REFLECTIONS OF A CLINICAL PSYCHOLOGIST AS PRACTITIONER AND RESEARCHER*

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This paper has two parts. The first part articulates the concerns of the author as a clinical practitioner and researcher. She cites the utility of conceptualizations derived from clinical experiences and observations. She stresses the need to invent new methods that do not delimit clinical data and experience. The second part presents preliminary findings from an ongoing research project on sexually abused children. It aims to formulate useful recommendations for the understanding and rehabilitation of the victimized children. It serves as an example of how the practitioner can contribute to clinical research.

As a clinical psychologist who has been practising in the Philippines for more than a decade, I have been concerned with bridging the gap between practice and research.

As a child and family therapist working with Filipino families, I find myself tasked not only to apply theory to practice and to make modifications thereof, but also to conceptualize from actual practice—in other words, to make theory from practice. I am also expected to formulate basic principles operating within and among different kinds of families under stress; to identify healthy and unhealthy patterns of interaction and coping among family members under stress; to identify long and short term effects of different kinds of stresses on the children; to investigate how these patterns operate in different kinds of families, or in different kinds of stress situations, in different cultures and sub-cultures. Finally, I have to be able to communicate these findings to those who can make most use of them, that is, not only to psychologists and educators but to parents, teachers, and other professionals working with children. These practitioners can again apply and test these findings in a dynamic spiral of growth between theory and practice.

The issue of whether the clinician can do creditable research has been the object of controversy and debate in the 1980's (Kendall and Norton-Ford, 1982; Kazdin, Bellack, and Hersen, 1980; and Bellack and Hersen, 1984). Aside from the obvious demands of time, the basic issue is the objectivity of the clinician as researcher.

The natural sciences, led by the physicists have realized that the object of phenomenon being observed is inevitably affected or changed by the mere presence of the observer (Capra, 1975). It is paradoxically interesting that psychologists, whose subject matter of study is human behavior and experience are still hesitant to accept this statement.

At this stage in our development as a science, the clinical psychologist as "innovator" (Goodnow, 1989) needs to examine existing research methods. There is a need to invent new methods that will make a difference or to reassess methods that have been de-valued for a long time. There is a growing awareness among social scientists that our present methodologies have become unimaginative and inadequate in capturing the rich data of experience. They are, for the most part, limited linear attempts to make piece-meal sense out of the complexity of the *human experience*—which is the primary concern of the psychologist. There is an urgent need to try out new ways of explaining and conceptualizing, of inventing new theoretical constructs and new concepts that do not delimit the

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data. There is a restlessness to break away from the old limited models to transcend and go beyond the existing scientific models and techniques that have intimidated our minds for a long time. We have an example of this transcendent thinking in the paper of Fr. Bulatao (1987) on the methodological considerations in parapsychology.

In the field of Family Therapy, there is a need for an adventurous, exploratory approach to inquiry, wherein inquiry is defined as the process of searching by raising questions, and which includes both search and research (which as Wynne, 1988, points out, literally means "to seek out again.") To quote Wynne further:

> "Thoughtful clinical observation, clinically relevant conceptualization, and systematic data collection and analysis can be viewed on a continuum as different varieties of inquiry about therapeutic processes and change. Neglect of any of these components will guarantee deficiencies in meaningfulness of inquiry and, reciprocally, will undermine the quality and credibility of clinical endeavors. Most therapists never personally participate in formal hypothesis testing. Nevertheless, most therapists will find their work more rewarding if they examine the premises, circumstances, and ingredients of their clinical activities. In so doing, they may be animated by this process to identify and formulate clinically significant hypotheses."

Clinicians have just begun to do research on families. Practitioners have just recently come up to the challenge of conducting researches that take into account the need to focus and define variables more clearly and to find appropriate measures for them. The difficulty is to find reliable and valid measures which at the same time do not lose the nuances and intricacies of family dynamics. This is no easy task since they must be able to capture the simultaneously occurring behaviors in an interactive and dynamic system.

At this point, there is a need for more creative research methods other than what has been traditionally used in basic research approaches. This is indeed a difficult task and a big challenge to the Clinical Psychologist as Innovator.

Historically, elegant and carefully done case studies, such as that of Freud and Axline have contributed greatly to the field of clinical psychology in the same way that Piaget's astute clinical observations have contributed to developmental psychology.

In the Philippines, the work of Fr. Jaime Bulatao, "Modes of Mind" (1987) which includes both the objective and subjective mind in the exploration of consciousness is an example of a pioneering research work using creative research methods whereby altered states of consciousness are produced in the laboratory for the purpose of investigation.

In the field of Child and Family Therapy, *Filipino Children Under Stress* (Carandang, 1987), documents more than a decade of clinical work with Filipino families offering uniquely Filipino conceptualizations and analyses of family dynamics. Liwag's masteral thesis (1987)[1] on the families of autistic children used the multiple case study method. There are other researchers, e.g. Jurilla (1986), Kanapi (1986), and others who use clinical and phenomenological approaches.

The difficulty and challenge that face the clinical psychologist as practitioner-researcher must not lead the clinician to lose sight of the distinct advantage of the clinical approach. The clinical approach allows us to penetrate deeply into the inner world of the child and his family. It gives us the opportunity to know the child more intimately, to dig into the "guts" of the family, and in a sense, to get a glimpse of the culture's "soul."

With these thoughts in mind, using the model of the practitioner-researcher, I would now like to present some preliminary clinical impressions that have been derived from probing the "world" of the sexually abused child.

This attempt to document the assessment and therapy experience with sexually abused

[1] *Awarded Best Thesis of 1988 by the Psychological Association of the Philippines*

children is the first step towards the understanding of the sexually abused child. A larger research project is being proposed in order to investigate more systematically the projective themes of the sexually abused child which should lead to a comprehensive treatment plan that uses the systems approach. It is hoped that this can be a clinical psychologist's contribution to the better understanding of this social concern, and hopefully our findings will lead to an improvement of existing intervention programs.

The sample of this pilot study is composed of 20 sexually abused (as referred by DSWD) girls with ages ranging from 3 to 15 years. The mean age is 10 years old. The 20 girls compose the population in a residential center in Metro-Manila dedicated to the rehabilitation of sexually-abused girls. The residential staff is composed of three house mothers, a cook, and a social worker. There are different volunteer groups composed of students, and other professionals in a part-time basis.

In order to assess the emotional and motivational patterns of the children, the 10 card short form version of the Thematic Apperception Test was together with some projective questions such as asking them to Make Three Wishes. Statistical analyses have yet to be performed on the data, but the preliminary findings, though tentative, reveal some interesting patterns. The projective techniques reveal the following themes:

1. The *predominance of negative feelings* such as loneliness, sadness, anger, despair, disappointment over loss of parents or over a parent's incapacity to provide support; abandonment, "magical reunions."

2. *Negative opinions of men*, including their fathers (i.e., lazy, inept, etc.).

3. *Importance of friends.* The need to have true friends. Difficulty of making friends.

4. *Passivity in the face of adversity:* feelings of helplessness and resignation—to cry, to run away, to pray. In the face of a problem, he says, "It will never be solved."

5. *The wish to be adopted.*

6. The *importance of education.* The opportunity to learn and earn.

7. The *wish to help others.* This is used in therapy to foster a sense of competence and is viewed as an important step in the further development of a healthy self-concept.

8. *Lack of experience in the constructive resolution of conflicts.* There is no solution or it is "magical."

9. The desire to forget the past.

10. The problem of having sexual urges.

The results of the projective assessments, combined with the clinician's impressions led to the formulation of three specific therapeutic goals:

1. To get into the child's world; to find out his feelings, needs, unique situation and help him to be aware of these; and to realize that he is not alone (sense of belonging).

2. To allow the child to explore his own problems, reveal them, to work them out individually or in the group.

3. To allow the child to find his own ability to cope with his problems and to help others in the group.

Based on the clinician's observations and insights from the projective assessments, preliminary therapeutic sessions, and prior experience, the following techniques were utilized:

1. *Art.* Work on one big paper, all together, to foster an atmosphere of togetherness, belonging, and cooperation.

Issues that come up:

a. *Boundaries.* "Where do I draw?" "This is my space." "Geralyn has no space."

b. *Lack of self-competence.* "I can't draw." "It's ugly." (Reflected back to her—her own verbalizations became too real.)

c. *Content.* Snakes, feces, bad men, pigs, and other projective data are released.

2. *Group Sessions.* Children are divided into smaller groups according to age level.

a. Self-identification. Child introduces himself, says something. Builds a healthy self-concept.

b. Truth or consequence. *"Mahal mo ba kami?"* (Do you love us?) They can also ask *questions.*

c. Mirror in a box. "In this box is a special person."

d. "Stroking" sessions. To one girl, each person says something good (specific) about. Later, each person will say what "things she needs to change."

3. *Picture-taking.* Evolved naturally. Used in self-concept building; feedback to self and other physical attractiveness, etc. To the shy child, this may be another source of self-esteem. Exchange pictures. (Symbol of self).

4. Puppetry. In a puppet project, faces were drawn on the palms of the hands. Two facilitators (students), dramatized negative feelings and quarrels. I stayed in the audience "asking questions" to help elicit learnings and insights. Facilitator would ask audience, "What should I do? Do I hit her?" Entails problem-solving.

5. *Drama.* Role-play a conflict. They came out with real-life situations including conflicts between houseparents.

6. *Story-telling.* Used as a *therapeutic metaphor.* Illustrates values, love, friendships, self-esteem, failures, triumphs, etc. (They cried, laughed, and asked for more stories.)

7. *Problem-solving situations.* Facilitator presented child with a problem with a friend. Child offered solutions.

8. Assignments: *Exercise on "social self" and "innerself."* Children were asked to fold paper into a "bag" and write what they knew about themselves on the inside (others did not know), and how others saw them on the outside of the bag.

9. *Chatting.* Re: their crushes, etc.

10. *Individual Sessions* for those who needed them (Inner self). (Based on Gonzalez, 1988.)

In the meantime, they were learning marketable skills (i.e., embroidery, quilting, etc.), which were being sold. This was only part of their TOTAL program which included: special and regular academic classes, gymnastics and aerobation, religious instruction and activities, social activities, field trips, etc. Using the family systems approach, an important part of this intervention program was the regular case conferences and follow-up with the house mothers who were the children's "family" in the center. This was done by the clinical psychologist.

After working with these children, the wish to help others has been expressed by all the children. This was very evident in their choice of profession. Most of them want to be nurses, social workers, counselors, midwives, or nuns because they want to help others in the way that they were helped.

A word of caution is necessary at this point. It is important to realize that before a child can take care of others, we must help him build his own resources first so that he has a solid self-worth. He must know how to take care of himself before he can take care of others in a healthy and adaptive way. When abused children express a desire to take care of others, this could be a necessary *stage* towards self-integration. By taking care of others, they can experience their own sense of power and competence. With continued therapeutic intervention, this can lead to a more balanced taking care of others.

These preliminary findings can lead to further research that should yield more conclusive results. It is hoped that this can contribute towards the understanding and rehabilitation of sexually abused children, a pressing social concern in our country.

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