AN EXPLORATORY STUDY OF MINDFULNESS MEDITATION AS A HEALING TOOL WITH ABUSED ADOLESCENTS AT THE DURBAN CHILD CARE CENTRE

Submitted in fulfillment of the requirements of the degree of Master of Management Science: Public Management (Peace building) in the Faculty of Management Sciences at Durban University of Technology

Seshnum Harilal

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[redacted]

Professor Raisuyah Bhagwan (Supervisor)
(PhD)

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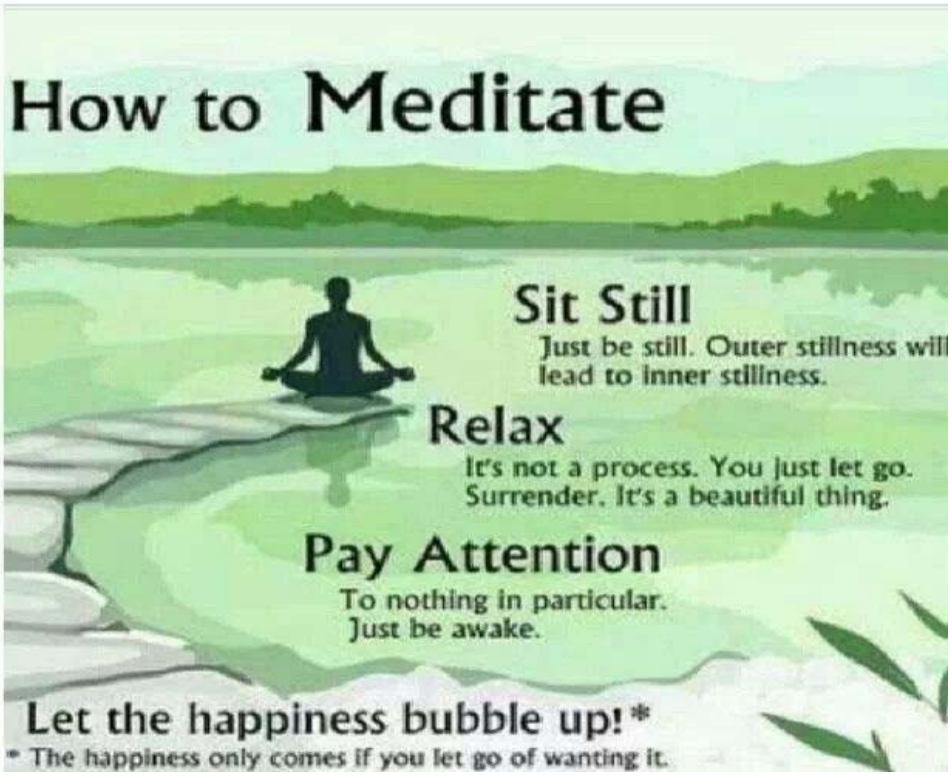
ABSTRACT

Mindfulness meditation has been receiving attention as a potential therapeutic tool to help those who have been traumatized or who are distressed. Anecdotal evidence reflects its potential healing abilities across varied populations with different problems. Despite this there has been very little attention to spirituality and more so mindfulness meditation in South African within the context of SA research and the literature. More importantly research within the field of child and youth care is sparse.

This prompted the need for the current study which explored the nature and impact of abuse on the adolescents in the sample, the support provided at child care institutions, and the spiritual activities used by adolescents. More importantly however the study's aim was to explore the benefits of a mindfulness meditation programme with a group of abused adolescents. In order to achieve this, a qualitative research design was used. Data was collected using in-depth interviews and a focus group discussion following the implementation of the mindfulness meditation workshop. Reflections written by the adolescent after each session was also analysed with the data from the focus group discussion. A purposive sample of eight adolescents was used. These adolescents were at a child care facility in the Ethekwini region of Kwa-Zulu Natal. They were purposively selected by the Director of the facility to participate due to their experience of abuse. Deeply traumatized adolescents who still needed one to one support were not considered. The data collected was recorded and then transcribed. After it was transcribed a process of thematic analysis was used. Main themes and sub-themes were derived from the data in its totality. The main themes drawn from the study was the types of abuse; the psycho-social effects of abuse, support received at the child care facility, spiritual interventions used by the adolescents, increased group bonding, benefits of meditation; mindfulness meditation as an ongoing practice.

This study unearthed rich information pertaining to the traumatic experience of abuse. Rich descriptive reflected anxiety, depression, poor social relationships and poor academic performance as some of the effects of the experience. The study further

found that institutionalization provided a safe space and both the adolescents and child care workers had used spiritual activities to enable healing. Of most importance however that is the meditation sessions demonstrated multiple positive benefits. These included feeling a sense of peace and equanimity, improved self-confidence, re-ordering of negative and dysfunctional thoughts into more positive ones, enhanced emotional states and forgiveness. The entire sample indicated that they would use this intervention, in the future again and felt that it was beneficial to other adolescents. Based on this it was recommended that child and youth care education give consideration to the inclusion of spirituality, moreover mindfulness meditation in child and youth care work.



DECLARATION OF CANDIDATE

I, Seshnum Harilal, hereby declare that except where acknowledged, this thesis is entirely my own work, that all resources used or quoted have been acknowledged and that this study has not previously been submitted for any degree to any other tertiary educational institution.

Seshnum Harilal

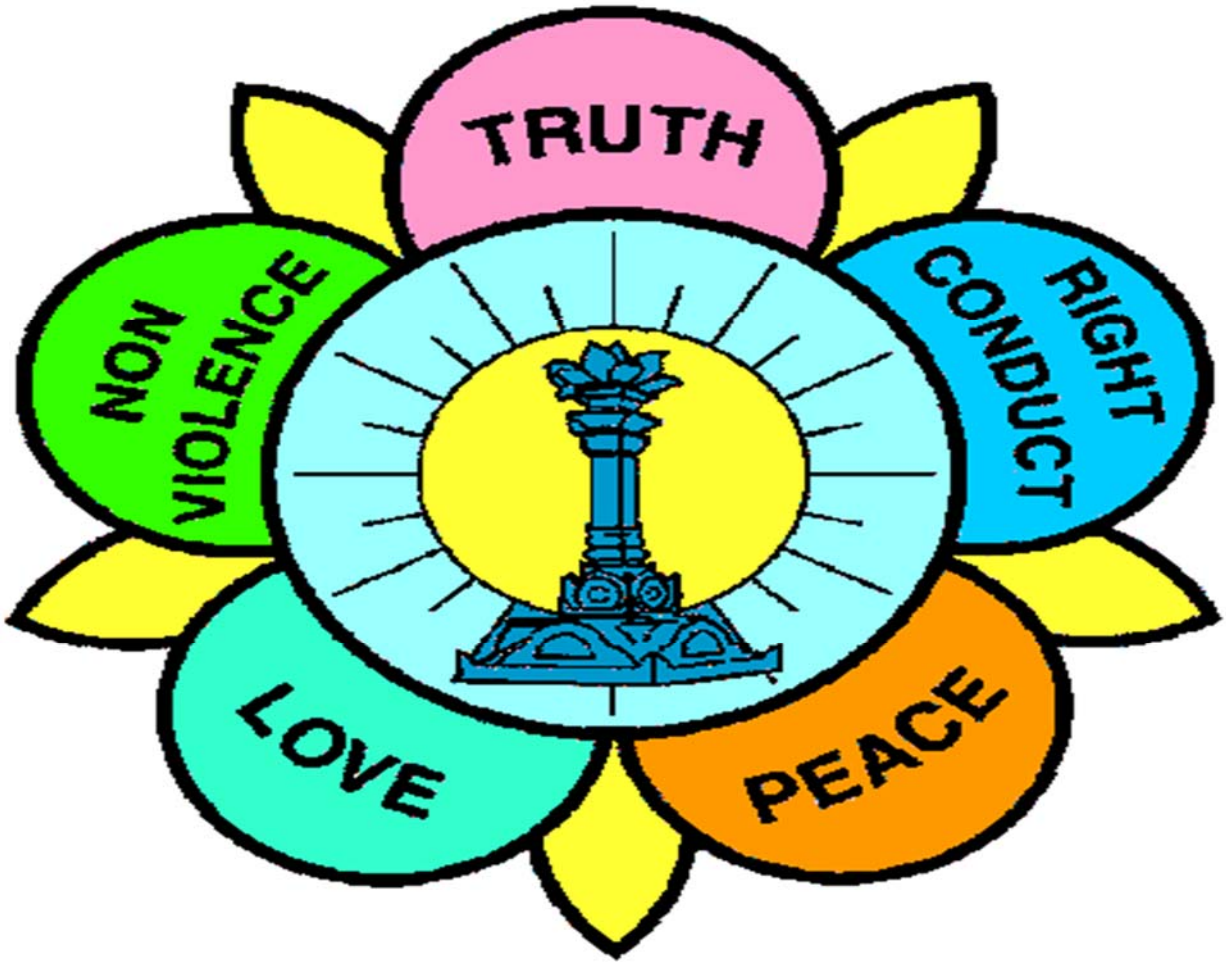
Student No. 20707943

DEDICATION

This study is dedicated to my family, especially my sister Harshna Harilal and Uncle Sunjith Singh.

A special thank you to my supervisor Prof.R.Bhagwan for her unconditional support, love and care. I would not have been here if it was not for Prof.Bhagwan.

In the name of my Swami Sri Sathya Sai for his teachings of spiritual modalities like mindfulness meditation and serving to humanity. “Love All Serve All ~ Help Ever Hurt Never”



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Child and Youth Care Institution (Durban Child Care Centre) for allowing me to conduct research.

My family for being understanding and tolerant with me during this journey.

Finally I thank the creator for giving me the knowledge and strength to persevere with this research study.

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ACRONYMS

1.	CYCW	CHILD AND YOUTH CARE WORKERS
2.	CSA	CHILD SEXUAL ABUSE
3.	CCI	CHILD CARE INSTITUTION
4.	NACCW	NATIONAL ASSOCIATION FOR CHILD AND YOUTH CARE WORKERS
5.	CYC	CHILD AND YOUTH CARE

CHAPTER: ONE

1.1 INTRODUCTION

Spirituality is innate to all humankind. It can help move adolescents towards love, meaning, peace, hope, transcendence, connectedness, compassion, wellness and wholeness (Bhagwan 2009: 226). Adolescents conceptualise spirituality as being in touch with nature, experiencing stillness, quiet and wonder, belonging and relationships, reflection and creativity (Thomas and Lockwood 2009: 4). They also describe spirituality as having a free, comforting and loving spirit (Trousdale 2013: 23; Feldman, Greeson and Senville 2010: 1002). Spirituality is expressed by thoughts, through feelings and by creativity (Ruddock and Cameron 2010: 25); spirituality therefore becomes a powerful healing tool with adolescents who have experienced abuse. Visualisation, meditation, prayer, nature, art, music and dance therapy are all salient spiritual healing interventions for adolescents who have experienced abuse (Mueller 2010: 200). Spirituality also involves active listening and reading, which resonate with peace building and may help adolescents to heal from abusive experiences. Mindfulness meditation is one important therapeutic intervention model to help distressed adolescents who have been affected by abuse (Baring 2013: 329).

Mindfulness meditation helps to develop a capacity for relaxed awareness in which conscious attention moves instantly and naturally among the changing elements of experience (Germer, Siegel and Fulton 2005: 16; Burke 2010: 138). It can be used therapeutically to deal with abuse, as it is a type of meditative technique that can redirect the negative thoughts of adolescents and can therefore help to still negative thoughts of abusive experiences. As an activity, it incorporates different interventions with silent periods of sitting meditation or slow walking and purposeful attention to daily activities (Bishop *et al*. 2004: 235). It is also recognised as a form of therapeutic intervention training that could regulate attention and brain function for adolescents who have endured trauma and psychological pain due to abuse (Bishop *et al*. 2004: 239; Brown and Ryan 2003: 835; Davidson *et al.* 2003: 569; Lazar *et al*. 2005: 1895;

Schwartz and Begley 2002: 160; Segal, Williams and Teasdale 2002: 180). In fact, recent empirical research has demonstrated the efficacy of mindfulness meditation in healing trauma from abusive experiences (Jha, Krompinger and Baime 2007: 112), and to help adolescents find inner harmony (Slagter *et al.* 2007:98).

Mindfulness meditation is thus a salient therapeutic intervention within the context of child and youth care practice. Being with children through their experience of trauma and suffering, and listening to children talk about their abusive experiences and to support them psychologically, emotionally and spiritually, is crucial to helping them heal (Hodge 2011: 150). Helping them to find strength after institutionalisation, and helping them heal from the traumatic memories of abuse through meditation, are important strategies which are part of child and youth care practice. It is within this context that the current study was conceived. The following sub-section focuses on the nature and impact of child abuse in the South African context.

1.1 Child Abuse in the South African Context

South Africa's socio-political history has given birth to a society characterised by multitude forms of abuse (Savahl *et al*. 2013: 2). Adolescents in particular are abused daily, which has resulted in many being emotionally scarred and deeply traumatised. Child sexual abuse in South Africa is one of the most serious forms of abuse against children (South African Police Service 2010), and has affected 29% of adolescents between the ages of 10-16 years. The United Nations Children's Fund asserted that this type of abuse committed against children has remained a pervasive challenge in South Africa.

In South Africa between 2008 and 2009 approximately 50,000 children were victims of abuse (South African Police Service 2010). This figure increased to 56,500 children being victims of abuse between the years 2009-2010. The high rate of abuse has led to a high number of adolescents being placed in institutional care. Child abuse manifests in multiple ways, such as physical or emotional abuse and neglect, which is common in

South African (Isaacs *et al*. 2011: 59). Abuse is one of the most damaging experiences that a child can endure; the abuse is further entrenched when children are removed from abusive situations and institutionalised (Kim 2013: 2). Child care workers operating in the milieu of these children are therefore confronted with the aftermath of this trauma in their daily work (Mueller 2010: 200). They are faced with having to help adolescents deal not only with institutionalisation, but also the effects of abuse. Globally children and adolescents face physical, sexual and emotional abuse, neglect, and exploitation. Such experiences have prompted a need for child and youth care workers to develop more creative therapeutic interventions for children who face such trauma (Bhagwan 2009: 225). Spiritual interventions form one important component of such therapeutic work.

1.2 PURPOSE AND RATIONALE

Holistic child and youth care practice requires that child and youth care workers be aware of the interconnectedness of the biopsychosocial and spiritual facets of each adolescent. The rationale for this study was twofold. The study was prompted by personal experience of child and youth care work. Through professional observations the researcher found that although child care workers manage the social aspects of care, they lack knowledge and skills regarding therapeutic interventions. More particularly there is a lack of spiritual interventions such as meditation, which could be used in the life space of young people. This is especially true with regard to dealing with abuse. Life space work is the core aspect of child and youth development. The reason for this lack of knowledge regarding spirituality is because spirituality and meditation are rarely covered in child and youth care education. Despite this, mindfulness meditation is an important healing tool (Hodge 2011: 150) that warrants consideration in practice.

The rationale for this study is also based on the fact that there is a dearth of South African child and youth care literature on spirituality, in particular mindfulness meditation. More importantly, this is a fledgling field with little published research. International research has grown in contrast and has given significant attention to

spirituality, particularly mindfulness meditation. This research therefore contributes not only to child and youth care work, it also contributes to developing research related to spirituality in child and youth care. Apart from the work of Bhagwan (2002: 25), who wrote in a social work context, literature is sparse. The paucity of research formed the impetus for this research study.

There is little in child and youth care education to incorporate spirituality into child and youth care practice. The current dearth of theorisation on spirituality within child and youth care has created a situation where individual child care workers wishing to include spirituality in their practice are forced to rely on their own initiative and inventiveness, with no clear theoretical, practical, or ethical guidelines (Carrington 2013: 287). Many authors have noted that personal spirituality, culture, tradition or religious beliefs are important resources that children and adolescents can use for emotional healing, as they build inner strength and create a sense of protection and justice or a means for wisdom (Bogar and Hulse-Killacky 2006: 320; Mercer 2006: 500; Bryant-Davis 2005: 410; Hackney and Sanders 2003: 45; Hay 2000: 38). Furthermore, children and adolescents may find a sense of purpose or a feeling of hope in their spiritual conviction (Berggren 2006: 16; Barbarin 1999: 1350; Kasiram 2005: 180). This study explores specifically how mindfulness meditation may help abused adolescents deal with the trauma and distress of their experiences.

1.2.1 Empirical Research on Mindfulness Meditation

The past decade has witnessed an enormous increase in research documenting the benefits of mindfulness meditation as a healing tool with abused adolescents (Brown and Ryan 2003: 835; Kabat-Zinn 2003: 150). As defined by Kabat-Zinn (2003: 150), mindfulness meditation is also the awareness that emerges through purposely paying attention, in the present moment, to the unfolding of experience moment-by-moment. Mindful meditation practice is rooted in non-judgement. The healing practice encourages complete acceptance of all thoughts, behaviours, and feelings (Marlatt and Kristellar 1999: 120). The ability to adopt non-judgement and acceptance of oneself

has the impact of being kind to oneself, and in turn, being kind to others. Mindfulness meditation includes ways of relating to the self and with others through meditation and breathing, as ways to soothe, calm and become present. Adolescents in residential treatment would benefit from using meditation as a healing tool, to find stability and a sense of peace that could have been destroyed through abusive experiences. Research by Carter *et al*. (2005: 414) and Valentine and Sweet (1999: 62) have expressed that mindfulness mediation could serve as a useful tool to help adolescents who have encountered abuse (Lea, Cadman and Philo 2015: 60). Similarly, Jennings *et al.* (2013: 19) also supported the notion that mindfulness meditation is a powerful therapeutic intervention.

The recent growth of interest in mindfulness mediation as an intervention to heal abuse endured by adolescents has since been captured in two recent reviews by Black, Milam and Sussman (2009: 538) and Burke (2010: 138). They conducted the first systematic reviews of available research on mindfulness meditation and discovered that it could be an alternative healing method in relation to abuse suffered by adolescents. Burke (2010: 138) found a total of seven studies of mindfulness meditation with children and eight studies with adolescents. Most of these studies were preliminary and exploratory on the ways that meditation can be used to overcome abusive scenarios to which an adolescent had been exposed. In this study a qualitative research design will be utilised to explore the benefits of mindfulness meditation as a therapeutic tool to help adolescents to heal from abuse. The study has been undertaken in a child care setting in Durban, where all ethical procedures were followed and the identity of the adolescents kept anonymous.

Hartfiel *et al.* (2011: 73) established that even a short programme of meditation is effective for enhancing emotional well-being, and can be used as a healing tool for abuse experienced by adolescents who have been institutionalised. This practice enhances the emotional development of the adolescent and helps them to develop positive feelings. Sao and Gargi (2011: 35) reported that mindfulness meditation utilises various gentle relaxation techniques which can significantly reduce trauma from abuse.

It also helps to develop cognitive processes and assists in stimulating the mind and empowering the thinking processes of an adolescent. As reported by Manocha, Sarris and Stough (2011: 40), cognitive silence/orientated meditations are safe and effective therapeutic healing methods. This can help with increasing the self-esteem of adolescents.

Meditation can improve the psychological markers of abuse, as indicated by Melville *et al*. (2012: 60). Negative thoughts can be erased by meditation, thereby creating a peaceful mind (Levy *et al*. 2012: 30; Deshpande 2012: 70). Meditation enables recreating a happy and safe environment that can prevent violent behaviours. According to Ranjan (2014: 35) different types of meditative practices, such as visualisation and walking meditation, help the adolescent both physically and mentally.

It has been further argued by Elder *et al.* (2014: 1923) that mindfulness meditation has important implications for an adolescent's self-confidence, helping them work efficiently in their environment and perform more satisfactorily at school. For Soler *et al*. (2014: 863) mindfulness meditation involves paying attention to the present moment. It helps the adolescent focus to a greater extent on their spiritual system and academic work. Furthermore, it is an intrinsic state that all adolescents cultivate through the long-term practice of meditation, enhancing mindfulness skills which in turn promote psychological well-being. Lutz *et al.* (2008: 165) indicated that there are two component models of mindfulness meditation that can be used to heal abuse: sustained attention in the present moment; and the open, curious and accepting attitude. This supports adolescents to develop holistically by helping them to live in the moment, and further enhances their life-space by creating pathways to development by practicing meditation (Crane *et al.* 2014: 1724; Vinchurkar, Singh and Visweswaraiah 2014: 1426; Bishop *et al*. 2004: 238; Hick and Bien 2008: 50; Feldman, Greeson and Senville 2010: 1002; Cahn, Delorme and Polich 2010: 42; Kimbrough *et al*. 2010: 30).

It was envisaged that this study would contribute meaningfully to the impact of mindfulness meditation as a healing tool with adolescents who had been abused. This

is important, as child and youth care workers can be empowered to use such creative methodologies in promoting holistic child and youth care work and to render care which is spiritually based. Since the focus of the study is mindfulness meditation and spirituality, it was important to consider how it has evolved. The next section is a brief historical overview of the history and development of mindfulness meditation.

The work of Hartfiel *et al.* (2011: 73) attested that even a short programme of meditation is effective for enhancing emotional well-being, and can be used as a healing tool for abuse experienced by adolescents who have been institutionalised. This practice enhances the emotional development of the adolescent and helps them to develop positive feelings. Sao and Gargi (2011: 35) reported that mindfulness meditation utilises various gentle relaxation techniques which can significantly reduce trauma from abuse. It also helps develop cognitive processes, as well as helping to stimulate the mind and empower the thinking processes of an adolescent. As reported by Manocha, Sarris and Stough (2011: 40), cognitive silence/orientated meditations are safe and effective therapeutic healing methods, which can help to increase the self-esteem of adolescents.

Meditation can improve the psychological markers of abuse, as articulated by Melville *et al.* (2012: 60). Additionally, meditation erases negative thoughts and creates a peaceful mind (Levy *et al.* 2012: 30; Deshpande 2012: 70), as well as enabling the recreation a happy and safe environment that can prevent violent behaviours. According to Ranjan (2014: 35) different types of meditative practices such as visualisation and walking meditation help the adolescent both physically and mentally.

1.3 THE HISTORY AND DEVELOPMENT OF MINDFULNESS MEDITATION

The influence of Eastern thought on Western practices has emerged in areas of spirituality. Globalisation, which connects the Eastern and Western worlds, has had a great impact on the Western way of life. One such impact is mindfulness meditation, defined as an act of spiritual contemplation (Perez-de-Albeniz and Holmes 2000: 49).

The two main Eastern traditions credited for the birth of meditation are the Hindu and Buddhist philosophies (Chandran 2004: 2). In the Hindu and Buddhist traditions, insight meditation requires reflection of the truth within oneself, the world, and the nature of knowledge itself. Mindfulness meditation was the English translation of the Pali word 'Sati', which was described in the Buddhist scripts as constant presence of mind (Davids 1881: 20). Evidence suggests that mindfulness meditation can indeed increase the happiness of adolescents and heal abuse (Davidson *et al*. 2003: 565). Smith, Compton and West (1995: 270) demonstrated that even short meditation practices could positively create pathways to happiness and heal abuse.

1.4 PERSONAL RELATIONSHIP TO THE TOPIC

The researcher has worked with children who have been abused. She also is aware that abuse has a tremendous impact on the development of a child. Professional experience of working with children and youth suggests that children rely heavily on their personal strength and safety for healing and recovery. Hence the impetus for the current study, which explored how the use of mindfulness meditation can be a potential healing tool. Professional experience has also led the researcher to believe that child and youth care workers can create a unique personal space that is not only respectful of the child's varied physiological challenges, but is also respectful of the need for psychological support that extends itself to include spiritual dimensions such as meditation as well. Bhagwan (2009: 227) noted that spiritual interventions can eliminate the anxiety created by abuse, by creating sacred experiences that serve as pathways to healing, growth and transformation.

Reflexivity is an important aspect of qualitative research (Chesebro and Borisoff 2007: 10). Self-awareness and introspection of personal values enabled the researcher to discover a true sense of the experience of abuse from the participant's view in this study. The researcher also endeavoured to set aside her personal bias in order to explore the topic (Creswell and Miller 2000: 125). The researcher's experience of working with children and youth created the awareness that each child has a different

experience of abuse, and that the impact varies. She brings her own unique care needs and preferences pertaining to child and youth care service (Phelan 2008: 68). The escalating levels of child abuse in South Africa requires child and youth care workers to have knowledge of multiple therapeutic interventions, including spiritually sensitive care. It may not be possible to know everything about every child who has experienced abuse, and the amount of trauma and anxiety that it has created. Hodge (2011: 330) stated that social service professions should be sensitive, flexible and have some knowledge of spiritually-based healing interventions such as meditation.

1.5 RESEARCH PROBLEM, AIM AND OBJECTIVES

Problem

The number of adolescents who have experienced abuse is on the increase in South Africa. Abuse is the most frequently reported crime against South African adolescents, accounting for one-third of all serious offenses against adolescents (Hirschowitz, Worku and Orkin 2000: 30). One study indicated that 1.6% of adolescents aged 15-18 years reported being abused (Department of Health 2001: 50). The greatest risk for females in South Africa is between 12 and 17 years of age, as according to a South African Police account 472 incidents of abuse occurred per 100,000 (Hirschowitz, Worku and Orkin 2000: 60).

Many adolescents are institutionalised following abusive experiences. The burden falls on these institutions not only to provide a safe place, but to facilitate therapeutic interventions that enable coping with the serious aftermath of abuse. Most child and youth care workers are prepared to provide physical care, but not therapeutic interventions. A huge need exists for both literature and research in what can be regarded as a growing field in South Africa. In particular, research is minimal with no prior study having focused on abuse or spirituality as a therapeutic or healing approach in child and youth care. Meditation has been advocated as an alternative therapeutic intervention for abuse (Arnold 2001: 315) and several studies have suggested its

efficacy. Two studies of individual meditation training were conducted with children twelve years of age and younger, and both showed support for meditation as a healing tool for abuse (Kratter 1983: 1965; Moretti-Altuna 1987: 4658).

Additionally, a pilot study abroad investigated the effects of abuse on adolescents and how meditation could help with healing. Results showed that meditation was a useful healing tool for abused adolescents and could reinstate peace, love and comfort in their lives (Hesslinger *et al*. 2002: 179). To the researcher's knowledge, this would be the first study that explored the effects of mindfulness meditation in a child care centre, to help adolescents who have suffered a form of abuse.

Aim

The main aim of this study was to explore the impact of abuse on adolescents at Durban Child Care Centre from the EThekwini district and if a spiritually-based meditation healing workshop could provide therapeutic benefits for those abused adolescents.

Objectives

1. To explore each adolescent's negative experience of abuse.

2. To investigate the impact that abuse had on them.

3. To explore what spiritually based activities they have used at the facility to cope.

4. To inquire about whether the meditation workshop had therapeutic benefits.

1.6 RESEARCH QUESTIONS

- What is the personal experience of abuse amongst adolescents in a child care facility?
- How did the abuse impact on the adolescent's development after being placed in a child care facility?
- Can spiritual healing such as mindfulness meditation enable alternate therapeutic healing after the abuse?
- Do child and youth care workers (CYCW) provide adequate spiritual support?

1.7 OVERVIEW OF THE RESEARCH METHODOLOGY

Qualitative research can preserve and analyse the situated form, content, and experience of abuse as well as understand the subjective understanding of reality from the perspective of the adolescent. Our knowledge regarding different ways of collecting and analysing non-quantified data about social phenomena has been enhanced through qualitative research (de Vos *et al.* 2011: 352). The qualitative approach is flexible and unique with no predetermined steps to be followed and the design cannot be exactly replicated. It provides meaningful and important knowledge, hence is the most suitable approach for this study (de Vos *et al*. 2011: 66). Qualitative research is considered to be the broadest and most inclusive term for these phenomena (Lincoln and Denzin 2003: 18).

According to Chesebro and Borisoff (2007: 8) the best way to achieve rich and meaningful information on the experiences of adolescents who have endured abuse is through interviews. The best possible way within the context of the current study was to have carried out interviews with open-ended questions amongst adolescents in a child care institution who have experienced abuse. Participants were allowed to talk freely and were offered a respectful space to share their experience. A mindfulness meditation workshop was then implemented with adolescents who had experienced trauma due to abuse. The workshop was implemented to establish if the mindfulness meditation sessions had therapeutic benefits for those affected and after each session, reflections were collected to establish the benefits of the activity. A focus group discussion

followed after the entire programme was completed. This enabled the researcher to gain most of information required in relation to the objectives of the study.

A qualitative exploratory research design was used to guide this study, since the intention was to explore the potential therapeutic benefits. Exploratory research is conducted to gain insight into a situation, phenomenon, community or individual. The need for such a study arises out of a lack of basic information in a new area of interest, or in order to get acquainted with a situation so as to formulate a problem or develop a hypothesis (de Vos *et al*. 2011: 95).

In this study the generalisability of findings were not important. This design allowed the researcher to extract rich, descriptive information related to the impact of abuse and the therapeutic benefits of mindfulness meditation as a healing intervention. Themes were explicated about the experience of adolescents who have endured abuse and the use of mindfulness meditation as a healing intervention, thereby illuminating the research topic by means of thick description. Trustworthiness was used to ensure accuracy of findings (Frey *et al.* 1992: 7). A detailed account of the research methodology will follow in Chapter Three.

1.8 STRUCTURE OF THE DISSERTATION

Chapter One	Introduction to the study, the purpose and rationale.
Chapter Two	Literature review on spirituality and spiritual interventions such as mindfulness meditation in relation to Child and youth care.

Chapter Three	Study design and research methodology.
Chapter Four	Data analysis and findings.
Chapter Five	Discussion of results, conclusions, recommendations, limitations and suggestions for further research.

1.9 VALUE OF THE STUDY

Mindfulness meditation has been receiving increased attention as a healing intervention tool in relation to abuse. Several studies have demonstrated that mindfulness meditation can contribute to improving the physical, cognitive, emotional and social well-being of adolescents (Kabat-Zinn 2009: 150). Importantly, other elements include increasing forgiveness (Oman *et al.* 2008: 569) as well as subjective well-being and self-compassion (Orzech *et al.* 2009: 214). There is also increasing empirical evidence that mindfulness meditation could contribute to improving self-confidence and well-being among adolescents (Burke 2010: 140; Greenberg and Harris 2012: 163). Mindfulness meditation has also been shown to alleviate symptoms such as trauma and depression brought on by experiences of abuse (Biegel *et al*. 2009: 860; Haidicky 2010: 86). Positive cognitive, emotional and psychosocial benefits can be obtained from mindfulness meditation, particularly for those institutionalised through abuse. This could lead to goal achievement, improved attention and happiness among adolescents who have experienced difficulties following incidents of abuse (Bogels *et al*. 2008: 196).

1.10 CONCEPTUAL FRAMEWORK

The conceptual framework guiding this study is the holistic integrative biopsychosocial and spiritual framework which posits that the biological, psychological, and spiritual

dimensions are interlinked (Bhagwan 2002: 149). To exclude one facet is therefore antithetical to holistic therapeutic care. This framework takes into consideration that the physical, emotional, cognitive, psychosocial and spiritual well-being of an adolescent is interconnected. Whilst most therapeutic interventions focus on the psychological aspect, little attention is paid to the spiritual dimension and how it can serve as a healing methodology. The holistic biopsychosocial and spiritual perspective enables child and youth care practitioners to consider spirituality and spiritually-based interventions as part of their caring and therapeutic work. This theoretical perspective is an important contribution to holistic child and youth care. It is particularly important that child and youth care workers are familiar with the strengths perspective (Saleebey 1992: 112), as spirituality forms an important component of strength and resilience.

The holistic paradigm depicted below focuses on intervention:

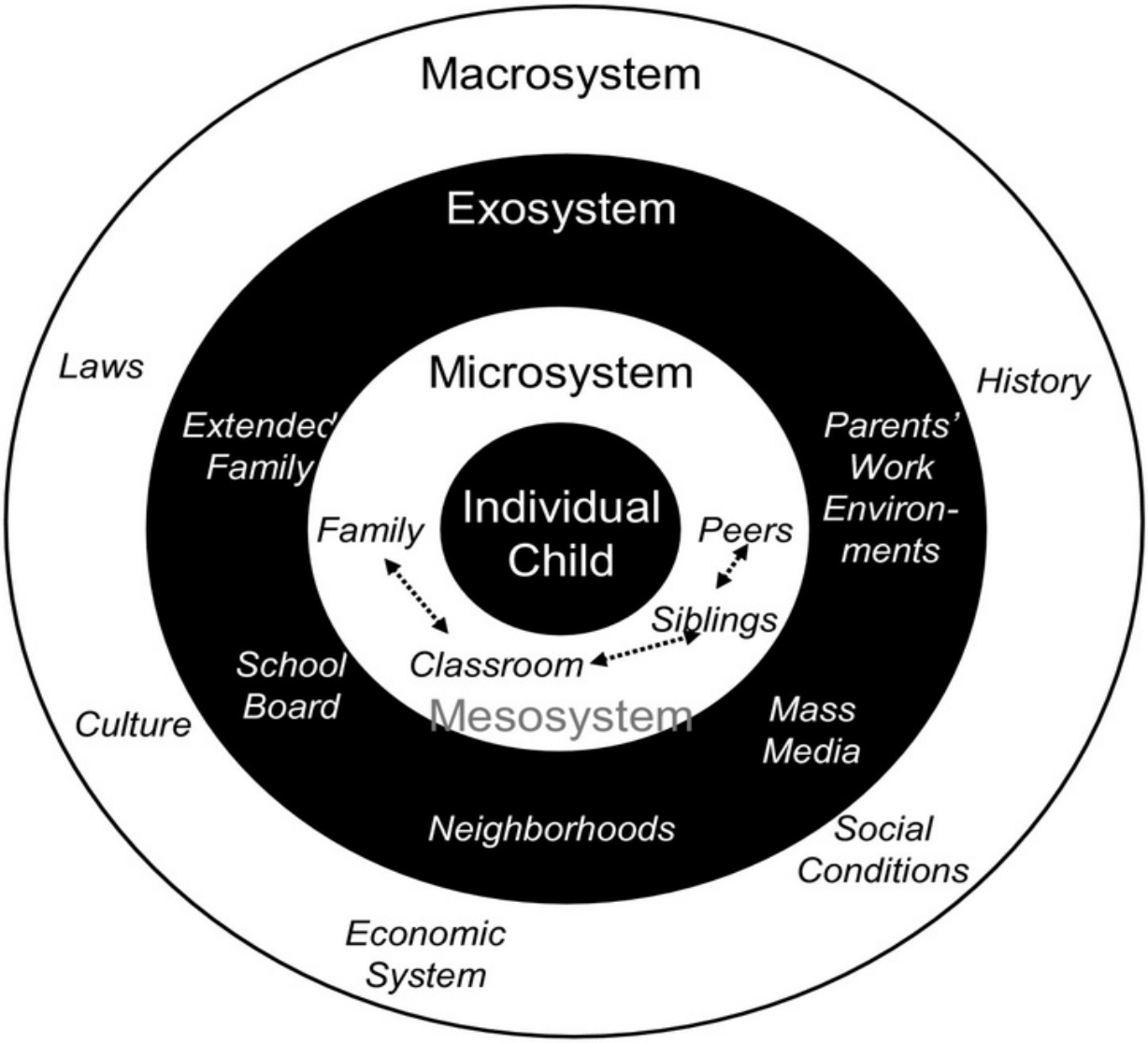
Micro practice intervention: On the micro level, adolescents who have experienced trauma during the abuse must relate comfortably to themselves as they consider how the trauma has impacted on their self, and the use of mindfulness meditation to help them heal.

Meso practice interventions: Within the meso level of practice lays the potential power of the small group. Support groups have been found to be of enormous significance to the adolescent who has endured abuse. Adolescents have found support and healing in small groups which have focused on present-coping mechanisms (Drews and Bradley 1989: 57). A workshop of six sessions of mindfulness meditation was implemented with a group of eight abused adolescents in a child care organisation.

Macro level interventions: Finally, the macro level of influence is particularly important to the abuse overall. It affirms the need for child and youth care workers to lobby and advocate against abuse. Meditation, which is a spiritual intervention, can help to alleviate psychological distress brought on by abuse and assist adolescents to find

peace. Child and youth care workers who avoid the spiritual dimension of human experience therefore miss opportunities for supporting and fostering positive psychological growth. This framework takes into consideration the holistic needs of the adolescent who has experienced abuse. It considers the interrelatedness of the physical, emotional, psychological and spiritual needs of the adolescent (Saleebey 1992: 112). This is illustrated in Figure 1 below.

Figure 1: The holistic paradigm (Saleebey 1992: 112).



1.11 KEY CONCEPTS

1.11.1 Spirituality

Many definitions exist on spirituality due to its personalised nature. Most children see spirituality as being in touch with nature, experiencing stillness, quiet and wonder, belonging and relationships, reflection and creativity (Thomas and Lockwood 2009: 4). Children's spirituality also refers to a free, comforting and loving spirit (Trousdale 2013: 23).

1.11.2 Child and youth care work

This involves the use of life space and actual shared moments to create helpful interventions with children in need of care (College 2008: 69).

1.11.3 Mindfulness

The origin of mindfulness is grounded in Buddhist philosophies and is defined as paying attention in a particular way: on purpose, in the present moment, and being non-judgmental (Wood, Gonzalez and Barden 2015: 70).

1.11.4 Institutionalised

This refers to adolescents who are kept in institutions for safety and protection after experiences of abuse and neglect (Barczyk and Davis 2009: 188).

1.11.5 Traumatised

When an adolescent has endured any form of abuse, which in turn causes detrimental psychosocial and emotional effects (Lemma 2010: 409).

1.11.6 Pain

Loss and trauma such as pain, suffering and suicidal tendencies (Meerwijk and Weiss 2011: 402).

1.11.7 Emotional

Refers to internal pain caused by abuse. It is feelings of hurt, pain and suffering (Gammerl 2012: 161).

1.11.8 Intervention

This comprises of the therapeutic steps used to help adolescents to heal physically, emotionally and socially (Mollen *et al*. 2013: 561).

1.11.9 Therapeutic

Refers to interventions that help adolescents to heal from abuse; such interventions could be spirituality, meditation, wilderness and creative therapy (Donovan 2010: 113).

1.11.10 Adolescents

These are young people under the age of eighteen and between the ages of ten and sixteen (Briggs 2009: 49).

1.12 CONCLUSION

The introductory chapter provided an overview and outline of the topic under study. The problem statement and the rationale, the objectives, the purpose and the aim of the study as well as the operational definitions used in the study, were also discussed. The conceptual framework used to guide the study and its relevance was described. A brief

overview of the methodology was also presented. Chapter Two presents in-depth information from a wider range of research literature sources, which further grounds the topic under study.

CHAPTER: TWO

THE LITERATURE REVIEW

A literature review is an evaluative report of studies found in the literature related to the researcher's selected area of enquiry. The review should describe, summarise, evaluate and clarify salient literature. It should also give a theoretical basis for the research and help the researcher to shed light on the research topic. The researcher should select a limited number of works that are central to the area of study, rather than trying to collect a large number of works that are not as closely connected to their topic area (Boote and Beile 2005: 4). A literature review goes beyond the search for information and includes the identification and articulation of relationships between the literature and the researcher's field of research.

While the form of the literature review may vary with different types of studies, the basic purpose remains constant. These include providing a context for the research; justifying the research; ensuring the research has not been done before (or that it is not just a 'replication study'); and showing where the research fits into the existing body of knowledge. Further, the literature review enables the researcher to learn from existing theory on the subject; to illustrate how the subject has been studied previously; and to highlight flaws in previous research. Other relevant elements of the literature review are that it outlines gaps in previous research; shows that the work is adding to the understanding and knowledge of the field; and helps to refine, refocus or even change the topic and use the research findings to make a difference in the lives of others (Kirby, Greaves and Reid 2006: 102).

A search was done utilising the following databases: ProQuest social science journals; Taylor and Francis online; Google; Google Scholar; DUT databases; e-journal portal and accredited publications. A combination of the following key words were used during the searches: mindfulness meditation; meditation; mindfulness meditation and children; abuse and children in South Africa; spirituality; spiritual interventions with children;

statistics of abused adolescents in South Africa; spirituality to heal abuse among adolescents; institutionalisation of adolescents; child and youth care work in South Africa and abroad; the history and development of mindfulness meditation; abuse and its impact on the developing adolescent; adolescents affected by institutionalisation. Headings were also used for order, context and continuity.

2.1 INTRODUCTION

The focal point of the literature review was around the use of mindfulness meditation to help with the healing of abused adolescents. In positioning this study within the context of current scholarship, the researcher was able to draw on knowledge about adolescents' experience of abuse within a global context (Whitman 2002: 160; Loiselle 2002: 19). This chapter also focuses on past research on child abuse and the use of spirituality, for example mindfulness meditation to help to heal adolescents. The current trends of child and youth care work and the child care worker's role in engaging with children in their life-space, including literature on institutional experiences of adolescents, are also discussed. Abusive experiences within the socio-cultural paradigm and institution is presented, with attention being given to the importance of understanding and respecting one's tradition, culture, religious beliefs and practices towards holistic child and youth care. A global and local perspective on the use of alternative spiritual therapeutic modalities is also presented.

2.2 RESIDENTIAL CARE

Residential institutions for children are also referred to as children's homes, child and youth care centres, or colloquially, as orphanages. They are only a small component of the provision of care for children affected by the HIV epidemic or different forms of abuse in sub-Saharan Africa. Such care facilities have, however, increased in number in response to AIDS deaths across the region (United Nations Children's Fund 2006: 12; United States Census Bureau 2003: 12). It is argued that as a result of ill-informed (if well-intentioned) donor and other responses to a growing number of orphans, "countries

that were successfully on the path towards providing non-institutional care for more and more of their children are experiencing a renewed growth of recourse to residential solutions" (Holmes and Slap 1998: 1855; Jinich *et al.* 1998: 41).

Additionally, major international child-welfare agencies have raised concerns that under the combined stressors of HIV, abuse and poverty, overwhelmed families are placing orphaned children in residential care facilities on the assumption that they will receive better healthcare, food, educational opportunities and housing (United Nations Children's Fund 2011: 30). There is limited available research that considers residential care for children affected by HIV and AIDS and abuse (Edgardh and Ormstad 2000: 268).

The primary focus has been on the provision of care to children who are orphaned, especially in sub-Saharan Africa. Brief references are made to the practice of abandonment of HIV-positive and abused children (such as in parts of Asia and Eastern Europe), leading to their placement in residential care facilities (United Nations Children's Fund 2011: 30). Significantly, the literature is otherwise silent about the role of residential care facilities in providing care to children affected by HIV and abuse in ways other than being orphaned. As Phelan (2008: 67) highlighted, the residential care system in South Africa "straddles two systems: the system dealing with children in need of care, and the system dealing with children accused and convicted of crimes and who experienced abuse". This study considered only those facilities concerned with abused children which would, in terms of South African law in force at the time, be called 'children's homes'. Such a facility is defined by the United Nations Children's Fund (2011: 30) as "any residence or home maintained for the reception, protection, care and bringing-up of more than six children apart from their parents, but does not include any school of industries or reform school."

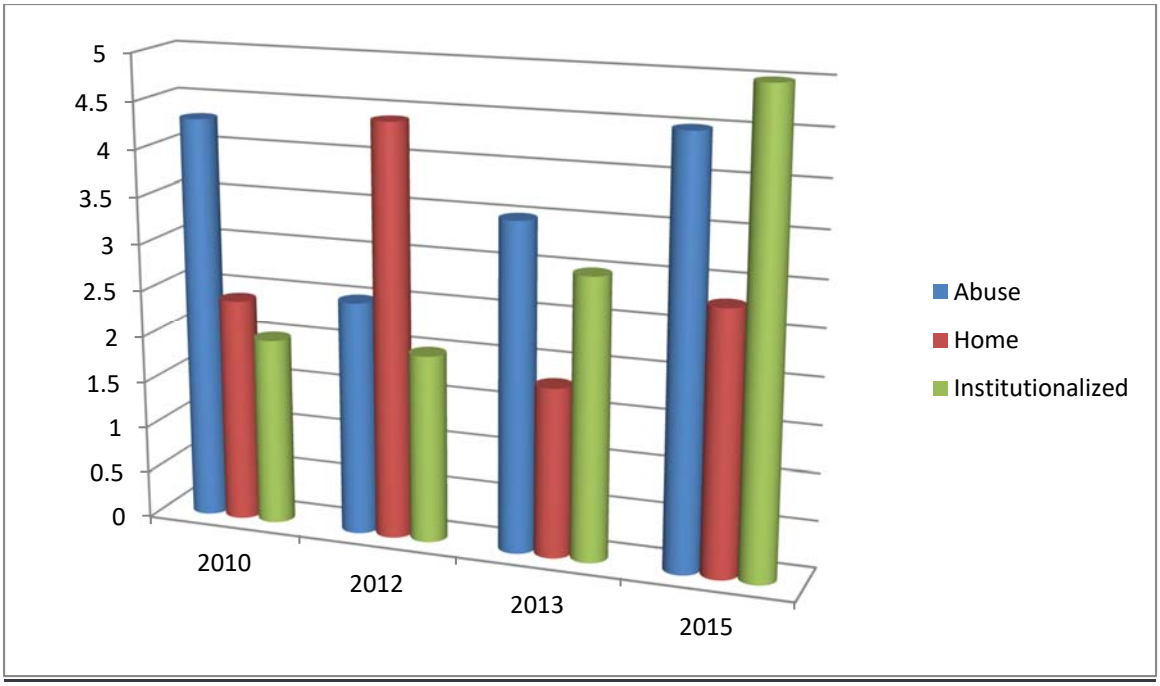
New legislation in the form of the Children's Act 38 of 2008 (as amended) (Republic of South Africa 2008: 35) replaces the Child Care Act. This legislation aggregates the range of types of residential care settings under the single title of 'child and youth care

centres'. There is no official comprehensive list of residential care services for children in South Africa. Many facilities are not registered with the South African government, despite the fact that registration is required by law (Child Care Act) of the Children's Act 38 of 2008, as amended (Republic of South Africa 2008: 38). In other words, much residential care provision is hidden from any form of official accountability in South Africa.

In terms of age and gender, the children resident in the care facilities were fairly evenly distributed across age groups. Some children over the age of 18 years continued to live at the facilities, including in registered children's homes in which age 18 is the legal age limit, except by special arrangement. There were almost equal numbers of boys and girls in the audit sample: 477 children (47%) were girls and 528 (53%) were boys. This distribution of girls and boys held across the different age groups (Menick and Ngoh 1998: 249; Jewkes *et al*. 2001: 733).

The diagram below shows the increase in institutionalisation among adolescents over the past five years: 2010-2015 (Feldman, Greeson and Senville 2010: 1004; Sobsey and Mansell 1990: 51). These suggest the importance of considering a range of developmental and therapeutic techniques and mindfulness meditation that will be required to therapeutically help adolescents (Barczyk and Davis 2009: 189; Boyd 2003: 19; United States Department of Justice 1995: 180).

Graph 2.2.1 Institutionalized Adolescents



2.3 INDICATORS OF ABUSE

Mahery, Jamieson and Scott (2011: 14) stated that in relation to a child and adolescent the experience of abuse means any deliberately inflicted form of harm or ill-treatment, which includes:

- Assaulting a child or inflicting any other form of deliberate injury on a child.
- Sexually abusing a child or allowing a child to be sexually abused.
- Bullying by another child.
- A labour practice that exploits a child.
- Exposing or subjecting a child to behaviour that may harm the child psychologically or emotionally.

Sexual Abuse

- Sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted.

- Encouraging, including or forcing a child to be used for the sexual gratification of another person.
- Using a child in or deliberately exposing a child to sexual activities or pornography.
- Procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child.

Neglect

- Neglect in relation to a child means a failure in the exercise of parental responsibilities to provide for the basic physical, intellectual, emotional or social needs for the child.

The Children's Institute (CI) National Association for Child and Youth Care Workers (NACCW) (2011: 22) stated the following as indicators of abuse, as set out in the South African Regulations:

- Indicators of physical abuse include: bruises on any part of the body; grasp marks on the arms, chest or face; variations in bruising colour; black eyes; belt marks; tears around or behind the ears; cigarette or other burn marks; cuts; welts; fractures; head injuries; convulsions not due to epilepsy or high temperature; drowsiness; irregular breathing; vomiting; pain; fever; or restlessness.

- Emotional and behavioural indicators of physical, psychological or sexual abuse include: aggression; physical withdrawal when approached by adults; anxiety; irritability; persistent fear of familiar people or situations; sadness; suicidal actions or behaviour; self-mutilation; obsessive behaviour; neglect of personal hygiene; age of child demonstrating socially inappropriate sexual behaviour or

knowledge; active or passive bullying; unwillingness or fearfulness to undress or wearing layers of clothes.

- Developmental indicators of physical, psychological or sexual abuse include: failure to thrive; failure to meet physical and psychological developmental norms; withdrawal and stuttering.

- Indicators of deliberate neglect include: being underweight; reddish scanty hair; sores around the mouth; slight water retention on the palm or in the legs; extended or slightly hardened abdomen; thin and dry skin; dark pigmentation of skin, especially on extremities; abnormally thin muscles; developmental delay; lack of fatty tissue; disorientation; intellectual disability; irritability; lethargy, withdrawal and bedsores. .
- A disclosure of abuse or deliberate neglect by the child.

- A statement relating to a pattern or history of abuse or deliberate neglect from a witness, relating to the abuse of the child.

2.4 THE EFFECTS OF ABUSE ON CHILDREN AND YOUTH

Simon and Wurtele (2010: 640) investigated how children's experiences of abuse and safety were related to their socio-emotional functioning. They found that when children are exposed to abuse their well-being, sense of self and opportunities to play safely within their environment is compromised. Children exposed to different forms of abuse showed more violent content in their drawings than those who were not exposed to abuse. Children who perceived their neighbourhoods as unsafe felt that they could not play outdoors, were suspicious of the police and had a lower perceived self-competence and an external locus of control. Pierce and Bozalek (2004:820) concluded that exposure to abuse negatively affects children's well-being. Moreover, a considerable amount of research (Nelson *et al.* 2002: 141) has shown an association between exposure to abuse and its effects on adolescents' behaviour problems, depressed

mood, low self-esteem and suicidal tendencies. In contrast, externalising effects of exposure to community abuse were found to be associated with violent behaviour (Meyerson *et al*. 2002: 388) and self-identification with a high-risk group (Lee and Kim 2011: 1038). Other behavioural issues include offensive and defensive fighting; gang fighting; school-related problems such as suspensions and school complaints to parents; conduct disorder; antisocial behaviour; substance abuse and dependence (Banyard and Williams 2007: 280).

Tenkorang and Gyimah (2012: 508) declared that boys who experienced physical abuse in early childhood have faster timing to first sex. Race moderated the effects of physical abuse; compared with Africans, Coloureds who experienced higher levels of physical abuse in early childhood had faster timing to first sex. In the South African (SA) context, childhood physical abuse was historically racialised with only Whites as its identified legitimate target. It was agreed that abuse is a function of proscribed parental behaviours or children's harmful environments (Tenkorang and Gyimah 2012: 508; Loiselle 2002: 3; Kim 2009: 25). The multidimensional nature of childhood physical abuse makes it understandably a very difficult construct to measure (Tenkorang and Gyimah 2012: 509). Physical abuse, however, is considered a risk factor for various antisocial outcomes including emotional distress, depression, low self-esteem, underachievement, dependency and risky sexual behaviour (King *et al.* 1999: 60).

Research by Ju and Lee (2010: 19) indicated that female youth with a history of physical abuse were more likely to initiate sexual intercourse by the age 14 than those without such history. Similarly, Chesebro and Borisoff (2007: 10) discovered that childhood physical abuse had a weak but significant impact on age. Although the reasons for the relationship between physical abuse and early sexual intercourse are unclear, some attribute it to a biological link between abuse which is implicated in sexual behaviour and reproductive maturation (Bryant and Range 1997: 1169). There are multiple pathways in explaining adolescent sexual activity. Social-psychological theories, for example, consider the role that social and intimate relationships play regarding youth participation in risky sexual behaviour. In this regard, the family and

school environments, peer networks and religious institutions are considered influential in an adolescent's participation in sexual behaviour (Beveridge and Cheung 2004: 106). As Besharov (1981: 385) theorised, adolescents who are disconnected from such institutions as a result of abuse may engage in early sexual intercourse to alleviate feelings of isolation. A study by Afifi *et al.* (2006: 1093) employed family variables that captured parent-child contact and others that measured the environment existing within schools, given that these can mediate the effects of behavioural outcomes resulting from physical abuse. Evidence from the psychology literature also indicated that early childhood experiences, especially in the first few years of life, could affect the cognitive development of children and the relationship with their immediate environment in later life. In particular, abuse, neglect and maltreatment in the early years which are indicative of a disruption in the attachment process, can affect brain development and consequently the decision-making skills of children and adolescents (Tenkorang and Gyimah 2012: 509).

Perpetration is a form of behavioural re-enactment in which child sexual abuse (CSA) survivors take on the role of the aggressor and go on to victimise others. Although a cycle of abuse has by no means been found to be inevitable, research studies have consistently identified an association between a history of CSA and subsequent sexually abusive behaviour (Penning and Collings 2014: 709). Findings of studies with sexually abusive adolescents indicated that an average of 55% of adolescents (range: 20%-92%) report a history of CSA (Afifi *et al*. 2006: 1094).

Arias and Johnson (2013: 822) declared that identified risk factors for a victim-perpetrator cycle included exposure to incestuous forms of CSA, a younger age at the time of victimisation, delayed disclosure and forced victimisation. Behavioural re-enactments of CSA also take the form of re-victimisation, in which CSA survivors face an increased risk of experiencing subsequent victimisation by others. Although such a cycle of victimisation is not experienced by all CSA survivors, a history of CSA has consistently been identified as a risk factor for subsequent sexual victimisation (Penning and Collings 2014: 709).

Behavioural re-enactments of CSA have been found to include self-injury, in which CSA survivors take on the role of self-victimiser, leading to acts of self-injurious behaviour. Research on non-suicidal self-injury (NSSI) has clearly established that NSSI is associated with a history of CSA. The association between CSA and NSSI was found to be mediated or moderated by affective dysregulation, depressed mood and the extent of poly-victimisation (Penning and Collings 2014: 710).

2.5 THE EXPERIENCE OF ABUSE AMONG SOUTH AFRICAN ADOLESCENTS WHO ARE PLACED IN AN INSTITUTION

In South Africa, adolescents between the ages of 10 and 16 are at a particularly high risk for exposure to violent and abusive incidents (Black *et al* 2009: 532). Over and above the immediate physical consequences of exposure to abuse, in particular death, disability and injury, there is a range of economic, social and especially psychological consequences. In 1996 the South African Police recorded 200 reported cases of child rape a week, with a total of 13,859 cases reported to its Child Protection Unit. This was double the number of cases reported in 2011. This is an increase of about 4,000 over the previous year, but still considered an underestimate of the probable number of cases, many of which go unreported. A recent study indicated that of all crimes against children, nearly 50% were sexual in nature (36% rape; 10% other sexual offences), with the vast majority of these involving female children. Reported cases of child abuse increased by 62.7%, while reports of attempted child murders increased by over 80% during the same period. Many thousands of children have therefore been exposed to violence and brutality and furthermore, this situation has existed over a considerable period of time in South Africa (Frank, Klass, Earls and Eisenberg 1996: 569).

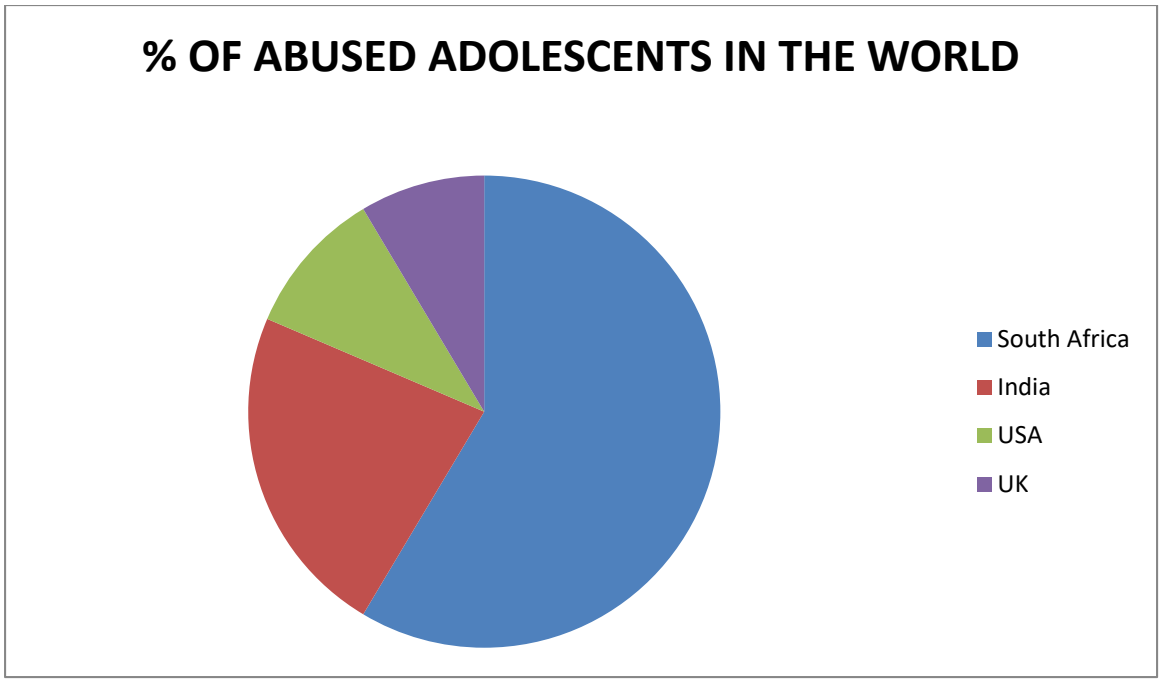
The above indicators from the rates of physical and sexual abuse, child labour and missed education, all suggest that South Africa, despite massive policy transformation, remains an impoverished and effectively hostile environment for the majority of its children, especially girls. If not addressed, this situation will return to haunt South Africa

in years to come. Children growing up under these or similar conditions are reported to exhibit a high prevalence of abusive-related psychological symptoms, difficulties in cognitive development, lower levels of academic achievement, and higher rates of behavioural and anti-social disorders. The stress and violence of current South African life has been reported on through a wide range of media over the last few years (National Injury Mortality Surveillance System 2010). While 'politically inspired' violence may be in decline, it would appear that criminal and domestic violence continues to prevail in local communities. As with other research bases, there is considerable literature detailing the experiences of children and their psychological well-being. Some of the difficulties involved with the available research are detailed elsewhere and there remains a pressing need for thorough and high quality collected data.

Abuse permeates and profoundly affects almost every aspect of an adolescent's life in South Africa (South African Crime Quarterly 2015: 3). It poses a significant threat to the overall health and well-being of an adolescent and has a negative impact on development (Brown *et al*. 1999: 1492). Major strides are being conducted internationally on how best to respond in providing services for adolescents who suffer from abuse, particularly in the field of gender-based abuse (Holmes and Slap 1998: 1857). There is, however, an urgent need to complement what is being done in the field of response with primary prevention programming (Springer 2010: 140).

The pie graph below illustrates that South Africa has the highest number of abused adolescents compared with other countries in the world (King *et al.* 2004: 684).

2.5.1 The pie graph illustrates the number of abused adolescents in South Africa



High levels of abuse affect every adolescent in South Africa; exposure to abuse starts early, in homes, communities, schools, neighbourhoods and environments (Sidebotham 2000: 313). There are high levels of physical abuse of children, with the national under-five homicide rate more than double that of other low- and middle-income countries (Edgardh and Ormstad 2000: 269). Rates of abuse are particularly high in poorer communities in South Africa, and many adolescents already made vulnerable by poverty are also at risk from increased exposure to abuse (King *et al*. 2004: 685).

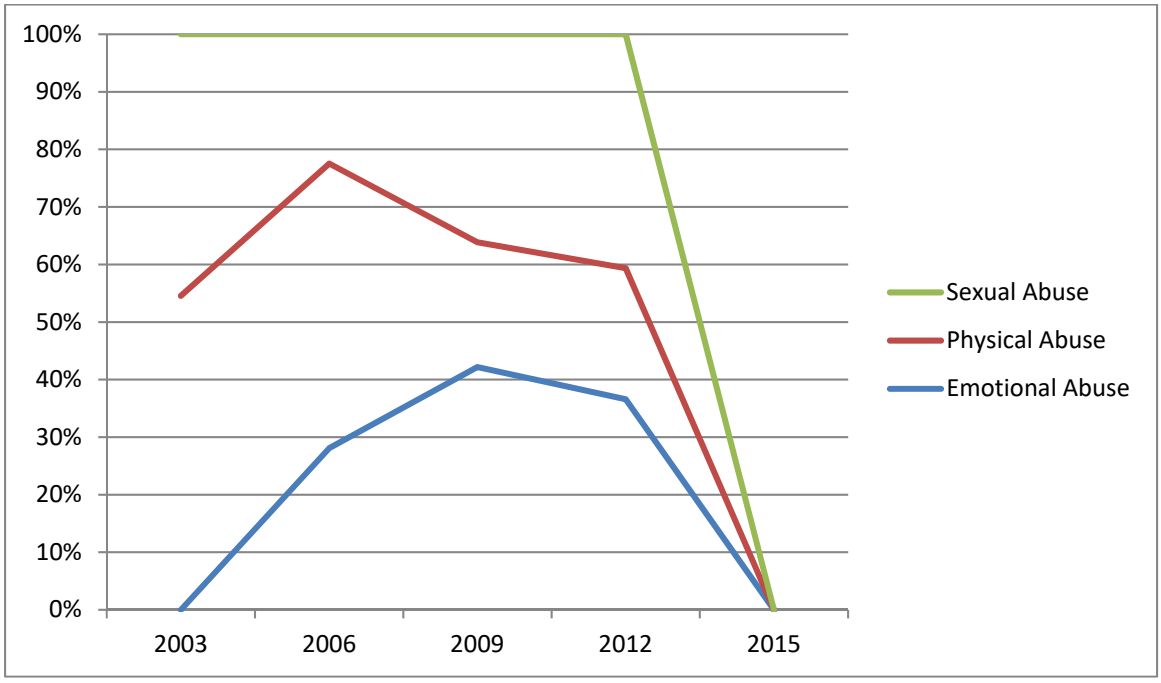
The diagram below illustrates the different forms of abuse that adolescents were exposed to in South Africa over the past twelve years, from 2003 to 2015. Sexual, physical and emotional abuse are the three most dominant types of abuse that are experienced by adolescents in South Africa (South African Crime Quarterly 2015: 5).

2.5.2 The diagram below illustrates the different forms of abuse experienced by adolescents in the South African context

Green: Illustrates that sexual abuse is the highest form of abuse experienced by adolescents in South Africa.

Red: Illustrates that physical abuse is the second highest form of abuse experienced by adolescents in South Africa.

Blue: Illustrates that emotional abuse, such as bullying, is the third highest form of abuse experienced by adolescents in South Africa.



During the past twelve years there has been a fluctuation in the number of children and adolescents who have been abused. Currently, there is a steady increase of abuse in South Africa compared with other countries in the world (South African Crime Quarterly 2015: 3). This forms the impetus for the current study to implement mindfulness meditation as a therapeutic intervention to help adolescents who have endured abuse.

The World Health Organization expressed concern regarding the high levels of abuse amongst adolescents in South Africa (King *et al*. 2004: 684), further stating that this is concerning given the far-reaching consequences of abuse. Adolescents affected by

abuse run the risk of experiencing long-lasting effects on their health and developmental outcomes (Van-Egmond *et al*. 1993: 130). For example, harsh physical abuse during childhood has been linked to increased rates of depression and attempted suicide (Bogar and Hulse-Killacky 2006: 318). Affected children are also more likely to engage in harmful use of substances and risky sexual behaviour, and become HIV-infected (Palmer, Rathman and Rosenberg 2009: 509). Perhaps of most concern is evidence of a cycle of abuse: a child exposed to abuse is more likely to engage in violent behaviour, rape and intimate partner abuse during later life, bully other children, engage in youth violence and become abusive, while also being more at risk of abuse or victimisation (Meston, Heiman and Trapnell 1999: 386). The risk of abuse perpetration is complex and driven by broader societal and cultural drivers, community factors, relationships with family and peers, and individual characteristics (Menick and Ngoh 1998: 250). There is very little research from South Africa and other low- and middle-income countries on abuse and its link with childhood experiences. In high-income settings, however, it has been shown that key predictors of abusive behaviour include early childhood factors such as hyperactivity and parental attachment, parenting problems and family conflict (Matasha *et al.* 1998:572).

The researcher is also aware that the effects of abusive exposure are likely magnified in unstable and abusive contexts and that many of the risk factors for abuse also predict intimate partners at the adolescent age 10-16 and sexual abuse. Finally, the researcher has a growing understanding of the relationship between early negative experiences and brain development and how chronic toxic stress may lead to difficulties in self-regulation, poor control of emotions and aggressive behaviour in later life due to the hazards created by abuse (Palmer, Rathman and Rosenberg 2009: 509). "This is the researchers personal view which has been referenced"

A South African study of substance abuse and behavioural correlates of sexual assault by King *et al.* (2004: 683) indicated that 8.4% of adolescents were victims of attempted rape, while 5.8% were victims of actual rape. Ordinal logistic regression showed that

girls were 3.9 times more likely than boys to have been victims of sexual abuse. Family structure was also significantly related to rape. Adolescents who lived with a single parent (OR = 1.74, CI = 1.00 – 3.04) and those who resided with one biological parent and one step parent (OR = 2.59, CI = 1.34 – 5.01) were more likely to have been victims of sexual abuse than those living with both biological parents. Alcohol use (OR = 2.0, CI = 1.10 – 3.62), antisocial behaviour (stolen property, caused physical damage to property, bullied others, or been in physical fights) (OR = 1.44, CI = 1.12 – 1.86), suicidal dialogue (OR = 2.48, CI = 1.19 – 5.19), and suicidal attempts (OR = 3.2, CI= 1.65 – 6.30) were also significant predictors of sexual abuse victimisation. Racially classified social groups (RCSG), age, drug use and cigarette smoking were not significant predictors of sexual abuse victimisation, while socio-economic status was found to be marginally significant.

This study reinforces the importance of multiple factors including alcohol use, antisocial behaviour, suicidal thoughts and actions, and family structure, with respect to sexual assault of adolescents in South Africa. Establishing and strengthening intervention programmes is crucial to preventing adolescent sexual abuse and to reduce the squeal associated with this problem. In South Africa rape is the most frequently reported abuse against South African adolescents, when compared with countries such as America and France (South African Crime Quarterly 2015: 5). This accounts for one-third of all serious offenses against adolescents reported between 1996 and 1998. The age at greatest risk for females in South Africa is between 10 and 17 years; according to a South African Police account, 472 rapes occurred per 100,000 (King *et al*. 2004: 684).

2.6 THE PSYCHO-SOCIAL IMPACT OF ABUSE

The intergenerational cycle of child abuse within families is well-documented, although interventions to break this cycle have proven to be difficult (Ju and Lee 2010: 19; Kim 2009: 28). Child abuse and neglect has had a lasting impact on the child's socio-emotional and behavioural development, and abused children are known to be more at

risk for developing mental health problems. These include anxiety disorders, depression, conduct disorder and post-traumatic stress disorder (Lee and Kim 2011: 1038; Shin 2008: 155; van der Kolk 2005: 402).

Article 19 of the United Nations Convention on the rights of the child regarded child abuse as constituting all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse (Phasha *et al.* 2009: 492). Child abuse involves inflicting injury on a child (Loiselle 2002: 16); using a child for the sexual gratification of an adult (Bolen 2001: 132); emotional rejection, isolating a child, terrorising (verbal), or ignoring and corrupting a child (Whitman 2002: 138). Neglect occurs when a caretaker fails to meet the physical (food, shelter and safety), medical (physical and mental healthcare), educational (including special education or vocational training) and emotional (affection) needs of a child. Kim (2009: 28) analysed the effects of different types of abuse on children's behavioural problems. He determined that all types of abuse had a negative developmental impact on the child's self-esteem, school achievement and the internalising and externalising of behavioural problems.

Sexual abuse during childhood is associated with other adverse consequences (Brown *et al.* 1999: 1490). For example, adolescents who have experienced abuse during childhood are at greater risk of suicidal behaviour (Bryant and Range 1997: 1169; Molnar, Berkam and Buka 2001: 965; Nelson *et al.* 2002: 139; Stepakoff 1998: 107; Van-Egmond *et al.* 1993:129) and substance use (Nelson *et al.* 2002: 142). It has also been shown that maltreated children (ages 5-12 years) who have experienced physical or sexual abuse, manifest multiple forms of academic risk and exhibit more externalising and internalising behavioural problems (Shonk and Cicchetti 2001: 3). A history of physical or sexual abuse during childhood has been associated with emotional dysregulation, affective labiality and negativity, and depressive symptoms (Shields and Cicchetti 1998: 381; Toth and Cicchetti 1996: 32). Antisocial behaviour and increased levels of aggression have also been found to be related to childhood sexual abuse (Choquet *et al.* 1997: 823; Garnefski and Arends 1998: 99).

Black, Milam and Sussman (2009: 945) indicated that female youth with a history of physical abuse were more likely to initiate sexual intercourse by age 14 than those without such a history. The work of Palmer, Rothman and Rosenberg (2009: 350) uncovered that childhood physical abuse had a weak but significant impact on age at physical development, as adolescents who experienced such abuse reported early dysfunction of their physical development compared with those who did not. It is widely accepted that South African children and adolescents experience abuse in its different forms, i.e. physical, emotional and social (Bowlby 1982: 665; Donovan and Mclntyre 1990: 185; Henry 2004: 199, Rando 1993: 188). At the extremes, children and adolescents could suffer traumatic grief, including symptoms of depression, anxiety, anger and grief, which could have a profoundly negative effect on their psychosocial development (Cohen, Mannarino and Deblinger 2006: 182; Hinshaw-Fuselier *et al.* 2004: 65).

In the South African context, childhood physical abuse was historically the highest form of abuse. Punishment was used to discipline children and adolescents (Pierce and Bozalek 2004: 825; Gasker 1999: 383). It has been accepted that abuse related to children's harmful environments (Besharov 1981: 385; Edwards *et al.* 2003:1455; Meyerson *et al.* 2002: 390). Some have indicated that childhood physical abuse could include physical injury, neglect, emotional abuse and sexual abuse (Meston, Heiman and Trapnell 1999: 390; Edwards *et al.* 2003: 1455; Sidebotham 2000: 315; Lockhat and van Niekerk 2010: 291). Physical abuse was considered a risk factor for various anti-social outcomes including emotional distress, depression, low self-esteem, dependency, scholastic underachievement and risky sexual behaviour (Briere and Runtz 1998: 335; Cassels 2010: 1468; Meston, Heiman and Trapnell 1999: 390; Springer 2010: 140).

The effects on adolescents of HIV/AIDS passed to them through their parents or guardians living with the virus, could mean an array of abuse. It could mean that an adolescent becomes an orphan who needs to be taken care of. Furthermore, it could

mean child poverty where the child cannot get even the most basic needs in accordance with Maslow's hierarchy of needs (United Nations Children's Fund 2011: 30; Korean Association for the prevention of Child Abuse and Neglect 2000; Korean Ministry of Health and Welfare 2010). It also refers to child abandonment; child neglect; child prostitution; child engagement in labour to get food; the child-headed household phenomenon; and any other situations that makes the adolescent in need of care and help (Kang'ethe 2010: 117; Musekiwa 2013: 70; Republic of South Africa 2008: 113). In this regard, care institutions have become a child care centre to such adolescents. The importance of such institutions is that most are able to provide adolescents with much of the desirable basic needs. They are a child care centre in that they help to relieve society of the burden they can no longer support, or sometimes are not ready to take, whether the finger of responsibility points at them or otherwise (Kang'ethe and Nyamutinga 2014: 118; Gibbons 2005: 65).

The recent World Report on Abuse and Health from the World Health Organization (2002: 80) concluded that sexual abuse is a global health problem affecting all regions of the world. Evidence from several countries indicates that adolescents are at serious risk of sexual abuse or coercive sex. In the USA, 1.9% of adolescents report rape or attempted rape before the age of 12 years (Tjaden and Thoennes 2000: 20; Gasker 1996: 99). Fifty-four percent of adolescents who report ever having been the victim of an attempted or completed rape were under the age of 18 when the incident occurred (Tjaden and Thoennes 1998: 25). One study found that 48% of French adolescents reported being abused before the age of 18 years (King *et al*.1999: 65). Among the adolescent population, studies in Nicaragua, India, Indonesia and Tanzania indicate that up to one-third of female adolescents have experienced forced sexual initiation (Ellsberg *et al.* 2000: 1595; Martin *et al*. 1999: 417, Matasha *et al.* 1998: 571).

Adolescents 19 years and younger accounted for 10% of all deaths in 2009, of which the predominant amount was clustered in the 15-19 year age category (National Injury Mortality Surveillance System 2010). Abuses against adolescents, however, are evident in the 15-17 year cohort. Within this group, murder accounts for 54.90% of

abuse against adolescents; attempted murder 59.60%; assault with the intent to do grievous bodily harm (GBH) 70.80%; common assault 63.10%; and sexual offences 39.50% (South African Police Service 2010). Nineteen percent of abusive crimes were committed against children aged 0-10 years, with murder representing 7.00%; attempted murder 22.50%; assault with the intent to do GBH 9.90%; common assault 11.20%; and sexual offences 29.40% (South African Police Service 2010). Child sexual abuse in South Africa is the most pertinent form of abuse against children (South African Police Service 2010), affecting 29% of all children between the ages of 0 and 10 years (United Nations Children's Fund 2011: 30). In terms of Cape Town in particular, 60 deaths per 100 000 per year were reported (City of Cape Town 2007). Rape statistics have revealed that 73 rapes occur per 100 000 per year (City of Cape Town 2007). Additionally, drug-related abuse indicates an incidence rate of 830 per 100 000 per year (City of Cape Town 2007).

The previous sub-sections discussed abuse; the following sub-sections look at different spiritual interventions and mindfulness meditation.

2.7 SPIRITUALITY

Parks (2003: 457) defined spirituality as an awareness of divine qualities, which characterise what children value and as a sense of peace. As spiritual interventions are a therapeutic form of intervention, they have the potential to provide a safe environment for abused children (Day, Baker and Darlington 2009: 134; Felsenstein 2013: 70). Many child care workers who have worked in this field described the difficulties that abused children have with verbal processing. Children are often unable to talk about their experiences, especially during the early stages of healing. Spiritual interventions can provide a non-verbal means of self-expression, emotional communication and social interaction, which can all be empowering and healing for children having difficulty with verbal expression (Day, Baker and Darlington 2009: 135;

Felsenstein 2013: 69; Keen 2004: 362; Ostertag 2002: 12; Robarts 2006: 250; Strehlow 2009: 170; Bryan 2004: 391).

2.7.1 Spirituality as a healing modality

According to Glaister (2001: 66), healing is characterised by activities resulting in improved functioning as balance is achieved. Research has demonstrated that an array of mechanisms contribute to the progression of spiritual healing in survivors of child sexual abuse, such as social support and spirituality (Bogar and Hulse-Killacky 2006: 320; Bashir and Scavuzzo 1992: 53; Ruddock and Cameron 2010: 25). Research has also documented the importance of spirituality in the lives of women with child sexual abuse histories, as it has assisted survivors with experiencing hope, having a sense of purpose, and making meaning of past child sexual abuse experiences (Gall *et al.* 2007: 102). By having a connection with a higher power, such as a benevolent God, child survivors may achieve a sense of acceptance, safety, purpose and guidance as well as a sense of relinquishment of anger and resentment toward their abusers (Bogar and Hulse-Killacky 2006: 320; Conti-Ramsden and Botting 2004: 145). Gall and Colleagues (2007:117) explored the role of spirituality on adjustment, and wrote that spirituality is correlated with less negative moods, self-acceptance, hope, greater personal growth and resolution of child abuse. Research has demonstrated positive internal characteristics and positive cognitive processes that are directly linked to positive adjustment in children survivors of child sexual abuse. Banyard and Williams (2007: 276) further indicated that internal spiritual processes lead to positive turning points.

2.7.2 Research on the use of spirituality to heal

Little has been written on spirituality in child and youth care in South Africa, especially mindfulness meditation. The researcher was able to locate only one South African article which described the daily abuse that children endure in their different forms. This article described how physical, sexual, emotional abuse and neglect could be used to

create sacred experiences for children as pathways for healing. Bhagwan (2009: 225) described how spiritual interventions enable healing and spoke about meditation and visualisation in particular as healing interventions for abused children. She added that spiritual activities, such as storytelling, rituals, drama, art and poetry can also be used to heal children from abuse. Arias and Johnson (2013: 822) also argued that child sexual abuse continues to occur for a significant number of children, often having negative consequences for survivors' physical and mental health. They explored healing with ten female survivors of child sexual abuse and focused on a theoretical model for spiritual healing. African-American children faced with abusive experiences have also been noted to find solutions to their problems by celebrating important historical spiritual events and spiritual healing places (Constantine *et al*. 2004: 111; Tacey 2003).

In their study with social work practitioners (N=283) in the United States, Kvarfordt and Sheridan (2009: 385) suggested the use of spiritually-based interventions as an intervention tool to heal abused children. The importance of spirituality as building children's resilience was raised by Dillen (2012: 62), who argued for nurturing spirituality to develop strength and positive coping mechanisms. The importance of spirituality as a healing strategy for abused children was also discussed by Glenn (2014: 10). A study on the impact of a holistic arts based group programme was conducted by Coholic (2011: 193), with young people living in foster care who had participated in a holistic arts based group programme. She found that most of the children had positive ideas about spirituality and that most of the spiritually sensitive discussions were related to dealing with issues of child abuse.

2.8 SPIRITUAL THERAPEUTIC MODALITIES

2.8.1. Writing, drawing and spiritual stories

Through the use of verbal prompts, life stories can be rewritten or redrawn from stories of abuse to stories of hope. Adolescents can rewrite their experience of abuse if they have a strong belief that in the near future they would have healed more. The cognitive

processing of their traumatic writing provides a systematic order to cognitively process traumatic material that is often overwhelming and confusing to an adolescent. Understanding the cognitive triangle, or the interconnected relationship between thoughts, feelings, and behaviours, is an essential aspect of healing abuse (Cohen and Mannarino 2004: 820; Tomblin, Zhang, Buckwalter and Catts 2000: 473). These writing and drawing interventions can be used with adolescents who have experienced abuse. Using this technique with adolescents who have experienced some type of abuse can also demonstrate emotional connectedness amongst adolescents within the group (Bailey and Kress 2010: 165).

Fairy tales can also engage the imagination and open a path to the direct and immediate experience of healing (Burke 1999: 12). Estes (1999) (cited in Burke 1999: 15) asserted that 'the images and metaphors in stories have a power to heal because they work on an unconscious level to raise archetypal energy in a way that can enable adolescents to heal from their abusive experience'. They also enable transformation and development, especially where notions of self-acceptance, responsibility and forgiveness are infused in the story (Myers and Myers 1999: 29). Adolescents should create the time to 'tell' or write their stories, so that they may ultimately script or redirect the story to enable the healing process (Crompton 1998: 12; Benson 2004: 50). Children's spiritual stories can also start by reflecting on their namesakes in a journal, to which they can add poetry, art, sacred verses, and reflections of other spiritual experiences as they grow. Diaries and journals are also important tools, as they capture the changing landscape of their journey as they heal and may be extended to include spiritual collages, photographs and pictures that illustrate the spiritual experiences that they have had (Bhagwan 2007: 28; Craighead 1999 cited in Clements *et al*. 1998: 114; Griffith and Griffith 2002: 10).

2.8.2 Commemoration and rituals

Commemorating rituals provides adolescents with an opportunity to engage in the present moment by creating meaningful behaviour that reframes their experience of

abuse in light of a significant purpose (Cohen and Mannarino 2004: 820). Commemorating their healing process after a traumatic experience of abuse can be achieved through spiritual finding as a meaningful way to overcome their trauma. These rituals can take place within therapeutic sessions or within the child care institution. Traditional spiritual rituals deepen children's identity and connectedness to a spiritual community (Crompton 1998: 16) and their connectedness to the Divine. For example, Canda and Furman (1999: 15) described the potential healing effects of religious rituals developed by young adolescents, which can potentially help them to come to terms with their traumatic experience of abuse and to heal. Rituals awaken the mysterious and stir up emotions of wonder, reverence, awe and openness to new possibilities (Griffith and Griffith 2002: 13). Rituals add meaning and offer a way that bonds adolescents together (Harris 2007: 265). The colourful festivities that celebrate the lives of deities, avatars and saints across cultures e.g. Christmas, Guru Nanak's birthday and Diwali, are steeped in traditional family and communal rituals that can enable the healing process (Crompton 1998: 12). They use prayer, lighting of incense, offerings of flowers, and reciting of holy verses, thus creating meaningful spiritual experiences for children.

Child and youth care workers need to honour the sanctity of these rituals by being sensitive to a child's need to participate in these events. Opportunities for reflection on the personal meanings of rituals through dialogue with children, in small groups and journals, will ensure that children can create meaningful rituals within the context of their religious traditions. Childhood and adolescence are crucial periods not only for psycho-social development but also for spiritual exploration and growth, hence opportunities for spiritual and religious activity must be created (Bhagwan 2012: 233).

2.8.3 Using creative arts

Remembering disturbing images of abuse can have a debilitating effect on adolescents (Cohen and Mannarino 2004: 824; Pynoos 1992: 2). The creative arts provide an opportunity for adolescents to create visual and tangible alternatives to disturbing

images. Creative interventions also provide opportunities to identify cognitive distortions related to an adolescent's sense of responsibility for the trauma. This also includes considering ideas regarding future safety and feelings of suicidal tendencies and the ability to create something of beauty, or even just a new and different image. It opens the door to the possibility of cognitive shifts and the construction of different meanings that move beyond the abusive experience. The use of creative arts enhances the creation of personal meaning, as the child's own unique imprint is embedded in the work (Cohen and Mannarino 2004: 824).

Interventions using creative arts are helpful, as adolescents are often able to express feelings or experiences through creative avenues such as poems, drawings and songs in a way that they are unable to express verbally (Crenshaw 2005: 239; Webb 2003: 405). Adolescents often struggle with connecting to a wide range of painful and complicated feelings; an expansive continuum of creative arts can help adolescents to connect with these experiences. Singing, dancing and other movement techniques may help to connect adolescents to cognitive, physical, emotional and spiritual experiences, and these creative arts often provide rich opportunities for healing (Webb 2003: 405; Hussy and Layman 2003: 20; Johnson and Dole 1999: 34).

The creative and expressive arts, e.g. poetry, drama and painting have thus unveiled significant therapeutic benefits with children who have experienced abuse (Walsh-Bowers and Basso 1999: 25; Pond St Clair 1998: 85; Henley 1999: 45; Jones and Weisenfluh 2003: 433). Art gives us the emotions of the human soul in all its depth (Meyer 1999 cited in Seligson 2004: 535). Bloomfield (1999) (cited in Broadbent 2004: 98) alluded to the arts as being "a spiritual experience of the inner self, a feeling of great joy or of a deeper meditative nature that is secular rather than religious". Drama may therefore serve as the "imaginative scaffold for spiritual development" (Grainger and Kendall-Seatter 2003: 25). Bowness and Carter (1999) (cited in Grainger and Kendall-Seatter 2003) indicated that it was akin to spiritual learning, as it emphasises "intuition, experience, imagination, silence in the face of mystery, wondering, open exploration, being as well as doing, reflecting, giving 'space for the spirit', holism and making

connections". As asserted by Cheon (2010: 10), child and youth care practitioners who engage children and adolescents therapeutically need to be aware of implementing creative and expressive arts in order to promote well-being.

Drama can therefore be creatively engaged by adolescents to explore secular and faith tales, thus enabling them to create experiences and reflect on spiritual issues from within themselves (Crompton 1998: 13). Dance and movement also connect children with their bodies and celebrate music and rhythm to enhance emotional states (Jones and Weisenfluh 2003: 423). For Broadbent (2004: 100), dance deepens children's spiritual awareness and provides a context for the development of a kinaesthetic intelligence, which allows children to embody and give expression to abstract concepts and ideas. She found in her study that children could depict the creation of the world through dance, with movements such as the earth awakening from darkness; the earth revolving around the sun and moon; darkness/sadness turning to joy/light and the ocean/water – waves enfolding and stillness, security and peace. She concluded that dance among children could lead to feelings of transcendence. Music is also a facet of dance and further elevates the mood and makes children happy (Velickaite-Katiniene 1998: 75).

Children create their own natural spontaneous musical expressions of song, humming and chanting, and may use toys or instruments to create sound. Such musical play is complex and transformative, as it nurtures the highest levels of creativity (Zur and Johnson-Green 2008: 298) and should be given a greater space in children's lives. Even listening to music contemplatively can be profoundly serene (Walsh 2003: 10), and removes the daily clutter that children find themselves having to cope with in life. Listening to or writing poetry is another important tool in the spirituality treasure box. Children connect well with poems that engage nature and human feelings, and these activities should be welcomed as part of the healing journey.

Adolescents also often write poetry as a pathway to self-expression and exploration, and to develop a sense of self (Furman and Collins 2005: 576). Poetry-therapy

exercises, for example asking children to write 'I used to be … but now I am … but I will be …' by filling in the blanks with a metaphor from nature, reflect deeply children's inner feelings and enables self-discovery and healing (Gustavson 2000: 330). Malekoff (2002: 32) developed a poetry club for children and concluded that poetry builds spirit, taps creativity and allows for individual expression. As indicated by Broadbent (2004: 97), children could use poetry to reflect their growing spiritual awareness. Poems which were written in relation to their dance programme reflected themes of happiness and joy, and a developing spiritual awareness connected to the creation of life and sad/happy/dark/light movements as they 'pushed back sadness' and welcomed light into their lives. Art also eliminates the boundaries by which children may experience spirituality. Drawing, painting, and playing with colour in its many forms engages children's spirit and senses. Art reflects children's perception of themselves, of others, and the world as they experience it. As Franklin (1999: 12) said, it is in art-making that the art serves as a mirror. This mirror eventually becomes a way for practitioners to step into the child's world and experience their many feelings of hope, joy and fear. In this way, practitioners learn about each child's needs and can work on developmental growth issues. Art then serves not only to reflect oneself but to engage the sacred within art. Children can use paint, clay, crayons, wood and sand to build spiritually reflected artwork. Sacred symbols and places of worship, e.g. temples, churches, and statues of gods/goddesses believed to have divinity, can also be depicted through art. The natural elements such as the sun, moon and the lotus flower, which are religious symbols across different cultures (Crompton 1998: 14), can also create an opportunity for reflection.

2.8.4 Linking objects and sacred play

Linking objects kept with a child can provide comfort and a sense of connection to heal abuse. Affective modulation can be enhanced by identifying objects and images that provide comfort in relation to the traumatic images an adolescent has encountered during the abuse (Andrews and Marotta 2005: 38; Neimeyer 1999: 65). Sacred play flows from freedom, it provides a means by which children make meaning of "who they

are, where they belong, the purpose of their lives, and to whom they are connected" (Marcia 2002: 201). Play becomes sacred when "the joy and spontaneity of it leads to spiritual transformation. When a child follows his natural interests freely play can be an expression of soul and Creative Spirit" (Derezotes 2006: 155). It is "in playing that the child is able to be creative … it is only in being creative that the individual discovers the self" (Winnicott 2000 cited in Eaude 2003: 155). Harris (2007:260) wrote that play is grounded in a sense of wonder that nurtures spirituality. Melchert and Proffitt (1998:25) expressed the point that although this 'sense of wonder' is deeply repressed by adults, they need to be aware that children's lives are full of attention to life's precious miracles. The adolescent phase is characterised by issues related to identity, appearance, relationships, values, meaning, purpose and reflection on familial values and practices (Dowling *et al.* 2003: 253; Marcia 2002: 199; Derezotes 2006: 20; Williams *et al.* 1997: 108; Melchert and Proffitt 1998: 29). The latter are interlinked with spirituality and it is crucial that opportunities for reflection and spiritual activities are created.

2.8.5 Planting and eco-spirituality

Part of making meaning from an adolescent's abusive experience involves the child reconciling the experience into a broader understanding of themself, and the world in which they live (Cohen and Mannarino 2004: 824). Reflecting on their experience of abuse and emotions in the outdoor context can provide a new perspective. Being physically positioned against the backdrop of nature can help to view the traumatic experience from a broader, more holistic perspective promoting openness to cognitive healing methods. Nature can be a useful therapeutic setting as it acts as neutral territory, enhancing feelings of connectedness that differ from the indoor office which has the intended purpose of healing (Berger 2008: 264). Louv (2000) (cited in Harris 2007: 265) said that nature allows the young to "contemplate infinity and eternity". Reflecting on her childhood, Harris (2007: 265) wrote that 'nature delighted me, carried me, and uplifted me allowing me to sense newness in the world'.

Connectedness with the divine is experienced in natural contexts such as the mountains and the ocean. These experiences are uplifting and "take us beyond ourselves, and make us feel at one with other life and the universe. There are also places like shrines, cathedrals, and temples; or healing waters, places of wonder that can have a spiritual healing effect" (Walsh 2003: 23) in children's lives. It was posited by Besthorn (2001: 45) that wild and pristine places, simple encounters with meadows, parks, plants and animals enable the use of the "experiential, imaginative, and transpersonal properties of nature to realise a deeper sense of self" these encounters. To foster spiritual sensitivities, however, requires that children learn qualities of love, empathy, compassion, forgiveness and service to humankind and the other beings that share the planet. For this to happen, children need to value 'community spirituality' (Derezotes 2006: 155; Harris 2007: 265).

2.8.6 Mindfulness meditation

Mindfulness meditation is the awareness and non-judgemental acceptance by a clear, calm mind of one's moment-to-moment experience, without either pursuing the experience or pushing it away (Bishop *et al.* 2004: 230). In mindfulness meditation adolescents are required to focus attention on the target of observation (e.g. breathing or walking), and to be aware of it in each moment. Emotions, sensations, or cognitions are observed carefully but are not evaluated as good or bad, true or false, healthy or sick, or important or trivial (Biegel *et al.* 2009: 855). Mindfulness meditation is therefore the non-judgemental observation of the ongoing stream of internal and external stimuli as they arise (Black, Milam and Sussman 2009: 532). Adolescents can therefore be assisted by mindfulness meditation to find peace and to heal (Bogels *et al.* 2008: 193). Meditation is an interactive process involving mind, body and behaviour (Brown and Ryan 2003: 822), in which emotional, mental, social, spiritual and behavioural factors can directly be affected (Burke 2010: 133).

Spirituality is also deepened through meditation. Meditation can be fostered through time alone in nature and through getting children to play alone, paint, draw or pray. It

flows when children are left uninterrupted and undistracted. Visualisation exercises, for example bringing a beautiful image to mind through the creative use of imagination, can enable moments of solitude. Children can reflect on the peacefulness and serenity that such a silence brings (Galanaki 2005: 130). Goodman (2005:20) reflected on the impact of mindfulness training and meditation, saying that even children as young as five and six appreciate the stillness and reverence that comes with this activity. Simply paying attention to one's inner thoughts, feelings, sensations and intuitions has a healing and restorative effect. Intentional deep breathing focused on relaxing through gazing on a meaningful symbol or picture, or listening to natural sounds e.g. the ocean, tranquil music, can open up insights into oneself and the world, and can enable creative ways to resolve problems and grow (Canda and Furman 1999: 12). These activities, when interweaved appropriately into children's lives, builds both psychological growth and spirituality.

Most types of meditation are geared towards achieving inner peace, self-reflection, or self-relaxation through the quieting of the mind, although there is more to meditation than just closing one's eyes (Cahn, Delorme and Polich 2010: 39). Since the nature of the mind is to wander here-and-there, this practice allows one to understand correctly the nature of the psychophysical occurrences taking place in one's body (Carter *et al*. 2005: 412). Constant awareness of those psychophysical processes helps develop the self into an observer who can access a deeper level of consciousness (Crane *et al.* 2014:1724).

Mindfulness meditation has proven effective in reducing psychological abuse and preventing relapse in depressed adolescents (Davidson *et al.* 2003: 564). It increases empathetic capability, and decreases tendencies to take on other's negative emotions, thereby improving coping skills (Deshpande 2012: 60). Improvements are also made with trait anger and state anger (Elder *et al.* 2014: 1923). The four stages of mindfulness meditation are:

- Physical relaxation.

- Independent mindfulness meditation.
- Guided meditation calling on inner voice.
- Connecting with inner voice.

In stage three, the facilitator uses guided imagery in order to facilitate an encounter between the adolescent and his or her perceived image of inner voice/guidance (Feldman, Greeson and Senville 2010: 1002). In the fourth stage, the adolescent remains attuned to any sensory, verbal, or imaginative insights (Greenberg and Harris 2012: 161).

2.8.6.1 *Mindfulness meditation as a healing intervention*

Mindfulness meditation is an integrative form of meditation that aims to cultivate awareness of the adolescent's current experience (notably their thoughts and feelings), which could assist them in finding meaning and purpose to life (Hartfiel *et al*. 2011: 70), as well as a hybrid attitude between Western cognitive science and Eastern practices (Jennings *et al.* 2013: 3). Mindfulness meditation courses are effectively non-religious, as they draw on elements of Buddhist practice and particularly insight (Vipassana) meditation (Jha, Krompinger and Baime 2007: 177).

Most mindfulness meditation sessions tend to focus on the area of healing (Kabat-Zinn 2003: 144; Glennen 2002: 333). They aim to teach adolescents a number of mindful meditation techniques such as breathing meditation, the body scan, mindful eating and mindful walking (Kimbrough *et al*. 2010: 66). For adolescents working within a group format (usually of eight to twelve adolescents), they try to foster discussion and feedback about these techniques. An attempt is made to provide a space for reflection that promotes a purpose to life and helps to eliminate the abusive memories of abuse (Kratter 1983: 1965). Lastly, homework is set and learning materials are provided in the hope that adolescents will establish a daily meditation practice (of about 40 minutes per day) and put the techniques into practice during their life routines (Lazar *et al.* 2005:

1893). This promotes helping adolescents find meaning and purpose to life and to forget about the abuse endured (Lea, Cadman and Philo 2015: 49).

By encouraging an adolescent to focus attention on his or her present-moment experience, worries about the future and regrets about the past can be released (Lutz *et al*. 2008: 163). Mindfulness meditation has been shown to produce a host of benefits for both physical and mental health (Moretti-Altuna 1987: 4658). The therapeutic benefits of mindfulness meditation are an important component of multiple evidence-based healing (Oman *et al*. 2008: 569), including eradicating abuse and giving meaning to life (Orzech *et al*. 2009: 212). One specific benefit of mindfulness meditation is the augmenting effect it has on the experience of positive affect (Perez-de-Albeniz and Holmes 2000: 49).

The effect of mindfulness meditation has been tested on adolescents who have experienced abuse (Sao and Gargi 2011: 32). A study with abused adolescents found positive results in eradicating abuse and helping to find peace and purpose in life (Smith, Compton and West 1995: 269). Another study showed that mindfulness meditation was associated with improvement on all measured elements of psychological and physical well-being, including stress, anxiety and depression created by abuse (Wood, Gonzalez and Barden 2015: 66).

Writers have contended that mindfulness meditation practice would be emotionally, socially and academically beneficial for children and adolescents to find meaning to life, if implemented at a child care institution in particular (Valentine and Sweet 1999: 59). When mindfulness meditation-style programmes are conducted in a child care institution, the feedback from adolescents is very positive. Adolescents notice self-improvement with respect to concentration and the ability to relax, to control negative feelings and experiences caused by abuse, and a general feeling of well-being that creates pathways to a better life-style (Vinchurkar, Singh and Visweswaraiah 2014: 1426).

Mindfulness meditation can be described as a way of bringing one's attention to the present with intention (Joyce *et al*. 2010: 8). Mindful meditation has been defined as being attuned both interpersonally and intrapersonally (Abrams 2008: 95), and helps to develop the ability to reflect as well as organise relationships within the world in which one lives. Intentionality and reflection are important keys to teaching children and adolescents how to respond to their thoughts, feelings and behaviours. The relational stance supports thinking about thinking, or metacognition, to heighten awareness and to hopefully gain access to new insights and perceptions (Lea, Cadman and Philo 2015: 53). The concept of mindfulness practice is a state of being that incorporates many traits. This state of well-being allows one to be connected, open, harmonious, engaged, receptive, emergent, noetic, compassionate and empathetic (Gupta *et al.* 2015: 13). These traits support a deeper, more reflective and organised relationship within oneself, as well as the ability to have more clearly organised relationships with others. The teaching and use of this practice with children and adolescents offers them an opportunity for presence, and awareness, and is self-soothing.

The teaching of self-regulation is an important component of treatment and a core aspect of development (Biegel *et al*. 2009: 856). Redeveloping attachment relationships holds the dynamic potential of allowing for the emergence of stage development and contact. Being attuned and inter-subjective experience have been written about within the therapeutic domain. Black, Milam and Sussman (2009: 532) defined attuned communications as supporting the emergence of a more autonomous self and flexible self-regulation (Brown and Ryan 2003: 823). Self-regulation can only be achieved when the brain's limbic system has the capacity to function without disorganisation. Current research hypothesises and supports the idea that relationships and mindful practices support neuroplasticity in the brain, and can change patterns in social and emotional functioning to create a better life and help to build meaning and purpose in life (Burke 2010: 134).

In abused children and adolescents the brain responds synergistically in an unresolved manner, as the multiple parts of the brain have not been able to connect with each other

in an organised way (Deshpande 2012: 61). Emergent findings show that there is a neurobiological component to mindfulness practice, and that mindfulness practice can positively influence emotional and developmental capacities through relational experiences (Elder *et al*. 2014: 1923). In fact the brain has the capacity to change throughout the life span, with continuing input from the environment (Feldman, Greeson and Senville 2010: 1003). While these shifts are developmentally normative for children and adolescents with secure attachment relationships, many children in residential treatment need help with trust and the ability to securely attach and to gain the ability to self-regulate their emotions and behaviours to find purpose in life. Residential treatment facilitators, such as child and youth care workers, can help to provide these attachment relationships to support changes in the brain by using mindful practices to help adolescents who experience abuse find meaning to life.

2.8.6.2 *The different types of mindfulness meditation*

In the following sub-sections different types of meditation are reviewed. This literature was used as the basis to develop the meditation programme utilised in the current study.

Mantra Meditation (word of peace)

When abused adolescents read the word ‘mantra’ many things may come to mind (Black, Milam and Sussman 2009: 535). Whatever the experience is, there is real power in the repetition of a mantra as a form of meditation to help to cope with negative emotions and find peace (Bogels *et al*. 2008: 195). That power has no other source than God, and adolescents can trust in that power (Brown and Ryan 2003: 825). The power of mantra repetition can quieten the mind, provide a refuge in trying times, and unlock great virtues within. It may even help them to develop fearlessness (Burke 2010: 135).

Mantra is a word or phrase that adolescents repeat to themselves again and again for a specific effect (Cahn, Delorme and Polich 2010: 40). They could replace the word mantra with 'positive affirmation' and it would have the same meaning (Biegel *et al*. 2009: 857). Although positive affirmations can be powerful, mantra repetition for spiritual purposes often entails repetition of God's name. Many adolescents use this as a form of walking meditation, since it is easy to repeat a mantra either verbally or mentally throughout the day, and despite what is taking place around them (Bishop *et al*. 2004: 233). The mantra they use is meant to represent the quality they wish to infuse into their consciousness (Davidson *et al.* 2003: 564). For example, many adolescents say or think to themselves, 'I am not very beautiful; nobody loves me', hence this becomes their mantra which they repeat to themselves every day and then wonder why life is miserable (Deshpande 2012: 65). If they changed their mantra to say, 'I am beautiful; I love myself', then perhaps they would notice a change. This is an example of an uplifting mantra, which can be used for the betterment of their life (Elder *et al.* 2014: 1923).

On the spiritual path, mantra repetition takes on a significant meaning. Through the repetition of God's name, they come to know the meaning of that name. God in His or Her ultimate form is unknown, however the mystics of various religious traditions have some way to describe God (Feldman, Greenson and Senville 2010: 1003). They have therefore come up with different names for God, to represent various aspects of God that could be described and experienced (Greenberg and Harris 2012: 164). By connecting to a piece of God, they connect with the entirety of who He or She is. This experience leads them to a deeper understanding of oneself and God (Hartfiel *et al*. 2011: 73).

Heart chakra meditation

Chakras are the energy vortexes within the body (Jennings *et al*. 2013: 4); they are numbered from the bottom up. The first chakra, or base chakra, is red in colour and is located at the base of the spine; it is concerned with survival (Jha, Krompinger and

Baime 2007: 178). The second chakra is orange in colour and is located next to the spleen; it is concerned with emotions and pleasure. The third chakra is yellow in colour and is located behind the solar plexus; it is concerned with decisions, will, power, and creative expression (Kabat-Zinn 2003: 145; Fronsdal and Deekshitulu 2014: 398). The fourth chakra is green in colour and is located in the heart; it is concerned with love and the connection between the physical and spiritual self, and is the midpoint of consciousness (Kimbrough *et al*. 2010: 19). The fifth chakra is blue in colour and is located at the throat; it is concerned with psychic hearing (Kratter 1983: 1965). The sixth chakra is violet in colour and is located in the brow; it is associated with the pineal gland and is sometimes called the 'third eye' (Moretti-Altuna 1987: 4658). The seventh chakra is white in colour and is located at the crown of the head; it is associated with the pituitary gland and is concerned with the consciousness of spiritual awakening, enlightenment, and wisdom (Oman *et al*. 2008: 572). Conventional wisdom is that all of the seven major chakras must be in balance and aligned. Research suggests that it is only the beginning, unconventional wisdom that all of the chakras are subordinate to the heart chakra, and that they reach true spiritual awakening only when the heart chakra is enlarged to encompass all that there is (Orzech *et al.* 2009: 213).

The heart chakra is the midpoint of the physical bodies. It lies halfway between the three lower chakras, which keep them moving in the physical realm, and the three upper chakras, which keep them growing in the spiritual realm. The heart chakra is also the midpoint in our spiritual bodies (Perez-de-Albeniz and Holmes 2000: 50). It lies halfway between Mother Earth, which is the connection to the physical plane, and Father Sky, which is the connection to the spiritual plane (Sao and Gargi 2011: 35). It was suggested by Smith, Compton and West (1995: 270) that in order to be truly balanced, the heart chakra must be expanded to include not only each of the six other major chakras in their physical bodies, but also the entirety of their spiritual bodies. Balance lies in the recognition and acceptance that love is all there is. This recognition and acceptance resides in the heart chakra. An expansion of the heart chakra to encompass all there is means that every thought, word, and deed will be undertaken in love, and that love will be the constant guiding force on both the physical and the

spiritual planes such that nothing one thinks or does can ever be totally self-centered (Wood, Gonzalez and Barden 2015: 67).

It is generally accepted that ‘we’ end at our skin; that what is inside the skin is ‘me’ and that what is outside the skin is everything else, ‘not-me’ or ‘them’. I am suggesting that the expanded heart chakra does not recognise this distinction which, to a properly expanded heart chakra, all of creation is ‘us’ (Valentine and Sweet 1999: 60). Research suggests that the holder of a properly balanced heart chakra has moved beyond the apparent limitations and boundaries of the physical realm, and has regained awareness of being a part of the ‘all’ (Vinchurkar, Singh and Visweswaraiah 2014: 1426).

Visualisation

Visualising something for the purpose of relaxation or making positive changes includes visualising a relaxing scene, healing occurring, the stages of a breath, or other mental images (Lutz *et al.* 2008: 165). The process of being guided through calming or helpful mental images includes those elements along with a description of a peaceful place or calming scene, healing, or other guided images (Lea, Cadman and Philo 2015: 50). This type of meditation can help to build peaceful thoughts and assist adolescents to heal from abuse (Lazar *et al*. 2005: 1896).

Body relaxation

A variety of different relaxation techniques can help to bring an adolescent’s nervous system back into balance by producing the relaxation response (Black, Milam and Sussman 2009: 532). The relaxation response is not laying on the couch or sleeping, but is a mentally active process that leaves the body relaxed, calm, and focused (Brown and Ryan 2003: 822). Learning the basics of relaxation techniques is not difficult, although it does take practice. Most research experts recommend setting aside at least ten to 20 minutes a day for relaxation practices (Burke 2010: 135). If adolescents wish to heal they must aim for 30 minutes to an hour (Cahn, Delorme and Polich 2010: 40). Deshpande (2012: 62) indicated that many of these techniques can be incorporated into

an existing daily schedule, practiced at a desk over lunch, or on the bus during the morning commute.

Walking Meditation

Walking meditation is a form of meditation in action (Feldman, Greeson and Senville 2010: 1009). In walking meditation adolescents use the experience of walking as their focus (Greenberg and Harris 2012: 163). They become mindful of their experience while walking, and try to keep their awareness involved with the experience of walking (Hartfiel *et al.* 2011: 72). As highlighted by Kabat-Zinn (2003: 145), there are several different kinds of walking meditation and once an adolescent has mastered one form, they would easily be able to pick up the others (Kratter 1983: 1965).

2.9 THE PROFESSIONAL AND ETHICAL ROLE OF CHILD AND YOUTH CARE WORK AT AN INSTITUTION IN SOUTH AFRICA

Training and professional development have long been thought of as necessary elements for maintaining a high quality of care in residential settings (Phelan 2008: 69). For safety reasons, the regulating bodies for such Gharabaghi (2009: 145) settings impose various mandatory training requirements for child and youth care workers, and enforce the completion of these through some form of licensing process. There are, however, no common standards or requirements for ongoing professional development across politico-geographic jurisdictions, and training practices vary considerably amongst institutions (Mabetoa 2013: 11). In Ontario, Canada, the only set standards that apply in residential care environments relate to the mandatory certification in crisis intervention. In the United States of America there are some variations across states, however few states have standards that elevate training and professional development requirements beyond crisis intervention and medical first aid (Ministry of local Government Botswana 2008: 158).

In Scotland, a greater emphasis on ongoing training and professional development was instituted following several deaths of children and adolescents during the late 1990's and early 2000's, even resulting in the establishment of the Scottish Institute for Residential Care. The child and youth work literature is replete with studies, articles and editorials regarding professional development (Krueger 1994: 357; Phelan 2008: 68; Gharabaghi 2008: 301).

Many currently active child and youth workers carry the name of the profession only because they fulfil the role commonly perceived as a child and youth worker 'role'. In fact, many do not have any educational qualifications that are specific to the discipline of child and youth work. Furthermore, the vast majority of child and youth workers currently active in every jurisdiction in North America and countries around the world are not members of any regulating body or association, and therefore would not be monitored by these in terms of their ongoing professional development (Phelan 2008: 70). While professional development for residential child and youth care practitioners is not delineated, several barriers can be identified that could potentially pre-empt any movement to improving training standards in residential care. Specifically, barriers that might be identified are either structural-organisational on the one hand or practitioner-based on the other (Gharabaghi 2009: 145).

2.10 CONCLUSION

This chapter presented the abusive experiences of adolescents within a Child and Youth Care institution in South Africa, and the use of spirituality and spiritual interventions such as mindfulness meditation to help adolescents to find inner-peace and to heal. The literature reviewed boasts a wealth of information mainly from international studies which highlighted the different forms of abuse that inflicts injury on an adolescent, and on how the use of spiritual interventions can help to heal and find inner-peace. There are different types of spiritual interventions that can be used as pathways to eradicate abuse. Mindfulness meditation is one part of spirituality that can be used to find inner peace. The most effective way to accomplish therapeutic

intervention to help eradicate effect of the abusive pain endured is to introduce mindfulness meditation to adolescents who have experienced abuse. This is the most pertinent form of therapeutic intervention to help adolescents to holistically heal, taking their physical, emotional, social and psychological dimensions into consideration. Chapter Three presents the design and methods that guided the study and which directed the researcher towards data collection techniques in unfolding the experiences of abuse endured by adolescents in a child care institution.

CHAPTER: THREE

METHODOLOGY

3.1 INTRODUCTION

The aim of this study was to explore whether a spiritually-based mindfulness meditation programme could assist abused adolescents to cope with their experience of abuse, and to explore the psychological benefits of this intervention with them. The purposive sample included eight adolescents who had experienced abuse, four male and four female out of 40 adolescents (ages: 10-16) at Durban Child Care Centre from the EThekwini district. A qualitative approach was used to guide this study. In this chapter the rationale for the choice of the qualitative research design is discussed. The data collection process, including the type of data collection tools used viz. the interview schedule and the focus group discussion, is also presented. Attention is given to the sampling process, the sample and the procedures that were used for the data collection and analysis.

3.2 RESEARCH DESIGN

This study utilised a qualitative research design as it sought to discern the subjective understanding of reality from the perspective of the adolescent. Qualitative research has advanced our knowledge about different ways of collecting and analysing non-quantified data about social phenomena (de Vos *et al.* 2011: 352). The qualitative paradigm is flexible and unique with no predetermined steps to be followed and the design cannot be exactly replicated. It helps to provide meaningful and important knowledge, hence it was the most suitable approach for this study (Beck 2003: 231). A research design provides a framework for the collection and analysis of data (Chesebro and Borisoff 2007: 6). Creswell (2009: 126) further described it as a blueprint in order to carry out the study and which maximises control over facets that may have an impact on the outcome of the study. The qualitative research approach is most pertinent to child and youth care studies, as qualitative research is systematic and flexible (Lincoln

and Denzin 1994: 575) The design is standardised according to a pre-set procedure (Kiesinger 1998: 71; de Vos *et al*. 2011: 66). Flexibility in the qualitative approach stems from the fact that one is also able to adjust to what is being learned during data collection (Margaret and Lecompte 2006: 146). In the context of the present study, the researcher was able to probe further to elicit a deeper understanding of the abuse experienced by the participating adolescents.

Furthermore, qualitative research is scientific in nature and allows for a systematic exploration and understanding of a topic from the chosen population included in the study (Chesebro and Borisoff 2007: 6). Creswell (2009: 126) and Lincoln and Denzin (1994: 576) supported the idea that qualitative research is conducted to describe and understand human experiences; it was therefore appropriate for this study. Rich, meaningful and important information attained from qualitative approaches is useful in contributing to child and youth care knowledge, which cannot be obtained through quantitative approaches. It is also not easy to quantify adolescents' emotions (Beck 2003: 231). According to Kiesinger (1998: 85) "all inquiry entails description, and all description entails interpretation". Qualitative description is more interpretive than quantitative description, yet less interpretive than phenomenological or grounded theory (Margaret and Lecompte 2006: 150). This study involves describing the experiences of abused adolescents as well as whether they had benefited from the mindfulness meditation workshop.

Exploratory research is conducted to gain insight into a situation, phenomenon, community or individual. The need for such a study could arise out of a lack of basic information in a new area of interest, or in order to get acquainted with a situation so as to formulate a problem or develop a hypothesis (de Vos *et al*. 2011: 95). This study was exploratory as it sought to determine the effects of mindfulness meditation as a healing intervention for adolescents who have experienced abuse. A six-session mindfulness meditation programme was conducted at the child care institution to explore the therapeutic effects of mindfulness meditation with adolescents. Annexure 4A outlines the meditation programme; the latter was developed from the literature.

3.3 RESEARCHER ROLE AND REFLEXIVITY

An important aspect of qualitative research is the role played by the researcher and how they position themselves in the approach to the data in their study (Chesebro and Borisoff 2007: 10). As described by Macbeth (2001: 35), reflexivity is the process of reflecting critically on one's self, and of analysing and taking note of personal values that could have an impact on the collection and interpretation of data. The researcher is trained and has knowledge in the field of child and youth care. Part of the child and youth care role is to be able to implement holistic therapeutic modalities for children and youth in child and youth care centers. The researcher had to take cognisance of how her presence as being part of the setting could have an influence on the data that was collected from the participants (Johnson and Waterfield 2004: 121). This is similar to bracketing, which is described as a process of identifying and temporarily setting aside preconceived beliefs and opinions. Although bracketing is difficult and cannot be achieved entirely, the researcher put aside all her ideas, beliefs and opinions to give a true reflection of the experience of abused adolescents from the participants' perspective (Guillemin and Gillam 2004: 262).

The child and youth care profession is underpinned by a humanistic order which encompasses values and beliefs from a holistic and meaningful point of view, which is synonymous with qualitative methodologies (Guillemin and Gillam 2004: 270; Reich 2003: 360). The researcher brought with her the assumption that adolescents who have experienced abuse have certain expectations from child and youth care workers when they are placed at a child care institution. Considering that the adolescents had experienced abuse, the researcher had to be sensitive as to how her assumptions influenced the data collection and analysis. Additionally, the researcher has worked with abused children and youth as a student. In order to prevent being biased throughout the research process, the researcher constantly reminded herself to be aware of her own preconceived beliefs and values regarding working with adolescents who have experienced abuse, in relation to the participants (Mauther and Doucet 2003: 413; Johnson and Waterfield 2004: 121). Through creating this self-awareness, the

researcher was able to enhance the quality of this study (Reich 2003: 351; Macbeth 2001: 35).

In order to focus on the study, the researcher decided that the most appropriate method for data collection was in-depth interviewing. The study commenced after all aspects with regard to the study design and procedures were approved by the Durban University of Technology Institutional Research Ethics Committee. Permission was also granted from the child and youth care institution (Annexure 1C) to conduct the research at that institution. The interviews were planned at a suitable time for the participants. Adolescents were interviewed face-to-face using a semi-structured interview guide to elicit valuable information. The interview guide was designed to collect rich information and was checked by the researcher's supervisor for any inconsistencies.

3.4 STUDY SETTING

There are several child and youth care institutions around Durban and all the institutions render a comprehensive child care service to children. Participants in this study were chosen from one of the several child care institution in the Glenwood area of Durban in KwaZulu-Natal, South Africa. This was in close proximity to the researcher; it was convenient and accessible and was done to avoid logistical and financial challenges.

3.5 STUDY POPULATION

A population is described as people who comprise of similar characteristics and who are eligible to be included in the study (Creswell 2009: 125). The population can be considered as all adolescents who had been abused and subsequently institutionalised for care.

3.6 STUDY SAMPLE

Qualitative approaches focus on small samples which can provide information richness in relation to the problem being investigated. A purposive sample of eight adolescents between the ages of 10-16 was selected from the total number of 40 adolescents in the child care setting. Only those who were institutionalised for care due to being abused

were sampled. The chosen child care setting was the Durban Children's Home. In purposive sampling the researcher must first think critically about the parameters of the population and then choose the sample case accordingly. Clear identification and formulation of pre-selected criteria for the selection of respondents is, therefore, of critical importance (de Vos *et al.* 2011: 352). Creswell (2009: 125) urged that sampling is important in qualitative research and that participants and sites should be selected so that they can purposefully inform an understanding of the research problem of the study.

Qualitative research requires steadily selected small samples instead of larger samples, as the focus is more on experiences, events and settings than on people. Qualitative studies focus on the quality of the data obtained rather than on the sample size. Rich in-depth information is sought in order to gain a richer understanding of the phenomenon of interest (Krueger 1994: 200; Preissle 2006: 685). Adolescents who experienced abuse were chosen as participants for this study. This was of importance because it provided information on the impact that abuse had on the adolescents and those who could benefit from the mindfulness meditation workshop. They were selected through the Director of the facility.

Participants ranged from 10-16 years of age. In order to ensure the privacy of each adolescent's details the researcher assigned a pseudonym for each. All eight adolescents had come from an abusive environment from which they were removed and placed at the child care institution. Participants resided at the child care institution. The researcher met each participant at the setting to conduct the interview, and to implement the mindfulness meditation sessions and focus group discussion (Annexures 4, 4A and 5). In this way any inconvenience for the participants was avoided.

3.7 SAMPLING PROCESS

Purposive sampling appeared to be the most salient strategy in terms of selecting the participants for this study. The adolescents were purposively selected from the child care institution in the EThekwini district due to their experience of abuse. They were considered to be information-rich cases that contributed to the objectives of the study.

They therefore best served the purpose of the study (Morse 1991: 127; Sandelowski 1995: 179). Purposive sampling has also been defined as judgmental, selective or purposeful sampling (Becker 1993: 254; Polys 2008: 697). As further described by Palys (2008: 697), purposive sampling is also known as typical case sampling and exemplifies a dimension of interest related to the intention of the research.

3.8 CONTEXT OF THE STUDY AND SAMPLE

In accordance with the primary aim of this study, the participants were those who had experienced abuse and were placed at the institution for safety and care. They were eligible for selection as they met the sample criteria. This gave the researcher an opportunity to listen to their unique experiences of abuse. Given that the aim was to explore the experience of abuse from each adolescent's perspective, a study sample was sought to reflect the population in order to obtain rich in-depth data until data saturation. As de Vos *et al*. (2011: 391) stated "there are no rules for sample size in qualitative inquiry", however sample size depends on the purpose of the inquiry and saturation. After eight interviews sufficient data was collected to meet saturation, hence no further cases were selected. Rains, Archibald and Deyhle (2000: 337) further emphasised that qualitative research focuses on an in-depth understanding of a specially selected sample and not on the generalisation of the findings as in quantitative research. A small sample was also chosen so that the benefits of the meditation programme could be enhanced.

3.9 SAMPLING METHOD

Ethical approval was received from the Institutional Research Ethics Committee of the Durban University of Technology. Permission to select adolescents who had experienced abuse was first obtained from the child care institution (Annexure 1B).

Step 1:

The researcher approached the Director of the child care institution. This was done to make management aware of the study to be conducted and the process involved. They were given a full explanation of the objectives of the study and its benefits. They were also enlightened regarding the type of participants needed for participation.

Step 2:

The Director of the child care institution and the child and youth care workers identified adolescents who had experienced abuse and had been placed there for safety and care. The researcher introduced herself to the adolescents and respectfully acquainted herself with them. They were then informed of the purpose of the study. A respectful approach allowed participants the opportunity to decide if they wanted to be involved in the study or not (Annexure 2).

Following this initial approach an informal screening interview was conducted with each adolescent who agreed to participate. This was done by the researcher in a private room at the institution, which was arranged by the Director in charge. In this way the researcher was able to determine whether they were willing to participate in the study. Each prospective participant was then given a letter of information which further informed her or him of the purpose of the study, its objectives and the benefits of the study. The letter emphasised the importance of voluntary participation and the right to withdraw from the study whenever they wished. The adolescent was assured that there would be no harm through participation. Each individual adolescent was also given the opportunity to ask questions. When the adolescent agreed to participate, each participant was asked to sign an informed consent form (Annexure 3) which confirmed their consent to participate in the interview process.

Confidentiality and anonymity were assured and the participant was informed that they would be given a pseudonym to protect their identity. Following this, each participant was informed that the interview would be conducted at the institution. Once this was done, arrangements were made with the Director of the institution for a private room in which to conduct the interviews. Participants were also informed that if they were not

comfortable with the time of the interviews being conducted then another appointment would be scheduled.

3.10 DATA COLLECTION METHODS

There were two data collection tools used in this study. Firstly an interview schedule with open-ended questions was used to guide the interviews with adolescents (Annexure 4). Then a focus group discussion was used after the meditation workshop (Annexure 4A and Annexure 4B). There are multiple data collection methods in qualitative research viz. observation, interviewing, photographs, documents, artifacts, maps, genealogies and social network diagrams (Glaister 2001: 66). Interviewing was conducted first followed by the focus group discussion. Between both these activities a mindfulness programme was implemented and reflections were collected after each session to ascertain the effects of each session individually.

Interviewing as one data collection strategy was best aligned with the primary aim of this study. Carbin and Morse (2003: 335) argued that interviews are a proven data collection method, whilst Denzin and Norman (2001: 23) and Rapley and John (2001: 303) affirmed that the interview is perhaps the most widely used method in qualitative research. Williams, Heikes and Joel (1993: 280) described interviewing as a means of gathering information whereby researchers search for answers in an open-ended manner. These answers are related to a number of questions, areas of interest, topics or themes. Interviews are thus 'interactional' and explore meaning in greater depth as compared with other procedures (Denzin and Norman 2001: 25; Rapley and John 2001: 320).

Considering that semi-structured one-to-one interviews give the researcher and the participant flexibility (Denzin and Norman 2001: 40; Williams, Heikes and Joel 1993: 285), it was deemed the most appropriate method for data collection in this study. Semi-structured interviews consist of a set of prearranged questions, with no fixed order to guide the interview (Rapley and John 2001: 320; Carbin and Morse 2003: 337). An interview schedule (Annexure 1a) with open-ended questions was prepared by the researcher to guide the interviews for data collection in this study. According to Denzin

and Norman (2001: 30) an interview schedule is also known as an interview guide. A description of the interview schedule follows.

3.11 THE INTERVIEW SCHEDULE

The main intention of the interview schedule was to enable adolescents to relate their experience of abuse and the factors that led to their institutionalisation. The questions on the interview guide were open-ended to allow participants to share their own views, expressed in a way that was meaningful to them. In this study the advantage of a predetermined interview schedule allowed the researcher to develop appropriate probing questions that were pre-worded in a sensitive and respectful way (Denzin and Norman 2001: 40; Williams, Heikes and Joel 1993: 285). Probing has been described as the use of prompting questions which is used to draw together more information or to elaborate on specific questions (Denzin and Norman 2001: 25). The intention of probing is therefore to extract more useful or detailed information from a respondent in an interview than that which was volunteered in the initial reply (Williams, Heikes and Joel 1993: 285).

The first question of the interview schedule enabled participants to share more about their experiences with the researcher. This enabled them to then articulate their experiences of abuse and its impact. The participants spoke about their institutionalisation and the care that they received at the child care institution. The subsequent questions and the probing questions allowed the researcher to obtain more in-depth information about their feelings and emotions regarding their experiences, as well as what spirituality signified to them personally. This was required to fulfil the purpose and objectives of the study. The content of the interview guide (Annexure 4) was aligned with the research questions.

3.11.1 The Interview Setting

The interview setting was arranged in a quiet environment which gave the researcher and participant privacy for the interview. In all instances the interview was in a room at the child care institution. The researcher ensured that she arrived at the institution timeously, which ensured punctuality (Denzin and Norman 2001: 28; Rapley and John 2001: 319).

3.11.2 The Interview Process

Interviews took place between March and April 2015, as per arrangement between the participant and the researcher. The interviews were conducted personally by the researcher who is a qualified child and youth care worker. On arrival each participant was welcomed, made comfortable on a soft chair, and given light refreshments. The participant was given an opportunity to ask questions and to clarify any concerns. Before the actual interview commenced the researcher wrote down each participant's demographic details. This included their age and gender. Each participant was also reminded that they were allocated a pseudonym to protect their identity and to maintain confidentiality and anonymity. Pseudonyms were written on the interview guide form for each participant, which further protected their identity. Participants were also asked for verbal consent to record the interview. All participants consented to being tape recorded. Each interview lasted about 40 minutes. Data was collected until there was data saturation and no new information was obtained (Annexures 4,4A and 4B). Carbin and Morse (2003: 338) explained that data saturation referred to the number of interviews "needed to get a reliable sense of thematic exhaustion". Denzin and Norman (2001: 30) described this as "informational redundancy". None of the participants needed to be referred for counselling after the interview and the child care staff took care to monitor them after the interview. Participants were thanked for being part of the study.

The same interview guide was used for all the participants, which ensured consistency (Annexure 4). The interview commenced by asking the participant to share their experience of abuse. This very first question was broad and open-ended and read: 'Can you tell me a little about yourself?' followed by 'Can you share with me your experience of abuse?' The researcher intervened for clarification (as needed) at a convenient time, taking care not to disturb the interview process. The interviews were undertaken in a polite and sensitive manner which allowed good rapport between the participant and the researcher. This technique ensured that the researcher gained most of the information that was required to fulfil the objectives of the study. Rich and descriptive information was obtained as participants were allowed to talk freely, with ease, and were given an opportunity to share their experiences with the researcher wherever possible.

Each participant was listened to intently. Soon after the interview the researcher also made notes, so that the immediate effects of what the researcher heard, saw, experienced and observed had been captured. This was beneficial in capturing their emotions and prevented information loss (Carbin and Morse 2003: 349; Denzin and Norman 2001: 33).

3.11.3 The Focus Group

Focus groups are particularly suited for use when the objective is to better understand how participants consider an experience, idea, or event. This is because the discussion in the focus group meetings is effective in supplying information about what adolescents think, or how they feel, or on the way they act (Morgan 1998: 30). Focus groups permit richness and flexibility in the collection of data, which is not usually achieved when applying an instrument individually; at the same time, it permits spontaneity of interaction among the participants (Morgan 1988: 42; Greenbaum 1993). On the other hand, a focus group demands better preparation of the place itself (where it will happen), as well as further elaboration of the results, since the researcher will probably collect less data than from an individual interview (Krueger 1994: 15).

Following completion of the meditation sessions, a focus group discussion was arranged in a large quiet room. This gave the researcher and the participants some privacy for the group discussions. The focus group discussion was in a room at the child care institution. Prior arrangements were made with the Director to secure a private and comfortable room for the focus group discussion, as described in section 3.9. The focus group discussion lasted for three hours.

3.11.4 The Focus Group Discussion

The focus group discussions were conducted personally by the researcher. On arrival at the room each participant was welcomed, made comfortable and was given light refreshments. The participants were given an opportunity to ask questions and to clarify any concerns. The focus group discussion commenced by welcoming the participants and asking them to share their experience of the meditation sessions. This very first question was broad and open-ended and read: 'Can you share with me your experience of the meditation sessions?' The focus group discussion was undertaken in a way that allowed good rapport between the participant and the researcher. This technique ensured that the researcher gained most of the information that was required to fulfil the objectives of the study (Kitzinger 1994: 103). The focus group discussions were audiotaped. Soon after the focus group discussion the researcher also made notes, so that the immediate effect of the session was captured. The researcher also read the reflection notes after the meditation sessions (Annexure 1b and Annexure 4), (Khan and Manderson 1992: 56; Denning and Verscheiden 1993: 775; Dimatteo, Kahn and Berry 1993: 204).

3.12 DATA CAPTURING AND DATA ANALYSIS

Beck (2003: 231) expressed that coding is an interpretive technique that both organises the data and provides a means to introduce the interpretations of it. Most coding requires the researcher to read the data and demarcate segments within it, which may be done at different times throughout the process. Each segment is labeled with a 'code', which is usually a word or short phrase that suggests how the associated data

segments inform the research objectives. When coding is complete the analyst prepares reports via a mix of summarising the prevalence of codes, discussing similarities and differences in related codes across distinct original sources/contexts, or comparing the relationship between one or more codes. Data was analysed using coding and new meanings from the statements were organised into clusters of themes and sub-themes. This was used to analyse data from the interviews and focus groups. In qualitative research a large amount of data is captured. Data analysis is described as a meticulous and rigorous method through which data is structured and organised in a coherent manner and through which the data is given meaning (de Vos *et al.* 2011: 397).

Beck (2003: 231) suggested paraphrasing data in order to reduce and reformulate more abstract and general level themes. As Rains, Archibald and Deyhle (2000: 335) also stated that "qualitative researchers who conduct descriptive qualitative studies not based on a specific tradition may, however, simply say that they performed a thematic analysis". As described by Beck (2003: 231), thematic analysis is a classical method to analyse textual material that may range from media products to interviews, (reflections) and focus group data. The direct phrases data collected in this study followed a qualitative thematic analysis method, where data was broken down into smaller units and grouped according to shared themes and sub-themes.

For both the interviews and focus group discussion data was transcribed word-for-word as accurately as possible by the researcher. This was done by the researcher with rigour to ensure that the exact wording of the participant was captured. The researcher also set aside all her ideas and beliefs and reflected with openness on the data obtained from the participant's perspective (Dimatteo, Kahn and Berry 1993: 204). Although this process was time consuming, it ensured accuracy in reflecting the interview and the focus group data. After transcribing the information from the interviews and focus group discussions, the recordings were listened to again and the written transcripts read simultaneously. This process enabled the researcher to become familiar with the data and to get a sense of the interview and focus group data as a whole. Tone, inflection and pauses were also listened to (Michelene and Chi 1997: 271;

Jordan and Henderson 1995: 39). Each transcript was copied. The third source of data, the reflections, were also read holistically.

Each copied transcript of the recorded interviews and focus group discussion was read and re-read by the researcher in order to become even more familiar with the data. The notes made in the margins of the transcripts were also considered. This is referred to as becoming immersed in the data (Goldin-Meadow, Alibali and Breckinridge 1993: 279). As transcribing and typing were carried out patterns in the data were noted whereby similar meanings emerged, known as themes (Trabasso and Suh 1993: 3). The focus group discussion was read in conjunction with the reflections. The researcher read all the transcripts again carefully and the ideas and thoughts were written down. This was done to get a general sense of the information obtained from the participants (Slotta, Chi and Joram 1995: 373). The next step was to code the data; this was done manually and independently by the researcher. Colour-coding was used (Jordan and Henderson 1995: 45; Michelene and Chi 1997: 290). Each transcript was read and all similar, meaningful extracts that emerged were noted. These extracts from each of the transcripts were then highlighted in different colour codes so that they could be easily identified. This enabled the researcher to identify the similarities and the differences in the text. The similar themes were then grouped together (Goldin-Meadow 1993: 285).

The researcher then reviewed all the grouped colour coded extracts under the initial themes, in order to identify the patterns and to check if they reflected the meanings in relation to the data (Jordan and Henderson 1995: 50). This was followed by a further refining of the themes and sub-themes. This ensured proper organisation of the data and the themes identified from the data collected from the participants. Following the above steps of coding and categorising information, the researcher reported in a written account of how the themes and sub-themes were interrelated using actual quotations from participants' phrases (Michelene and Chi 1997: 300).

3.13 TRUSTWORTHINESS

According to Liets, Langer and Furman (2006: 444) trustworthiness is described as the extent to which qualitative researchers want to reflect the truth. Trustworthiness is an important element in qualitative research because the findings should actually reflect the experiences of participants from their perspective. Research cannot add value to child and youth care practice if there is inaccuracy and misinterpretation of findings. To ensure trustworthiness in this qualitative enquiry the criteria of credibility, transferability, dependability, confirmability and authenticity were used.

3.13.1 Credibility

Credibility refers to enhancing confidence in the truth of the data as well as the descriptions and interpretations of them (Cutcliffe and Makenna 1999: 375). Participants in this study were purposively sampled. The researcher ensured that the same interview guide was used to interview all the participants in the study. As indicated by Appleton (1995: 998) member checking is important for establishing credibility in qualitative research. This was done on an ongoing basis through probing information until there was data saturation, and participants' meanings were understood. This ensured prolonged engagement and building a trusting relationship and rapport during data collection with the participants (Andrews, Lyne and Riley 1996: 443) through the interviews and focus group discussion. An ongoing review of the emerging themes, coding process and interpretation of the data was conducted by the researcher and supervisor until an agreement was reached on final data analysis and no new themes emerged. Another method of ensuring credibility was the numerous reviews of the written notes and audiotapes.

3.13.2 Confirmability

Creswell and Miller (2000: 125) refer to conformability as objectivity, which is the potential for two or more independent people to assess the data with regard to accuracy, relevance and meaning. The results derived from the research must reflect

the participant's perspective in the context of what is under study, and not the researcher's. An audit trail of audiotapes, field notes, transcriptions and all reflection notes relating to the study were holistically analysed.

3.13.3 Dependability

Dependability refers to the stability of data over time and over conditions (Creswell and Miller 2000: 125). In this study the researcher ensured that a systematic description of the method of sampling, data collection, data analysis, and data interpretation was attained. This was ensured by keeping and storing data in its original form, viz. the typed and the transcribed material was an exact replica of the original data. Documents such as correspondence letters, signed consent forms, the interview guide, reflection notes and focus group protocol summaries, were also stored safely.

3.13.4 Transferability

Transferability refers to the degree to which findings can be transferred or be applied in other settings or groups (Creswell and Miller 2000: 125). The element of transferability was accomplished by the provision of rich, descriptive, thematic data in the research report. Data was supported by the results and inserting direct quotations from the participants into the report. The current study was carried out in a child care institution in Durban in KwaZulu-Natal. Although a small sample was used, this study can be applied in other child care institutions in KwaZulu-Natal. This research could be useful in this district and in the remaining child care institutions in other districts and other provinces of South Africa. The mindfulness meditation workshop was particularly valuable as it could be used in other child youth care settings.

3.13.5 Authenticity

Authenticity is described by Creswell and Miller (2000: 125) as the extent to which researchers fairly and faithfully show a range of realities by conveying the feeling tone

of participants. In this study it was ensured that an adequate amount of data was obtained and excerpts of participants' exact words were used. This added to a rich description and interpretation of the data to enable readers to understand the context in which the chosen sample for the study experienced their problem, and the mindfulness meditation workshop.

3.13.6 Validity and Reliability

Truthfulness, accuracy, authenticity, genuineness and soundness are synonyms for validity in qualitative research (de Vos *et al.* 2011: 173). Dependable, consistent, stable, trustworthy, predictable and faithful are synonyms for reliability. Something that is reliable will perform in the future as it has in the past. Reliability occurs when an instrument measures the same thing more than once and results in the same outcomes. The reliability of a measurement procedure is thus the stability or consistency of the measurement (Golafshani 2014: 600). The data received during the interviews, reflections collected after each mindfulness meditation session, and focus group discussion, was accurate and reliable and can be used in the future.

3.14 ETHICAL CONSIDERATIONS

Ethics entails procedures and criteria that researchers should adhere to when conducting research studies on humans as participants. This consists of professional, legal and social commitments (Creswell and Miller 2000: 125). The researcher adhered to the principles of research ethics and obtained ethical clearance from the Durban University of Technology prior to data collection. The Durban University of Technology: Faculty of Management Sciences' Research and Higher Degrees Committee had reviewed the research proposal, after which final ethical clearance was obtained from the Institutional Research Ethics Committee. Given that this study was based on adolescents' experiences of abuse, it was important that participants were treated with sensitivity as they are viewed as a vulnerable population.

The participants remained anonymous with the use of pseudonyms. The student's supervisor comes from a social work background and she had volunteered to assist with counselling and debriefing sessions if any discomfort occurred. The researcher had already been given permission from the child care setting after providing the Director with an information letter (Annexure 1); if any distress occurred the social worker as well as the child care worker also volunteered to assist. Data will be stored in a password protected file and stored safely for fifteen years after being analysed. Once data is analysed it will be deleted and hard copies will be discarded as per DUT policy.

Participants completed a written informed consent form (Annexure 3) so that they were fully informed about the nature of the research study (Creswell and Miller 2000: 125; Stenbacka 2001: 551). They also received an information letter (Annexure 2) which informed them about the details of the study. Confidentiality was maintained by not disclosing any personal information about the participants to any person. As participants were given pseudonyms this protected their identity and therefore confidentiality was maintained. Written permission to select adolescents who had experienced abuse was given from the Director of the child care setting (Annexure 1B) with attached letter granting permission to collect data. They also receive an information letter (Annexure 1) informing them about the purpose, the procedure, confidentiality of their identity, and that they could withdraw from the study at any time due to it being voluntary engagement. A consent letter has been obtained by the Director of the organisation allowing for the study to be conducted (Annexure 1C).

3.14.1 Beneficence

Beneficence is described as safeguarding and promoting the adolescent's interests whilst allowing the research to produce benefits for the participants and for society as a whole (Creswell and Miller 2000: 125). The aim of this study was to ensure that findings will create awareness about the impact of abuse on adolescents. The topic under study required that participants shared their experience of abuse. Participants could have become emotional, considering that they had traumatic experiences. In this study adolescents who had abusive experiences were included in the study. All the

interviews, reflections and the focus group discussion were conducted during leisure hours at the child care institution. Social workers and child and youth care workers were available at these child care centers, and provisions were made for the referral of any participants who became emotional and required counselling. The researcher kept contact numbers of the child care workers who were in charge of the respective adolescents if needed. Where contact numbers were not available, adolescents could decide if they wanted to reschedule appointments or withdraw from the study completely.

3.14.2 Non-Malificence

Creswell and Miller (2000: 125) refer to non-malficence as the minimisation of harm to humans. Participants in this study were assured that they could withdraw from the study at any time due to it being voluntary. It was also ensured that there was no harm or physical discomfort to be caused to them during the study.

3.14.3 Respect for Human Dignity

This principle entails the right to self-determination and the right to full disclosure Stenbacka (2001: 552) described this as the basis of informed consent and respecting confidentiality. The right to full disclosure means that the researcher fully describes the nature of the study, the right to refuse participation, the researcher's responsibilities, and the risks and benefits. In this study participants could make voluntary decisions about whether to participate or not to participate. They had the right to ask questions and to withdraw from the study at any time. Each participant was informed about the nature of the study at the initial contact with the researcher, as described in section 3.9 above.

3.14.4 Justice

The principle of justice refers to the right to fair treatment and the right to privacy. The researcher ensured that all participants were treated properly by respecting their culture, morals, values and beliefs. Privacy was maintained throughout the study and participants were assured that the information they provided was going to be treated and stored in strictest confidence (Nahid 2003: 599).

3.15 CONCLUSION

This study, which was qualitative in nature, explored and described adolescents' experience of abuse and how mindfulness meditation could be used as a healing tool amongst them. The qualitative paradigm was the guiding design for this study. A semi-structured face-to-face interview was the method of choice to collect important and in-depth information to elucidate the participant's experience. Reflection notes collected after every mindfulness meditation session were a further source of data. The latter was used holistically with the focus group discussion data. Thematic analysis was used to analyse the data, thus ensuring proper organisation of the data. This method allowed for the unveiling of the descriptions of abuse endured by the adolescents and how mindfulness meditation could help them therapeutically.

CHAPTER: FOUR
ANALYSIS AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

This chapter presents the data collected from both the interviews and focus group discussion. It also presents a discussion of the findings. The main purpose of this study was to explore whether a spiritually based mindfulness meditation healing workshop had therapeutic benefits for abused adolescents. More particularly, it was to explore if they were able to find a sense of peace and healing through this intervention. An interview schedule with open-ended questions was used first, in order to explore the impact of the abuse on each adolescent. This was followed by a seven-session mindfulness meditation workshop. Reflections were collected after each session to explore the immediate effects of this intervention with each adolescent. Finally, a focus group discussion was held after the meditation workshop to investigate the collective benefits of the mindfulness meditation workshops on the adolescents.

This data was then analysed in two parts, viz. the data from the interviews and then the data related to the meditation workshop. Data from the latter was analysed collectively with the reflections written by each adolescent; this is presented holistically. For both sets of data, viz. the interviews and the focus group discussion, a process of thematic analysis and coding was used. The data in this chapter is presented according to themes and sub-themes which emerged following analysis. Themes served to illustrate the essence of each adolescent's experience. Rich descriptive data was obtained by getting them to share their experience of abuse, and through reflections and a group discussion on how the mindfulness meditation sessions had helped them therapeutically.

The data collected from the in-depth interviews is presented first followed by data from the reflections and focus group discussion. The participants comprised of four male and

four female adolescents who were placed at a child care institution in the eThekwini region of KwaZulu-Natal.

4.2 RELATIONSHIP BETWEEN THE OBJECTIVES AND THE DATA COLLECTION PROCESS TOOLS

The objectives and data collection tools for this study are indicated in Table 4.1 below.

Table 4.2.1: Objectives and Data Collection Tools.

OBJECTIVES	DATA COLLECTION TOOLS
1. To explore each adolescent's experience of abuse. 2. To investigate the impact that abuse had on them.	**Phase 1:** Interviews
3. To explore what spiritually based activities they have used personally and at the facility to cope.	**Phase 1 :** Interviews
4. To inquire about whether the meditation workshop had therapeutic benefits.	**Phase 2:** Reflections collected after meditation session. Data from focus group discussion.

4.2.3 DEMOGRAPHIC PROFILES

The demographic profiles of the study participants are provided in Table 4.2 below.

Table 4.2.4: Demographic Profile of Participants

Pseudonym	Age	Gender	Type of abuse
Adolescent 1 (A1)	10	Male	Emotional and physical
Adolescent 2 (A2)	11	Female	Physical
Adolescent 3 (A3)	11	Female	Emotional
Adolescent 4 (A4)	12	Female	Physical
Adolescent 5 (A5)	13	Male	Physical
Adolescent 6 (A6)	14	Female	Sexual
Adolescent 7 (A7)	15	Male	Physical
Adolescent 8 (A8)	16	Male	Physical

4.3 DATA FROM PHASE ONE

In this section data derived from the individual in-depth interviews is presented.

4.3.1 Interviews

The eight adolescents were interviewed at the onset of the study. The interview schedule contained a number of questions that allowed each adolescent to share their experience of abuse. The questions on the schedule were as follows:

- Can you tell me more about why you were brought to the child care facility?
- What has your experience been at the institution?
- Can you share with me how your experience of abuse has affected you?
- What has the organisation done to help you with this difficult experience?
- Tell me about your spiritual support systems.
- What types of spiritual activities do you use?

4.3.2 The Process of Analysing Interviews

The process of analysing the interview transcripts grew from the researcher's experience of exploring the feelings of adolescents who had experienced abuse. This experience was derived during practical training. As the researcher I moved from the interview transcripts to the report, with the assumption that the process and the presentation was 'giving voice' to those with whom I spoke (Lincoln and Denzin 1994: 576; Kiesinger 1998: 72). Whilst the researcher was concerned that the traditional method of coding for themes in transcripts (and studying those themes) separated people's words from their spoken and heard context, the reporting has been done as accurately as possible.

4.3.3 Data Analysis and Findings

This section presents the analysis and findings derived from the data. The data was grouped into four main themes and seventeen sub-themes. The themes presented are from responses of the participants during the in-depth interviews. Responses showing similar characteristics related to each question were grouped together. The themes are indicated in Table 4.4 below:

Table 4.4: Themes Derived from the In-Depth Interviews.

Themes	Sub-Themes
Abuse	• Neglect. • Physical Abuse. • Emotional Abuse. • Sexual Abuse.
Psychosocial effects of abuse	• Trauma. • Anxiety. • Hatred. • Depression. • Suicidal tendencies.
Support received at the child care facility	• Feelings of belonging. • Being loved and cared for.
Spiritual interventions used by the adolescents	• Nature and retreats. • Prayer and faith in the Creator. • Places to find a sense of peace e.g. a holy shrine. • The use of reflective writing. • Poetry and journal writing.

The themes and sub-themes are discussed below. The meaning of each is presented by using verbatim excerpts from participants.

THEME 1 - ABUSE

Sub-Themes:

- Neglect.
- Physical Abuse.
- Emotional Abuse.
- Sexual Abuse.

The first main theme related to the abuse experienced by the adolescents and the sub-themes related to the type of abuse that they each endured. Neglect, physical abuse, emotional abuse and sexual abuse were found to be the most common forms of abuse experienced by all the participants. The sub-themes derived from the data are captured in some of the excerpts of the participants presented below.

"I was raped… this sexual abuse that I had endured really hurt me … as the ending result I found out that I was HIV positive … this really scared me … as I had no hope to life" (A6)

"I felt very bad of what had happened to me … I was abused by my step mom … she should repeatedly hit me with different types of objects for no reason … she felt that I was like a curse to her … she felt I should of never been born … she would make me do all the household chores and should not give me any food … I remember once she even burnt me with the iron, I still have the scar on my hand … it reminds me of that incident every time I lay eyes on my scar … I was very emotionally hurt … this had really created a deep hole in my heart" (A2)

"My mother had a small baby … my step sister … we had shared the same mothers, but different fathers … it was only my step sister and I could not go to school … because my mother forced me to stay at home and look after my step sister … I felt very hurt and deprived of an education … due to the fact that I was constantly staying at home … this hindered my thinking abilities … It deeply saddened me to stay at home look after my step sister and cook for supper … my class teacher had noticed that I was not attending school and my marks were dropping … I told my teacher that I had been abused … my teacher had called to speak to my mother … and when I got back home from school … my mother hit me and told me that it is not right to talk to my teacher about our house problems" (A4)

"I had never met my biological father … and my mother had refused to tell me who he was … my mother had a boyfriend, who had physically abused me by hitting me … if I

had not obeyed his instructions … every time I had asked my mother who was my biological father … she should hit me … and when I had told her that I did not like her boyfriend … she should get very angry and abuse me … the environment in which my mother and her boyfriend had lived in … was very unhealthy and dirty" (A5)

As can be seen from the excerpts above, the adolescents in the study have experienced different forms of abuse. The latter ranged from sexual abuse to physical abuse and neglect. Recent empirical work in South Africa attests to the escalation in the incidence of child abuse nationally. Sexual, physical and emotional abuse and neglect were found to be prevalent. Almost 50% of the cases were sexual in nature (36% rape; 10% other sexual offences). Furthermore, cases of emotional abuse were found to have increased by 62.7%, while reports of physical abuse had increased by 80% (South African Crime Quarterly 2015: 3).

What was evident from the excerpts is the deep level of emotional trauma these varied incidents seemed to have had on these adolescents. As is evident, most felt hopeless, afraid, sad and unwanted. The data also reflected that in most cases neglect appeared to go hand-in-hand with sexual or physical abuse. In some instances participants were not only physically assaulted, but were not given food or were deprived of a normal school life and education. This has been supported by the National Association for Child and Youth Care workers (2011: 22), which stated that children who are assaulted are often neglected as well. Neglect has equally detrimental effects as it poses a significant threat to the overall health and well-being of an adolescent (Brown *et al.* 1999: 1492). What was significant to note was the prevailing socio-economic context and family factors within which the abuse occurred, which supports the notion that these conditions serve as an etiological factor in abuse. What was also interesting to note was that there was almost always the presence of a step-father or boyfriend within the home, which suggests dysfunctional family factors. Several international studies have in fact documented the fact that adolescents who are exposed to abuse often come from homes where there is poverty, divorce or criminal activity within the home (Holmes and Slap 1998: 1857).

THEME 2 - PSYCHOSOCIAL EFFECTS OF ABUSE

Sub-Themes:

- Trauma.
- Hatred.
- Anxiety.
- Depression.
- Suicidal Tendencies.

The second main theme derived from the data reflected the psychosocial effects of abuse on the children and adolescents in the group. Excerpts from the data revealed that their experiences of abuse had caused the entire sample deep trauma, anxiety, depression and suicidal tendencies. This is reflected in some of the excerpts that follow:

"After being continuously physically abused and assaulted … I had grown used to this type of abuse … it felt the same each day I was hit or punched … just a different day … this made me rock hard … I had no emotional feelings like love … I was only consumed of hatred, anxiety and anger … I hated every aspect of life … I had built up a lot of negative feelings towards life and everything around me … I could not control my anger and lashed out at everyone " (A7)

"This really hurt me emotionally, as I used to cry every night in bed and question God as to why this was happening to me. This also had brought down my self-esteem and identity, as I could not concentrate in school because I felt I was not good enough and everyone would isolate themselves from me because of the virus that I have … this caused me trauma. … My academic marks had dropped intensively" (A6)

"My abusive experience had made me lose my self-identity and self-esteem … after in which my mother had treated me … I had felt very low of myself … … "Experiencing physical abuse … had really caused internal injury to me … it had caused me trauma … I was deeply hurt and felt a sense of emptiness and anxiety … this had caused me to lose my self-esteem and self-identity … as I felt that I was not good enough … I hated

looking in the mirror at myself … and I felt as if I had no purpose in life … I felt suicidal" (A8)

"I was an orphan … raised by my step mom and dad … I felt deeply hurt and always cried to not know my biological parents … in my heart I felt hatred, anxiety, depressed and unwanted … my step mom and dad whom I lived with always physically abused me … when I needed items for school, they refused to buy them for me but instead hit me for asking …I was really scared of them and never tried asking for anything … when I was unhappy I should confide in my class teacher … and tell my class teacher all that they had done to me … I had tried so hard several times to kill myself … I was able to find help, when my social worker had removed me from my home" (A3)

The preceding excerpts reflect the multi-dimensional effects that the abuse had on the adolescents. Some participants reported poor school performance. Most suffered from poor self-esteem, felt unworthy and unloved. Most significant, however, was the deep level of psychological distress which was evident in that they were depressed, anxious and deeply traumatised. For some of those who were severely affected, they expressed having had thoughts of wanting to commit suicide. Mahery, Jamieson and Scott (2011: 14) concurred, saying that that abuse in the form of harm or ill-treatment deliberately inflicted on a child or adolescent leads to trauma and anxiety. Whitman (2002: 160) echoed this in saying that abuse causes harm and feelings of emotional pain, and can be considered to be the most painful type of violence that an adolescent can endure.

Afifi *et al*. (2006: 1093) further stated that abuse hinders holistic development, and that most adolescents who experience abuse are more likely to suffer from trauma that leads them to commit suicide. Whitman (2002: 160) investigated how children's experience of abuse and safety were related to their socio-emotional functioning. They found that when children are exposed to abuse, their well-being, sense of self and opportunities to play safely within their environment are compromised, which leads to trauma. This too was reflected in the excerpts were participants reported feelings of hatred, inability to interact with others, and anger.

THEME 3 - SUPPORT RECEIVED AT THE CHILD CARE FACILITY

***Sub-Themes*:**

- Feelings of belonging.
- Being loved and cared for.

Support received at the child care facility was the third main theme derived from the data. The sub-themes derived from the main theme were feelings of belonging at the child care facility and being loved and cared for. This appeared to have emanated from feeling a sense of safety and belonging after being placed in the organisation. The fact that they had a safe space away from the abuse was important. Together with the presence of child care workers who took care of them, this further elicited positive feelings of love, care and peace. The following responses reflect both the second theme and its sub-themes, as follows:

"Being placed in this organisation is a blessing … away from my abusive environment … I have now found a new family and home … the child and youth care workers … are a mother/father figure in my life … I feel a sense of belonging" (A1)

"Being at this organisation is wonderful … I have a new family and I feel loved and cared for … I am grateful to have the child and youth care workers in my life … I feel a sense of belonging" (A2)

"Being placed in this organisation … is truly a blessing …I have made friends and family … I am also grateful to have the child and youth care workers who are care for me as a mother and father figure in my life" (A3)

"Being in this organisation … I feel loved and cared for … I thank God … for giving me the child and youth care workers in my cottage … I feel a sense of belonging" (A4)

"Being at the organisation is a good experience … I am loved here, the institution had provided me with safety and security to help heal the abuse that I had suffered" (A8).

One very important sub-theme that emerged from the data is that the child care workers enabled the adolescents to feel a sense of safety and security. This was important due to the sense of loss and insecurity felt within their homes during their experience of abuse. Participants further indicated that being at the institution was a blessing as they were provided with love and care. Child and youth care is predicated upon creating safe and nurturing experiences for traumatised children; moreover, child and youth care workers are tasked to provide warmth, empathy and care for distressed children (Abrams 2008: 93).

Residential institutions for children are also referred to as children's homes, child and youth care centers or orphanages, and form an important component of the provision of care for abused and neglected children. Such care facilities have increased in number in response to a need to remove abused children from their harmful environments (Moses and Meintjes 2010: 107). Child care institutions are mandated to provide a safe and secure space for abused and neglected children. Phelan (2008: 67) noted that child care institutions are the safest places within which an abused child may be placed. As further expressed by Abrams (2008: 93), child care institutions are the most child-friendly environments. Whilst these facilities are important, it is also crucial that much is done to stem the increase in abuse rather than to provide a larger number of such facilities.

THEME 4 - SPIRITUAL INTERVENTIONS USED BY ADOLESCENTS

Sub-Themes:

- Nature retreats.
- Prayer and faith in the Creator.
- Places for a sense of peace e.g. a holy shrine.
- The use of reflective writing.
- Poetry and journal writing.

The fourth major theme derived from the data related to spiritual interventions used by adolescents. The sub-themes that emerged from this main theme were nature retreats; prayer; places to find a sense of peace and protection e.g. a holy shrine; the use of reflective writing; poetry; art; journal writing; wilderness; and faith in the Creator. These were interventions used by adolescents personally and some which the organisation had created opportunities for them to use. These are reflected in the verbatim excerpts that follow. Therapeutic workshops and nature retreating coupled with counselling seemed to be a common activity at this facility.

"The organisation had provided me with many opportunities … like retreats and counselling … to help me heal from the abuse" (A1)

"This place had provided me with people … from the outside to come … and conduct workshops" (A2)

"This organisation had provided me … with retreats like wilderness … to help me heal" (A3)

"This centre had provided me … with many workshops, counselling sessions and nature retreats" (A5)

"I love being in touch with nature … for me taking walks in the park … helps me find peace" (A2)

"I like being away from the city life … and in connection with nature … helps me find inner-peace … and going on retreats like the wilderness … being in the bush" (A4)

As is evident from the excerpts, child care facilities and the professional staff are actively involved in the provision of a range of therapeutic services for adolescents who have been abused. Nyamutinga and Kang'ethe (2015: 64) noted the salient role that child care institutions played in offering counselling services and arranging nature retreats for children in distress. Cohen and Mannarino (2004: 824) asserted that part of making meaning of an adolescent's abusive experience involves enabling them to reconcile the experience into a broader understanding of themselves and the world in

which they live. They added that reflecting on their experience of abuse and emotions in the outdoor context can bring a new perspective. Being physically positioned against the backdrop of nature can enable them to view the traumatic experience from a broader, more holistic perspective, thus promoting openness to cognitive healing methods. Nature can also be a useful therapeutic setting as it acts as a neutral territory which has the intended purpose of healing and enhances feelings of connectedness, differing from an office context (Berger 2008: 264). Harris (2007: 265) further reported that connectedness with the divine is experienced in natural contexts such as the mountains and the ocean, and these experiences are uplifting.

The data further reflected that personal religious and spiritual support systems had formed a crucial support system in helping the adolescent to cope. This was reflected in the following statements:

"My support system is going to a holy shrine" (A1)

"My support is prayer and a place of worship" (A2)

"My strength is prayer" (A3)

"My understanding of prayer and meditation … is my faith in God … and by practicing meditation … it allows for peace and harmony" (A2)

"My knowledge of prayer and meditation … is my faith in God… and by practicing meditation … it allows for inner-healing … and creating peaceful spaces" (A3)

Grabbe, Nguy and Higgins (2012: 929) wrote that spiritual interventions can help abused adolescents find inner-peace and heal. As spirituality is inherently a non-threatening and enjoyable medium, spiritual therapeutic interventions have the potential to provide a safe and nurturing environment for abused children (Day, Baker and Darlington 2009: 134; Felsenstein 2013: 70; Bhagwan 2002: 225). These responses above further reflect that holy places such as shrines and prayer played a crucial role in enabling adolescents to deal with their experience of abuse. This notion was supported by Bhagwan (2009: 225) in stating that prayer and meditation are two important therapeutic pathways in terms of healing from abuse, particularly for adolescents. The

excerpts above also reflected strongly that having faith in the Creator or God was an important form of strength and support for the adolescents in this sample. Choi, Karremans and Barendregt (2012:30) concurred, saying that keeping faith in the Creator and meditation creates a sense of happiness and peace that has therapeutic benefits. Prayer is related to becoming involved with the Divine and in theistic traditions it refers to a communion with God (Canda and Furman 1999). Empirical research has showed that prayer in particular has proven effective in reducing psychological dysfunction, reducing anxiety and stress and preventing relapse amongst depressed adolescents (Davidson *et al.* 2003: 564). Given these findings, it is important then that child care facilities create time for prayer and where possible for children and adolescents to attend faith-related services for support and the opportunity to participate in prayer. Other beneficial spiritually based interventions also emerged in the data. These included poetry writing and journaling.

"I use reflective writing and poetry" (A5)
"I have a diary where I jot down my feelings and do poetry writing … this is how I can make each day a better one" (A1)

Poetry has unveiled significant therapeutic benefits with children who have experienced abuse (Walsh-Bowers and Basso 1999: 25; Jones and Weisenfluh 2003: 433). Broadbent (2004: 98) alluded to the poetry as being "a spiritual experience of the inner self, a feeling of great joy or of a deeper meditative nature". In fact adolescents also often write poetry as a pathway to self-expression and exploration, and to develop a sense of self (Furman and Collins 2005: 576). Writing with regard to journalling and diary-keeping, Canda and Furman (1999: 304) noted that these activities open up many sources of insight into self, one's life situation and emotions, and provide creative ways of solving problems, working through crises and growing. As suggested by participants, both poetry and journalling therefore form an important component for consideration in child and youth care, particularly as a healing intervention when working with abused adolescents.

4.5 DATA FROM PHASE TWO

4.5.1 The Process of Analysing the Focus Group

The application of the focus group technique allows the researcher to collect an appropriate amount of data in a short period of time (Krueger 1994: 10). Despite this, the information gathered during a focus group session is potentially of great worth (Morgan 1998: 35). Furthermore, after each session the adolescents were required to write a reflection which was used to supplement the data derived from the focus group discussion. The focus group discussion questions were as follows:

- What was your experience of the workshop?
- How did the intervention help you heal?
- How did the meditation change your life?
- Would you use the above mentioned intervention again to help you to cope?
- Would you recommend a spiritually based workshop to other adolescents?

As stated, there were two sources of data gathered in this phase, viz. the reflections collected after each meditation session and also data from the focus group discussion. The data from both sources were considered holistically in the analysis and the main themes and fourteen sub-themes flowed from this. Responses showing similar characteristics in each question were grouped together; the themes and sub-themes are presented in Table 4.5.2

Table 4.5.2: Themes and Sub-Themes Gathered from the Reflections and Focus Group Discussion

Themes	Sub-Themes
Increased group bonding	• Trust and positive group relations.
Benefits of meditation	• A sense of peace, equanimity and balance. • A sense of restored dignity and self-worth. • Reframing of negative thoughts into positive ones. • Forgiveness. • Increased self-control.
Mindfulness meditation as an ongoing practice	• Meditation was beneficial to self; benefit to others.

The themes and sub-themes are discussed below; the significance of each theme is presented by using the participant's excerpts.

Theme 1: Increased group bonding

Sub-Themes: Trust and positive group relations

The first main theme derived from the reflections and focus group discussion was increased group bonding. The sub-themes of feelings of trust and positive relational dynamics flowed from this main theme. These were reflected in the words of participants as follows:

"The sessions had enabled me to build close bonds and relationships with my group of peers in these sessions, as well as at school ... my experience of this workshop was very therapeutic and healing" (A7)

"After participating the session had helped me to build up close relationships and bonds with my family and at the organisation, in this meditation group and friends at school … my experience of this workshop was very therapeutic." (A4)

"After participating in the mindfulness meditation workshop … the sessions had helped me … build trust and create positive relations among people in my group and who are in my life." (A1)

"After practicing in the mindfulness meditation workshop … the sessions had enabled me to build trust among my group members and friends at school." (A6)

"After participating in the mindfulness meditation workshop … the sessions had enabled me to create positive relations among my group members and organisation family." (A3)

"After participating meditation … I was able to build close bonds and relationships with my group members and peers at school ... my experience of this workshop was very therapeutic and healing" (A2)

"The meditation sessions had made me builds trust and creates positive relations among my group members and people who are in my life." (A8)

From the above excerpts it is evident that the group meditation had enabled the participants to develop a sense of trust with other participants and peers at the school. It also seemed to have positively influenced their relationships with the 'organisation family' and peers at school. Writers such as Germer, Siegel and Fulton (2005: 16), Baer (2003: 130) and Bishop *et al.* (2004: 235) all expressed that mindfulness meditation done in groups encourages group bonding. Dellbridge and Lubbe (2012: 168) explained that because mindfulness meditation helps one to be mindful of those around you and oneself, it encourages positive group bonding and enables positive interpersonal relations with those around one. Sun (2014: 396) further stated that mindfulness meditation was intertwined with gratitude, and that it enabled one to be thankful and to be aware of the good that others have done.

Participants also reported that mindfulness meditation enabled feeling positive and had contributed to feeling a sense of peace. Slagter *et al.* (2007: 98) explained that when abused adolescents practice meditation they feel good about themselves, whilst Goodman (2005: 20) highlighted that even children as young as five and six appreciate the stillness and reverence that comes with this type of activity.

The second main theme which emerged from the data was the therapeutic benefits of mindfulness meditation. What was salient to note was that there were common therapeutic benefits which enhanced well-being across each of the activities undertaken over the sessions, viz. repeat a mantra (word of peace); heart chakra; practice of visualisation; body relaxation; and walking meditation. All these activities both individually and then collectively through the final group discussion were found to have significant positive psychological benefits. They enabled the participants to achieve a sense of peace and equanimity that helped them transcend their experience of abuse. What emerged significantly as the sub-themes from this main theme were a sense of peace, equanimity and balance; a sense of restored dignity and self-worth; forgiveness; and increased self-control.

Theme 2 - Therapeutic benefits of mindfulness meditation

***Sub-Themes*:**

- A sense of peace, equanimity and balance.
- A sense of restored dignity and self-worth.
- Reframing of negative thoughts into positive ones.
- Forgiveness.
- Increased self-control.

These sub-themes were evident in one way or another across the excerpts derived from the various sessions. The analysis that follows is presented according to the different meditation techniques for the purpose of a deeper understanding of which techniques had certain therapeutic benefits.

Sub-theme 1: A sense of peace equanimity and balance

Repeat a mantra

The excerpts below reflect most participants' views of the therapeutic benefits of the 'repeat a mantra' session. They said as follows:

"After participating ….I felt a sense of relief … repeat a mantra was an excellent session … I closed my eyes thought of a peaceful word … the word God came to my mind … I repeated this word multiple times in my mind … I got to a point where my mind was completely silent and I had entered a deep meditative state … when I opened my eyes and regained my senses I felt very happy and was able to maintain a stable mind and I am able to concentrate in my school work … I was able to connect with my inner- self and find peace which had taken away all my negative feelings and replaced them with positive ones … I feel much prouder in myself now than before the meditation session" (A6)

"I was very excited to be part of the mindfulness meditation sessions … I wanted a type of programme or workshop that would help me forget about the nightmare of my abuse… After practicing repeat a mantra … I felt good and I had realised that whatever bad had happened to me I should think of the word peace … and it also had helped me to realise that no matter what happens in life … you must move on and think about peace … I was able to maintain a stable mind and forget about my abuse and I was able to clear my mind of all negative thoughts … and I had created happy and peaceful memories … I am now also able to concentrate in my school work" (A2)

"Participating in repeat a mantra … a word of peace … had really changed my life … this had enabled me to find peace … in times of defeat … these meditation sessions had also enabled me to realise that God does exist … I would most definitely use repeat a mantra in my daily life … meditation is similar to prayer … it had enabled me to heal from my abuse" (A3)

Sub-theme 2: A sense of restored dignity and self-worth

"After practicing repeat a mantra … a word of peace … the session had made me see the importance of self-respect and self-discipline towards others … after having being exposed to sexual abuse" (A6)

"After practicing repeat a mantra … a word of peace … this session had taught me on the importance of respect and how to be approachable in a discipline manner "(A7)

"After practicing repeat a mantra … it had enabled me to increase my self-awareness … I now am aware of my potential and inner-strength … my experience of these sessions was very motivational and inspirational" (A2)

"After practicing repeat a mantra … in my present moment … I was able to acknowledge my values and beliefs … these sessions were very helpful … as it enabled me to live following my values and beliefs" (A4)

"After practicing repeat a mantra … in my present moment … these sessions were very helpful … as it enabled me to find my inner-values and beliefs" (A5)

As is evident in the excerpts above, practice of this form of meditation appeared to have created feelings of peacefulness and serenity. Most importantly, it was evident that it induced a sense of equanimity and balance within the milieu of a distressed emotional state. It would also appear that it taught participants that by being 'in the moment' they could distance or disengage themselves from previous negative painful or destructive experiences. Additionally, it also appeared to have enabled a re-focus on positive thoughts which appeared to have motivated and inspired them to remain optimistic and positive. Due to the fact that this activity brought on increased concentration, adolescents had become more self-aware, and in particular, more aware of their inner strengths.

Through 'repeat a mantra' participants were able to choose a short word or phrase that they could repeat silently to themselves. According to Canda and Furman (1999: 304) harmonising its repetition with the inflow and outflow of breath also enables relaxation. It further enables a release of disturbing thoughts, feelings or sensations that can be

dealt with later or in a therapeutic context, as opposed to having them constantly disrupt psychological well-being.

Canda and Furman (1999: 304) asserted that forgiving self and others was an important step towards releasing pain and preoccupation with feelings of the abuse. The above excerpts depict that the mindfulness meditation sessions increased self-awareness and inner-strength. There were several other studies which documented that mindfulness meditation has helped the abused adolescents to expand their self-awareness. Significantly, they were able to acknowledge their inner strength, beliefs and values, and help increase awareness of self in the present moment and also create feelings of self-contemplation. Ando *et al*. (2010: 933) reported that meditation may be useful for positive coping strategies to enable inner strength and self-awareness. Gupta, Russell and Lo (2007: 58) also reported that meditation is useful in making the mind aware of the thoughts going in and out of the mind by expanding self-contemplation. A further benefit as evident within the excerpts, and also supported in other studies in the literature, is that mindfulness meditation enhances well-being such as concentration at school.

Practice of visualisation

The excerpts below reflect the participant's views regarding the benefits of the practice of visualisation.

Sub-themes:

- A sense of peace, equanimity and balance.
- Increased self-control.

"It was my first time doing meditation …. After participating in visualisation … I had realised that there is much more to life than to do the wrong things … this had helped me to create a peaceful mind and create a place where I would find peace in times of defeat … I felt more confident and achieve higher symbols at school … as well as I now have a … higher self-esteem than before I started meditating" (A1).

"After participating in the meditation sessions … I felt that the session on practicing visualisation had helped me to create a peaceful mind … it helped me create a place in my mind where could find peace … I had forgiven my mother … and I now am aware of how to be peaceful in times of defeat." (A4).

"Practicing visualisation had really changed my life … as I am now able to create a peaceful place in my mind … and I am able to go there … when I experience feelings of discomfort … these meditation sessions had also enabled me to see God as the supreme protector … I would definitely use visualisation in my daily life … meditation is similar to prayer … it enabled me to heal from my abuse" (A1)

"After I had practiced visualisation … this meditation session had enabled me to control my anger … and behaviour." (A5)

The practice of visualisation was akin to that of repeating a mantra, as adolescents were able to visualise something positive and achieve a more peaceful state. There were other benefits of practicing visualisation, as it appeared to have curbed anger and other dysfunctional behavioural patterns. Visualisation enables concentration, the benefits of which are likened to "a calm, unruffled mind, detached from emotional and interpersonal involvement" (Germer, Siegel and Fulton 2005: 15; Kabat- Zinn 1994). An object or even an image that is pleasant, for example the flame of a candle or a beloved image, ensures that the mind can be brought gently back to the object of meditation once it has wandered, thereby enabling a feeling of tranquility (Canda and Furman 1999: 304; Kabat- Zinn 2009).

Body relaxation

- Reframing of negative thoughts into positive ones.
- Increased self-control.

The excerpts below reflect most participants' views regarding the body relaxation session.

"After participating in this mindfulness meditation workshop … the session on body relaxation had assisted me to relax and control all my negative feelings … this session had made me realise that anger is not good for my health … I am now able to relax and control my emotional state"(A3).

"After I had practiced body relaxation … this meditation session had enabled me to control my temper tantrums … and violent behaviour towards my peers" (A8)

"Practicing body relaxation was very helpful to me … it had enabled me to find inner-peace and heal" (A2).

As can be seen from the excerpts above, relaxation enabled control over negative emotional states, particularly violent behaviour and anger. It would appear that through the practice of relaxation they were able to release tension and become more relaxed. It also created awareness of the detrimental effects of anger on their physical self and the benefits of being more relaxed. In this way there was a re-ordering or reframing of negative thoughts into positive ones. Body relaxation techniques have been found to be extremely beneficial. They teach people to focus on different parts of the body, the pleasant and unpleasant, or neutral qualities of sensations; on states of mind; and qualities that foster well-being such as energy or tranquility, or qualities that prevent wellness, for example anger (Germer, Siegel and Fulton 2005 : 15).

Learning to avoid situations associated with pain has adaptive value. As Germer (2005: 45) highlighted, we come to block out the whole realm of life and substitute a version coloured by fear. What mindfulness teaches is that all emotions are transitory and can be received and released without fear. People are afforded the opportunity to bring forth their own intolerable experiences, but learn that whilst difficult emotions are present their power to disturb can become diffused in the openness of the mind (Germer, Siegel and Fulton 2005: 61).

Heart chakra meditation

- A sense of peace, equanimity and balance.
- A sense of restored dignity and self-worth.

- Reframing of negative thoughts into positive ones.

The excerpts below reflect the adolescents' views on the therapeutic benefits of heart chakra meditation.

"After practicing heart chakra meditation … I had felt a sense of purpose in life … it had made me realise that I am worth way more than the manner in which my mother and her boyfriend had treated me … and after practicing heart chakra meditation … I had felt a sense of love, peace, and compassion in myself … I had a higher self-esteem and had reunited with my self-identity" (A5)

"After practicing heart chakra meditation … I had felt a sense of purpose in life … I had felt a sense of love and peace … I had a higher self-esteem" (A8)

"After practicing heart chakra meditation … this meditation session had made me realise the importance of respect and how to be approachable in a discipline manner" … (A1)

"The heart chakra meditation sessions were very helpful to me … it had enabled me to live life to the fullest … and achieve all of my goals and dreams … this session was great." (A6)

The data above reflected that heart chakra meditation enabled a positive reconnection with the adolescents' own sense of self. By redirecting positive love towards oneself adolescents were able to develop a sense of love and compassion towards themselves and others. It also enabled self-respect and a more positive self-esteem and increased feelings of peacefulness.

Walking meditation

"After I had participated in walking meditation … I was able to break free from the cycle of pain that I had suffered … and I was able to move towards peace and harmony … this had also made me feel better of myself … it had also made me realise that I am a child of God … and no one had the right to abuse me … I was able to feel unique and

loved by god … this had also enabled me to have a higher self-esteem and it had enabled me to regain my self-identity" (A7)

"Participating in the walking meditation … helped me release the suffering of abuse and heal" (A5)

Concentration stabilises attention and creates calmness (Germer, Siegel and Fulton 2005: 129; Wisner, Jones and Gwin 2010: 150). The excerpts reflected that this session was therapeutic because it enabled self-awareness and the need for feeling worthy of oneself. Wisner, Jones and Gwin (2010: 152) and Zylowska, Ackerman, Yang, Futrell, Horton and Hale (2007: 1) supported these notions, stating that mindfulness meditation intervention improves self-discipline, behaviour changes and emotions. Some of the collective benefits described are presented below.

Collective benefits of the entire mindfulness meditation programme

"The meditation sessions … made me see my purpose in life … I feel more peaceful…by helping me create a stable mind" (A1)

"After practicing meditation … I have become a happier person" (A7)

"After practicing meditation … this had enabled me to create … a stable mind … I can concentrate better in school … these sessions had enabled me to achieve my goals" … (A3)

Mindfulness meditation activities enable one to awaken from unconscious absorption of thoughts and feelings to intentionally redirecting attention to positive thoughts. Through meditation one can intentionally explore a broad array of mental contents and, over time, find it easier to recognise and disentangle from them in daily life (Germer 2005: 18; Leppma 2012: 197). Overall participants experienced positive emotional states such as relaxation; decreased negative emotional states such as anger; increased self-confidence and self-identity; and psychological and social benefits that had positive therapeutic benefits. The data suggests that mindfulness meditation was experienced

positively by adolescents who all reported feeling more peaceful and having a more positive outlook on life. The excerpts also reflect that the mindfulness meditation sessions had increased self-awareness and inner strength. There were several other studies which documented that mindfulness meditation had helped the abused adolescents; expand their self-awareness and become more mindful of their inner-strengths, beliefs and values; and to develop an increased awareness of self in the present moment. Ando *et al.* (2010: 933) supported these findings, explaining that meditation was useful in facilitating positive coping strategies, particularly in adapting their inner strength and self-awareness. Gupta, Russell and Lo (2007: 58) added that meditation enables the mind to become more aware of the thoughts that go in and leave the mind, by expanding self-contemplation. McCollum and Gehart (2010: 347) supported this, saying that because mindfulness meditation focused attention on present experiences, especially thoughts, feelings and physical sensations, it could help abused adolescents to come to terms with their experience of abuse and to heal.

All the adolescents stated that they would use mindfulness meditation again, hence child and youth care workers need to take this into consideration and be aware of its value as a therapeutic intervention. Hodge (2011: 150) explored the benefits of this intervention and reiterated that adolescents who experienced abuse can benefit from mindfulness meditation. Bach and Guse (2014: 2) concurred that mindfulness meditation enables happiness amongst adolescents who have experienced abuse. Jennings *et al.* (2013: 19) further concluded that mindfulness meditation was an effective healing tool for abused adolescents.

Theme 3: Mindfulness meditation as an ongoing practice

Sub-themes: Benefit to self; benefit to others

"I would tell other young people who are the same age as me … and who have experienced the similar type of abuse about the mindfulness meditation session." … (A2)

"I would refer other young people who had experienced abuse … to the similar type of meditation sessions … to help them find peace and heal." (A7)

"I would like to participate in these sessions again … but this time round … I would love to include my family and friends … this would help me in my future development … to develop a sense of belonging as well as … enable me to communicate much better among my family and friends." (A1)

"I would love to participate in the mindfulness meditation sessions all over again … and include more of my friends and family … this would help me in my future development … to develop a sense of belonging … as well as … enable me to have a better understanding … and communicate well … in future." (A3)

These excerpts mirror participants' views that mindfulness meditation was beneficial and that they would use it in the future. They also thought it should be used by others as it would benefit friends and family as well.

4.6 CONCLUSION

All the adolescents were enthusiastic and participated wholeheartedly in the workshop and research study. The main themes and sub-themes extracted from the data are reflected in Tables 4.3 and 4.4. A deeper and more profound understanding of the impact of abuse was derived through the in-depth interviews. The impact of the mindfulness meditation sessions was then derived from the data and presented in the discussion. There were no negative experiences in terms of the mindfulness meditation sessions. The chapter that follows presents the conclusion and recommendations.

CHAPTER: FIVE

DISCUSSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The main purpose of this study was to explore whether a spiritually based mindfulness meditation healing workshop had therapeutic benefits for adolescents who had been abused. The data presented in Chapter Four reflected that there were seven main themes and twenty-six sub-themes. These were in respect of both the interviews and the focus group discussion. As indicated in the previous chapter, the reflections were also analysed in conjunction with the data from the focus group discussion. The data analysed was also discussed in Chapter Four.

The main themes cohered with the holistic biopsychosocial and spiritual paradigm presented in Chapter One. The data reflected the interconnectedness of the physical, emotional, social, psychological and spiritual dimensions. The discussion that follows summarises the major findings made in respect of the themes and sub-themes that were presented in Chapter Four. This chapter ends with brief recommendations, conclusions, limitations and suggestions for future research.

5.2 DISCUSSION

The four main themes drawn out of the data from the interviews were as follows:

- Abuse.
- Psychosocial effects of abuse.
- Support received at the child care facility.
- Spiritual interventions that were used by the adolescents.

The sixteen sub-themes generated from the interviews were as follows:

- Neglect.
- Physical Abuse.
- Emotional Abuse.
- Sexual Abuse.
- Trauma.
- Anxiety.
- Hatred.
- Depression.
- Suicidal Tendencies.
- Feelings of belonging.
- Being loved and cared for.
- Nature retreats.
- Prayer and faith in the Creator.
- Places to find a sense of peace e.g. a holy shrine.
- The use of reflective writing.
- Poetry and journal writing

The three main themes drawn from the data out of the focus group discussion were:

- Increased group bonding.
- Therapeutic benefits of mindfulness meditation.
- Mindfulness meditation as an ongoing practice.

The seven sub-themes from the focus group discussion were as follows:

- Trust and positive group relations.
- A sense of peace, equanimity and balance.
- A sense of restored dignity and self-worth.

- Reframing of negative thoughts into positive ones.
- Forgiveness.
- Increased self-control.
- Meditation was beneficial to self; benefit to others.

5.3 THE BIOPSYCHOSOCIAL IMPACT OF THE ABUSE

The data revealed that the adolescents in the sample had experienced varied types of abuse ranging from physical, emotional and sexual abuse to neglect. What seemed to be an important factor is that there was always the presence of neglect that went hand-in-hand with physical or sexual abuse. Dysfunctional family dynamics and single parent households where there were financial difficulties appeared to be a contributory factor to both the abuse and neglect. These findings concurred with the views of several writers.

A further finding was the deep psychological trauma created by the abuse for these adolescents. This was not surprising, especially since they had to be institutionalised away from their perpetrators in a secure care facility. Whilst this was known, the data strongly reflected the deep level of psychological trauma that had been caused. Not only were the adolescents anxious, depressed and feeling suicidal, they were also experiencing problems in coping academically and socially. These effects are similar to those reported in other research studies (Kabat-Zinn 2003: 144).

Another significant finding that emerged in the data was the support received at the child care facility. The facility appeared to have served as a family context and adolescents felt both a sense of belonging as well as being loved and cared for. This is in keeping with the child and youth care literature, which indicates the important role of these facilities play in providing a physical space and a safe and therapeutic space to heal (Abrams 2008).

Most adolescents appeared to have used different spiritually based activities or interventions to heal. Some of these were provided by the facility, which indicates that child care centres are aware of the importance of spiritual systems in the lives of children. Other activities are used by the children personally, for example prayer, which suggests that child care institutions must start to consider these types of activities in addition to the other developmental and therapeutic services they provide. Nature retreating, journalling, visiting holy places and prayer emerged in the data as important spiritual activities used by adolescents to heal. These activities have received significant support in the literature for their value in coping with emotional distress (Bhagwan 2009; Canda and Furman 1999: 304).

These findings resonate with Bhagwan (2009: 225) who undertook research on spirituality in social work. She wrote that adolescents who have endured abuse believed that meditation enabled a direct connection with God. Findings from Elder *et al.* (2014: 1923) and Deshpande (2012: 60) also revealed that abused adolescents found their personal spirituality to be a source of guidance, blessings, strength and confidence. They used similar spiritual practices to the adolescents in the present study, viz. prayer and meditation. A participant reported that the meditation sessions had enhanced her well-being. Davidson *et al.* (2003: 564), who assessed spiritual practices amongst abused adolescents, stated that spiritually based activities had helped them to cope with their pain. This suggests the need for sensitivity towards the role that spiritual interventions can play in care and well-being, and consideration for its role in practice.

Elder *et al.* (2014: 1923) and Deshpande (2012: 60) also revealed that abused adolescents found their personal spirituality to be a source of guidance, blessings, strength and confidence. Adolescents in their study had used similar spiritual practices to the adolescents in the present study, being prayer and meditation. Other participants in the current study had used art and poetry to help them to heal and find peace. Walsh-Bowers and Basso (1999: 25), Pond St Clair (1998: 85), Henley (1999: 45), Jones and Weisenfluh (2003: 433) and Crompton (1998: 13) also reported that art and

poetry were beneficial when incorporated into the care of adolescents who had experienced abuse. Journal writing was also another activity used by a participant in the current study.

Of most importance, however, was the strong support received for mindfulness meditation as having therapeutic benefits. Therapeutic benefits were noted across all the types of meditation activities (repeat a mantra, visualisation, walking meditation and heart chakra). The most important finding was that it had helped adolescents to feel peaceful; this indicates that the aim of the study was met.

The common benefits associated with meditation were found to be feeling less anxious and tense; better interpersonal relationships and anger management; release of negative memories of the abuse; and transforming destructive thoughts into positive ones. These benefits are also reported in many studies in the literature on mindfulness meditation (Parks 2003: 457). All eight adolescents also reported that the mindfulness meditation sessions were very helpful and they would use it in the future.

There was strong consensus that practicing visualisation was the most important meditation practice of all those used in the workshop. This was supported by Lutz *et al.* (2008: 165), who proffered that visualisation was the most significant mindfulness intervention to create feelings of peacefulness. Lea, Cadman and Philo (2015: 50) also said that what was important about visualisation was that it enables adolescents to create a peaceful place in their mind; whenever hurtful feelings and memories of abuse appear the adolescents can return to this visualised space for peace and comfort. This is important because pain and suffering is only strongly remembered later as a negative experience of abuse (Ju and Lee 2010: 19; Kim 2013: 28; Simon and Wurtele 2010: 640). Enhanced self-control was also experienced by adolescents, which suggests that mindfulness meditation had enabled the adolescents to manage the emotions and behaviours that had a negative impact after their abuse.

In conclusion, mindfulness meditation was found to be an important therapeutic intervention with abused adolescents. The entire sample reported that it had important therapeutic benefits, which together had helped them to heal and to cope better. Despite the use of other approaches as well, they all agreed that meditation was most beneficial as it had led to an enhanced state of well-being and feeling more relaxed and peaceful. There were also reports of decreased negative emotional states of anger. In addition, their self-confidence had improved and there was a more positive ability to refocus academically as well.

This all suggests that quality, holistic care requires that child and youth care workers be aware of an adolescent's spiritual background and that they try to create respectful spaces and opportunities for adolescents to engage in their spiritual practices. Spirituality is thus an important facet of a child or adolescent's development, and child and youth care workers must be trained to be sensitive to, and respectful of, particular spiritual activities with which adolescents may want to engage. Whilst child and youth care workers strive to attend to the physical aspects of care, in terms of ensuring the daily routine of adolescents in the institution they must also enable the uplifting of the spiritual dimension of adolescents lives (Krueger 1994: 357). It is therefore important that physical space be created for prayer and other activities such as meditation. Significantly, child and youth workers must be trained to offer such therapeutic workshops. Given the interest amongst participants to use other spiritual healing interventions such as journal writing, poetry, art, and nature, strong consideration must also be given to enabling practitioners to provide these activities at child care centres.

The fact that the adolescents both used and found spiritually based activities to be useful coheres with the conceptual framework adopted at the beginning of the study. The conceptual framework does not separate spirituality itself from the other physical and psychological factors, but rather views these dimensions holistically. The interconnectedness of each dimension can be seen, in that this intervention had a positive impact on the physical, psychological and social aspects. Furthermore, the impact was seen within the other systems of the framework, viz. school and peers. The

mindfulness meditation practices used in this study included repeating a mantra, heart chakra meditation, practicing visualisation, body relaxing and walking meditation.

Many child care workers who have worked in this field described the difficulties that abused children have with verbal processing. Children are often unable to talk about their abusive experience. Spiritual activities can provide a non-verbal way of self-expression, emotional communication and social interaction, which can be empowering and healing for children having difficulty with verbal expression (Felsenstein 2013: 69; Ostertag 2002: 12; Robarts 2006: 250; Strehlow 2009: 170). The study found that the entire sample had benefited physically, psychologically, socially and spiritually from the practice of meditation. They all agreed that all the sessions were liberating and had significant therapeutic benefits, as is evident in the literature (Sun 2014: 396; Kabat-Zinn 2003: 144).

5.4 CONCLUSION

This study highlighted the deep emotional impact of different forms of abuse on adolescents. The most prevalent were traumatic memories, poor academic performance, inability to concentrate, anxiety and thoughts of suicide. To some extent the removal of these children from their abusive environments was beneficial as they were able to feel a sense of belonging, protection and care. What was important to find as well is that some were already using certain spiritually based activities, such as diary keeping and poetry, and that these facilities had made efforts to include therapeutic activities such as the wilderness into their overall care. The latter is being increasingly seen as part of the role of child and youth care work. Religion and spirituality were therefore seen to be an important part of these adolescents' lives. Several cited prayer and faith in the Creator and God as important forms of supports. This further supports the premise that underlies the conceptual framework of the study, that spirituality is an important dimension of life.

The data revealed that mindfulness meditation is a valuable therapeutic tool. This study was able to document that it had the following positive or beneficial effects: reframing of negative thoughts into positive ones; feelings of peace, equanimity and balance; more positive interpersonal relationships; less dysfunctional behavioural patterns; anger control; forgiveness; and positive self-esteem. The fact that these sessions were implemented well after adolescents had settled into the care facility and had already used other activities, such as journalling, poetry and art, suggests that it was the meditation that had enabled these positive effects. Meditation therefore forms one important therapeutic activity that must be considered by child and youth care practitioners. In order for this to occur, child and youth care education must prepare practitioners for competent and ethical practice. The recommendations below highlight suggestions to advance this area of the study and to add value to the child and youth care profession.

5.5 RECOMMENDATIONS

Based on the findings of the study, the following recommendations can be made:

- There is an escalation in the incidence of child abuse both in South Africa and abroad. Research has documented that these experiences cause deep trauma that often warrants the removal of children to a secure child care facility. This in turn demands greater professional preparedness, particularly of child and youth cares workers, to be able to provide care and therapeutic services to these children. Of importance is the need to extend services from counselling to that of other interventions. It is recommended that these practitioners receive training with regard to religious and spiritual support systems and spiritually based activities.

- With the constant drive to keep abreast of new information it is crucial that academics begin to include this type of information in the curriculum.

- New evidence-based information on spiritual practices and the use of meditation should be disseminated to child and youth care workers. In-service education, courses, seminars and workshops can be arranged at institutional level. The incorporation of new knowledge into both the theory and practice of child and youth care work is important, in order to keep child and youth care practitioners and other social service professionals updated.

- Where possible, child care institutions should try to change environments into more peaceful and nurturing spaces that enable the practice of spiritually based activities. More caring spaces are needed.

5.6 LIMITATIONS

Although this study made important findings with regard to the research objectives it has a few limitations, as follows:

- This study was concentrated in one geographical region. Although data was collected to saturation, research with similar groups in other geographical areas will be beneficial. This is because South Africa has high levels violence against children and adolescents (Arias and Johnson 2013: 822). Studies in other areas will provide greater support for meditation as a therapeutic intervention with other groups.

5.7 FURTHER RESEARCH

Whilst the present study explored adolescents' experience of abuse with meditation as a therapeutic intervention, there is a need to explore its benefits over a longer span of time and with other groups. There is also a need to explore the levels of knowledge and awareness regarding spiritually based interventions amongst child and youth care workers.

“Around the time I turned forty, I discovered I could draw. I’d never had any artistic talent, or at least I didn’t think so, but it all came bubbling to the surface at midlife. I’d read a book called The Artist’s Way by Julia Cameron, and it inspired me to give drawing a try. I learned how to really see and render lines and shadows, rather than trying to duplicate a perfect replica of my subject. I also learned to release judgment about myself and my artistic abilities and simply go with the flow of drawing. This experience was my first real “ah ha” moment with mindfulness. When I was drawing in this relaxed, non-judgmental state, I was completely focused and in the moment. It was all about the pencil, the paper, and the practice of drawing. All worries and distractions fell away. This is the essence of mindfulness. You are fully present in right now. You are engaged in whatever you are doing. You are no longer dwelling in the past or fretting about the future. Mindfulness ends suffering, because the present moment is perfect (even when it’s not what you think you want).The practice of mindfulness, through meditation, breathing, or any of the various ways you can practice presence, will make you a more contented, centered, and joyful person, even in the midst of your hectic daily life”.

[Barrie Davenport]

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Annexure: 1

LETTER OF INFORMATION
To the Director

Title of the Research Study: An exploratory study of mindfulness meditation as a healing tool with abused adolescents.

Principal Investigator/s/researcher: Seshnum Harilal
Co-Investigator/s/supervisor/s: Supervisor: Prof. R. Bhagwan

Brief Introduction and Purpose of the Study: my name is Seshnum Harilal and I am studying for a Master's degree at the Durban University of Technology. Many adolescents are affected by abuse. There are many causes of abuse that adolescents endure. Of note, there has being an increase in sexual abuse that have had detrimental effects in the daily lives of adolescents. To help adolescents heal from abuse they would be introduced to a meditation healing program. I would greatly appreciate it if you would take part in my research by providing me with a group of abused adolescents for analysis. The intention is to explore the effect of meditation as a healing tool to liberate adolescents from abuse.

Outline of the Procedures: The study requires 8 abused adolescents. These adolescents would be introduced to a 6 session workshop on the use of meditation to liberate them from abuse. These sessions would be conducted at the respective child care setting. A follow up would be done on the effectiveness on the whole workshop experience. I will also undertake an evaluation after my workshop to determine and explore the effect of meditation as a healing tool.

Risks or Discomforts to the Participant: There will be no risks or discomfort.

Benefits: Presentation of a paper at relevant conference pertaining to the research findings and
Publication of papers on spirituality and spiritual interventions related to research findings.

Reason/s why the Participant May Be Withdrawn from the Study: Your participation in this research is completely voluntary. You may withdraw at any time.

Remuneration: There will be no form of remuneration. Participation is voluntary.

Costs of the Study: You will not be asked to cover any cost relating to the study.

Confidentiality: All the information collected will be kept confidential. You will be allocated an alphabet and all your details will be recorded under that alphabet. This means that anyone who looks at my records will not be able to trace it to you. This is done to protect your privacy. In addition, a statement of confidentiality will be signed by both my supervisor and me.
Research-related Injury: There will be no research-related injury.
Persons to Contact in the Event of Any Problems or Queries :(Supervisor and details) please contact the researcher (031 373 2835), my supervisor (031 373 2197) or the Institutional Research Ethics administrator on 031 373 2900. Complaints can be reported to the DVC: TIP, Prof F. Otieno on 031 373 2382 or dvctip@dut.ac.za

General:

Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population e.g. isiZulu.

Seshnum Harilal (Researcher)
Contact Details: 031 373 2835 / seshnumh@dut.ac.za

_____

_____
Supervisor: Prof R Bhagwan
Contact Details: 031 373 2197 / bhagwanr@dut.ac.za

Annexure: 1A

Durban Children's Home
Child Care Centre
222 Manning Road
Glenwood

Dear Mandy Goble

RE: Permission to collect data at Durban's child care centre

I would like to request for permission to conduct a study with adolescents at your organization. My study is an exploratory study on using mediation as a healing tool with abused adolescents. Mindfulness meditation helps to develop the capacity for relaxed awareness to help heal abuse. If I am granted permission can I please have a consent letter to collect data? I will conduct interviews, known as the workshop followed by a focus group discussion with all the adolescence.

(Please note that my supervisor, Prof R Bhagwan, will assist with counselling should there be a need for debriefing following the interviews).

Thank You

_____
Seshnum Harilal (Researcher)
Contact Details: 031 373 2835 / seshnumh@dut.ac.za

_____
Supervisor: Prof R Bhagwan
Contact Details: 031 373 2197 / bhagwanr@dut.ac.za

Annexure: 1B

222 Lena Ahrens Road
Glenwood Durban 4001

Durban
Child and Youth Care Centre
children's homes rehabilitation centre community outreach

Founded 1905 Fundraising number 066003610008
NPO NO002-363

06 October 2014

This letters Serves to confirm that Seshnum Harilal has been given permission to conduct research, a group of Mindful Meditation as an intervention technique, at the Durban Child and Youth Care Centre with a group of 8 adolescents who will be identified by their Social Workers and who have been given full disclosure of the intent of the research and written consent of their agreement to participate in the said research.

[redacted]

Mrs A Goble
DIRECTOR

Annexure: 1C

CONSENT

To the Director
Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, _____ (name of researcher), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: _____,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____	_____	_____	_____
Full Name of Participant	**Date**	**Time**	**Signature / Right Thumbprint**

I, _____ (name of researcher) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

_____	_____	_____
Full Name of Researcher	**Date**	**Signature**
_____	_____	_____
Full Name of Witness (If applicable)	**Date**	**Signature**
_____	_____	_____
Full Name of Legal Guardian (If applicable)	**Date**	**Signature**

Please note the following:
Research details must be provided in a clear, simple and culturally appropriate manner and prospective participants should be helped to arrive at an informed decision by use of appropriate language (grade 10 level - use Flesch Reading Ease Scores on Microsoft Word), selecting of a non-threatening environment for interaction and the availability of peer counseling (Department of Health, 2004)
If the potential participant is unable to read/illiterate, then a right thumb print is required and an impartial witness, who is literate and knows the participant e.g. parent, sibling, friend, pastor, etc. should verify in writing, duly signed that informed verbal consent was obtained (Department of Health, 2004).
If anyone makes a mistake completing this document e.g. wrong date or spelling mistake a new document has to be completed. The incomplete original document has to be kept in the participant file and not thrown away and copies thereof must be issued to the participant.

References:

Department of Health: 2004. *Ethics in Health Research: Principles, Structures and Processes* http://www.doh.gov.za/docs/factsheets/guidelines/ethnics/

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Annexure: 2

Dear Participant

Re: Invitation to participate in research study

The purpose of this letter is to request your support and participation in a research study. The title of the study is "*An exploratory study of mindfulness meditation as a healing tool with abused adolescents".*

Your participation in this study may help you heal from the abuse experienced. In this study my aim is to explore the use of meditation as a tool to heal abuse. I wish to do this by exploring whether a spiritually based mindfulness meditation healing workshop can help you heal from abuse and cope with your experience and find peace.

Should you wish to participate in this study, you will go through an interview process and later be part of a focus group discussion. The information that you give will be kept confidential and your name will not be used in the write up of the final dissertation. You may withdraw from the study at any time that you wish to.

Your time and cooperation is greatly appreciated.

Sincerely

_____
Seshnum Harilal (Researcher)
Contact Details: 031 373 2835 / seshnumh@dut.ac.za

_____
Supervisor: Prof R Bhagwan
Contact Details: 031 373 2197 / bhagwanr@dut.ac.za

Annexure: 3

Letter of assent

I (name of adolescent) _____ hereby agree to participate in this study. I know the reason behind this study and give my full assent to participate. I am aware that my participation is voluntary and that I can withdraw anytime from the study.

Signature

_____

Annexure: 4

Interview schedule:

1. Can you tell me more about why you were brought to the child care facility?
2. What has your experience been at the institution?
3. Can you share with me how your experience of abuse has affected you?
4. What has the organisation done to help you with this difficult experience?
5. Tell me about your spiritual support systems?
6. What types of spiritual activities do you use?

Annexure: 4A

MINDFULNESS MEDITATION WORKSHOP:

- There will be an introductory session were we all sit in a group around a circle and introduce ourselves.

- The adolescents will be asked to do an ice-breaker, were they choose the first letter of their name and describe themselves by doing an act.

- This will take around about 30 minutes.

- We will then proceed with our first session of mindfulness meditation.

Session One: Repeat a mantra

Aim:

- To implement repeat a mantra to help develop a sense of peace.

Objectives:

- To enable adolescents to maintain a stable mind and forget about the abuse endured.
- To enable adolescents to eliminate negative thoughts and find peace.

Ice-Breaker:

- Warming up activity of getting to know each other in a fun, loving & friendly manner.

Definition:

- Mantra meditation is another common form of meditation, which involves repeating a mantra (a sound, word, or phrase) over and over, until you silence the mind and enter a deep meditative state. The mantra can be anything you choose, as long as it is easy to remember. This is used to remove all negative thought from the mind to help heal abuse.

Method:

- Some good mantras to start out with include words like peace, calm, tranquil and silence.

- In Sanskrit, the word mantra means “instrument of the mind”. The mantra is an instrument which creates vibrations in the mind, allowing adolescents to disconnect from their thoughts and enter a deeper state of consciousness. This is to help them overcome the trauma that was experienced by the abuse.
- Silently ask them to repeat the mantra over and over to themselves as they meditate, allowing the word or phrase to whisper through their mind. Tell them not to worry if their mind wanders off, just refocus their attention and return to repeating the word. This is to help them connect with their mind and find peace.
- As they enter a deeper level of awareness and consciousness, it may become unnecessary to continue repeating the mantra because they were able to reach a deeper level and find peace.

Session Two: Heart chakra meditation

Aim:

- To implement Heart chakra meditation to help abused adolescents get a sense of peace.

Objectives:

- To enable adolescents find a sense of belonging.
- To help boost the self-esteem of adolescents that was hindered by the abuse.
- To eliminate all negative feelings from adolescents and replaced by positivity.

Ice Breaker:

- Draw a peace flower with 5 petals and in each petal write down 5 words of peace that helps you heal your inner- self.

Definition:

- The heart chakra is one of seven chakras, or energy centres, located within the body. The heart chakra is located in the centre of the chest and is associated with love, compassion, peace and acceptance. Heart chakra meditation involves getting in touch with these feelings and sending them out into the world.

Method:

- To begin, ask the adolescent to close their eyes and rub the palms of their hands together to create warmth and energy. Then, ask them to place their right hand on the centre of their chest, over their heart chakra, and place the left hand on top.
- Ask them to take a deep breath and as they exhale, ask them to say the word “yum”, which is the vibration associated with the heart chakra. As they do this, ask them to imagine a glowing green energy radiating from their chest into their palms.
- This green energy is love, life and whatever other positive emotion they are feeling at that moment. When they are ready, ask them to take their hands from their chest and allow the energy to escape from their palms, sending their love to their loved ones and the world.
- Allow them to feel their body from the inside. Ask them if they can feel the energy field in their body especially in their arms and legs? If they don’t feel it, it’s fine. But the researcher must think how to be able to move different parts of the body? It’s the energy field that flows in their body. Allow them to focus their attention on that energy field it would not only help them stay in the present but also would help them connect with their being and abuse endured in them.

Session Three & Four: Practice visualization

Aim:

- To implement Practice visualization to help adolescent forget about the abuse endured.

Objectives:

- To enable adolescents create a peaceful place in their mind.
- To enable adolescents create a place that they will find peace.
- To enable adolescents to think about this place in times of defeat.

Ice Breaker:

You are very, very special
There is no one just like you!
God made you just the way you are,
When he specially thought of you
He wanted so many children
And not one to be the same
So that you could be a unique you
With a very special personality
So he put a special mark upon your feet
And fingers, too!
And of all the children everywhere
No one has that mark, but you!
You are unique

- Name a list of positive things about me:

- What I am thankful for:

Definition:

- Visualization is another popular meditation technique, which would involve creating a peaceful place in the mind of the abused adolescent and exploring it, until the adolescent can reach a state of complete calm. The place can be anywhere they like- however, it should not be entirely real, it should be a unique and personalized for the adolescent.

Method:

- The place the adolescent visualize could be warm, sandy beach, a flower- filled meadow, a quiet forest or even a comfortable sitting room with a roaring fire. Whatever place the adolescent choose, they should allow it to be sanctuary.
- Once they have entered their sanctuary, they show allow themselves to explore. There is no need to create their surroundings, they are already there. They should allow them to come to the forefront of your mind.
- They should take in the sights, sounds and scents of their surroundings. They should feel fresh breeze against their face, or the heat of flames warming their body. Enjoy the space for as long as they wish, allowing it to naturally expand and become more tangible. When they are ready to leave, allow them to take a few deep breaths, and then open their eyes.
- Know that they can come back to this same place the next time they meditate to visualization, or they can simply create a new space. Any space they create will be unique to them and a reflection of their individual personality.

Session Five: Body Relaxation

Aim:

- To implement a body scan to help adolescents relax their body and release any tension created by abuse.

Objectives:

- To enable adolescents to relax their body.
- To enable adolescents to feel a sensation.
- To enable adolescents to release any tension created by abuse.

Ice Breaker:

- Narrative Therapy – Draw a time line of your life from birth until now and slot down the best memories of your life.

Definition:

- Doing a body scan involves focusing on each adolescent body part in turn and consciously relaxing it. It is a simple meditation technique which will allow the adolescent to relax their mind as they relax their body.

Method:

- Allow them to close their eyes and choose a starting point in their body, usually the toes. Ask them to concentrate on a sensation that they can feel in their toes and make a conscious effort to relax any contracted muscles and release any

tension or tightness. Once their toes are fully relaxed, ask them to move on to their feet and repeat the relaxation process.

- Ask them to continue along their body, moving upwards from their feet to their calves, knees, thighs, buttocks, hips, abdomen, chest, back, shoulders, arms, hands, fingers, neck, face, ears and top of your head. Allow them to take as long as they want.
- Once the researcher has completed the relaxation of each adolescent body part, allow them to focus their body as a whole and enjoy the sensation of calmness and looseness they have achieved. Allow them to focus on their breathing for several minutes before coming out of their meditation practice.

Session Six: Walking meditation

Aim:

- To implement walking meditation to allow adolescents to become aware of their body connection to the earth and break free from the cycle of pain created by the abuse endured.

Objectives:

- To enable adolescents to observe the movement of their feet.
- To enable adolescents to make body connection to the earth.
- To enable adolescents to break free from the cycle of pain created by the abuse endured.

Definition:

- Walking meditation is alternate form of meditation which involves observing the movement of the feet and allowing the adolescent to become aware of their body

connection to the earth. If the researcher plans on performing long, seated meditation sessions, it is a good idea to break them up with some walking meditation.

Ice Breaker:

- Reflection Peace – On your special peace symbol that helps you conquer all obstacles you are faced with in life and find belonging.

Method:

- A quiet location to practice the walking meditation should be chosen, with as few distractions as possible. The space doesn't need to be very large, but the researcher should be able to allow the adolescent to walk at least seven places in a straight line before needing to turn around. Remove their shoes, if possible.
- Ask them to head up with their gaze directed straight ahead, and their hands clasped together in front of them, ask them to take a slow, deliberate step with op their right foot. Tell them to forget about any sensations or feelings in the foot and try to concentrate on the movement itself. After they take the first step ask them to stop for a moment before taking the next. Only one foot should be moving at any given time.
- When they reach the end of their walking path, ask them to stop completely, with their feet together. Then, allow them to pivot on the right foot and turn around. Ask them to continue walking in the opposite direction, using the same slow, deliberate movements as before.
- While allowing them to practice walking meditation, allow them to focus on the movement of the feet and nothing else, in the same way that focuses on the rising and falling of their breath during breathing meditation. Ask them to clear their mind and become aware of the connection between their foot and the earth below.

The adolescents are required to write a reflection piece after each session.

Annexure: 4B

Focus group discussion

1. What was your experience of the workshop?
2. How did the intervention help you heal?
3. How did the meditation change your life?
4. Would you use the above mentioned intervention again to help you cope?
5. Would you recommend a spiritually based workshop to other adolescents?