established categories, new categories were developed and named tentatively (Maykut & Morehouse, 1994). According to Merriam (1998, p.183) categories should have the following characteristics:

- Reflect the purpose of the research
- Be exhaustive in that all the data that the researcher decided to be important for the study should be placed in a category or sub category
- Be mutually exclusive so that data can fit into only one category
- Be sensitive to suit the nature of the research
- Be conceptually congruent in that all categories be abstracted at the same level.

4.3.1.2 Data Display

Denzin and Lincoln (1998) refer to data display as an organized collection of information that allows for the data to be interpreted and conclusions deduced. Miles and Huberman as cited in Glesne (1999, p.140) further reiterates on description of
data display as “an organized assembly of information that permits conclusion drawing and action taking”.

The categories and subcategories were recorded in matrices with raw quotes to display the themes and findings of the research. A detailed exposition of the findings appears in matrices C-E. Due to limited space an example of a matrix is not included.

Matrices are constructed in such a way that will provide the research questions with answers. It is valuable that the matrix created be beneficial and well understood by the researcher (Miles & Huberman, 1994). Comprehensive matrices with detailed data from the observations appear in Appendices C - E. A raw quote that typifies the themes and sub-categories was added to strengthen the categories chosen through the content analysis method discussed earlier.

4.3.1.3 Conclusion Drawing

According to Mouton in Lazarus (2002) data analysis deals with identifying patterns and themes and drawing conclusions from them. The outcome from the analysis ensures that certain conclusions follow logically from the evidence so as to be regarded as valid. Conclusions were drawn from the data and findings were written up. Figure 5.1, 5.2 and 5.3 display conclusions drawn and findings made from the consolidated analysed data.

4.4 THEMES THAT EMERGED FROM THE OBSERVATION SESSIONS

The researcher formulated themes from categories which were common to all participants. From the analysed data, and answering the research question, the following three main themes emerged:

> Adolescents’ attitude towards therapy
> Adolescents’ experiences of domestic violence
> Use of Solution Focused Group Therapy with Black adolescents.
Adolescents Attitude Towards Therapy

- Discomfort
- Anxiety
- Challenge and hope

Adolescents Experiences of Domestic Violence

- Helplessness
- Fear
- Physical abuse
- Traumatic and a sense of loss
- Separation
- Disappointment and anger

Solution Focused Group Therapy Techniques

- Problem free talk
- Goal clarification
- Miracle questions
- Exceptions
- Scaling
- Eliciting and amplifying change
- Compliments
- Messages and tasks
- Group cohesion
- Use of metaphors

Figure 4.3 Diagrams of Themes

Figure 4.1: Diagram of theme
In the following section the main themes are laid out and a detailed discussion and literature control is pursued.

4.5 DISCUSSION OF THEMES AND LITERATURE CONTROL

According to Miles and Huberman, (1994) interpretations are the search for the meaning and essence of the study of the phenomenon. It is the process of describing, explaining and making interferences about information that is revealed through the data. It is about understanding the perception that the respondents give to the reality around them.

The study yielded results that particularly emerged from the subjective experiences and perceptions of the researcher/therapist and participants. Common themes were identified, and hence formed major themes which are discussed in this section as results of this study.

The discussion that ensues will give a comprehensive exposition of the findings of the research inquiry. The main themes and sub themes are examined and a theoretical literature review is integrated to combine and substantiate the research findings. A detailed matrix revealing raw data of each observation can be found in Appendices C-E.

4.5.1. ADOLESCENTS ATTITUDE TOWARDS THERAPY.

Through the participant observation process, the theme; adolescents' attitude towards therapy was revealed. Psychological distress seemed to be a major experience of the adolescents. All three adolescents mentioned that the school told them to come because they had problems. This decision made by the school was supported by Stultz (2003) that even though not well understood by the adolescents at that stage, the decision to start group therapy for adolescents, like other important health and educational decisions, mostly lies with the adults.
As the participant observer, the researcher listened intensely to words used and observed the participants non-verbal cues, which indicated and emphasized an emotional tone of psychological distress (Rubin & Rubin in Lazarus 2002). Despite this, the adolescents adjusted well with time and began to express feelings of hope and also found therapy challenging for them. This was viewed by the researcher as a positive aspect brought about by group therapy. In this research group therapy was seen as suited for these adolescents as it was viewed as an effective way of helping them change their attitudes. Group therapy offered the participants the opportunity to help each other and fostered the ability to relax and feel valued. It also gave the adolescents an opportunity to deal with their experiences of depression, anxiety and family troubles by giving them more time and less pressure to talk (Stultz 2003). This was observed by the researcher during the first session where one of the participants was withdrawn.

“IT was Bonolo’s turn to tell her story. Bonolo was the most quiet and introverted of the three. The group struggled to hear what she was saying and I had to ask her repeatedly what she was saying. However, the group never pressurised her and allowed her space to relax.”

The following sub-categories were observations found to be significant in terms of the adolescents’ attitude towards therapy:

4.5.1.1 Feelings of discomfort

The researcher observed that the participants were uncomfortable in the first session. There are several reasons that could have led to this situation such as the reason for referral as perceived by participants. All three participants were referred for therapy by the school and told they had to go. Tshepo expressed “I’m not sure why I’m here...” Nonhlanhla stated that “...the school told us to come here”. Sue, Sue and Sue (1994) assert that feelings of discomfort can be manifested in extreme or prolonged emotional reactions, of which anxiety and depression are most relevant and common. The researcher observed this as a feeling of discomfort as the participants’ non-verbal
behaviour was noticed at the time of response. This could have been due to the nature of the research, as domestic violence is never a discussed issue in the Black families, especially with children, who are never given a voice to express their feelings and emotions (Sood, 1994). At this stage, the group maintained a visitor-type relationship. De Jong and Berg (2002, p.63) define this relationship as one in which both the therapist and the client are “unable to jointly identify a complaint or goal on which to work”. This type of relationship is common in clients who do not perceive themselves as having problems, or clients that are pressured into services by parents or schools. Strickland-Clark, Campbell and Dallos (2000) assert that therapy may cause feelings of discomfort to adolescents, especially when they are concerned about discussing private family matters in public. They may also feel uncomfortable about the therapist as they view therapists as educated and specialists and do not want to express what they think for fear of appearing stupid in front of the therapist (Strickland-Clark et al. 2000). These observations helped the therapist to open and sustain a dialogue around what the client might want from the therapeutic relationship (de Jong & Berg 2002). It was however interesting to note the role of group therapy as it unfolded to the teenagers that their experiences were not unique, thus reducing discomfort and increasing an environment of comfort and support. As peers they were able to persuade each other to behave more appropriately or to “open-up” whereas talking to me alone might have incited discomfort and resistance. Yet at the beginning the role of the therapist was to maintain the difficult balance of fostering trust and confidentiality for the adolescents (www.groups4kids.com).

4.5.1.2 Anxiety related to lack of exposure to therapy

Anxiety is a term used to describe a feeling of uncertainty, uneasiness, apprehension or tension that a person experiences in response to an unknown object or situation (Uys & Middleton, 1997). Barlow & Durand (1999, p.112) further describe anxiety as a “mood-state characterised by marked negative affect, bodily symptoms of tension and apprehension about the future”. Feelings of anxiety were also evident as all participants were exposed to a therapeutic setting for the first time in their lives. They were anxious about what would take place in the therapy session, and how would they interact with the therapist and with one another. Much as participants were from the
same school, they were all not close to each other. Some had never spoken to each other before. In expressing his anxiety, Tshepo said: “I am not sure what is going to happen”. Bonolo reiterated this feeling of anxiety by saying: “I am scared to be here”. Nonhlanhla reported that “I am not sure why we came but I think the school wants to help us”.

Anxiety could also be related to the fact that Black people are never exposed to Western therapy, and thus do not understand what takes place in therapy. Nwadiora (1996) explains that in the African tradition, when a family experiences problems, they seek advice from the elders within the extended family. Families would also utilise outside major sources such as the minister, priest, traditional healer, witchdoctors or sorcerers (Vontress, 1991; Nwadiora, 1996). It is therefore rare for an African family to go voluntarily for therapy, unless they find themselves “under severe circumstances or threat such as a referral from a school or court system” (Nwadiora, 1996, p.118). Due to its alien nature of therapy, self disclosure to the therapist may be much more difficult for Africans.

4.5.1.3 Therapy as a challenge and expression of hope

It was interesting to observe that after the first session these adolescents saw therapy as a challenge. They made reference to feelings of hopefulness about therapy and about their future. This was a positive sign in that these adolescents were initially “visitors” in therapy but during the therapeutic process a “customer-type relationship” was established (De Jong & Berg, 2002, p.59). They also viewed therapy as a challenge that brought to them hope for their future. This could perhaps have been their breakthrough to experiencing their strengths. Tshepo remarked, “I have found coming here as a challenge to make my life better”. This was confirmed by Nonhlanhla in stating, “I feel I can now be able to make my life better”. Bonolo reiterated by saying, “I must put all my power and energy into this”. As aptly stated by Strickland-Clark et al. (2000) adolescents presented with the idea of therapy as a challenge as it was construed as a place of struggles, and as an opportunity to find solutions to problems they experienced. The adolescents adopted the attitude that
facing difficulties was a positive challenge, and they aimed at finding solutions to their problems.

Hope and optimism are essential preconditions to therapeutic change. Hope for change on the side of the client or the therapist can have a very powerful effect on therapeutic outcomes (Sharry, 2001). Bonolo expressed her view of therapy as hopeful by saying, “I hope this is going to work”. Nonhlanhla and Tshepo emphasised their hopeful and confident attitude when they said “We are excited to be here”. On the whole the feelings of hope and challenge were expressed in Nonhlanhla’s words “face your future and never look back.” This was supported by Tshepo when he encouraged Bonolo that “you must not give up on trying being a better person...”.

Sharry (2001) maintains that hope in therapy can spring from various factors such as:

- “A strong belief in group goal;
- A pride in group members;
- Feeling connected to and identifying with other group members; and
- Trust in the facilitator that hosts the group” (Sharry, 2001, p.84).

Looking at this group, these sources brought about hope for them.

4.5.2 ADOLESCENTS EXPERIENCES OF DOMESTIC VIOLENCE.

As mentioned in Chapter Two, McIntosh (2002) describes domestic violence as an inherently non-thinking state of mind. Findings in this research have indicted that these adolescents were exposed to various experiences that affected them to a great extent. This also related to the adolescents’ general view of the home. From the adolescents’ accounts of their experiences of domestic violence, there was evidence of a range of emotions towards the perpetrators of domestic violence. The adolescents viewed their lives as full of bad memories. Six sub categories were identified namely: helplessness, fear, physical abuse, traumatic and a sense of loss, separation, disappointment and anger.
4.5.2.1 Feelings of helplessness

Helplessness is defined as occurring when people encounter conditions over which they have no control (Barlow & Durand 1999). The information that was revealed from the data showed that adolescents experienced feelings of helplessness due their exposure to domestic violence. Nonhlanhla explained how domestic violence had left them helpless in her expression that “they took everything that was ours and divided it in front of us”. Furthermore, this feeling of helplessness was also experienced by Tshepo who lost everything his mother had and could not fight back. He described this as “my uncle took all my mother’s belongings”. Bonolo’s experiences of helplessness at the hands of her rapist were expressed in her saying “nobody was home to protect me when that man came and took me”.

Nonhlanhla further talks about her helpless experience stating that “we did not know what to do”. This sentiment was reiterated by Tshepo, who felt helpless at what happened to him. Tshepo expressed his helplessness when he stated that “I started life in the streets because I was homeless and helpless”. Bonolo conveyed a sense of helplessness that she wanted to stop the rape but did not know what to do. Her feeling of helplessness was expressed in saying “I could not scream or do anything when he raped me as I was scared he was going to kill me…”

Barlow and Durand (1999) claim that people become anxious and depressed when they feel that they have no control over the events of their lives. The authors further assert that this may be followed by feelings of helplessness in coping with difficult life events (Barlow & Durand, 1999). Sood (1994) confirms this statement and maintains that in the African traditional culture, when a man dies, the wife or children are exposed to a different form of domestic violence by other members of the family. This may include, amongst others, neglect, torture, physical, sexual and verbal abuse and depriving her from her legitimate share in property. This form of victimisation is aimed at discouraging the victims from any social engagement and disempowering them, thus leaving them helpless and dependant on the extended family for survival (Sood, 1994).
4.5.2.2 Fear related to experiencing domestic violence

Kaplan and Sadock (1994, p.303) explain fear as caused by “consciously recognized and realistic danger”. Adolescents exposed to domestic violence experience several emotions concurrently; however, fear has the most commonly mentioned impact in their lives.

Nonhlanhla expressed her specific fear when she stated that her grandmother told her mother that “you are going to die like your husband”. Tshepo, on the other hand, expressed his general fear of being attacked by people in saying “we were always in fear because my brother was a criminal and people came to look for their things”. Bonolo said she was not just afraid of being hurt, but that the rapist would kill her if she told anyone as she had received such a threat. She articulated her fear as “I was scared to tell anybody about the rape as he promised he would kill me if I spoke about it”.

McGee (2000) reports that the most common reason for children and adolescents not talking about domestic violence is fear. Related to their fear of the violence, is the fear of not being believed or of what they said being dismissed. Bonolo stated another reason she never spoke about her rape ordeal as “I was also afraid that nobody will believe me”.

Adolescents who have experienced domestic violence can manifest various forms of fear. These fears as stated by Gilligan and James (1997) were clearly depicted in their statements. In displaying her fear of the perpetrator Bonolo said “…he promised to kill me if I spoke about it”. Tshepo had a fear of their predicament and said “we were always in fear because my brother was a criminal…” It became apparent that Tshepo had a fear of his separation from a definable past in saying “when I became a street kid I was scared and somehow missed home”. However, Nonhlanhla presented with the fear of an indefinable future in saying that “we did not know what we will do after they took everything”.

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4.5.2.3 Physical abuse

This sub-theme was revealed from the data in which the adolescents referred to either being physically abused by significant others in the family, or witnessing other family members being physically abused. Mullender (1996) state that physical abuse of both women and children is prevalent in families where there is domestic violence. Furthermore, the impact of physical abuse on adolescents is cited by Senecal (2002, p.1) that “...if violence and tension are present in the home, a child will know about it- whether or not he or she has witnessed it directly and whether or not abuse is openly discussed”. McGee (2000) further reiterates that witnessing physical violence is sufficient enough to cause children to be traumatised.

Tshepo found himself both witnessing and being a direct victim of physical abuse. In relating his experience of physical abuse, Tshepo expressed that “when my brother got home he was physically violent to my mother”. When he was asked if he experienced direct physical abuse, Tshepo mentioned that “after my mother’s death I became the direct victim of my brother’s physical abuse...”

Tshepo’s statements are supported by Sood (1994) in that because of the patriarchal African context, after the death of their partners, widows also face violence from their sons as they become economically, emotionally and socially dependent on them. This leads to the sons seeing their mothers as immature and inexperienced at handling family property and decision making (Campbell, 1992; Sood, 1994).

Bonolo remembered a number of violent incidents that she had witnessed. In one incident she described how she witnessed her father’s physical abuse by saying “my father was violent toward my sisters; he would beat them up with anything he found nearby”. In another incident, Bonolo reported that after her rape incident, a woman from the community took her to stay with her. During this period Bonolo expressed her direct exposure to physical violence in her utterance that “a woman from Naledi took me to stay with her and physically abused us. We were a group of children from different homes”. In support of this, Nwadiora (1996, p. 121) sees relatedness in an African family “beginning from an extended family to the larger system".
In expressing her own experiences of physical abuse, Nonhlanhla elucidated that “my uncle used my brother a slave and beat him up”. This further abuse was perpetuated by the extended nature of the African family in that the African culture frowns on children staying in institutions. African children are allowed to live with any relatives as the situation may warrant it, “illegitimacy and adoption are seen as anomalies in Africa as every child has a family” (Nwadiora, 1996, p.119). The researcher then concluded that in the African context, domestic violence should not only be perceived as spousal violence or parent-child violence, but should also be perceived in a broader notion involving all members of the extended family and the larger community.

4.5.2.4 Traumatic and a sense of loss

Trauma can be defined as any emotional shock producing a lasting harmful effect (Cowie, 1989). Most traumatic incidents are sudden and unexpected, overwhelming a person’s ability to cope and adapt. This is worse for children when they are exposed to traumatic situations, because they are taken by surprise and become more vulnerable due to their fewer coping skills (www.preventschoolviolence.com).

This sub theme was revealed from the data that produced information about the trauma adolescents experienced due to domestic violence. The data also referred to a sense of loss as the trauma entailed losing a parent. In relating her traumatic experience, Nonhlanhla told how her grandmother and uncles bewitched her parents and killed them. She related her experience of trauma by saying: “they mutilated my father and killed him” and that of loss as “my mother was bewitched and died of a headache”. Mbiti (1991, p.166) defines witchcraft as a “manifestation of invisible, mystical forces and powers in the universe that use magic for harmful ends”, and then people experience it as bad or harmful magic. In the African culture, witchcraft is performed by a sorcerer who is imbued with the evil power that can be used to harm, destroy, and kill (Vontress, 1991). This is regarded as evil magic and harmful, and may cause death (Mbiti, 1991). Some of the supernatural powers witches or sorcerers possess include the ability to 1) send messages through dreams to announce happy and unhappy events, 2) kill people from a distance without leaving evidence of the deeds (at it is said to be the case in Nonhlanhla’s mother, 3) cause people to commit suicide,
4) inflict physical and psychological harm on people and 5) cast spells (Vontress, 1991).

In retelling his traumatic experiences Tshepo said, “as a street kid I was exposed to a lot of street violence”, and he experienced loss by stating that “my father died when I was too young”. Bonolo reiterated on the sense of loss expressed by Tshepo by saying “my mother died when I was still young”.

These statements are evident of the traumatic experiences and a sense of loss the adolescents were exposed to because of domestic violence. McIntosh (2002) maintains that domestic violence affects children of all ages in two ways, namely: the witnessing of physical and emotional trauma and the experience of a state of mind in parents and the helping system which can either facilitate their recovery from the trauma or further perpetuate it. Orton (1997) further reiterates that of all the losses that children experience, the most devastating are the loss of safety and security the intact family provides and the loss of contact with the parents who are no more at home.

4.5.2.5 Separation

Although all participants experienced separation from their families, there were different reasons given for the separation, which all linked to their experiences of domestic violence. Their view of separation linked to being removed from their only closest family members. Nonhlanhla expressed her separation from her mother as “we were taken away from our mother”. Tshepo revealed his experience of separation as “I had to go and stay with my uncle and leave my brother behind”, whilst Bonolo said “I was taken away from my sisters”.

4.5.2.6 Disappointment and Anger

From the data, there seems to have been an extensive feeling of disappointment and anger toward significant family members as depicted during the observations. These
feelings were often related to adolescents being disappointed by possibly their only sources of hope and safety.

Nonhlanhla expressed her feelings as “I was very disappointed at what my father's family did to us”. In expressing his disappointment and anger towards his “only close family member”, his brother, for failing to protect them against the extended family members, Tshepo said: “My brother disappointed me because he was the one who was supposed to fight for our property as the big brother but he did not...”. Bonolo articulated her disappointment at her sister in saying, “I was disappointed at my other sister who never cared for us”.

Pollard (1994, p.27) defines anger in the light of domestic violence as “any expressed indignation, a strong feeling caused by extreme, displeasure of blame associated with domestic violence. McGee (2000) further states that anger is common following domestic violence, as adolescents feel powerless and hopeless at the situation. In addition, adolescents may feel “angry, disappointed and ashamed” of the situation McGee (2000, p. 85).

When the adolescents related how they reacted to their exposure to domestic violence, the researcher observed in their verbal and body language expressions of anger. The anger expressed by the adolescents in this inquiry was related to their inability to act upon what was happening to them at the time. They probably were also angry at their inability to take action or to take control of the situation (McGee, 2000). Their helplessness subjected them to vulnerability to domestic violence. The following quote is an example of anger displayed from Nonhlanhla’s tone during the observation: “I was angry and told myself that I will never, ever forgive them”. Bonolo expressed her anger by saying “I was angry when my father told my sisters that I am not his child”. Tshepo further expressed his anger by saying “I felt a lot of anger towards my brother after our mother’s death”. 
4.5.3 THE USE OF SOLUTION FOCUSED THERAPY TECHNIQUES

Solution Focused Group Therapy was utilized as a therapeutic technique in this study. As mentioned in Chapter One the rationale for Solution Focused Group Therapy links to the brief and solution orientated nature of the approach. As the participants came from a collective Black culture, group therapy that looks to the future was used. The research inquiry aimed at seeing how these Black adolescents related to the approach. As Solution Focused Group Therapy proposes certain techniques, the researcher studied how the adolescents related to each technique as proposed by de Shazer and associates (in De Jong & Berg, 2002). Each technique and how the Black adolescents related to it will now be discussed.

4.5.3.1 Goal clarification

This technique invites the client to define their preferred goals as these are later used as primary targets for change. De Jong & Berg (2002, p.16) view these well formed goals as “specific, concrete, and measurable”, thus important to the client as they represent the beginning of something rather than the end. In discussing what they wanted to achieve in therapy, Nonhlanhla mentioned that “I want to forget about my past and succeed in life”. Tshepo reiterated on Nonhlanhla’s words by saying “I also want to succeed, but I also want to learn to forgive and forget”. However, Bonolo mentioned that she was not sure. Two of the participants related well to the technique as they were able to clearly define their goals for therapy. However, one participant was not sure at the beginning but due to group cohesion was able to define her goals later sessions.

4.5.3.2 Miracle question

The miracle question is an important part of Solution Focused Therapy and is a way of establishing goals that are meaningful for the client. This question, when pursued, leads to a concrete “picture” of what the solution state will be like. It therefore aims at giving the clients the opportunity to picture a life without problems (Rhodes, 1993, p.30).
Data revealed that participants in this inquiry related well to the miracle question. However, there was need for language adjustment as they did not understand the word ‘miracle’, therefore the researcher had to use the words 'magic' and 'dream', which were simple and easy to understand for them. Dreams and magic play an important role in the African culture as they are said to build the link between the ancestors and God and human beings. People use intermediaries who are "believed to possess certain powers" to approach God through prayer, sacrifice, offerings and “interpretations of visions and dreams” (Mbiti, 1991, p.68). Africans further believe that there is a mystical power in the universe that comes from God. It is believed that this mysterious power is available to spirits and certain human beings and can perform ‘wonders’ and ‘miracles’ which ordinary people cannot be able to perform (Mbiti, 1991). It is this mystical power that is used to help people in issues such as healing, misfortunes, troubles and so on, and gives people hope of a better life. In this research, all participants had hope for a brighter future as they believed that the supernatural powers of their parents are watching over them.

When asked the miracle question, Nonhlanhla said: “I want to be successful and work for my grandmother”. Tshepo revealed his dream as “I have to finish matric and become a psychologist”. Bonolo reiterate by saying: “My dream is to have a family and be happy”. All these responses to the miracle question were focused on success and happiness. It was interesting to note that despite their negative past about a family, all dreamt of having families and being happy one day.

Wheeler (2001) and De Jong & Berg (2002) support these findings. These authors find that using the miracle question in therapy shows clients find it easier to answer this question without being bogged down in the “yes, buts” and reflects their current feelings, because it is a “lets pretend” question. They further reiterate that the usefulness of this technique in therapy is that it allows clients permission to think about an unlimited range of possibilities and thus a future-focused therapy (De Jong & Berg, 2002). Due to its nature of helping clients clarify their goals, identify existing progress and clarify existing options for progress, a miracle question acts as a mechanism for change.
4.5.3.3 Exceptions

Murphy (1994, p.59) refers to exceptions as specific circumstances in which the stated problem does not occur, or occurs less often. As with other solution focused aspects, exceptions respect the client’s frame of reference. During this process the clients’ strengths are also elicited, elaborated, expanded and evaluated. The objective here is to ultimately empower and maintain the clients’ changes over time (Murphy, 1994; De Jong & Berg, 2002). In this technique clients are asked about times when the problem was not a problem. Data revealed that although participant have had tough times, they could also remember the positive times of their lives. Asked about her exceptional times, Nonhlanhla said: “The best time of my life was the quality time we had with our parents”. Tshepo reflected on his exceptions as: “Being accepted by my brother after a long separation was the best thing that happened to me”. Bonolo reconfirmed the other group members’ exceptions in saying: “When my other sister took care of me I felt better”.

This is more helpful than asking about times when the problem was more evident. In many ways, it is easier to build on what is already going right than to fix what is going wrong (Prochaska & Norcross, 1999). Murphy (1994) further reiterates that it is often more productive to increase existing success, no matter how small, than it is to eliminate a problem.

The technique of exceptions opened up a new world for the group, seeing therapy as providing hopefulness and challenging. Even though exposed to extreme circumstances namely trauma, loss, helplessness and anger, all participants could give exceptions, even shy Bonolo reported that “when I’m with my friends I’m happy and I forget”. This technique created a shift in thought and opened another side and added a positive chapter to their lives.
4.5.3.4 Scaling

According to De Jong and Berg (2002) scaling questions help the client to express complex, intuitive observations about their past experiences and estimates possibilities. They invite clients to put their observations, impression and predictions on a scale of 0 to ten. In themselves, scaling questions are useful, since they allow clients to visualize or imagine, in a very natural way, their experiences as the numbers on the scale are representative of them (Rhodes, 1993).

When asked to scale themselves, participants all scaled at ten out of ten, which made it difficult for the researcher to establish their true reflection. Nonhlanhla for example, when asked on a scale of one to ten where she was in achieving her goal of forgetting about her past, where would she place herself at the moment, said “I am now at ten”.

Tshepo had expressed his anger towards his brother for not protecting him and hated his uncle for treating him badly and dispossessing him of his mother’s belongings. However when asked in the first session to scale his anger and hatred, 0 meaning he was still very angry and 10 meaning he has forgiven and ready to move forward, Tshepo responded that “I think I am presently at ten”.

When asked about where she was on the scale of forgiveness regarding her anger towards her rapist, Bonolo responded “I am at ten”.

In the African context, we are expected to respect adults and to always please them, more especially if those adults are regarded as ‘important people’ in the community. Age plays a significant role in the identity of Africans. Due to the African nature of respect, elders are seen as repossessing knowledge, experience and wisdom. Children and adolescents are taught to treat elderly people with dignity and honour (Nwadiora, 1996). In the researcher’s view, the group’s scaling was not considered as a true reflection of where they were, but rather as being influence by the African notion of respect and honour for
the adult. However, the researcher decided to still use the principle of scaling and moved it to eleven. She also decided to bring in the African collective nature and asked the participants to scale themselves as a group.

Researcher: Now I want to ask you as a group to scale yourselves on a scale of 0-10. 0 being we have not moved from our problems and we haven’t seen our dreams happen, and 10 being we have totally moved away from our problems, we are focusing on solution and on our future, and we are beginning to see our dreams come true, even if its on a small scale, where would you place the group today?

Bonolo: We are at ten.

Researcher: What makes you think you got that far?

Nonhlanhla: We just believe in it.

Researcher: What do you think you need as a group to move you one further step up?

Nonhlanhla: We need to stop thinking about the past but to focus on the future.

Researcher: Tshepo, what else can the group do to move to eleven?

Tshepo: We need to be committed and trust each other and to open up to each other.

Researcher: Bonolo what do you think you should do as a group?

Bonolo: We need to participate.

The support they gave each other through group cohesion made them to give true reflections of where they were and what they needed to move up.

4.5.3.5 Eliciting and amplifying change

The purpose of eliciting change in later Solution Focused Therapy is to open and sustain a dialogue around what’s better for the client. This process is used to engage clients in
search for exceptions that have occurred in the previous session. These exceptions are a building block for solutions (De Jong Berg, 2002).

All three participants realised changes in their lives. This was evident when asked what has been better since the last session they had. Nonhlanhla responded that “I now communicate more openly about my problems with other people”. She also added that “We visit each other since we started therapy together”. Asked about the change, Tshepo responded that “I can now easily share my past with my friends without feeling hurt or angry”. Bonolo reiterated the changes they have realised by saying: “I never sleep during the day or stay alone anymore”.

When asked to describe what is different between problem times and exception times and on who else noticed the change, the participants responded by saying:

Nonhlanhla: “My teachers can now see that I participate more in class”.
Tshepo: “I have left the things I used to do”.
Bonolo: “My hostel mates are surprised that I can now visit her and am more open...”

By eliciting and amplifying progress in their lives, the participants were able to move out of the private nature of their experiences of domestic violence to a more open way of talking about their stories. This helped them and others to begin to see the resources they have within.

4.5.3.6 Compliments

Wheeler (2001) refers to compliments as helpful throughout the session and also at the end of the session as the therapist comments about the client’s abilities and resources, and alerts them to resources they may not have noticed or disregarded. De Jong & Berg (2002, p.118) further elucidate compliments as “affirming what is important for the client”. Compliments affirm a client’s successes and the strengths these successes
suggest. In utilising the collective principle in group work, instead of the therapist complimenting the clients, she asked clients to compliment each other. This brought about the sense of group empowerment as the group became the powerful force on their own that could take on positive challenges in externalising their problems (Sharry, 2001).

The participants gave the following compliments to each other:

Nonhlanhla to Tshepo: “You can help a person not to think too much”.
Nonhlanhla to Bonolo: “I never thought you will open up, but now you are open, free and can share with us, I’m happy for you’.
Tshepo to Nonhlanhla and Bonolo: “They both know how to solve problems effectively”.
Tshepo to Bonolo: “You are a strong young person and will make a good social worker”.
Bonolo to Tshepo: “You have been through so much but you have managed to survive, it means you are strong”.
Bonolo to Nonhlanhla: “I love your courage and willpower to get what you want”.

Data revealed that this technique was useful in group therapy as adolescents were able to give compliments to one another. It also revealed the powerful Africa culture of collectivism as stated by Nwadiora (1996, 118) that “for the African psyche, the collective or the group is the ideal...base for unity and survival. The unit of identity among Africans is “we” and not “I”...”I am because we are; without we I am not, and since we are, therefore I am”. This approach made more impact on the participants as it was from their peers, therefore bringing the group to partake in all shame, guilt pain, joys and sorrows of any particular individual (Nwadiora, 1996).
4.5.3.7 Messages and tasks

Solution focused development as a team approach lead to therapists giving messages to their clients. According to Sklare (1997) messages consist of three parts namely: compliments, bridging statement and tasks. This has an essential role for Solution Focused therapists and clients as on the one hand it allows therapists time to reflect on the process, review notes and be in a position to consult with team members to construct a message that will best help the client.

The participants gave the following collective messages to each other:

- "Be proud of yourself and be more positive, open and happy".
- "Be free because I'll be there for you, speak out and I'll help you".
- "I believe in both of you and I am sure your dreams are going to come true".
- "I wish your miracles become true and things be good for you".
- "I wish you to succeed in the types of work you want and never allow yourself to go back to old thoughts".

In support of the data given, Sklare (1997) further explains that messages serve as a positive reinforcement for what has occurred in the session by reminding clients of resources and strengths and to help them keep on track towards achieving their goals.

De Jong and Berg (2002) and Rhodes (1993) refer to two categories of tasks namely observation tasks and behavioural or ‘doing’ tasks. In observation task the client may be asked to observe times between now and the next session when particular aspects of his or her life prove useful in solution building and to report back in the next session. In ‘doing’ tasks the therapist might suggest to the client to do something or to take a particular action the therapist believes will be useful to him/her in constructing a solution. Both tasks are based on the information gathered through the session and must make sense to the client’s frame of reference (De Jong & Berg, 2002; Rhodes, 1993).
4.5.3.8 Use of metaphors

An important theme that emerged that is not an explicit Solution Focused Therapy technique was using metaphors in the process. Erickson (in Rhodes, 1993) views utilizing what clients bring to therapy to meet their needs helps them make a satisfactory life for themselves. The researcher utilised the participants’ language and use of metaphors in therapy. According to Burns (2001), metaphors are about taking an expression from one field of experience and using it to say something about another field of experience. Whether entertaining or educating, metaphors all make a point, carry a message or express a moral. Metaphors imply comparison between things that are not literally alike, and thus, can be used in an application of a description, phrase, or story about an object or action to which it bears an imaginative, but not literal, resemblance (Burns, 2001, p.28).

In dealing with their experiences, processes, or outcomes that would help them solve their literal problems, participants in this inquiry often used proverbs as a form of metaphors. These proverbs were given as a way of building collectivism as part of the African culture. Participants gave the following proverbs to encourage and support each other:

- “We need to walk the talk and not talk the walk”.
- “Umtwana ongakhali ofela embelekweni”, meaning if one doesn’t ask for help when he has problems then nobody will help him.
- “A re beng ngatana enngwe, hobane bana ba phate re be bona ka mebala”, means let us be one because if we are one then nobody can infiltrate us.
- “Okudlulile, kudlulile”, means what is past in gone.

The use of metaphors in this inquiry had the purpose of providing symbolic communication with was strengthened by their purposefully designed and specific healing or therapeutic intention (Burns, 2001). For the adolescents, the focal point of the individual experience was seen as the preservation and enhancement of the well-being of
the group (collectivism). Therefore, interdependence was central and of broad interest to the group as group interest took precedence to individual interests in solving problems.

4.5.3.9 Group cohesion

Groups are perceived as very effective in helping people change as therapy takes place in a safe, comfortable and supportive place for individuals. Group therapy offers individuals more time and less pressure to talk and can persuade teenagers to behave more appropriately (www.group4kids.com).

Data revealed that the adolescents worked very well in group and were able to create group unity easily. This was evident in the statement by Nonhlanhla that “Bonolo came to my room for the first time since we came to Bophelo in 1998”. Tshepo observed that Bonolo was still behind, and when asked how many more sessions they still needed he said, “The two of us have moved and are high but we need to help Bonolo to be where we are...” In creating a sense of ‘we-ness’, Bonolo said: “We must work as a group to come up with solutions”. These utterances clearly depict the collective personhood and collective morality of Africans. This collective nature is well expressed by a Xhosa proverb, “umuntu ngumuntu ngabantu” which means “I am” because “we are”. Mbigi (1997, p.3) succinctly summarises the collective “we-ness” in Africans as a healing process that creates the principle of “collective solidarity versus individual self-sufficiency”.

4.6 CONCLUSION

In this chapter, the researcher gave a detailed discussion on how she had gone about with the content analysis of data. The process was explained in these stages, namely data reduction, data display and conclusion drawing. The themes that emerged were also discussed and literature control was conducted. Where possible, each sub-category was supported by raw quotes from the data and validated by literature. Links to previous
chapters were made where applicable. A detailed matrix of each theme and sub-category appears in Appendices C – E. The following chapter focuses on the research findings, recommendation and conclusion of the research.
CHAPTER FIVE

RESEARCH FINDINGS, RECOMMENDATIONS AND CONCLUSION

"At the very least, the strengths perspective obligates workers to understand that; however downtrodden or sick, individuals have survived (and in some cases even thrived). They have taken steps, summoned up resources, and coped. We need to know what they have done, how they have done it, what they have learned from doing it, what resources (inner and outer) were available in their struggle to surmount their troubles”.

(Saleebey in De Jong & Berg 2002, p.217)

5.1 INTRODUCTION

The above quote may aptly apply to the participants and many other Black adolescents who are survivors of domestic violence. Wade (1997) believes that alongside the history of violence and oppression experienced by many people, there runs a parallel history of prudent, creative and determined resistance. The purpose of Solution Focused Therapy is to engage these people in a conversation that will lead them to begin to experience themselves as stronger, more insightful, and more capable of responding effectively to the difficulties they experience.

This study has attempted to answer the research question posed in Chapter One, with the view of drawing conclusions with regard to the relevance and relatedness of solution focused group therapy to dealing with Black adolescents who have experienced domestic violence. The aim of this chapter is to discuss the research findings and to offer recommendations based on these findings. The study concludes with limitations of the research inquiry and the final comment.
5.2 RESEARCH FINDINGS

The researcher views the obtained themes in the study as 'truths' that the participants (Black adolescents) have experienced through their exposure to domestic violence. Survivors of domestic violence, as shown in the previous chapter, present with a variety of feelings and emotional experiences. The therapeutic process itself and the use of Solution Focused Group Therapy has been felt in different ways by the participants, and has been found to be very challenging and helpful. This was succinctly expressed by Tshepo that “I can say believing in miracles has helped me a lot because now I can see where I am going, I can see my future. ...I have never experienced such a thing (therapy) where we can talk about our problems and get support”.

The socially arrived at 'truths' in this have been reached through the use of participant observations. The truths in the study were “constructed by people in conversation” (Carr, 2000, p.118). Both the researcher and the participants engaged in a conversation, in order to help the adolescents (participants) to formulate meaningful solutions about their individual experiences of domestic violence.

The discussion that ensues aims at establishing the credibility of the findings from a research point of view. The following is a discussion of the main empirical findings of this study.

5.2.1 THEME ONE: ADOLESCENTS' ATTITUDES TOWARDS THERAPY

As discussed above (see Chapter 4.4.1) adolescents who have experienced domestic violence are confronted with a variety of emotions related to their personal experiences. The research findings revealed that participants were uncomfortable and anxious about therapy because therapy is unknown in the African context. Participants also found it difficult to talk about domestic violence due to its 'private' nature in the African culture. This made participants to adopt a visitor-type role at the beginning. However, the
collective nature of the process and the group cohesion helped participants move from a visitor type relationship to a consumer type relationship (De Jong and Berg, 2002) and they experienced therapy as challenging and a source of hope. Therapy was thus viewed in a positive way.

Based on the participants’ comments in general, the researcher deduced that they experienced Solution Focused Group Therapy in a positive way. These positive comments were expressed by participants as:

- They regarded therapy as a support base that has helped them focus on their future rather than on their past.
- They appreciated the fact that the school recognised their need for therapy and referred them.
- Therapy was also valued for the experience they got and offered them new hope for life.

In conclusion, the adolescents’ attitude towards therapy was positive and yielded positive results for them. Figure 5.1 depicts these findings graphically.

5.2.2 THEME TWO: ADOLESCENTS’ EXPERIENCES OF DOMESTIC VIOLENCE

All participants experienced domestic violence in a negative way. They all had bad memories of their exposure to domestic violence. These experiences ranged from helplessness to trauma and loss. Despite these negative experiences, all participants had their positive experiences, which became the focus of this study. They all recall having good family memories with their parents and siblings. This was well displayed in their miracle collages where good times with the parents were clearly expressed. Through these positive experiences, they experienced a renewed sense of their own inner resources. This was evident in their comments indicating their need to recreate a new family amongst themselves.
Figure 5.1: Findings on adolescents' attitude towards therapy
According to data collected, none of the three adolescents experienced domestic violence from their parents as perceived by many researchers of domestic violence. This became a challenge to the researcher and also gave a new perspective of domestic violence in the African perspective. Looking at the broad African view of a family, this study revealed that domestic violence is not necessarily limited to spousal violence. Therefore, as psychologists, when dealing with family issues, there is a need to look at the broader system. From the participants' viewpoint, all their parents had excellent relationships with one another. However, due to the composition of the African family, other members of the family were involved and were perpetrators of domestic violence against their parents.

In the South African context, especially within the Black communities, where families are viewed in a broader sense of not only involving parents and their children, but also involving other members in the household, there is need to explore domestic violence beyond the lenses of spousal abuse or parent-child abuse, but also to look at the role played by other family members.

The research findings also demonstrated lack of basic services for Black adolescents exposed to domestic violence, either as witnesses or as victims to the violence. Despite their long term exposure to domestic violence, participants have never been exposed to any psychological support before. What stands to be of surprise to the researcher, is the fact that they all went through the hands of various professionals such as social workers and police child protection units, who are expected to have observed the need for such support, but they were left to adapt to the situation on their own. This was viewed by the researcher as a failure of our support services in the country for such children. Figure 5.2 depicts these findings graphically.
Figure 5.2: Findings on adolescents' experiences of domestic violence
5.2.3 THEME THREE: USE OF SOLUTION FOCUSED GROUP THERAPY WITH BLACK ADOLESCENTS

The findings revealed that the use of Solution Focused Group Therapy in Black adolescents experiencing domestic violence has been found to be helpful. The adolescents related to the Solution Focused Therapy approach the following was seen as benefits of the approach and shows how well the adolescents related to the approach:

- Solution Focused Group therapy offered the adolescents an opportunity to discuss the violence, address their anger towards the perpetrators and be able to focus on solutions rather than on problems.
- Group therapy assisted the adolescents in fulfilling the important developmental tasks as mentioned in Table 2.2 in Chapter Two.
- Group therapy breaks the isolation and offers its members an opportunity to tell their stories in the presence of others who closely identify with the experience (Groves, n.d./2003).
- Through the use of Solution Focused Group Therapy, participants were able to give each other solution focused messages that depicted their acknowledgement that they could not change their past, but they could change their goals (Prochaska & Norcross, 1994). This was explicitly stated in one of the participants saying “okudlulile, kudlulile”, meaning what is past is gone.
- Solution Focused Therapy offered the participants an opportunity to realise their inner potential and that they had all they needed to solve their problems, enabling them to focus on the future. Focusing on solutions helped them facilitate change in the desired direction (Walter & Peller, 1992).
- The findings also revealed the value of utilising the client’s resources, strengths, beliefs, and behaviours in the direction of change (Rhodes, 1993). This was observed by the researcher that as soon as she moved the focus from a problem talk to a solution talk, and asked clients about the resources that helped them cope, the session’s mood changed from psychologically distressed to a problem free talk, which was future oriented and created conversations dealing with the...
person’s interests and strengths, therefore inviting the clients to talk about aspects of their life other than the problem (De Jong & Berg, 2002; Rhodes, 1993; Wheeler, 2001).

- An important aspect of the findings was the use of Solution Focused Therapy techniques. It was interesting to observe how participants reacted to the different techniques used. The researcher found it easy for participants to go into problem free talk as illustrated by Solution Focused researchers. They could also relate well to exceptions in their lives. The researcher concluded that this could probably be ascribed to the customer relationship they had with the researcher-therapist (De Jong & Berg, 2002). Another reason was that they found it more comforting to talk about good times than focusing on their bad experiences and memories. However, it was interesting to note the role language plays in therapy. In asking the miracle question, the researcher had to adjust to using language that they could relate to. Instead of using ‘miracle’, which they struggled to understand, the researcher changed to ‘magic’ and ‘dreams’. The latter was suggested by one of the participants in trying to get more clarity. In using the scaling question, the researcher observed that the participants struggled with this technique. Despite several explanations, the participants scored at ten. This could be attributed to a variety of reasons. However, the researcher hypothesised the following reasons for the high scaling:
  - Participants might have found it difficult to understand the concept of scaling on the one hand, on the other hand, the researcher might not have been able to clearly explain the technique to the participants in simple terms.
  - In the African context, we are expected to respect adults and to always to please them, more especially if those adults are regarded as ‘important people’ in the community. Therefore, the high score in the scales could have been to impress the researcher and for them not to be viewed as failures. Therefore the researcher could not take the scaling scores as a true reflection of the participant’s improvement. This does not however...
mean that the participants did not improve. To provide for the scaling, the researcher then decided to move beyond ten and interestingly enough, more information was found.

As a solution focused therapist the value of compliments are observable in the clients’ reactions to the affirmations when you offer the compliments. If your observations connect, clients will smile, shake their heads in agreement or say ‘thank you’. This is important in therapy as it assures the therapist that the compliment makes sense to the clients (De Jong & Berg, 2002:118; Rhodes, 1993:31). Compliments and messages worked excellent in this study as participants gave each other messages and complimented one another for the achievements. This reflected a lot of group cohesion and a sense of collectivism amongst group members. The findings also revealed that the participants had concern for one another and valued each other. The feel of a family, as depicted in an African sense, was eminent in the group. Group values featured aspects that created a family membership, which was also depicted as a key aspect in both their individual and group collages. Figure 5.3 depicts these related findings.
Solution Focused Group Therapy

- **Group Work**
  - utilized
  - Collectivism
  - lead to
  - Collaboration
  - Support
  - Positive future

- **Solution-Focused Talk**
  - Gave hope
  - Opened up goals
  - Freed inner potential
  - Future vision
  - Easy in African culture
  - One finds exceptions in diverse situations

- **Adopting techniques to suit African culture**
  - Utilizing metaphors
  - Changing scaling question
  - Group activities
  - Collective goals
  - Changing miracle to dream/magic
  - Group compliments
  - Brief therapy

Figure 5.3: Findings on the use of Solution Focused Group Therapy with Black adolescents
5.3 RECOMMENDATIONS

Lazarus (2002) refers to recommendations as favourable comments and suggestions that are designed for application in the circumstances under discussion. In this research inquiry, the following recommendations were formed and structured from the results in Chapter Four.

5.3.1 RECOMMENDATIONS FOR DOMESTIC VIOLENCE IN THE SOUTH AFRICAN CONTEXT AMONGST BLACK COMMUNITIES.

➢ It is imperative that psychological support be established as soon as possible, as this will provide Black children and adolescents with the necessary support they need when exposed to domestic violence.

➢ Literature related to domestic violence in African families need to change its focus of domestic violence from spousal and parent/child violence and focus on the role of the African extended family and wider community.

➢ There is a great need of information for Black adolescents experiencing domestic violence and other psychological problems, both in terms of psychological services available and education regarding the availability and value of such services. Such information must be made available in terms of posters and advertisements in places where adolescents spend most of their times such as schools, churches, sports grounds, shopping centres, local primary health care centres and street corners. Other places that can be targeted are the media, especially programmes that are of interest for adolescents such as “Take 5” and “Zola 7”, and also target advertising in-between teenage favourite programmes such as “Backstage” and “Generations”. Children and teenagers should be given leaflets at schools and community centres aimed at giving practical advice on domestic violence and the need for therapy.

➢ There should be a network amongst all helping professions to formulate procedures that will raise awareness of effects on children and adolescents who witness and/or experience domestic violence so as to improve and change long term harmful effects.
There is a need for school programmes to cater for children and adolescents who are witnesses or victims of domestic violence in accordance with their developmental stages. In-service education and training of professionals dealing with issues of domestic violence on the most effective approaches that would have appositive impact on those who need the service.

There needs to be an establishment of support groups for children and adolescents where they will be given an opportunity to disclose without being threatened and to allow them a chance to talk to others who are going through the same ordeal. This could also be facilitated by trained peer counsellors under the supervision of a professional.

Further research on the coping strategies used by children and adolescents witnessing and/or experiencing domestic violence is warranted.

5.3.2 RECOMMENDATIONS FOR PSYCHOLOGY AND THERAPY

The following recommendations are made for Psychology and Intervention:

- Solution Focused Therapy is relevant for Black adolescents as they relate to it appropriately.
- Solution Focused Therapy should be done in groups to address the African collective culture.
- Solution Focused Therapy should utilise the culture, for example, using metaphors and the language to suite the African belief.
- Solution Focused Therapy can be used by lay counsellors and teachers to reach more people in all spheres of life.
- Solution Focused Therapy fits with the African talk.
- Psychologists need to understand African collectivism.
- Psychologists need to understand the African family as different from the Western family.
- Psychology should be promoted in the African culture.
- Psychologists must take therapy to the communities and not wait for clients to come for therapy.
5.3.3 RECOMMENDATIONS FOR RESEARCH

The following areas should be studied in more depth:

- Perceptions of Black South African families on the effects of Western therapy.
- The role of Solution Focused Therapy in communities versus therapy being offered in institutions.
- The role of group dynamics and collectivism in African Psychology.

5.4 LIMITATIONS OF THE STUDY

This study has certain shortcomings in a sense that a very small sample size was chosen and used due to the sensitive nature of the study in Black communities. The results of the study are mainly obtained and based on the experiences of a very small group of Black respondents, and although very useful in proving insight into the question investigated, cannot be accepted as a representation of adolescents experiences in general. The fact that the researcher who conducted this research did not have previous experience in the field of research, also presented as a limitation. Any errors made must be seen in the light of constructive opportunities for further growth and understanding of the research process.

Despite these shortcomings, this study, with the results it yielded, has contributions in the field of therapy, particularly in working with adolescent clients. As discussed in the recommendations, information, knowledge about and availability of psychological services for adolescents experiencing domestic violence is one other important area that must be investigated, and further, more wider research on children/adolescents and domestic violence in South Africa is needed since this has shown to be limited.

5.5 CONCLUSIONS

"Some people see problems and ask why. I dream dreams and ask why not".

(Robert F. Kennedy quoting George Bernard Shaw)
The aim of this study was twofold. Firstly, the researcher wanted to explore and understand Black adolescents' experiences of domestic violence. Secondly, the researcher wanted to establish whether Solution Focused Group Therapy can be a useful attribution to the helping professionals in dealing with Black adolescents who have experienced domestic violence in the South African context.

From the participants' responses, it appears that Solution Focused Group Therapy has a room in the helping professions in this country and that the participants related well to this approach. Recommendations were formulated for helping professions in helping adolescents in this plight. This research can therefore be seen as being beneficial in the field of educational psychology to improve the lives of our children.

In summary, the researcher learnt that participants experienced domestic violence at a different level than generally perceived. They experienced domestic violence from the extended family members and this heightened awareness of the broadness of the concept of domestic violence from an African perspective. The researcher has been privileged to listen to the participants shared stories of domestic violence as well as witness the courage and resources they possessed. Through sharing these stories of success and courage – stories that sometimes go unnoticed, the adolescents will be encouraged to reinvent themselves and thus be able to break the cycle of domestic violence.

This was a beneficial experience for both the researcher and the participants as it can be concluded that Solution Focused Group Therapy can be a useful attribution to the African community and to the field of Psychology in South Africa.

I wish to conclude this research with a lesson from James (in De Jong and Berg, 2002, p.217) that:

"Great emergencies show us how much greater our vital resources are than we had supposed".
BIBLIOGRAPHY


You are invited to participate in a study conducted by Boitumelo Molebogeng Diale in partial fulfillment of her studies for Masters Artium in Educational Psychology in the Department of Education at Rand Afrikaans University (RAU). I hope to explore more about the black adolescents’ experiences of domestic violence using Solution Focused Group Therapy. You were selected to participate in this study due to your experiences of domestic violence as an adolescent. You will be involved as follows: you will attend therapy sessions with three other adolescents who have also experienced domestic violence. As a client you are expected to attend all therapy sessions scheduled for the group. Since this is group therapy clients might be unease to relate their experiences as victims of domestic violence. However, it is expected that clients will benefit from the therapy sessions and from each other's experiences. In return the researcher and the clients can start a support group for other black adolescents experiencing domestic violence in black communities.

If you do not wish to participate in this study, you may receive counseling services similar to those offered in the study by contacting The Institute for Child and Adult Guidance at the Rand Afrikaans University.

All information received in this study will remain confidential and will be disclosed only with your permission or as required by law. If you give me permission by signing this consent form, I promise to protect your confidentiality so that no reports that result from this study will identify you as having been a participant.

Your decision to participate or not to participate will not influence your client status at Institute for Child and Adult Guidance. If you decide to participate, you are free to withdraw from the study at any time without prejudice. If you have any concerns please call Professor Jacqui Byrne at the Department of Education at RAU (011) 489-3332, where you may report your concerns anonymously if you wish.

If you have any questions about this research, please call Boitumelo Diale at (011) 489-3101(o/h) or (011) 931-0516 (a/h). By signing the consent form below, you indicate that you are voluntarily agreeing to participate in the study.

__________________________________________________  __________________________
Signature of Participant                                           Date

__________________________________________________
Signature of Parent or Guardian (if applicable)  __________________________
Signature of Researcher
148 Therapist: What did you do to hide your anger?
149 Bonolo: Like (pause), like (pause).
150 Therapist: When you got angry what did you do to hide your anger, because you said you did not show it?
153 Bonolo: I would be happy like other people and play with them.
155 Therapist: Tshepo...
156 Tshepo: From me, what I can say is that things changed when we started attending here because at school there was no one who wanted us to share our problems with them the way we share with you.
161 Therapist: What change? Can you tell us more about that change?
163 Tshepo: I was thinking that whatever things that happened so me I will do things that my brother did, if ever I can see that I am not coping well in life, I will just leave school and do whatever.
168 Therapist: And now?
170 Tshepo: But now I see that I will never do that again, even if things are hard I am thinking about the future.
172 Therapist: What would you do instead, what would you do now?
174 Tshepo: You see now, seeing that my brother where he is now he is not experiencing problems whereby he is hungry, he needs clothes; he just lives a normal life. No one is giving him problems.
179 Therapist: Is he in jail now?
181 Tshepo: Ya.
182 Therapist: Was he arrested?
183 Tshepo: Ya, he was arrested.
185 Therapist: And how do you feel about what your brother did to you?
188 Tshepo: He disappointed me because he was supposed to take care of me when my mother passed away because he was my elder brother, but I was the one who was thinking of things he was supposed to do.
191 Therapist: So, you want to say whatever your brother did, he made you take adulthood responsibility before you became an adult?
195 Tshepo: Ya, he forced me to.
In what way can you tell us more and in what way did he force you to take the responsibility of adulthood?

Because whatever they (relatives) said, like my mother said they must take this and this and this and he did not say nothing to anyone, I was the only one who said no this property belong to us. He was afraid to talk when it comes to my mother's property.

So you are the one who stood up and fought?

Ya, even when they changed, I was the one who saw that they no longer love me, they loved me when my mother was still alive, and when she passed away they started to change.

And how do you feel now?

I don't feel like I have no problems anymore. I feel like I do have parents when I don't have 'I feel like a normal child, you see!

And you are a normal child, an intelligent child for that matter. What is interesting is that in all of you, despite whatever you were experiencing you have coped in a way; I just want us to talk about your coping strategies, even before you came for therapy. Yes, I understand that your coming here encouraged you and a lot and made you to move forward to your future, but if we look back between the period, in one way or the other, other people would not have made it but you managed to cope. What helped you to cope? I want us to talk about it, what is it that helped you to cope or survive?

With me, surely is my grandmother.

From which side of your family?

From my mother.

In what way did she help you?

She sat down with me and said "my grandchild, there is nothing I can do now, so it is better for you to focus on your future, to have a better life for your brothers and not for you only". I said "Okay Gogo, I will do as you wish".

So your granny was a real source of inspiration? She was a pushing force
### MATRIX OF RAW DATA: THEME 1: ADOLESCENTS' ATTITUDE TOWARDS THERAPY

<table>
<thead>
<tr>
<th></th>
<th>Discomfort</th>
<th>Anxiety</th>
<th>Challenge and Hope</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nonhlanhla</strong></td>
<td>&quot;The school told us to come here&quot;</td>
<td>&quot;I am not sure why we came but I think the school wants to help us.&quot;</td>
<td>&quot;We are excited to be here&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;I feel I can now be able to make my life better&quot;</td>
<td>&quot;I feel I can now be able to make my life better&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&quot;Face your future and never look back&quot;</td>
<td>&quot;Face your future and never look back&quot;</td>
</tr>
<tr>
<td><strong>Tshepo</strong></td>
<td>&quot;I am not sure why I am here, but the school told us to come because we have problems&quot;</td>
<td>&quot;I am not sure why is going to happen&quot;</td>
<td>&quot;I have found coming here as a challenge to make my life better&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&quot;You must not give up on trying being a better person...&quot;</td>
</tr>
<tr>
<td><strong>Bonolo</strong></td>
<td></td>
<td>&quot;I am actually scared to be here...&quot;</td>
<td>&quot;I must put all my power and energy into this&quot;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&quot;I hope this is going to work for us&quot;</td>
</tr>
</tbody>
</table>
### Physical Abuse

- "My uncle used my brother as a slave and beat him up."
- "My mother told my grandmother that you are going to die like your husband."
- "My uncle used my brother as his slave and beat him up."
- "When my brother got home, he was physically violent to my mother."
- "After my mother's death, I became the direct victim of my brother."
- "When my brother got home, he was physically violent to my mother."

### Fear

- "We were always in fear because my brother was a criminal and people came to look for their things..."
- "I started life in the streets because I was homeless and belonged to my brother."
- "My uncle took all my mother's belonging."
- "We were always in fear..."}

### Helplessness

- "We did not know what to do..."
- "They took everything that was ours..."
- "They shared everything..."
- "They took everything that was ours..."
- "We did not know what to do..."
- "We did not know what to do..."

### Appendix D

**Matrix of Raw Data: Theme 2: Adolescents' Experiences of Domestic Violence**
## APPENDIX D

**MATRIX OF RAW DATA: THEME 2: ADOLESCENTS’ EXPERIENCES OF DOMESTIC VIOLENCE**

<table>
<thead>
<tr>
<th></th>
<th>HELPLESSNESS</th>
<th>FEAR</th>
<th>PHYSICAL ABUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonolo</td>
<td>“Nobody was home to protest me when that man came and took me”.</td>
<td>“I was scared to tell anybody about the rape as he promised to kill me if I spoke about it”.</td>
<td>“My father used to physically abuse my sisters; he would beat them up with anything he found nearby”.</td>
</tr>
<tr>
<td></td>
<td>“I could not scream or do anything when he raped me as I was scared he was going to kill me...”</td>
<td>“I was also afraid that nobody will believe me”.</td>
<td>“The woman from Naledi took me to stay with her and physically abused us. She made us leave like animals”.</td>
</tr>
</tbody>
</table>
## APPENDIX D

### MATRIX OF RAW DATA: THEME 2: ADOLESCENTS' EXPERIENCES OF DOMESTIC VIOLENCE

<table>
<thead>
<tr>
<th></th>
<th>Traumatic and A Sense of Loss</th>
<th>Separation</th>
<th>Disappointment and Anger</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nonhlanhla</strong></td>
<td>&quot;They mutilated my father and killed him&quot;.</td>
<td>&quot;We were taken away from our mother&quot;.</td>
<td>&quot;I was very disappointed at what my father's family did to us&quot;.</td>
</tr>
<tr>
<td></td>
<td>&quot;My mother was bewitched and died of a headache&quot;.</td>
<td>&quot;We were asked to choose who we wanted to stay with&quot;.</td>
<td>&quot;I was angry and told myself that I will never, ever forgive them&quot;.</td>
</tr>
<tr>
<td><strong>Tshepo</strong></td>
<td>&quot;As a street kid I was exposed to a lot of street violence&quot;.</td>
<td>&quot;I had to go and stay with my uncle and leave my brother behind&quot;.</td>
<td>&quot;My brother disappointed me because he was the one who was supposed to fight for our property as the big brother but he did not...&quot;</td>
</tr>
<tr>
<td></td>
<td>&quot;My father died when I was still very young&quot;.</td>
<td>&quot;I was forced to run away from my uncle because of ill treatment&quot;.</td>
<td>&quot;I felt a lot of anger towards my brother after our mother's death&quot;.</td>
</tr>
</tbody>
</table>
### APPENDIX D

**MATRIX OF RAW DATA: THEME 2: ADOLESCENTS’ EXPERIENCES OF DOMESTIC VIOLENCE**

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<tr>
<th></th>
<th><strong>TRAUMATIC AND A SENSE OF LOSS</strong></th>
<th><strong>SEPARATION</strong></th>
<th><strong>DISAPPOINTMENT AND ANGER</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bonolo</strong></td>
<td>“A stranger took me from home and raped me”.</td>
<td>“I was taken away from my sisters”.</td>
<td>“I was disappointed at my other sister who never cared for us”.</td>
</tr>
<tr>
<td></td>
<td>“My mother died when I was young”.</td>
<td>“My father left us to stay with another woman”.</td>
<td></td>
</tr>
</tbody>
</table>


APPENDIX E

MATRIX OF RAW DATA: THEME 3: SOLUTION FOCUSED GROUP THERAPY TECHNIQUES AND OTHER USEFUL TECHNIQUES WHEN DEALING WITH BLACK ADOLESCENTS

<table>
<thead>
<tr>
<th>TECHNIQUE</th>
<th>RESPONSE</th>
<th>Nonhlalha</th>
<th>Tshepo</th>
<th>Bonolo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miracle question</td>
<td></td>
<td></td>
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<td></td>
<td>Happiness</td>
<td>&quot;I want to be successful and work for my grandmother&quot;.</td>
<td>&quot;I have to finish matric and become a psychologist&quot;.</td>
<td>&quot;My dream is to have a family and be happy&quot;.</td>
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<tr>
<td></td>
<td>Success</td>
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<td></td>
<td>Education</td>
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<tr>
<td>Exceptions</td>
<td></td>
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<tr>
<td></td>
<td>Friends</td>
<td>&quot;The best time of my life was the quality time we had with our parents&quot;.</td>
<td>&quot;Being accepted by my brother after a long separation was the best thing that happened to me&quot;.</td>
<td>&quot;When my other sister took care of me I felt better&quot;.</td>
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<tr>
<td></td>
<td>Cared for by significant others</td>
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<td></td>
<td>Acceptance</td>
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<td>Family</td>
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<tr>
<td>Scaling</td>
<td></td>
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<tr>
<td></td>
<td>Scaled to impress</td>
<td>&quot;I am at 10&quot;.</td>
<td>&quot;I am at 10&quot;.</td>
<td>&quot;I am at 10&quot;.</td>
</tr>
<tr>
<td></td>
<td>Scaling not true reflection</td>
<td>&quot;We have to stop thinking about the past and focus on the future&quot;.</td>
<td>&quot;Commitment and trust and being open to each other will help us move up&quot;.</td>
<td>&quot;We need to participate&quot;</td>
</tr>
</tbody>
</table>
### APPENDIX E

**MATRIX OF RAW DATA: THEME 3:** SOLUTION FOCUSED GROUP THERAPY TECHNIQUES AND OTHER USEFUL TECHNIQUES WHEN DEALING WITH BLACK ADOLESCENTS

<table>
<thead>
<tr>
<th>TECHNIQUE</th>
<th>RESPONSE</th>
<th>Nonhlanhla</th>
<th>Tshepo</th>
<th>Bonolo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eliciting change</td>
<td>- Communicating more</td>
<td>&quot;I now communicate more openly about my problems with other people&quot;.</td>
<td>&quot;I can now easily share my past with my friends without feeling hurt or angry&quot;.</td>
<td>&quot;I never sleep during the day or stay alone anymore&quot;.</td>
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<tr>
<td></td>
<td>- Socializing more</td>
<td>&quot;We visit each other since we started therapy together&quot;.</td>
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<tr>
<td></td>
<td>- Visiting each other</td>
<td></td>
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<tr>
<td>Amplifying</td>
<td>- More open</td>
<td>&quot;My teachers can now see that I participate more in class&quot;.</td>
<td>&quot;I have left the things I used to do&quot;.</td>
<td>&quot;My hostel mates are surprised that I can now visit her and am more open...&quot;</td>
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<tr>
<td></td>
<td>- Able to identify each others strengths</td>
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<td></td>
<td>- Learn from each other</td>
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<tr>
<td>TECHNIQUE</td>
<td>RESPONSE</td>
<td>Nonhlanhla</td>
<td>Tshepo</td>
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<tr>
<td>Use of metaphors</td>
<td>Positive</td>
<td>“We need to walk the talk and not talk the walk”</td>
<td>“A re beng ngatana enngwe, hobane bana ba phate re be bona ka mebala”</td>
<td>“Okudlulile, kudlulile”</td>
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<td></td>
<td>Future oriented</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Group oriented</td>
<td>“Umtwana ongakhali ofela embelekweni”</td>
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<td></td>
<td>Sign of hope</td>
<td></td>
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<tr>
<td>Group cohesion</td>
<td>Listening to each other</td>
<td>“She came to my room for the first since we came to Bophelo in 1998”</td>
<td>“At school we are together, whatever problems she has, she tells me and I try to help her”.</td>
<td>“We need to work more on things that can disturb us as a family.”</td>
</tr>
<tr>
<td></td>
<td>Empathetic</td>
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<td></td>
<td>Sharing</td>
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<td></td>
<td>Sense of belonging</td>
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<td>Conformity</td>
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<td>Sacrifice to the group</td>
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<td></td>
<td>Group strengths</td>
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<td></td>
<td>Sense of ‘we-ness’</td>
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</tbody>
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<th>Tshepo</th>
<th>Bonolo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliments</td>
<td>Positive</td>
<td>&quot;You can help a person not to think too much&quot;.</td>
<td>&quot;They both know how to solve problems effectively&quot;.</td>
<td>&quot;You have been through so much but you have managed to survive, it means you are strong&quot;.</td>
</tr>
<tr>
<td></td>
<td>Encouraging</td>
<td>&quot;I never thought you will open up, but now you are open, free and can share with us, I'm happy for you&quot;.</td>
<td>&quot;You are a strong young person and will make a good social worker&quot;.</td>
<td>&quot;I love your courage and willpower to get what you want&quot;.</td>
</tr>
<tr>
<td>Messages and Tasks</td>
<td>Miracle focused</td>
<td>&quot;Be proud of yourself and be more positive, open and happy&quot;.</td>
<td>&quot;Be free because I'll be there for you, speak out and I'll help you&quot;.</td>
<td>&quot;I wish your miracles become true and things be good for you&quot;.</td>
</tr>
<tr>
<td></td>
<td>Sense of success</td>
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<tr>
<td></td>
<td>Pride</td>
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</table>
old thoughts".