

CHAPTER 2

MODELS OF DIFFERENTIATION

Introduction

Upon embarking on my voyage to uncover the secrets of differentiation, I raided the Unisa library and scanned numerous articles and books. I knew I was in trouble when an extensive literature search revealed very scant information, and I could not even find a comprehensive definition of the concept in any of the sources. The months sped past with the speed of light, and I was starting to have sleepless nights and anxious days about the completion of this dissertation. In an effort to overcome this serious bout of procrastination, I instructed my friends to nag me regularly: I had started avoiding the subject altogether. My muse, it seemed, had taken an extended holiday.

However, when I resumed my search through a wide variety of apparently unrelated works on the differentiation of self, a pattern slowly started to emerge. As I had trouble consolidating the current array of psychological literature on the subject into a comprehensive concept, I turned to other disciplines for enlightenment. I view differentiation of the self as an ongoing, creative, developmental process that unfolds within a broader universe of relationships. Who better to turn to for an answer than the Creator Himself/Herself? If He/She took such great care with creating diversity on earth within an integrated and delicately balanced ecosystem, He/She would surely know the secrets of the process of differentiation of self. When I still could not comprehend the full picture, I turned to the astrophysicist, Hawking (1998, 2001), to explain the mind of God to me.

As my domains of knowledge about the self have their origin in the natural and human sciences, the multifaceted approach of Bateson (1980, 1987), which included more abstract concepts such as aesthetics and the sacred, broadened my understanding of the concept of difference. The addition of the ideas of Zohar and Marshall (2001) on spiritual intelligence helped me get a view of differentiation beyond the horizons of the formal training period of psychologists. Serendipity provided additional insight into the processes at work after the end of the internship when Desirée, one of my colleagues at work, listened attentively to my concerns

regarding the post-training “identity crisis” after a period of intensive growth and development. She thought that similar processes and themes were explored in Enerology and lent me her copy of Fouché’s (1999) book, which I hogged until my dissertation was completed.

In this dissertation I attempt to marry the processes involved in the creation of the universe (Hawking, 1998, 2001; Zohar & Marshall, 2001), evolving consciousness, symbolised by the Lotus of Self and the Zen Buddhism Path of Enlightenment (Zohar & Marshall, 2001) with theories of differentiation (Andolfi, 1980; Andolfi et al., 1983; Bowen, 1988; Gergen, 1991) and theories of human development (Louw, 1995). These domains of knowledge, which exemplify growth, development, differentiation and integration, are divided into developmental phases, and common elements of each phase are extracted. My own story of intellectual, psychosocial, moral and spiritual differentiation during my Master’s training course in clinical psychology, my internship and the period thereafter are viewed through this multi-layered lens. Central themes and patterns characteristic of each developmental phase, with added concepts from Enerology (Fouché, 1999), are used to flesh out the four levels of the Integrated Developmental Model for Supervising Counselors and Therapists (Stoltenberg & Delworth, 1987, 1988; Stoltenberg et al., 1987, 1998), resulting in an Expanded Developmental Model for Psychology Training, consisting of six phases (Table 7.1). Emerging themes and patterns from my personal voyage and the resulting conclusions and recommendations will, I hope, provide information about “a difference that could make a difference” for other psychologists and supervisors in their epistemology of training and clinical practice.

One of the aims of this Expanded Developmental Model for Psychology Training (Table 7.1) is to provide additional insights and recommendations to supervisors and students on how the process of differentiation and integration of the self of trainee psychotherapists at different levels of personal and professional development may be facilitated. Another goal is to provide information on the period that extends beyond formal academic training and to examine how therapists can create new contexts of differentiation to enhance their professional and personal lives. This public exposition of a very private story is an attempt to “normalise” the roller-coaster ride of psychotherapy training for fellow students. A solitary struggle

during this rigorous process can be isolating and anxiety provoking, but shared experiences could reframe internal self-defeating narratives of “failure” as essential rites of passage. I hope that each person who decides to travel along this road with me will find it a meaningful journey and that the experience will add to their own mosaic of self.

Creation of the Universe

Every known civilisation has its own version of the creation story, how we came into existence, what our life purpose is and what lies beyond death. These stories define who we are and how we are connected to the rest of the universe. Marshall (cited in Zohar & Marshall, 2001) has constructed a meta-story by collecting common themes from four voices, namely the Judeo-Christians (Esoteric), Eastern religions (Taoist, Hindu and Buddhist) and the ancient Greeks, and the field of physics. The themes of creation narratives are isomorphic to our own stories of “creation” of the self during progressive stages of growth and development, where authority figures are our “gods” and social systems constitute our “universe” of relationships.

Order out of Chaos

In the beginning there was a nameless place that was dark and without form (Zohar & Marshall, 2001, pp. 116-117). The entire universe was scrunched up into a single point and nothing existed – no matter, no space, no time (Hawking, 1998; Zohar & Marshall, 2001, p. 116). We may call this place of undifferentiated nothingness the abyss, the void, the quantum vacuum or the Big Bang Singularity (Hawking, 1998; Zohar & Marshall, 2001). This structure was circular, closed and complete in itself. From here everything was born and will ultimately return. Then, in the vast silence there was a brief spark of energy and the light was separated from the darkness (Zohar & Marshall, 2001, pp. 116, 117).

This place of potential is like the beginning of our own existence where the merging of two cells provides the spark of life to produce a sentient being, capable of growth and development. It may also be compared to the sequence of events leading up to the point where a person makes the life-altering decision to pursue psychology as a future career and takes the first step to realise this dream.

Sculpting

According to Zohar and Marshall (2001, p. 118), the place of unity became divided into two distinct entities: Mass and energy versus space-time and gravity. These two forces were balanced and connected to each other. The universe came into existence and expanded rapidly (Hawking, 2001). The rest of creation and transformation followed like a domino effect. The scientific laws of stability and change were established; energy was transformed into solid mass and under the influence of gravity the stars and planets were born. A “home” had been sculpted for the origin of life and the beginning of our history.

The laws of transformation that govern the universe are also apparent within ourselves. The duality and oscillation between the balancing forces of stability versus change and energy versus mass are mirrored in our own process of growth and development. During progressive phases of learning within a particular context (analogous to the space-time continuum) a student’s knowledge expands rapidly (build-up of energy) until it is solidified conceptually (conversion of energy to mass) to provide a higher level of understanding and therapeutic craftsmanship (creation of new structures). This dualistic nature of the universe is also revealed in our own awareness of the concrete world of science and technology (analogous to matter and space-time) and our appreciation for the abstract and metaphysical (similar to energy and gravity), which in combination provide organised knowledge and meaningful existence.

All Creatures Great and Small

Earth was created in a solar system “family” of seven orbiting planets with extended connections to a larger galaxy (Hawking, 2001). Our planet was selected to be the slate on which the story of diversification and evolution of life would be written. In the primordial oceans the first single cell organism emerged, and thereafter the face of the earth was embroidered with a rich tapestry of plant and animal life. It was to be a balanced ecosystem, where synergy and competition between species would operate within demarcated boundaries to facilitate controlled differentiation of subsystems in order to enhance the viability of the larger ecology.

Like the earth being “chosen” for life and evolution, the fortunate student is selected for inclusion in a clinical psychology training programme. Just as a planet belongs within a solar system and a larger galaxy, the student becomes part of a supervisory family within a larger training group, which serves as an extended “family”. The supervisor provides the “sun energy” or wealth of knowledge that stimulates the growth and development of the aspiring psychologist. The diversity and unique qualities of fellow students and supervisors are conducive to the process of differentiation of the trainee. A context of support and cooperation, where challenges are faced and interpersonal boundaries respected, provides a “garden” of reciprocal evolution like the evolution that would occur in species within broader ecological systems.

In our Image

Life on earth was rich and abundant, but there was still a division between the concrete and the abstract universe, or between earth and the void from which all emanated. Humanity was thus shaped in the image of the “source” in order to form a bridge across the abyss so that the work of the heavens would be done on earth (Zohar & Marshall, 2001, p. 121). Our bodies were created from stardust and we are microcosms of the universe. We have received the gift of consciousness and have the ability to use the transforming energies of the universe in our own lives and the lives of our fellow human beings so that we may live in harmony with each other and with both worlds (pp. 121-122).

During the training process, the student’s knowledge and basic therapeutic skills are shaped in the “image” of the supervisor. This does not mean that the student becomes a carbon copy of the supervisor. The psychologist serves as a bridge between the client and the supervisor and transmits information across the boundary of the one-way mirror that separates the therapy room and the observation team. Gradually, the student integrates academic knowledge with her own belief system and life experience to create an individual, eclectic epistemology and a unique therapeutic style. Psychologists progress through successive phases of differentiation and integration during the formal training period, phases which continue for the rest of their lives as new experiences are evaluated and reconciled with existing

structures. The psychologist develops a life philosophy, based on concrete and abstract principles, that shapes the framework from which she operates and gives meaning to her professional and personal life.

Exile From Eden

It is said that a little knowledge is a dangerous thing. As humans we were hard-wired with two forces that are our greatest strengths but also our greatest stumbling blocks: We always strive to gain more knowledge, and we always want to obtain the one thing we cannot have. These forces propel us towards continuous exploration of the unknown, but the exploration always leaves us dissatisfied and invariably gets us into trouble. In the Garden of Eden we ate the forbidden “fruit” of the “tree of knowledge of good and evil” because it would allow us to obtain the ultimate morsel of knowledge (Gen. 3:5, 6, Holy Bible, new international version). It would seem that too much knowledge is also not a good thing as our understanding is limited by the constraints of the human brain. The result of our transgression was that we were exiled from Paradise and the consequences were mortality and a continuous struggle for survival. A flaming sword, which flashed back and forth, was placed at the entrance to the Garden of Eden to keep us away from the tree of life (Gen. 3:24); and so human beings learnt their first lesson about the double-edged sword of differentiation.

The training process is not always a congenial walk in the park of evolution; there are a few thorns and thistles along the way. As the knowledge and understanding of the aspirant psychologist expand, the likelihood of interpersonal conflict with the supervisor over autonomy issues increases. The psychologist may feel misunderstood, undervalued and constrained by the therapeutic limits established by the supervisor. Reciprocal disenchantment and disappointment with the student-supervisor relationship may reach its zenith during the completion of the student’s dissertation. The supervisor may become annoyed and disinterested when the student does not follow instructions or produces unsatisfactory work. The student may feel disconfirmed when she perceives her work as not being valued, and she may experience self-doubt, shame and disconnection from the supervisor. If the student-supervisor relationship has a sufficiently robust foundation, their mutual

respect may allow an altered relationship of reciprocal cooperation to endure. The abrupt cut-off from the protective environment of the university and the internship facility may be equated to being pushed out of Eden. The psychologist has reached a point of no return and must make her own way in the world. She must acquire new skills to survive and “clothe” a future private and professional life.

Silent Places

Our understanding of the ultimate destiny of life on earth is probably as muddled as that of a cave dweller trying to grasp the intricacies of space travel. Hawking (1998) speculates that we might live in a completely self-contained universe, containing billions of galaxies and multiple space-time dimensions. In terms of the uncertainty principle, this opens up the possibility of a variety of possible histories of the universe. As Hawking points out, scientists have attempted to combine divergent scientific histories into a “theory of everything” in an attempt to describe the origin and future of the universe. One prediction is that the expansion of the universe will eventually slow down and re-collapse into singularities under the influence of gravitation forces to form black holes. This is commonly referred to as the Big Crunch, resulting in a state of entropy where matter, space and time will disappear into the void once more. Another alternative to which Hawking refers is that the stars will eventually burn out and the universe will become cold and empty. He describes the construction of a universal theory as similar to a jigsaw puzzle – it is easy to fit the pieces around the edges, but the scientists are still faced with a large hole in the middle of the picture. Hawking (p. 185) is of the opinion that if they discover a complete theory and can answer the question why the universe and humans exist, it will be the ultimate triumph of human reason – for then we would know the mind of God. If I remember correctly, this is what got us into trouble in the first place. We are isomorphic sculptures of the universe and in spite of the paradoxes of evolution, we will continuously strive to explore and learn; for in our end there is always a new beginning (Zohar & Marshall, 2001, p. 122).

The attempted theoretical predictions of the “cycle of life” have several implications for the training milieu. The two prominent features are the possibility of multiple narratives and the circularity of this evolutionary process. Even though

trainee psychologists will, at the end of their training programme, invariably have a sense of despair that they have ended up at the place from which they started, they have the choice to create and recreate multiple life histories as they move upwards along this spiral staircase; each time the sameness is just a little bit different. Every time we come “home” we have differentiated a bit more and we understand a bit better. The counterpoint of Hawking’s (1998) Big Crunch carries a subtle warning; differentiation without any integration or “in-volution” carries the risk of an empty and burnt-out universe or “de-volution”. Burnout and existential crises pose a threat to therapists’ personal and professional lives and we need to find buffers to such threats in order to increase our resilience as members of this challenging, but rewarding, profession.

This unfolding pattern of cosmic evolution, say Zohar and Marshall (2001, pp. 122, 124), which also reflects the history of humanity, forms the foundation of the Lotus of Self – a symbolic representation of inner transformation and wholeness. The stages of evolving consciousness (emotional, mental and spiritual) are analogous to the stages of evolving matter from energy; mind and matter are just two sides of the same coin (pp. 80, 122).

Lotus of Self

The Lotus of Self is a symbolic presentation of transformation, differentiation and integration. It includes a broad range of traditions, including Western psychology, the cabalistic Tree of Life, Greek mythology, astrological and alchemical traditions, the Tibetan Bardos, the Hindu Chakras and the Sacraments of Christianity (Zohar & Marshall, 2001, p. 127). The Lotus of Self consists of the outer petals (ego), the inner petals (associative unconscious), the central bud (self) and the source or mud which sustains its growth (p. 125). As infants we begin as innocent, undifferentiated consciousness. Our self-understanding starts at the outer petals or periphery and progresses towards the centre (pp. 125, 126). Thus according to Zohar and Marshall, our awareness proceeds from the part of self that developed last towards the original holistic self at the heart of the Lotus that is integrated within itself and with the whole of creation.

The Lotus of Self (Zohar & Marshall, 2001, p. 124) integrates the three basic human intelligences (emotional, rational, and spiritual), the three basic ways of thinking (serial, associative and unitive), three basic ways of knowing (primary – id; secondary – ego; tertiary – integrative) and the three levels of the self (the periphery – personal ego; a middle – associative and interpersonal; and a centre – transpersonal). This integrated self is the centre of the lotus. The primal mud out of which grow the lotus's roots and stem is that aspect of the self that is beyond all form and awareness and is associated with the quantum vacuum at the beginning of the universe. This is the ultimate source of energy, which becomes conscious and unconscious mind (p. 127). Zohar and Marshall maintain that the self is also a source of transformation and assigning meaning to life.

Outer Petals (Ego)

At the periphery or outer petals of the lotus, say Zohar and Marshall (2001, p. 127), is the conscious ego self, which is associated with the serial neural tracts in the brain that are responsible for logical, rational thought and conscious, goal-oriented or strategic thinking. The conscious self supplies us with a set of coping mechanisms and strategies for perceiving the world and handling life experiences. The ego is the part of the self we most readily identify with and is the mask we typically present in relationships during our everyday lives (p. 128). According to Zohar and Marshall, it is common in Western psychology to divide the ego level of the self into between four and sixteen personality types in an attempt to identify differential traits and categories.

In Chapters 5 and 7 I set out to show that our knowledge and understanding of new material during a learning process also commences with rational thought and goal-oriented thinking. At the beginning of a psychology training course, the novice psychologist aims to achieve basic skills in order to make reasonably successful therapeutic interventions. She tends to follow the instructions of the supervisor fairly accurately and is motivated to obtain the support and approval of the supervisor and peers.

Inner Petals (Associative Unconscious)

Our awareness then proceeds to the large middle layer of the Lotus, the inner edge of the petals, which contains the personal and collective unconscious (Zohar & Marshall, 2001). In this part of our mind, skills and patterns are embedded in the parallel neural networks of the brain (p. 136). Motivation and emotion form a link between the conscious, peripheral part and the unconscious, middle part of the Lotus, which Zohar and Marshall term the associative unconscious. This zone contains images, associations, patterns, symbols, relationships and narratives that influence thought and behaviour from within. It also connects the self to larger social systems (p. 136).

As the psychologist's training programme proceeds, she acquires sufficient knowledge to enable her to start observing associations between various factors and become aware of interactive patterns of behaviour. The trainee learns to trust her "gut feeling", becomes more creative and is able to utilise images and symbolism in thought and during therapy sessions. Motivation regarding therapeutic performance gradually shifts in emphasis from meeting the expectations of the supervisor to achieving an internal sense of mastery and excellence.

The Self (Central Bud)

According to Zohar and Marshall (2001, p. 150), the centre of the self is in the centre of the lotus, the bud where all energies, symbols and structures of the self begin. The centre of the self is associated with the synchronous 40 Hz neural oscillations across the brain, and is unitive or integrative in its function (p. 159). These authors maintain further that it provides the "pond" where the "ripples" of our conscious and unconscious self are contextualised. The centre is the universal, integrated self, which is connected with the empty stillness of the quantum vacuum where we originated. It is a place of no-self and no-mind, where we are merged with no-thingness and are nourished and replenished within a new reality of being or one-thing. Zohar and Marshall (p. 151) compare this with the emptiness and hollowness of a cup. These qualities are what make the cup useful and without its nothingness it would *be* nothing. The centre of the self brings us into contact with what Bateson (1987) calls the aesthetic and the sacred, and we learn an appreciation of the abundance and miracles of everyday life. Zohar and Marshall maintain that the

paradox of differentiation and transformation lies within the Lotus of Self; the original, undifferentiated self that is present at birth gives rise to the ego and associative unconscious and eventually folds in on itself to take us back to the centre or origin of self.

This circular process of growth and development is illustrated in Chapters 3 to 7 of this dissertation. The road of discovery taken by trainee psychologists during the training process is similar to a long, arduous journey around the globe that will take them back to the original point of departure. This is a challenging developmental phase as they may become despondent and estranged from social support systems, or may seek integration to achieve a sense of wholeness and meaningfulness. Integration within the self and with larger systems provides the therapist with a social support buffer that acts as a firewall against burnout. It is also accompanied by a sense of humility which prevents the therapist from becoming the all-knowing expert and allows her to join with a broad variety of clients in the therapeutic context. At this level of integration there is also an overarching philosophy of life that adds value and meaning to the therapist's personal and professional life.

The Source (Mud)

According to all Eastern traditions and to the mystical traditions of the West, say Zohar and Marshall (2001, p. 126), there is finally that aspect of the self that is beyond all form and awareness. This is the source of all manifestation and the ultimate source of the energy that becomes conscious and unconscious mind (pp. 126-127). As these authors point out, in 20th century science, this source of both existence and self is associated with the quantum vacuum, the still, ground energy state of the universe (p. 127). In the Lotus of Self, the source is depicted as the primal mud out of which the lotus's roots and stem grow (p. 127).

The science and awareness of universal energy patterns, or Enerology (Fouché, 1999), was a useful adjunct in expanding the four levels of the developmental model for psychotherapy training (Stoltenberg & Delworth, 1987, 1988; Stoltenberg et al., 1987, 1998) to six phases, which include the period that follows the formal training programme and internship. An individual view of the

origin, purpose and destiny of humankind will serve the therapist well when she is faced with the shocking level of violence and death in our society. It is difficult enough for the therapist to make sense out of this, but without a grounding life philosophy it becomes almost impossible to find meaning in a client's suffering. As I was writing this paragraph I glanced down at my desk and noticed the British *Sunday Times's* comment on the front page of *A brief history of Time* (Hawking, 1998): "This book marries a child's wonder to a genius's intellect". This struck me as perhaps the most apt description of a fully differentiated, integrated psychologist; one who has the knowledge and understanding of a genius, the sense of wonder and enthusiasm of a child and the humility of a man in a wheelchair. Such is the beauty of the Lotus of Self in full bloom.

Differentiation and Developmental Psychology

Theories of Differentiation

Bowen: Differentiation of Self Scale

The discussion that follows is based on Bowen's (1988) treatise on family therapy.

Bowen's Differentiation of Self Scale describes people according to the degree of differentiation or undifferentiation between emotionally reactive and cognitively goal-directed functioning.

Bowen's (1988, pp. 306-308) theory is based on his experience with family therapy and consists of six essential interlocking concepts:

1. Differentiation of Self Scale
2. Nuclear family emotional system
3. Family projection process
4. Sibling position profiles
5. Multigenerational transmission process
6. Triangles

Differentiation of Self Scale. According to Bowen, the concept "differentiation of self" relates to the degree of fusion or differentiation regarding

emotional and intellectual functioning. He developed a scale to evaluate a person's level of functioning in these two domains. The lowest point, which is 0 on the scale, indicates the greatest degree of no-self or undifferentiation, while the highest theoretical point, which is 100 on the scale, represents a level of complete differentiation (p. 162). The greater the degree of undifferentiation, maintains Bowen, the greater the emotional fusion into a common self with others and the lower the level of autonomous intellectual functionality. He initially uses the term "undifferentiated family ego mass" to describe the emotional fusion observed in families (p. 159).

Bowen distinguishes between the basic or solid self versus the pseudo-self. The Differentiation of Self Scale is also utilised to assess the level of basic or solid self. The solid self consists of personal convictions, beliefs and principles which are congruent with each other, are gradually built up on the basis of life experience and can only be changed from within the self in response to new knowledge and experience. The pseudo-self is constructed from heterogeneous sets of information, beliefs and principles acquired via relationship systems by means of emotional pressure to conform to the standards of the particular group.

An individual is usually a member of various emotional social units, such as family, work and friendship groups, and the "membership rules" for these units are often inconsistent with each other. Bowen maintains that people at lower levels of differentiation are usually unaware of these discrepancies and the pseudo-self or "chameleon self" is thus continuously reshaped to fit in with a particular relationship subsystem. The pseudo-self becomes such a skilled actor in portraying the many selves housed within, that it becomes increasingly difficult for the actor as well as for other people to draw a distinction between the solid self and the pseudo-self. Bowen believes that the average person in society has a low level of solid self, compared to the level of pseudo-self, and he maintains that this has far-reaching implications for close interpersonal interaction. In intense emotional relationships, such as marriage, the pseudo-self of one person merges with the pseudo-self of another. One partner then becomes the functional self and the other a functional no-self in an effort to achieve a harmonious relationship. The result, says Bowen, is that the solid selves of both persons become submerged by the common pseudo-self of the relationship.

Bowen's Differentiation of Self Scale is a theoretical concept that is useful in estimating the overall potential of people and in making tentative predictions about general themes and patterns during a person's life span. However, Bowen does not recommend it for making short-term evaluations, because wide shifts may occur in a person's level of pseudo-self functionality within a particular relationship system, especially at the lower end of the scale. It is a sobering thought that most people spend their lives at the same basic level of differentiation they had when they left their parental families (pp. 202-203). They consolidate this level in close interpersonal relationships, such as marriage, and subsequent life experience seems to have little effect on the original set point of differentiation. There are ways to increase the level of solid self, but Bowen regards this as a difficult and lifelong quest.

Bowen proposes the Differentiation of Self Scale as a means of defining people on a single continuum, from the lowest to the highest possible level of human functioning, without stipulating criteria for "normality". The scale has no direct correlation with intelligence or socio-economic levels. His theoretical system ranges from 0 to 100 and provides profiles ranging from "complete differentiation of self" or "emotional maturity" (100) to the highest level of "undifferentiation" or "no-self" (0). An important factor that determines the functionality of members in emotional systems is the balance achieved between togetherness-individuality forces. The togetherness forces are based on the universal human need for "love", approval, support, emotional closeness and harmonious relationships. The individuality forces emanate from the need of each person to define an individual self and to live a productive, autonomous life. Bowen observes that his experience with the application of the scale indicates that most people have areas of high functionality in their lives as well as areas of poor functionality, rather than a general overall level of functionality.

Individuals in the lower quarter of the scale (0-25) have a low level of solid self and a high degree of "ego fusion" with others. Their life goals are relationship oriented and they tend to rely on feelings rather than intellectual reasoning when faced with major life decisions. The continuous search for a "replacement family" to fulfil their need for acceptance, happiness, love, comfort and security detracts from

self-development and goal-directed activities. In their parental families these individuals functioned as dependent extensions of the parental ego mass and as adults they attempt to find new relationships in which to submerge themselves. Within these adult relationships there is a borrowing and trading of the self between both partners in an effort to achieve a level of stability and functionality that will enable them to deal with the demands of everyday life. In a stable relationship at low levels of stress, a person in the lower quarter of the scale may achieve a fairly asymptomatic adjustment. However, if the relationship equilibrium is disrupted or they have to face a major life stressor, Bowen believes the functionality of the family is likely to be severely compromised. Long-term disruption of the family system may result in physical, emotional and social dysfunction that may become chronic.

As people move up the scale of differentiation they are less inclined to function in a feeling dominated world as they have a higher awareness of intellectual principles. However, academic and vocational success is still highly dependent on approval or disapproval from others and some utilise their intellect in the service of the relationship system. The second quarter of the scale (25-50) represents people with less intense ego fusion, and who have some potential for self-differentiation. They value emotional harmony and continuously search for the ideal personal relationship that will provide the love and approval they need so much. Even though their energy is mostly invested in the relationship system, they have some insight into intellectual decision-making. However, they tend to express opinions in the form of dogmatic authoritativeness, unquestioning compliance or rebelliousness as they lack internalised beliefs and convictions (pp. 163, 202). Under stressful conditions they could, says Bowen, develop physical or emotional illness as well as social, behavioural or neurotic problems. They have some capacity for differentiation of self, but their motivation dissipates as soon as equilibrium is restored and symptoms are resolved.

Individuals at the higher end of the scale have a better understanding of the differences between feelings and intellect. Bowen describes them as less hesitant to offend others by stating their beliefs since they do not feel the need to attack the beliefs of others or defend their own. They have the ability to alternate between intimate emotional closeness and goal-directed activity, and they can derive

satisfaction from both. They have a more realistic appraisal of self and of others. Bowen asserts that people in the third quarter of the scale (50-75) have higher levels of differentiation and exhibit lower degrees of emotional fusion in close relationships. They have a more established sense of solid self where important life issues are concerned and have more resources available for goal-directed activity. These individuals have achieved a sufficient level of differentiation to permit functioning of the emotional and intellectual systems as a cooperative unit. They have fairly well-defined beliefs, principles, and convictions, but as they are still sensitive to the opinions of others, they may bow to the pressure for conformity in order to avoid disapproval by important others. Instead of risking upsetting the emotional equilibrium, they often remain silent and avoid stating their opinions openly. Bowen (p. 164) believes that in response to high levels of stress they may develop fairly severe emotional or physical symptoms, but dysfunction tends to be episodic and recovery is faster.

People in the upper quarter of the scale (75-100) seem to be a rare breed and would meet most of the criteria for a differentiated person. Bowen (p. 164) makes the interesting point that while these people are still infants they already start “growing away” from their parents. They have a well-developed sense of solid self and their lives are directed by internalised values and principles. They have the freedom to pursue independent life goals without being overly concerned about praise or criticism from others. According to Bowen, they take responsibility for making a success of their own lives and do not blame others for their failures. People in this group are secure enough with their own belief system that they are prepared to listen to the divergent viewpoints of other people without judging them or becoming defensive. They respect the self and identity of others and do not become emotionally enmeshed in an effort to change the lives of other people. These individuals are more adaptable to change and have the ability to deal more effectively with the demands of everyday life. Bowen maintains that they are therefore less prone to developing physical, emotional, psychological and social problems when they are confronted with challenges.

Bowen stresses that these individuals are not cold and distant intellectualists. They are fully aware of their dependence on other people and are aware of their

responsibilities towards their family and broader society. Their well-developed sense of self and appropriate interpersonal boundaries provide them with the freedom to participate fully in close emotional relationships without sacrificing the self in the service of a common self. Their intellectual capacity allows them to engage in close interpersonal relationships and to disengage at will, as they need other people for their wellbeing and not for their emotional survival. Bowen observes that they usually marry spouses with a matching level of differentiation and that the marriage is a functional partnership. They can enjoy a sharing of selves during emotional intimacy without feeling “used” or being de-served by the other person. The relationship is characterised by mutual respect and their well-developed sense of self eliminates the need for power struggles over stereotyped biological and social roles. They permit their children to grow and develop as autonomous selves without undue anxiety over losing control or trying to fashion their children in their own images.

To summarise, the more intense the degree of ego fusion, the more the degree of “borrowing”, “lending”, “giving” and “sharing” of self within the family ego mass (p. 165). These continuous shifts in “strength” within the common self result in varying levels of functionality in individual members. Functional shifts at the higher end of the scale are less marked and infrequent. Persons at the lower end of the scale tend to adhere rigidly to religious dogma, cultural values, superstition, and outdated beliefs due to their lack of an internalised belief system. Bowen describes them as having an acute sense of injustice regarding rejection and lack of love, as they hold other people responsible for their personal happiness. In an attempt to control the emotion of too much closeness, they resort to extreme measures such as emotional distance, isolation, conflict, violence and physical illness. The lower the person is on the scale, the greater the belief that she or he intuitively knows what the other thinks and the greater the impairment of meaningful communication (p. 165). People who are at the lower end of the scale do not necessarily develop emotional illness, and Bowen adds that higher-scale people are not exempt from developing symptoms under severe stress. However, lower-scale individuals are more vulnerable to stress and the subsequent development of illness and chronic dysfunction. Higher-scale people recover emotional equilibrium more quickly after the stress dissipates (p. 200). The implication of this is that a higher level of differentiation to some extent

protects the individual against developing physical, emotional, psychological and social dysfunction as well as chronicity of symptoms when he or she confronts life stressors.

Nuclear family emotional system. According to Bowen, people pick spouses who have an equivalent level of differentiation and their marriage reflects the lifestyle patterns of their parental family systems. Therefore, marriage for both partners duplicates the core characteristics of their family of origin ego masses as well as the position they held in their respective families. They fuse together into what Bowen (p. 166) refers to as a “new family ego mass” with the removal of individual ego boundaries and incorporation of the two “pseudo-selves” into a “common self” to create the perception of a we-ness. In order to maintain harmony within the marriage and achieve closeness, one spouse becomes the more dominant decision-maker for the common self, while the other partner takes a more submissive stance and adapts to this established marital power structure. The dominant person achieves a higher level of functional self from the merger at the expense of the more adaptive one, who sacrifices self (p. 377). The degree of emotional fusion within the marriage is higher for spouses with a lower level of differentiation and they have a higher rate of complications under stressful conditions. In other words, the more dependent spouse becomes progressively more inadequate and relies almost exclusively for security and support on the more dominant spouse, with the result that the dependent spouse becomes vulnerable to dysfunction. Emotional fusion, says Bowen, results in “too close for comfort” anxiety for both partners and they tend to rely on mechanisms learnt in their families of origin for getting sufficient emotional distance to permit some autonomous pseudo-self functionality.

Within the family ego mass, spouses use three major mechanisms to control the intensity of the ego fusion: marital conflict, dysfunction in one spouse and projection of the problem to one or more children. Most families, says Bowen, use a combination of all three patterns. Marital conflict arises when neither of the spouses is prepared to accept the adaptive role or when the one who has been enacting the “sacrificial role” refuses to continue. Conflict absorbs large quantities of undifferentiation, with the result that less of it is deflected to other targets in the family. Bowen goes on to explain that the spouse who functions for long periods in

the adaptive position gradually loses the ability to function independently and make decisions for the self, with the result that a moderate increase in stress will trigger physical, emotional or social dysfunction, such as alcoholism. Dysfunction tends to occur in one spouse and is difficult to reverse as it protects other areas of the family from dysfunction. Bowen (p. 205) maintains that this process by which the group functions better at the expense of one individual is present in all emotional systems. If marital conflict and symptomatology in one spouse are insufficient to control the level of ego fusion and undifferentiation, it will be projected onto one of the children in order to stabilise the marriage. The future course of this new family ego mass will depend on a spectrum of mechanisms that operate within the nuclear family, the extended family and broader social systems.

Family projection process. Bowen believes that an important ego mass change accompanies the birth of the first child as it changes the family from a two-person to a three-person system. The process by which parents project part of their immaturity or undifferentiation onto one or more children exists to some extent in all families. This projection process usually operates through the mother, who has the role of primary caretaker, while the father plays a supportive role. This mechanism, says Bowen, reduces maternal anxiety by displacing the focus of her anxiety onto the child. The child, who is emotionally attached to the mother, reacts to her anxiety, which she then perceives as a problem in the child. She responds with overprotective behaviour, which infantilises the child and perpetuates the “problem”. The intensity of this projection process is determined by the degree of isolation from the extended family and the level of anxiety within the family. Bowen comments that it is usually one particular child who is the recipient of a major portion of the projection process, while other children are relatively spared. The child in whom the parents have the highest level of emotional investment is usually the object of projection and this child invariably ends up with the lowest level of differentiation of self as well as the highest level of functional impairment. A child who manages to grow up relatively outside the family projection process can, according to Bowen, emerge from the family of origin with a higher basic level of differentiation than the parents.

Sibling position profiles. The process through which parental undifferentiation and projection of anxiety impair one or more children operates within the father-mother-child triangle, says Bowen. He explains (p. 380) that the way children become the objects of the projection process is related to the level of undifferentiation in the parents, the amount of anxiety at the time of conception, during pregnancy and at birth, and the orientation of the parents toward marriage and children. The children who are “selected” for the family projection process are perceived to be different or special in some way, for instance, only children, an oldest child, a single child of one sex, disabled or sick children. Bowen maintains (p. 204) that the mother’s emotional fusion with the selected child is more intense than with the other children and that the father usually plays a supportive role in the projection process in that he is sensitive to the mother’s anxiety, tends to support her view and helps her implement her anxious efforts at mothering. There may be symptomatic episodes at stressful periods during childhood, which could gradually increase to major impairment during or after adolescence when the child attempts to become autonomous.

Multigenerational transmission process. According to Bowen (p. 168), “one of the important concepts of this theoretical system is the multigenerational transmission process wherein parents transmit varying levels of ‘undifferentiation’ or ‘immaturity’ to their children.” Certain basic interactional patterns between the parents and children are replicas of the past generations and will be repeated in the generations to follow. Bowen’s multigenerational transmission concept (p. 477) illustrates the pattern that spans multiple generations as children emerge from the parental families with higher, equal, or lower basic levels of differentiation than the parents. When a child who emerges with a lower level of differentiation or emotional maturity than the parents marries a spouse with an equally low level of differentiation and this marriage produces a child with an even lower level of differentiation, there is a progressive downward spiral towards lower levels of differentiation from generation to generation. Bowen theorises that the most severe emotional problems, such as schizophrenia, are the result of a cumulative process that has been heading towards lower levels of self-differentiation over multiple generations.

Triangles. Bowen uses the concept of a triangle or a three-person emotional configuration as the basic building block of any emotional system. According to him, the triangle is the smallest stable relationship system and an emotional system could consist of a series of interlocking triangles. When the emotional tension between two people exceeds a certain level, he says, the person who experiences the most discomfort “triangles” a third person into the system by “gossiping” about the second person. This relieves the tension between the first two members, and shifts the focus of the tension to the second and third members. The tension can then be contained within the three-person system, as two of the members stay connected, while a third member of the triangle remains emotionally detached. The favoured position is usually to be a member of the twosome in order to gain closeness. If tension arises in the outsider, the next predictable move is to form a twosome with one of the original members of the twosome, which leaves the other one as the outsider. When the triangle is in a state of tension, the outside position is preferred in order to escape the tension. This continuous struggle within the triangle for the positions of closeness or detachment in response to the relative stress level keeps the anxiety in a continuous state of flux within the system. When the focus of the symptom is removed from the system, the system acts as if the problem has been solved (p. 490). However, it is only a matter of time before the symptom resurfaces somewhere else in another form. The lower the level of differentiation and the more important the relationship, the more intense are the patterns of triangulation.

When tension in the triangle becomes too great for the threesome to handle, says Bowen, it pulls in other players to form a series of interlocking triangles. This technique helps to reduce the tension within the nuclear family, and the situation may occur where “substitute actors” outside the family play out the family drama, for instance the school or legal system. Since the patterns in a triangle are repetitive, the players tend to take on fixed roles in relation to each other. A common pattern Bowen describes is the mother and child twosome with the father as the outsider. He sees the function of this pattern as shifting the attention away from marital strife. However, if the father desires emotional or physical closeness with the mother, he might compete with the child, who is then moved to the position of the outsider. As the emotional tension within the marital relationship rises and the child displays

symptoms in an effort to reconnect, the father may attempt to discipline the child, which once more affords him the position of the outsider as the mother moves in to protect the child.

Bowen identifies a relatively “open” relationship with the extended family as one of the most effective mechanisms for reducing a family’s overall level of anxiety. Where there is a significant degree of ego fusion and triangling, there is a borrowing and sharing of ego strength between the nuclear family and the family of origin during stressful periods (p. 167). Bowen adds, however, that the person who separates from his or her family of origin has not necessarily resolved the emotional attachments. The old family of origin relationship patterns remain latent and can resurface during emotional contact.

Emotional cut-off. Bowen uses the term “emotional cut-off” to describe the attempts of each new generation to find methods to deal with the unresolved emotional attachment to their parental families in order to separate from their family of origin and start a life of their own. Lower levels of differentiation correlate with a higher degree of unresolved emotional attachment as well as more extreme methods of cut-off. Emotional cut-off involves a denial of the persistent emotional dependence on the parents and is handled by internal mechanisms such as emotional isolation while living with or close to the parents. Alternatively, says Bowen, the unresolved emotional attachment is managed by “running away” from home in order to create physical as well as emotional distance. Emotional cut-off creates the illusion that the person has achieved differentiation and independence, especially the person who “runs away” from home and becomes self-reliant. However, this is a misconception, as “out of sight” does not mean “out of mind”. Bowen points out that the person who runs away from home is as emotionally attached as the one who stays at home and uses internal mechanisms to control the attachment. Both are ambivalent regarding emotional closeness; they need it to belong but are stifled by it.

During adolescence a high degree of denial of emotional attachment to the parents is often reflected in extreme behavioural measures in an effort to achieve independence. According to Bowen, the person who achieves emotional distance with internal mechanisms is able to stay on the emotional scene during periods of

tension, but is more prone to physical, emotional and social dysfunction, such as depression and alcoholism. A more severe case is where the person achieves intrapsychic isolation and develops schizophrenia in an effort to differentiate. The person who “runs away” from home tends to repeat this pattern of physical distancing in future relationships that are based on emotional interdependence, such as marriage and work. Bowen explains that as soon as the level of tension rises in intense emotional relationships, this person will perceive “running away” as a viable solution and may become a vocational and marital “nomad”. In other words, this person is unable to make a home for herself as her parental family continues to “move in” with her wherever she goes. She can run, but she can’t hide. If both spouses are emotionally separated or cut off from their families of origin, Bowen predicts they will tend to become more committed to “replacement” emotional systems such as work and social activities.

Emotional processes in society. The relationship patterns that were developed during childhood for adapting to the parental family are repeated in all other interpersonal relationships during adult life, including social and work relationships, although the emotional process is less intense. These repetitive patterns are more marked in people with lower levels of differentiation who have higher levels of unresolved emotional attachments to their parents. A less differentiated person tends to seek relationships at work that satisfy emotional needs. Less differentiated people, who are cut off from their parental families, are more inclined to construct congenial “substitute” families within social relationships or at work in order to satisfy their emotional needs. However, adds Bowen, in these simulated families the relationship patterns of the parental homes are duplicated, and the simulations usually prove to be poor substitutes for the person’s own family as they have a low tolerance for stress.

The tendency to be lured into these replacement families is intensified by modern lifestyles that support short-term “living together” commitments, as well as by corporate policies that advocate the notion of “one big, happy family” in the workplace. Like parents who are not well differentiated, the decision-making strategies of less differentiated managers are also hampered by “spur of the moment” ideas instead of deliberate intellectual reasoning, says Bowen. Organisations whose

power structure and flow of information become entangled in undercurrents of emotional alliances and intense emotional processes, as in poorly differentiated families, quickly start showing major cracks in the foundation. Indeed, he reports that in his own work environment he came to the conclusion that he was being over-responsible for the staff and not responsible enough regarding organisational issues. He learnt that if he could modify the part he was playing in an emotional issue in the organisation, the others would follow suit. Bowen believes that whenever one key member of an organisation takes responsibility for the self, the broader organisational problems are more likely to be resolved successfully. The person who effects organisational change does not have to be in management, as his efforts could be effective within his direct area of responsibility. However, Bowen warns that there is a fine line between accepting responsibility for the role that the self plays in a situation and accepting the “blame” for it. His advice is not to focus on the “nitty gritty” content of issues, but rather on the underlying processes that drive the system. The notion that the constructive and responsible actions of one individual could have a ripple effect on the rest of the system has important implications for therapy.

Implications for therapy. Bowen holds that each person has an innate tendency to strive towards differentiation and individuation and struggles with the counteracting togetherness forces that undermine this process. In therapy, he focused on assisting family members to emerge from this emotional enmeshment with a higher level of differentiation of self, maintaining that the aim of therapy with adults is to convert emotional cut-off into an orderly differentiation of the self from the parental family.

Bowen says that in family systems it is possible to modify a triangle by changing the function of one person in the triangle. Therapy is directed at modifying the functioning of the most important triangle in the family system. If the central triangle changes and it stays in contact with the other triangles, he predicts that the entire system will change (p. 470). He advocates the use of a process he calls “detriangling the triangle” when dealing with the problem of the “triangled” child. He believes that presenting a “united front” to children is an unsound psychological principle that is used to increase the comfort level of the parents and not to benefit the child. The child is trapped in a “two against one” position within the parental-

child triangle, which provides no emotional freedom to establish a personal relationship with either parent, unless she can split the parental system. Once the parental we-ness is dissolved and the parents work towards an individual relationship with the child, Bowen believes rapid changes may occur in the child's level of functioning. Therapy assists the parents to "differentiate a self" from the amorphous parental "we-ness" and to establish an individuated "I" position with the child. Initially the "non-differentiating" parent may attempt to coax the "differentiating parent" back into the comfortable "we-ness" by fusing with the child. However, says Bowen, if the differentiating parent manages to maintain the "I" stance, the intensity of the non-differentiating parent-child attachment lessens and a permanent decrease in the intensity of the emotional triangle occurs.

According to Bowen there are three main avenues toward a higher level of "differentiation of self" during adulthood. The most effective method is differentiation of a self from one's spouse as a cooperative effort by triangulating a therapist, who remains emotionally detached. Another option is family therapy with one motivated family member, if the other spouse is unwilling to attend therapy sessions, in an effort to differentiate a self from an important other person. A third method, which Bowen regards as less effective, is for the therapist to assume the role of a supervisor or coach for the differentiation process. With this method the direct use of the "triangle" is lost, the process is slower, and the chances of an impasse are greater. However, Bowen still found that the results obtained with this method of family psychotherapy with one family member produced better results than conventional individual psychotherapy. Bowen comments that the highest level of differentiation that a family system achieves depends on the highest level an individual family member can maintain in spite of the opposing togetherness forces of the family.

Therapy, for Bowen, involves a process of differentiating between emotional and intellectual functioning and slowly increasing the level of intellectual control over automatic emotional processes. A change in the level of differentiation of the self in one person disturbs the emotional equilibrium in all the interlocking emotional systems, which will attempt to restore the former togetherness equilibrium. For instance, as spouses change in relation to each other, they disturb

the emotional harmony of their respective families of origin, which mirrors their own emotional processes. The person attempting to differentiate could respond to accusations of betrayal or indifference by emotional or physical withdrawal, developing emotional, psychological or physical symptoms or by re-merging the self with the family togetherness. Some may permanently leave the parental home, only to fuse the self into a new family system and duplicating established patterns in a new emotional field. In larger emotional systems, such as the workplace or in street gangs, an individual may form alliances as protection against system forces, only to find the self trapped in a new undifferentiated mass from which it is harder to differentiate than from the original family oneness. According to Bowen, an important factor in successful differentiation is to maintain reasonable emotional control during the family's period of retaliation, while remaining in constant emotional contact with the family. It is a case of hanging in there, no matter what happens. After the initial resistance to change presented by systems, these more differentiated persons often become the most responsible and respected members of their extended families, social and occupational emotional systems.

Bowen believes that a person's level of differentiation is largely established by the time she leaves the parental family and starts a life of her own. Thereafter, she tends to duplicate the emotional patterns acquired from the parental family in all future relationships. Some life experiences may cause a functional shift in self, but unless some life-changing event occurs, the basic level of differentiation present upon departure from the parental family is consolidated in marriage. Bowen is of the opinion that it is only possible to make minor changes in one's original level of differentiation, but even small changes may result in major lifestyle alterations. A critical stage is entered when the persons starts to make a distinction between emotional and intellectual functioning and develops new problem-solving techniques. The real test of the durability of the new level of differentiation comes when the person is subjected to chronic, severe stress.

Bowen believes it is vitally important for the therapist to continuously define a "self" to families during this form of psychotherapy in order to facilitate their differentiation. The process starts during the first session when the therapist defines her theoretical and therapeutic stance, and proceeds during subsequent sessions

around a variety of important life issues. Bowen makes an important point when he states that a therapist cannot ask a family to do something she is not prepared or is unable to do. When a family's progress with defining a self is slow, Bowen would ask himself whether he had perhaps failed to define a "self" to them with regard to an important life issue. In other words, the family can only differentiate to the extent that the therapist differentiates a "self" within the therapy system.

Differentiation from the family of origin. Bowen suggests that the use of the following principles and techniques assists people towards the differentiation of a self in their families of origin:

1. Visit the parental family as often as indicated.
2. Begin to gain control over emotional reactivity to the family.
3. Develop the ability to become a more objective observer of the family.
4. Begin to understand the emotional triangles and the part the self plays in the family's reaction patterns.
5. Begin the complex process of differentiating the self from the myths, images, distortions, and triangles of the family system.

Bowen acknowledges that this is a tall order and a goal that cannot be accomplished quickly and easily. He calls the effort of assisting or supervising someone in this family research effort "coaching", by analogy with the effort made by an athletic coach where the trainee takes responsibility for her own progress. For the therapist, the extended family approach requires more skill, more continuous work on the self of the therapist, and more attention to detail than with more conventional therapy. On the other hand, Bowen points out that the extended family approach requires far less direct time with the family and has, he claims, been very effective in bringing about change in the nuclear family.

This therapeutic system is based on the ability to become aware of the part that the self plays in the emotional triangles of the family and to consciously control this programmed emotional reactivity in order to place the "self" in a more objective position "outside" the emotional system. When there is one person within a triangle who can control her emotional responsiveness without taking sides with either of the other two and stay in constant contact with them, Bowen suggests that

the emotional intensity within the twosome will decrease and all participants in the triangle will move to a higher level of differentiation. However, he adds, unless the triangled person can remain in emotional contact with the twosome, they will triangle in someone else to re-establish equilibrium.

Bowen makes the point that most adults who have left their parental homes to start a life of their own return for brief, obligatory visits where communication is formal and superficial. These adult children interpret this “independence” from the family of origin as proof of their autonomy and maturity. However, upon contact with the family, the person is rapidly sucked into the emotional system of the family and has to make a concerted effort to extricate the self upon departure. He recommends frequent, short visits to the parental home where the person makes a concerted effort at self-differentiation by learning to observe more and react less to the emotional systems of the family of origin. Becoming a better observer and learning more about the triangles which are operational in the family reduce the observer’s emotional reactivity. According to Bowen, a position slightly “outside” the family emotional system allows the observer to get a “bird’s eye view” or meta-perspective of the processes which encourage fusion. It enables the observer to move beyond feelings of anger and blame to a position of objective understanding that is not merely an artifact of intellectual reasoning. The entire family gains from the ability of one person to interact freely with individual family members without taking sides and getting caught up in the family’s emotional system.

People who take on the task of differentiation should, believes Bowen, be encouraged to work toward person-to-person relationships in their families. A person-to-person relationship is one in which two people can relate to each other as individuals without side-tracking the conversation to discuss other people (triangling) or talking about impersonal “things”. Working towards person-to-person relationships improves the relationship system in the family and is a valuable exercise in knowing the self. According to Bowen it helps a person grow up more than anything else he or she will do in life. In the process of becoming differentiated, the person gains knowledge about the processes in emotional systems that bind people together and split them apart during periods of stress. Bowen states that the facade of calm congeniality maintained by people adhering to their rigidly assigned

roles does not constitute a person-to-person relationship. He also warns that many obstacles are encountered while developing an individual relationship with each parent. A “coach” who has travelled along this road with his own family can be an invaluable asset during this process. Without the help of a coach, says Bowen, the individual can make critical errors by basing decisions on emotional responses and may waste considerable time in emotional cul-de-sacs. He says that person-to-person relationships are not achieved by taking the spouse and children to visit parental families in an effort to “get to know one’s family better”. This effort will either make the emotional climate at home more congenial or stir up anxiety and both these conditions are obstacles for person-to-person relationships. Although there seems to be strength in numbers, Bowen recommends that a person should visit the parental family alone, as differentiation occurs in the self of one person within a meaningful encounter with the self of another person. In other words, it avoids the pitfall of groups relating to groups instead of interaction between individuals. If one or both parents are dead, Bowen believes all is not lost as relatives may be utilised to assist in the reconstruction of a family emotional system that could promote the differentiation of self.

Working towards person-to-person relationships and learning to control one’s own reactivity to the family help to create a more open relationship system and to reactivate the emotional system prior to cut-off. This allows the differentiating person to observe the original triangles of the family in action so that they may be dismantled. In addition, says Bowen, the process of detriangling involves interaction between the two other participants of the triangular game and the self. The instigator of this process is required to stay neutral to both parties and to state her position clearly and calmly without counter-attacking or becoming defensive. Differentiation takes place within the context of a meaningful relationship around important emotional issues, and Bowen advises that it is a good time to arrange a home visit during periods of emotional turmoil in the family, such as serious illness or death. He does not, however, advise emotional confrontations as the family would probably react negatively and it may require considerable time to overcome the family’s emotional cut-off from the “troublemaker”.

Secrecy, deception and the element of surprise seem to be the name of this strategic game of differentiation. Bowen's experience taught him that it is important not to inform the family about the plan of action as it will result in disagreements and coalitions that will turn the natural molehills of resistance into mountains of impasse. He maintains that the person who takes the lead in this effort with the family occupies a highly respected and unique role in the family system that will contribute to her own differentiation and individuation. In the process, the person acquires abilities that will stand her in good stead for the rest of her life. It permits a lifestyle where one can react with appropriate emotional responses by slowing down emotional reactivity, keeping control in situations by observing the processes at work, and being able to extricate oneself from emotional systems when desired.

Implications for training. Bowen combined the theory, principles and techniques involved in the differentiation of self in a method he called "family psychotherapy with a single family member". This method involved "coaching" clients as they attempted differentiation from their own families of origin. Bowen included this therapeutic method in formal teaching sessions with psychiatric residents and other family psychotherapy trainees. On their own initiative, some of the trainees began to try some of the principles and techniques with their own families of origin. They would approach Bowen when they ran into the predictable emotional impasses to request "coaching" so that they could understand what had gone wrong and how they could overcome the problem. This coaching was usually done during the normal teaching sessions and was not considered to be "psychotherapy". Over the next months Bowen noticed that those who put in a concerted effort at differentiation from their parental families also performed better in their clinical work with families. These trainees had grown into skilful, flexible family therapists. They were able to sidestep emotional entanglement with family systems and they handled families in distress with ease. According to Bowen, they attributed their skill to personal experience gained from efforts to differentiate from their own parental families and achieve a meta-perspective of family emotional systems by learning to view them from an "outside" position. An added bonus was that these trainees also made at least as much progress with their spouses and children as trainees who had been in once-a-week formal family psychotherapy with

their spouses for the same period of time (p. 532). Bowen speculates that it might be easier to make objective observations of emotional forces and take an action stand in the parental family than in the nuclear family, where the person is intimately involved emotionally on a daily basis. Another hypothesis is that the trainee's effort with the parental family requires her to take responsibility for her own life and brings her to the realisation she has the ability to change the emotional system of her nuclear family.

However, Rome was not built in a day, and as Bowen observes, this method requires hard work and dedication. Based on his own experience, he emphasises the importance of the element of surprise in a successful outcome and warns of the anxiety experienced before each differentiating effort in his own family. It is clearly not a case of plain sailing when someone attempts to differentiate from the family of origin on her own. One reason put forward by Bowen for this difficulty is the variety of important issues in a family about which the person can take an "I position". Differentiation also has to occur in the context of a meaningful relationship in which the other person has to respect the beliefs and action stand taken by the differentiating person. Bowen observes, too, that it is also more difficult to find meaningful issues in a family of origin when the person has had little or no contact with family members since leaving the parental family.

Until the trainee can control her emotional reactivity and can position herself partially outside the system, a differentiating technique will be either meaningless or perceived as a hostile attack on the system. Bowen found that teaching trainees to assume a meta-position allowed them to avoid time-consuming stumbling blocks, to focus on potentially productive areas and to achieve a reasonable level of success during their initial efforts at differentiation. In his teaching, he emphasised developing person-to-person relationships, learning to view family members as individuals instead of emotionally charged images, the ability to observe the role of self in triangles, and ways to "detriangle" one's self. Trainees reported back on the successes and difficulties they had experienced during their home visits, which were discussed during teaching conferences, usually attended by 15 to 20 residents and other trainees, and suggestions were made for the next visit to parental families (p. 531). These conferences had no "therapeutic" objective and the amount of time spent

with each trainee was about 15 to 30 minutes every month or two (p. 533). This teaching format, which started in 1967, has since become Bowen's standard method for teaching the family systems concept to trainees. Bowen's own breakthrough in differentiating from his family of origin was a significant turning point in both his personal and professional life. He presented his paper, "The family experience", regarding his own differentiation to the Family Research Conference in March 1967.

Andolfi: Behind the Family Mask

The Institute of Family Therapy of Rome focused on the process of differentiation and individuation of the individual within the family relational system, as postulated by Bowen, Whitaker and Malone (cited in Andolfi et al., 1983).

According to this school of thought, changes within the family and social systems necessitate a continuous transformation of interactional patterns to ensure continuity of the family system, as well as the growth and development of its members (Andolfi et al., 1983). Most symptomatic behaviour in a family member develops during periods of stress and adaptation, when the family's efforts to re-establish intrasystemic equilibrium can lead to decompensation or greater rigidity (Andolfi, 1980). The concepts of rigidity and flexibility, as set forth by Andolfi, refer to the degree of difficulty a family's experiences during a particular phase of its cycle of development, when it has to find a new, dynamic equilibrium between family cohesiveness and the need of individual members to grow and differentiate. In other words, the family must achieve a balance between continuity and change by adapting its rules, renegotiating individual roles and reorganising its structure to accommodate the progressive individuation of its members. Andolfi states that disturbed behaviour is an indication that the individual's needs for independence and differentiation have been surrendered to maintain dysfunctional familial transactional patterns. Dysfunction develops in a family system when it does not have the ability or resources to incorporate change or when the rigidity of its rules prevents it from adjusting to its own life cycle and that of the individual. In the context of family therapy this "difference" created by the identified patient's dysfunction can therefore be viewed as a request for differentiation. According to Andolfi et al. (1983), family therapy re-establishes the identified patient's capacity for autonomy and

individuation within an altered family context. When a family's dormant ability for self-healing is restored, symptomatic behaviour is no longer viewed as an "illness" but rather as a need and an opportunity for growth.

Whitaker (cited in Andolfi, 1980, p. vii) believes that no family can heal itself from within once it has become dysfunctional and that professional help is then required. In order to create a therapeutic context of differentiation, the therapist must, according to Andolfi et al. (1983), bring her own differentiated self to the therapy session. This would include her theoretical knowledge, an individual therapeutic style as well as her sense of humour, creativity and compassion. The therapist functions as a "consultant" or "supervisor" rather than as a healer and creates a therapy context that allows family members to enact new roles. In this altered context, say these authors, the therapist assists the family to restore its latent ability as a catalyst of its own growth processes. Due to the mutual interdependence of members of a family system, if one individual finds her personal space and stops viewing the self only as a function of other family members, this will promote differentiation and enrich the lives of all the participants. The implication is that differentiation of one family member is like a pebble in a pond; its ripple effects will extend to the rest of the pond.

The same principles could be applied to differentiation of the therapist and supervisor in the training system. Although the therapist follows the supervisor's instructions, she maintains her freedom of intervention during a session. A constructive therapist-supervisor relationship depends on the therapist's freedom to utilise her own personality and individual qualities. The interpersonal power of the therapist is proportional to her capacity for self-exploration and willingness to risk self-exposure in therapy (Andolfi, 1980). Jervis (cited in Andolfi, 1980, p. 52) uses the term "therapy for the therapists" to describe situations where the therapist is required to explore and treat herself concurrently with exploring and treating the client. The therapist becomes an active and reactive part of the therapeutic system and her use of self transforms the therapeutic context into what Andolfi refers to as a field of dynamic interactions. Therefore the application of theoretical techniques is not sufficient to bring about change. Andolfi insists that the therapist must temporarily set aside her own diversity and join the irrationality of the family system

to illustrate that the “sickness” of the identified patient is only a role and is reversible.

Andolfi and Menghi (1980) propose a model for training in family therapy where the therapist forms an integral part of the therapeutic process. They are of the opinion that in order to become competent in family therapy techniques, personal experience of systemic interaction within a learning context is essential. This exposure will enable the therapist to alternate between engagement in a family system to effect change, and disengagement to observe and analyse systemic processes. Andolfi and Menghi observe that initially a new training group is unified by the collective anonymity of individual members and the protection it offers from the fear of individuation. A process of differentiation is initiated where this sense of security is neutralised to break through the defence-based unity and permit the formation of a new training structure (p. 242). Rather than protecting members from embarrassment during attempts at self-individuation within the group, the trainer must create a context of openness, even though stress and confusion are essential components of this process. An understanding between trainer and therapist develops over time and a balance between provocation and support is eventually established. During the second phase of the process, group members are encouraged to become self-reflective regarding their own processes of interaction within the training group. A symbolic presentation of “sculpting” one's own parental family and the training group focuses the attention on how individual members use themselves within these groups. For Andolfi and Menghi, visualising and analysing the structure of one's own relational systems is a stepping-stone towards one's own process of change and differentiation. During the last phase, a therapy session is enacted via role-play. This allows therapists to analyse their clinical experience and observe their work from a systemic frame of reference.

Andolfi and Menghi (1980) make the point that the trainer must have enough flexibility to provide the therapist and family with a structure in which they can safely interact with each other. Andolfi and Menghi (p. 248) believe that the success of therapy is directly proportional to the quality of the relationship between supervisor and therapist. Thus in my view, a cohesive training group and a therapist-supervisor relationship based on mutual trust, open communication and an

appreciation of the individual characteristics of both, permits individuation and eventual independence of the therapist. Such a training context, say Stoltenberg and Delworth (1987), will allow the therapist to create a therapy context that is based on the same principles, which will provide the space for family members to experiment with new roles and achieve individuation and autonomy.

Gergen: The Saturated Self

As Gergen (1991) observes, we take it for granted that each of us is a separate, unique individual with the responsibility and capacity for self-determination as well as individual human rights. He proposes, however, that the process of social saturation that accompanies our technological age has produced a profound change in the way we know and understand the self. Gergen's historical discourse of the views regarding the nature of the self reveals successive stages of temporal development from the position of relative undifferentiation (as defined by Bowen, 1988) of the last century to the higher levels of self-differentiation that characterise the new millennium.

The synopsis of this discourse given below is based mainly on Gergen's 1991 work, *The Saturated Self*.

Romanticism. Gergen states that the romanticist view of the self, inherited from the nineteenth century, allows one to attribute internal, unique characteristics to each person. Terms such as passion, love, purpose, soul, imagination, creativity and moral fibre are used for descriptive purposes, and this vocabulary is essential to provide meaning to committed relationships, close friendships and life goals. Thus, says Gergen, the romanticist may avoid "obviously rational" options during decision-making because they do not "feel" right or resonate with her intuition or spirit. This romanticist perspective of the self coincides with Bowen's (1988) description of an undifferentiated person, in other words, someone who makes decisions based on what "feels right" rather than utilising her intellect. During the period of romanticism, people often viewed their lives as a personal destiny, driven by a mission and directed by personal muses deep within. This perspective emphasised mysterious, unseen forces or inner feelings that are situated deep within the person and provide significance to life and relationships, and therapy was based on an

exploration of the individual's unconscious to uncover these hidden elements of the self. For the romanticist, the important features of a person are beyond the reach of mere observation and cannot be evaluated by techniques of intellectual reasoning. Delacroix (cited in Gergen, p. 24) describes these internal aspects of the self as follows: "The joy of expressing the soul in a hundred different ways, of revealing it to others, of learning to know ourselves, and of continually displaying it in our works".

Modernism. As Gergen sees it, the romanticist view had to make way for the rise of modernism at the end of the nineteenth century, in response to the expanding markets and technology of the Western world as well as to an impending war. Modernism is derived from positivism and logical empiricist philosophies, and is based on logical thought, the capacity for systemic observation and rigorous scientific reasoning. It emphasises rationality, observation, action, progress and achievement, and as Gergen points out, the dominant metaphor is that of "man as machine". Modernists conclude that the true self is accessible to observation and is therefore knowable. The main characteristics of the self are not situated deep inside a person, but lie in our ability to reason about our beliefs, opinions and conscious intentions. Therefore, what a person says is interpreted as an authentic expression of the true self. Gergen maintains that, for the modernist, actions are based on achieving rewards and avoiding punishment, and human behaviour is learnt rather than innate. Therapy shaped by these views would focus on modifying troublesome behaviour. The hallmark of the mature person is reliability – in other words, self-directing, well ordered, solid, trustworthy and consistent. Riesman (cited in Gergen, 1991, p. 44) distinguishes between the inner-directed person who functions according to an internalised "gyroscope" or "moral compass", and an other-directed person whose actions are guided by the social environment. According to the modernist, "normal" people are independent, predictable, honest and sincere. Modernists believe in educational systems, a stable family life, moral training and rational choices. (The picture of a good, solid citizen, living in a suburban home behind a white picket fence comes to mind.)

The modernist perception of the self, as sketched by Gergen, is in line with Bowen's (1988) description of a more differentiated, goal-directed person who is not so easily swayed by emotions. However, this view of the self still implies a rigid, intellectual individuality, as well as conformity to prescribed social standards for acceptable behaviour. In accordance with the systemic principles of Andolfi (1980) and Andolfi et al. (1983), unifying forces within social systems operated during the period of modernism to ensure cohesiveness and equilibrium during a period in our history where rapid change and uncertainty were the order of the day. An "identified patient" who marched to a different drum was rapidly brought in line with the rest of the troops to ensure a "united front" of harmony and stability to the world.

Postmodernism. As we become increasingly immersed in the expanding social world of contemporary life, we are exposed to a variety of opinions, beliefs, values and lifestyles and we become reflections of our surroundings. We are exposed to multiple voices from a widening array of social relationships. As Gergen (p. 49) puts it, a populating of the self takes place, which reflects the infusion of partial identities of other people through a process of social saturation. This results in the onset of what Gergen calls a multiphrenic condition, with unlimited multiplicity or the potential for multiple expressions of the self. As he sees it, both the populating of the self and the multiphrenic condition are characteristic of the postmodern consciousness and a function of emerging technologies. In other words, the self becomes a multifaceted kaleidoscope of bits and pieces collected from our social and technological world, which offers an unlimited choice of combinations to express an image of the self.

In Gergen's view, a wide array of advanced technological innovations has led to an abundance of social relationships by bringing people into closer proximity to one another and exposing them to an increasing variety of cultures. These relationships pull us in a number of different directions, requiring us to play a variety of roles and live out multiple plots. The result is that the concept of an "internal" or "real self" with knowable characteristics, as advocated by the romantic and modernist approaches, recedes into the background. High-tech devices such as the cellular phone, television and the internet have led to the phenomenon of self-multiplication, or the apparent ability to be present in more than one place at a time.

Celebrities have become a common frame of reference as they enter people's homes on a daily basis and start to occupy an integral place in their personal lives. Gergen (p. 56) believes that they have replaced our community elders and, what is more, have become our community. Internet chat rooms and teleconference facilities enable groups of people from across the world to interact with one another simultaneously. However, when relationships move from the face-to-face context to an electronic medium, they are altered as certain information (like facial expressions) is concealed. Gergen believes that there is thus a greater tendency to create an imaginary character with whom to relate. In other words, the other person and the relationship become a constructed reality for both participants.

Individuals may have a sense of coherent identity or self-consistency and could react with surprise and shock when they express an opinion that is contrary to their belief system. Social saturation and populating of the self occupy us with a multiplicity of incoherent and unrelated languages of the self. For Gergen each "truth" about ourselves is a construction of the moment, which is applicable only to a given time and within a particular relationship. The relatively coherent and unified sense of self is replaced by a multitude of competing components of potential selves (p. 80). This fragmentation of self-conception corresponds to a multiplicity of incoherent and disconnected relationships. As social saturation proceeds we become pastiches, or imitative assemblages of each other, and we become a representative or replacement for others (p. 71). All these selves are latent, invisible guests or possible selves, and may develop under favourable conditions to serve as appropriate models for behaviour. However, says Gergen, the alternative views of these social "ghosts" tend to cause internal conflict. For instance the person may believe that we are all basically the same, but we must hold on to our individuality (p. 72). It would seem that postmodernism has returned us to the paradox of individuation versus the need to belong described by Andolfi (1980) and Andolfi et al. (1983). We have become stuck in the quicksand of differentiation; the more we struggle to be different, the more we are sucked in by the sameness of society. In line with the therapeutic concepts of Andolfi et al. (1983), which would allow the individual to emerge from "behind the family mask", Gergen (1991, p. 203) also says that we wish to make contact with the "authentic" self behind the mask of effective social performance.

Therapy would therefore be based upon an exploration of the forms of relationship and their effects on the participants (p. 158). The “problem” is viewed as a problem because of the way it is constructed within certain relationships and the therapist’s task is to reframe the meaning system within which the problem is embedded (p. 251).

Gergen (p. x) describes people as living in the whirlwind of “dissolution of self” and experiencing the shocks of dislocation, the dilemmas of identity crisis, the thrills of new possibilities and an ever-expanding array of goals. They cannot recover what has been lost and are enslaved by the demands created due to their freedom of choices. As social relationships offer continuous opportunities to enact new roles, the boundary between the real and the presented self dissolves. One’s own role thus becomes that of an actor on a social stage that eclipses one’s personal being (p. 156). The boundaries of the self become blurred with the reconstruction of self as relationship and the fully saturated self becomes a no-self and has no circumscribed personal identity.

The postmodern description of the self partially matches Bowen’s (1988) description of a well-differentiated person. The postmodern individual is independent, responsible, goal-oriented and adaptable to a variety of new social situations. However, she lacks appropriate interpersonal boundaries, which may prevent her from engaging in intimate emotional relationships. The self becomes a bit like an orchestra, composed of artists from multiple nationalities who are tuning their various instruments before the performance. What is required is an integration of the cacophony of sounds to create a harmonious melody; it needs the conductor to step onto the podium and tap his baton.

In the postmodern world we become aware that “reality” is a product of perspective, and is relative to the social context. As Gergen explains, people exist in a state of continuous construction and reconstruction; in other words, the self is liquid or pliable. The postmodern person can express herself more fully by letting go of the need for self-coherence and allowing herself just to “be” within each particular social interaction (pp. 133-134). Gergen (p. 170) says, “we appear to stand alone, but we are manifestations of relatedness”.

Millennium mind. Gergen points out that the current texts of the self are built upon the foundations of preceding eras. With each new form of expression one learns about aspects of existence and the self that are obscured or absent in another description, and in the process new possibilities for relatedness open up. Postmodernism offers the opportunity to revive and integrate romanticism and modernism (p. 248). According to Gergen, a symbolic presentation of this synergism can be expressed by the concepts of *soprosyne* and *amae*. *Soprosyne* signifies the harmonious blending of intense passion and perfect control. For the Greeks, *soprosyne* was symbolised by the image of a charioteer, gracefully guiding his spirited horses (p. 248). This image is an apt metaphor for a supervisor managing his eager, new charges. The Japanese concept of *amae* is similar to our concept of dependence, but also implies that the dependent one may “coax and play, and seek another’s indulgence” (p. 248). The concept of *amae* is illustrated in parent-child relationships or between adults. The concept is also useful for describing the dependence of the novice psychologist on the supervisor and the interplay between their selves.

A protean lifestyle, as proposed by Lifton (cited in Gergen, 1991, pp. 248-249), is characterised by an absence of temporal self-coherence, which permits continuous redefinition of the self in diverse social contexts. This concept could be applied to the trainee therapist, who progressively becomes more differentiated and acquires the ability to infuse herself into a wide array of therapeutic contexts and play multiple roles. In the corporate world the ever-expanding body of knowledge of “flexible specialists”, as Gergen calls them, renders them effective across various departmental subunits. As multiple discourses can attempt to silence the supporters of differing beliefs or alternative forms of social life, a totalitarian standpoint can set the stage for schism and conflict. When conflicts become unmanageable, postmodernism opens the way to a melding of opposing opinions and belief systems. Postmodernism represents a shift from principles to participants, a realisation that enemies are only perceived as such due to individual viewpoints and that the resolution of existing conflicts must move beyond dialogue to the coordination of actions in everyday life. However, from the postmodern perspective, a certain degree of conflict in society is both unavoidable and even desirable as it opens the window

of opportunity for dialogue and cooperation. Gergen (pp. 258-259) believes that we can now achieve harmony between these detailed languages of being in the world and combine them into new dialogues for living.

If individuals are by definition elements within relationships, argues Gergen (p. 242), they cannot be separated from or controlled by the social world, just as waves, which form an integral part of the sea, cannot be separated from it. One does not have to choose between relationship and individual autonomy, but between varying forms of interdependence – between what Gergen terms face-to-face interaction and a symbolic community. Living alone is just another form of relatedness, and has certain advantages and liabilities depending on one’s perspective and patterns of social interaction (p. 243). Postmodernism permits the self to be expressed in a range of varied languages of being within the sphere of human potential. For the postmodern individual, the images of personhood are viewed as ways of relating rather than as mirrors of the truth (p. 247). Perhaps in the new millennium we may find the means to become the fully differentiated people described by Bowen (1988) – people who are “inner directed”, goal oriented, tolerant of divergent viewpoints and emotionally interdependent on their fellow human beings, and who lead purposeful and meaningful lives.

Theories of Human Development

Upon our deportation from Paradise we received the instruction from our Creator to “be fruitful and increase in number; fill the earth and subdue it” (Gen. 1:28). Of all his instructions, we seem to have mastered this task the best. The exiled humans were not provided with an instruction booklet on how to perform these new tasks, but a fertile earth, filled with an abundance of life, offered a context which supported their growth and development. So they set out to start the first family system on earth and were thrown into the deep end, with challenges such as sibling rivalry, conflict and tragedy that would threaten family equilibrium and cohesion.

In the following exposition of the theories of human development, the processes of learning, growth and maturation leading to increased complexity as a result of differentiation and integration are discussed with regard to cognitive, emotional, social, moral, religious and personality development. These processes are

interrelated and occur simultaneously during successive developmental phases. During each developmental phase, important tasks must be mastered in order to acquire the skills needed to progress to the next developmental level. In Chapters 3 to 6 of this dissertation, essential elements of these progressive phases of development are applied to the collage of my own developmental process from childhood to becoming a psychologist. In Chapters 5 and 7, I illustrate that the general theories of human development are also mirrored in the processes at work during the growth, development and differentiation of a psychologist within the training context. The interplay between parental and social influences and the personality of the person creates repetitive patterns of behaviour that could resurface upon exposure to new psychosocial environments that imitate a family structure, such as the training context. A greater awareness of the systemic patterns learnt during childhood could provide valuable information for problem solving during psychology training. Placing “training problems” such as interpersonal conflict, over-dependence on the supervisor, inability or unwillingness to follow therapeutic instructions, lack of creativity or inadequate interpersonal boundaries within the family of origin context, could assist both the supervisor and trainee to gain a better understanding of the underlying processes so that they may work towards constructive solutions.

Stoltenberg et al. (1998) also stress the importance of examining cognitive and human developmental theories to gain insight into the developmental processes that underlie the training of a psychologist, and they support a training developmental model based on qualitative change, organised into different stages of development. This approach was questioned by Halloway (cited in Stoltenberg & Delworth, 1988, p. 134) as follows: “What renders the experience of being a counselor so powerful that a graduate student abandons previous acquired cognitive structures and resorts to elementary levels of information processing on entry into counselor training?” Stoltenberg and Delworth (p. 135) are of the opinion that if a person is faced with a novel situation she would behave and conceptualise at a lower developmental level than she would in more familiar situations. They would expect conceptual development in these new domains to proceed according to developmental stages, but prior cognitive development in other areas should speed

up the trainee's progress through the stages of development during psychology training. During successive stages of growth and development, the therapist's knowledge and skills increase quantitatively, but a qualitative difference in the level of complexity of this knowledge and how it is used in therapy also occurs. According to Stoltenberg et al. (1998), new skills are learned in three steps:

1. First, a verbal or visual representation of a procedure provides a basic understanding.
2. Next, associative mental functions allow procedures to be refined on the basis of feedback and correction of errors.
3. Lastly, during the autonomous stage the student becomes proficient in the skill and execution becomes automatic.

Simultaneously, problem solving moves from serial processing and deduction to techniques based on memory retrieval by means of mental schemata and pattern matching (Stoltenberg et al., 1998). The novice may collect a considerable amount of initial information in a trial-and-error approach, while the expert therapist uses limited cognitive processing and focuses on relevant information, associative factors, core issues and pattern matching.

Development and change are a function of the efforts and level of development of the psychologist trainee, as well as the learning environment provided in supervision and therapy (Stoltenberg et al., 1998). The use of developmental theories as a model for psychology training is further supported, according to Stoltenberg et al., by the perceptions of supervisees and supervisors that the behaviour of supervisors and the supervisor-supervisee relationship change as the therapist gains experience.

I would therefore propose that the supervision group becomes the training family of origin where all the original developmental phases and the accompanying crises are revisited and must again be resolved for the trainee to become an autonomous psychologist. In this regard, the key themes and challenges in terms of cognitive, emotional, social, psychological, moral and religious processes are highlighted for each developmental stage from birth to adulthood. I have found these images a useful metaphor for viewing the gradual metamorphosis from selected

student to independent psychologist. They are based on my own “coming of age” experiences in the training context.

Conception to Birth

We all start off as two cells, each containing half of the genetic material required for life (Jordaan & Jordaan, 1989). Fertilisation provides the “spark of life” when these two cells fuse to form one cell containing the full complement of chromosomes, and the unification becomes a viable entity. The journey of becoming a psychologist commences in a similar fashion, even though we might not be able to blame or thank a candlelit dinner for the consequences. This process is set off by the combination of a person and her particular life circumstances, which sparks off the desire to pursue psychology as a future career. For this decision to become a viable option, a process of “natural selection” will take place and the fortunate student will survive and be able to “implant” the self in a training group. The new student is the “blank slate” on which the training system constructs the future therapist. However, the end result will be a product of the temperament and belief system of the student as well as the influence exerted by the training milieu. Producing a fully-fledged therapist, who will eventually be able to thrive outside the training system, involves an interactive process which relies on the student’s desire to learn and grow, as well as the support and encouragement provided by the trainers. Similar to cell division and the formation of organ systems in a foetus, the student will be required to rapidly expand her knowledge base, differentiate and integrate information to form new concepts. The training context becomes the uterus, which provides a protective, nurturing environment, and the trainer is the link to knowledge and problem-solving skills.

Neonatal, Baby and Early Childhood (0-6 Years)

The account of human development provided in the following sections and the theories referred to (such as those of Erikson, Piaget, Levinson, Kohlberg and Fowler) are drawn from contributions in Louw’s (1995) work on human development.

The neonatal, baby and early childhood years are periods of rapid growth and change that require adaptation as well as mastering basic life skills (Botha, van Ede & Piek, 1995; Louw & Louw, 1995). According to Piaget, the child is in the sensori-motor period from birth to 2 years and in the pre-operational period from 2 to 7 years (Botha et al., 1995; Louw & Louw, 1995). These terms indicate that the most important developmental tasks during these periods involve perceptual-motor coordination, copying observed behaviour, acquiring language skills and forming basic concepts of the physical and social world. As the child matures, information is processed more effectively due to increased capacity of the information processing and memory systems (Botha et al., 1995). The toddler's view of the world is egocentric and apparently she has limited awareness of other people's inner feelings (Louw, Schoeman, van Ede & Wait, 1995). She has to learn to interpret the emotions of others, how to control her own emotional reactions and requires support and education on how to handle fearful situations effectively (Botha et al., 1995). Separation anxiety is very traumatic for the preschool child and can affect later adaptability and functioning (Botha et al., 1995).

Levinson (cited in Gerdes & van Ede, 1995, p. 456) refers to development as the unfolding of the inner self and to socialisation as formation from outside. Hurlock (cited in Louw & Louw, 1995) explains that the period from 0 to 2 years forms the basis of personality and social development and is influenced by the relationships with parents and other significant persons, as well as by society. The stronger the bond between parents and child, the more secure children feel and the more likely they are to explore their surroundings and try new problem-solving techniques (Louw & Louw, 1995). Siblings provide an important source of emotional support and Santrock and Yussen (cited in Louw & Louw, 1995) say they have a strong socialising influence. The primary focus of socialisation during the baby and toddler years is the learning of desired behaviour and the unlearning of behaviour that is in conflict with the rules, norms values and moral standards of society (Louw & Louw, 1995). As Louw et al. (1995) explain, Piaget regards children younger than about five years as pre-moral, which indicates that their understanding of rules is still inadequate to allow them to judge whether rules have been broken. The child identifies with people she respects, such as parents, family

and peers and imitates their behaviour. She has a desire for their affection, acceptance and recognition (Botha et al., 1995). According to Fowler's stages of religious development, toddlers up to 3 years exhibit an undifferentiated belief in "power figures", whilst children from 4 to 7 years have a concrete conceptual view of "God" (Gerdes & van Ede, 1995).

Personality development involving the person's identity and self-concept includes cognitive, emotional and evaluative aspects (Botha et al., 1995). According to studies cited by Louw and Louw (1995), temperament is the first manifestation of "personality" and plays an important role in later psychosocial adaptation. The development of the self-concept is a process that continues throughout a person's life; the "existential self" develops at the age of 6-8 months (Botha et al., 1995, p. 283). During the preschool years the child develops knowledge of basic personal traits and also learns to evaluate herself and her qualities with resultant feelings of pride or shame (Botha et al., 1995).

According to Meyer and van Ede (1995), Erikson divides the life span into eight stages, each of which is characterised by a crisis where the individual must orient herself relative to two opposing poles. Each crisis arises as a function of the interaction between the needs of the developing individual and the corresponding expectations of society and the opportunities it offers. In terms of Erikson's model, achieving a successful synthesis between these two dialectic opposites promotes further maturation and the acquisition of new skills to assist in handling the next developmental crisis. However, during each subsequent developmental crisis, the preceding crises need to be resolved again, but from a different perspective. This means that these opposite poles exist throughout a person's life span, even though the new crisis receives more prominence during a particular stage. Erikson's epigenetic chart is a representation of a life span development divided into eight stages.

Meyer and van Ede (1995) explain that the child must achieve what Erikson refers to as a basic sense of trust during the first year. She must also overcome feelings of mistrust and attain "hope" in order to have the courage to approach new situations as her motor skills and physical development proceeds. Erikson's second developmental phase occurs during the second year, when the child must acquire

autonomy and overcome shame and doubt to obtain the willpower to achieve self-control. The period between 3 and 6 years is characterised by the need to show initiative and limit feelings of guilt in order to learn goal-directed or purposeful behaviour. Botha et al. (1995) point out that self-acceptance and self-image depend on the parents' level of acceptance of the child. They go on to say that a negative self-concept gives rise to considerable anxiety, which would hamper later academic performance and social adjustment.

Once the skills of the neonatal, baby and toddler phase are mastered, we might expect that the individual would progressively develop to the extent that as an adult this "childish" level of cognitive, emotional and psychosocial functioning would be something of the past. However, when people find themselves in unfamiliar psychosocial contexts that take them out of their established comfort zone, they initially tend to rely on these old, reliable methods to test the water (Stoltenberg & Delworth, 1988). As they have already mastered more advanced skills in other domains, they will tend to progress more rapidly through the subsequent developmental stages as soon as they feel confident that their newly acquired skills are sufficient to progress to the next level.

During the first few weeks of embarking on a psychology training programme, the student might feel a bit overwhelmed by the bulk of new information that has to be absorbed and may feel exhausted. The student is likely to be required to interpret and apply the knowledge imparted by the supervisor in a short space of time, and to master basic therapeutic skills, which implies a new level of sensorimotor integration. The student will probably feel very insecure and will tend to focus on her own feelings as well as on evaluative messages from the supervisor and peers, and this egocentric behaviour will make it difficult to concentrate on the emotional world of the client. It is important that the student should bond with the supervisor and her fellow students in order to be accepted into the fold and achieve a sense of belonging. She will therefore be reluctant, at first, to express negative emotions and will tend to avoid threatening or fearful situations. When more stable and supportive student-supervisor and student-peer relationships have developed, she will probably feel more secure about taking therapeutic and interpersonal risks. In order to survive the initial period of training, it is important for the student to

perform to the satisfaction of the supervisor and to start making the effort to eliminate “bad habits”. The metaphor of a “god” could be used to describe the supervisor’s position relative to the student. Initially the student trusts the guidance of the supervisor implicitly and attempts to follow instructions on a concrete level by attempting to copy his behaviour. The temperament of the student and personality of the supervisor will determine whether there is a “goodness of fit” (Chess, cited in Louw & Louw, 1995, p. 210), which will form the foundation of a constructive working relationship. Initially the student will reveal only a few essential elements of the self, but will gradually carve out a place for herself in the training system and disclose more complex elements. In order to develop confidence and a positive self-image as a therapist, the student needs to develop the courage to face challenges and the willpower to master new skills and take the initiative to achieve training goals.

Middle Childhood Years (6-12 Years)

This section is based on Louw et al.’s (1995) contribution to the work by Louw (1995) referred to above. Other sources are individually cited.

The period from 6 to 12 years is a critical one for the child’s cognitive, emotional, social and self-concept development as it allows her an increasing understanding of her expanding social environment, which offers new learning experiences. During this period the child further refines psychomotor skills and, according to Piaget develops concrete operational thought, which indicates that the child’s thinking is still based on objects instead of ideas or hypotheses. However, the child’s reasoning is logical and no longer intuitive. Problem-solving skills are enhanced by her ability to consider various aspects of a matter simultaneously as well as by an increase in processing speed and the amount of information which can be handled at a time. Long-term memory improves due to an expansion of the individual’s knowledge base and the deliberate use of memory strategies. Louw et al. (1995) explain that according to Piaget’s principles, educational programmes for children in the middle childhood should be highly individualised and should take place in small rather than large groups because of differences in the maturation of cognitive structures.

Turner and Helms (cited in Louw et al., 1995) state that middle childhood is characterised by greater emotional maturity, flexibility and differentiation in accordance with their greater independence and self-sufficiency. Louw et al. also refer to Vander Zanden's contention that between the ages of 6 and 11 children become aware of the social rules governing the expression of emotion, learn to identify and understand the emotions of other people more accurately, and become more sensitive to the feelings and needs of others. They become less fearful of threats to their physical wellbeing but new fears regarding academic performance as well as the death of a parent or abandonment by the parent emerge. As Belsky (cited in Louw et al., 1995) points out, parents are not "superpeople" who can serve as ideal models for their children; teachers and the family's social support system may have an important influence on the child's development.

Turning to the school years, Louw et al. (1995) describe how the child must adjust to new authority figures, adapt to new rules and demands, and achieve basic scholastic skills. The teacher facilitates learning, as well as the acquisition of social skills and encourages the child's knowledge of self. Pedersen, Faucher and Eaton (cited in Louw et al., 1995) maintain that teachers who care about children have a positive influence on their later development and Raudenbusch (cited in Louw et al., 1995) says that teachers who have realistic expectations for performance could have a positive influence on the academic achievement as well as the motivation and self-image of the child.

According to Louw et al. (1995), the quality of relationships within the family can influence a child's development and psychological wellbeing. Middle childhood places strenuous demands on parents with regard to setting boundaries, assisting academic learning and acting as a buffer between the child and the community. Parents are also responsible for teaching their children moral, religious and cultural values, how to handle interpersonal relationships and how to resolve conflicts. As children gradually become more independent, they compare aspects of their family life with those of other families and want to take a more active role during decision-making on issues that affect their daily lives.

In the opinion of Louw et al. (1995), the nature of the parenting style influences the child's development and could affect interaction with authority figures during adulthood. They refer to the four parenting styles, viz. authoritarian, authoritative, permissive (identified by Baumrind) and uninvolved (identified by Maccoby and Martin). The authoritarian parent expects conformity and unconditional obedience. Disobedience results in rejection or severe punishment. According to Baumrind, authoritative parents clearly state their expectations and have definite guidelines, but they allow considerable freedom within reasonable limits while being warm, sensitive, understanding, supportive and patient. The rights of both parents and children are respected and contributions by the children during family decision-making are encouraged. The permissive parent takes care of the child, but expects the child to be responsible for regulating her own behaviour. Uninvolved parents, as described by Maccoby and Martin (cited in Louw et al., 1995), meet the minimum short-term demands for caretaking, fail to establish clear guidelines, are indifferent to their children and may even reject them. They may be disinterested in their children, or overwhelming personal problems may leave them with too little time or energy to devote to their children.

Similar to families, say Louw et al. (1995), the peer group is also characterised by a hierarchical structure and group members formulate their own rules and code of conduct. The peer group offers friendship, affection and fellowship, and provides its members with the experience of relationships in which they can interact as equals. The peer group creates the opportunity to practise and refine social skills along with opportunities to try out new behaviour. Van der Westhuizen and Schoeman (cited in Louw et al., 1995) point out, however, that excessive conformity and attachment to the peer group may be detrimental if the necessary degree of self-reliance and independence is not allowed to develop.

With regard to moral development during the middle childhood years (5-9 years), Louw et al. (1995) refer to Kohlberg's Preconventional level of moral development. Initially children evaluate moral dilemmas on the basis of consequences without considering mitigating circumstances, and obey rules to avoid punishment. Progressive cognitive development leads to an awareness, albeit on a concrete level, of differing personal viewpoints and obedience is aimed at obtaining

rewards. According to Fowler (cited in Gerdes & van Ede, 1995) religious development from 7 to 12 years is characterised by a personal relationship with God, who is perceived as a fair and powerful parent figure.

The child's self-concept becomes more complex during the middle childhood years as more differentiated qualities are developed and cognitive abilities increase (Botha et al., 1995). Factors such as mastering important skills and motivation of the individual to strive for the "ideal self" have an important influence on the child's developing self-concept (Botha et al., 1995, p. 284). Louw et al. (1995) maintain that self-concept influences the child's level of anxiety, self-esteem, academic progress, social functioning and self-confidence. They go on to describe Erikson's fourth stage of human development, which lasts from the age of 6 to the beginning of puberty. The child now concentrates on mastering the skills required for adult life, and schooling plays a major role. Adequate encouragement, and support from teachers and parents, helps to develop a positive attitude and motivation for work. Successful mastery of the developmental crisis to which Erikson refers as industry versus inferiority gives rise to a sense of competence or efficiency.

The "middle childhood phase" for the trainee psychologist is a period of rapid expansion of the psychology knowledge base and its application in a variety of therapeutic contexts in order to gain practical experience. At this stage the trainee has constructed a rudimentary mental framework of the therapeutic process and is better equipped to retain information offered by the client and to compare it with existing knowledge in other domains. The trainee also has the ability to consider various aspects of the client's problem when planning appropriate therapeutic interventions. A reduction in egocentric behaviour gives the trainee insight into the perspective of the supervisor and the client, which enhances cooperation with the supervisor and empathic behaviour towards the client. The trainee's thinking becomes less emotional and more logical, but she still attempts to adhere strictly to prescribed therapeutic methods instead of using them creatively. Teaching in small supervision groups is advantageous as it offers more opportunities for discussing opposing viewpoints. Trainees are usually at different levels of development in various domains and working in small groups allows the supervisor to keep track of

the various developmental levels and to provide more individualised instruction, if required.

The trainee has a better understanding of appropriate emotional expression, both as a student and as a therapist. She has become more sensitive to the emotional nuances of the client and can make a better assessment of the complexity of emotions experienced by the client. Evaluation of her performance as a therapist becomes more realistic and constructive criticism is handled with more composure. However, the trainee makes enormous demands on herself regarding good academic performance and tends to compare her progress with that of other trainees. If the trainee feels that she does not measure up, she may experience anxiety and feelings of inadequacy. Support and open communication of these concerns within the supervision group are vital to preserve self-esteem. In the training system, the trainee must also learn to adjust to the working methods and expectations of other supervisors. However, they perform a valuable role in broadening the trainee's therapeutic repertoire and serve as additional role models. Supervisors who are committed to the development of the trainees and encourage them to meet expectations facilitate good academic achievement and a positive self-image on the part of trainees.

The parenting style (as described in Louw et al., 1995) the trainee was exposed to during childhood could affect the way she reacts to other authority figures, such as a supervisor. If trainees are accustomed to authoritative parents, they will be comfortable with an encouraging and supportive supervisor who clearly states his expectations, but treats the trainee with respect and allows her to discuss decisions and take the initiative. Authoritarian parents may raise future trainees who will wait for the supervisor to give instructions and then attempt to follow them to the letter, without attempting any adaptation to their own personal style. These trainees may hesitate to ask questions during supervision or to offer their own solutions to a client's problem. Trainees who had permissive parents may challenge the supervisor's authority and may blame the supervisor or peers for their lack of academic progress. Trainees with uninvolved parents may appear disconnected and may find it difficult to form an attachment with the supervision group, and their behaviour may at times be socially inappropriate. The position and role of the trainee

in the family of origin could also influence her in the supervision group, for instance if she behaved as the responsible older child. Unresolved issues of abandonment from childhood could be reactivated during training in the form of fears that the relationship with the supervisor could be terminated due to circumstances out of the trainee's control.

At this stage the trainee becomes more aware that the client may have a different perception of the problem from her, that the client will not always follow through with a promise, and that an event that occurs during therapy may be viewed from different angles by the supervision group and the client. The other students in the supervision group, as well as the larger psychology student group, provide a social support system where the trainee can discuss fears, try out new ideas, exchange important information and solidify her future role as therapist. The peer group has its own hierarchy and rules for interaction. If the trainee becomes caught up in an alliance that demands loyalty at all times, it may restrict her freedom of association and hamper her independence.

The trainee's ethical values as a psychologist are based on the moral values she acquired during childhood and are further shaped by exposure to appropriate role models during training and information provided by the supervisor. At this stage the trainee does not have the knowledge to negotiate ethical dilemmas and tends to rely on the supervisor to provide a code of conduct. The trainee usually follows the supervisor's ethical guidelines, as failure to do so may result in disapproval. Similar to the religious development of the child, the trainee feels that a trainee-supervisor relationship has been established and the supervisor is respected for his knowledge, skills, fairness and high ethical standards.

The trainee's self-concept becomes more differentiated as her knowledge and skills in various contexts have expanded and she is striving towards her "ideal" self as therapist. She has the ability to make a fairly accurate evaluation of her own progress, and feedback from the supervision group as well as factors in her broader social circle will have an impact on her self-confidence and self-esteem. In accordance with Erikson's fourth stage of development, as described by Louw, the trainee must acquire the necessary competence and work ethic to function successfully as a therapist at the end of training. A supervisor who expects the

trainee to perform well and provides a supportive, encouraging learning context will facilitate academic success.

Adolescence (12-21 Years)

This section is based on Thom's (1995) contribution to the work by Louw (1995) referred to above. Other sources are individually cited.

According to Thom (1995), adolescence is a period of transition in the development from childhood to adulthood during which extensive cognitive, social and psychological development takes place. From a psychological point of view, says Thom, adolescence ends when the person is reasonably certain of her identity, has her own value system, is able to establish adult relationships and has an awareness of herself as a unique, autonomous individual on a behavioural, emotional and moral level.

According to Piaget's theory (cited in Thom, 1995) the adolescent has reached the level of formal operations. She can now consider various factors in a situation, reason in terms of the relationship between abstract concepts, propose hypotheses and consider a number of possible solutions to a problem. Formal thinking is also important with regard to independent decision-making, introspection, creativity and an awareness of the complexity of human personality and behaviour.

Although, as Thom (1995) points out, the adolescent strives for independence, both the adolescent and her parents experience a certain amount of ambivalence, which leads to inconsistent behaviour. Independence, to the adolescent, means that she has to accept responsibility for the consequences of her actions, and she may experience uncertainty in new situations. Parents usually feel proud, grateful and even relieved when their children become autonomous, but as Thom (1995) observes, they might be anxious about their children's welfare. The parents also play an important role in assisting the adolescent to make a suitable career choice which is flexible and realistic, and is congruent with the characteristics, abilities and values of the individual (Gerdes, cited in Thom, 1995).

Turning to the peer group, Thom (1995) states it is an important agent for socialisation. Friendships from the age of 12 years to adulthood are characterised by

an autonomous interdependence (Selman, cited in Louw et al., 1995). According to Thom, the peer group provides a group identity and the opportunity to experiment with new roles. It facilitates emancipation from the family, provides a forum to discuss fears, ideals and dreams, and helps to release emotional tension. It also provides companionship, security and acceptance, and Thom maintains that it contributes to the adolescent's formulation of her own identity. She adds, however, that rejection by the peer group could hamper the adolescent's social development and too much conformity with the peer group could stifle individualism.

As Thom (1995) points out, one of the most important tasks of the adolescent period is to develop a personal value system in order to facilitate the development of an individual identity. Moral values are usually learnt from parents and other adults who serve as role models for the child and these values are re-evaluated during adolescence. According to Kohlberg (cited in Louw et al., 1995), most adults and adolescents attain the conventional level of moral development, which requires concrete cognitive operations. At this level the individual obeys rules to conform to personal expectations, to gain social acceptance and to preserve the social order. Fowler's (cited in Gerdes & van Ede, 1995) stage of religious development coincides with Piaget's formal operational thinking during adolescence, where the adolescent thinks more abstractly about religious matters, but finds it difficult to integrate divergent viewpoints and problems experienced in her own life.

The beginning of adolescence usually entails a loss of the stable self-concept of childhood (Thom, 1995). An identity crisis is experienced until the maturational changes of adolescence can be integrated into the identity to provide an individual sense of wholeness, selfsameness and continuity. Identity refers to an awareness of the self as an independent, unique person with a specific sociocultural and occupational position in society.

Thom (1995) goes on to say that the adolescent searches for appropriate role models to identify with and often rebels against the accepted norms of society as she struggles to resolve her identity crisis. In terms of Erikson's theory, as cited by Thom, society offers the person a psychosocial moratorium to try out various identities by showing tolerance and providing educational institutions such as high schools and universities. The adolescent develops a sense of identity by integrating

all the identifications of the previous stages into a whole to achieve ego synthesis. Identity foreclosure, according to Marcia (cited in Thom, 1995), could result if a person prematurely commits to certain goals and values, possibly as a result of parental influence. For Erikson, on the other hand, identity diffusion occurs when the adolescent is indecisive and cannot integrate her various roles. Erikson holds that the ideal solution to the identity crisis lies in a synthesis of the two poles, identity and identity confusion, to obtain a feeling of certainty regarding her own abilities, social identity, and personal values.

During the “adolescent” phase of training, the psychologist becomes progressively more confident regarding her therapeutic abilities. She takes more responsibility for her actions and strives towards independence in order to be able to function autonomously when the training period ends. The therapist must integrate the various therapeutic epistemologies into an eclectic therapeutic model and internalise an ethical code of conduct. Formal operational thinking permits integration and a holistic image of the various concrete and abstract facets that impact upon a client’s life, an understanding of interactive patterns emerges, hypotheses are proposed and various therapeutic interventions are considered. The psychologist takes more initiative and becomes more creative during the planning of therapeutic strategies. However, she lacks the experience of the more seasoned psychologist and could have unrealistic ideals of solving challenging societal problems.

The psychology peer group becomes an important forum to solidify the therapist’s role; it promotes independence and provides support and acceptance in times of insecurity and confusion. However, the peer subsystem is characterised by its own unwritten code of conduct and conflict may arise when psychologists who have formed alliances during the period of training are perceived to be unsupportive during a conflict. The psychologist’s budding independence and confidence may fluctuate across different domains and contexts. Authoritative supervisors give the psychologist enough latitude to spread her wings, but know where to tighten the reins when an uncharted area is explored. Conflict with the supervisor may arise if the psychologist perceives that her judgement is not trusted or that the supervisor curtails her freedom during sessions. The psychologist becomes increasingly aware

that a psychology degree does not guarantee gainful employment and career planning becomes vital to bridge the gap between the academic and professional contexts.

During the training process, new moral and ethical values that are applicable to the therapeutic context and were acquired from supervisors and peers must be reconciled and integrated into the psychologist's existing moral structure. Up to this point the psychologist has followed the standards set by the supervisors in order to gain their approval and because she believed they complied with, and contributed to, the ethical standards of the profession. However, she has become aware of differing viewpoints regarding appropriate "professional conduct" and may find it difficult to reconcile conflicting standards. The psychologist may have undergone radical developmental changes during the training process, which may lead to some identity confusion. It is essential that the differentiation of self and redefinition of her role in society should be integrated with her existing self-concept. At this stage most therapists have developed a unique therapeutic style and attempt to synthesise a congruent occupational, personal and sociocultural identity. The internship offers a period of grace to assist the psychologist in solidifying this identity and achieve a sense of continuity. If the psychologist has not achieved integration at the end of the internship year, anxiety, lack of confidence and indecisiveness could delay the achievement of her career goals.

Adulthood (21 Years to Death)

This section is based on Gerdes and van Ede's (1995) contribution to the work by Louw (1995) referred to above. Other sources are individually cited.

According to Gerdes and van Ede (1995), the developmental tasks of early adulthood (20-40 years) and middle adulthood (40-60 years) are to

1. achieve independence and responsibility
2. establish a career and find a place in the community
3. make a commitment to adult relationships
4. redefine one's self concept and sense of identity
5. define one's values and philosophy of life.

According to Piaget's cognitive-structural approach, as cited by Gerdes and van Ede (1995), formal operational thinking is the final stage in cognitive development. Gerdes and van Ede point out, however, that post-Piagetians view the adult's cognitive functioning as post-formal-operational thinking, characterised by relativistic, problem-seeking and dialectical thought. Post-formal-operational thinking requires logical, creative and innovative thinking for solving poorly defined problems by integrating the interaction between parts, processes of change, context and interactional systems from multiple sources of reference and considering various outcomes.

Levinson (cited in Gerdes & van Ede, 1995, p. 457) states that "adult development is the story of the evolving process of mutual interpenetration of self and world". He maintains further that, broadly speaking, adult socialisation involves alternating periods of building life structures (for instance, getting married) and life-structure modification (such as a career change) due to the constant interaction between individual characteristics and environmental influences. During these periods adjustments have to be made and losses must be overcome. Gould (cited in Gerdes & van Ede, 1995, p. 490) supports the notion of developmental stages, similar to those proposed by Levinson, and defines transformation as an "expansion of self-definition".

According to Gould (cited in Gerdes & van Ede, 1995), during adulthood the identity crystallises, with the result that greater independence and emotional control are achieved. Gerdes and van Ede maintain that interpersonal attachment and emotional, intellectual and spiritual intimacy are important factors in the social development of the adult. Attachment between adults and between parent and child are the core elements of adult relationships, and Gerdes and van Ede point out that the termination of such a relationship is very traumatic for the adult and can result in various physical and psychological symptoms. Work provides the framework for a person's life, as it determines most of a person's interactions with other people and affects self-esteem, identity and status in society (Gerdes & van Ede, 1995, p. 513). During the so-called mid-life crisis, the self and roles are questioned, followed by a period of critical self-appraisal, during which values and lifestyle are re-evaluated. From the age of 44 years people increasingly realise that life is finite and have fewer

illusions about themselves (Gould, cited in Gerdes & van Ede, 1995). Gerdes and van Ede (p. 491) point out similarities between the developmental approaches of Erikson, Levinson and Gould, such as references to shifts in focus and periods when particular kinds of change (e.g. a crisis, structure modification, or transition) occur. Levinson and Gould also refer to the ages of 30 and 40 as pivotal points of reappraisal and change.

According to Kohlberg (cited in Louw et al., 1995), only a small percentage of adults achieve the postconventional level of morality, which requires formal cognitive operations. The individual regards rules as contractual agreements aimed at protecting the rights of the individual and promoting the welfare of society (Thom, 1995). Behaviour and moral orientation are based on internalised, abstract and universal ethical principles (Thom, 1995). Fowler (cited in Gerdes & van Ede, 1995) holds that religious development at the end of early adulthood is characterised by the critical evaluation of existing belief systems and greater internalisation of beliefs and values. Dialectic thinking allows an integration of divergent viewpoints, reconciliation of paradoxes and the acquisition of a universalising belief, which lead to a transcendental point of view.

Even though personality traits and temperament stay fairly constant during the course of life, a person's self-concept and identity are affected by life situations (Gerdes & van Ede, 1995). Whereas a clearly defined, non-rigid self-concept provides direction and consistency of self, Gerdes and van Ede point out that a vague self-concept is accompanied by a sense of purposelessness and uncertainty. During adulthood a person continues to explore her human potential, and periods of crisis and tension are part of the developmental process, particularly if they lead to adaptation and new insights. Meyer and van Ede (1995) hold that during adulthood the individual must strive to develop close relationships with others and avoid social isolation. They refer to Erikson's use of the term "love" as the ideal synthesis during this stage, which implies an intimate relationship, characterised by reciprocal trust. Most of a person's adulthood is spent in acquiring what Erikson (cited in Meyer & van Ede, 1995) calls "generativity", which indicates productivity and preventing a sense of stagnation and self-preoccupation. Erikson holds that successful synthesis of

these two poles results in care, which implies a meaningful life aimed at the enrichment of her own and other people's lives (Meyer & van Ede, 1995).

Raubenheimer (1995) asserts that adjustment to the loss of social roles, power, independence, the marriage partner, friends and income is the biggest challenge of late adulthood. According to Peck (cited in Raubenheimer, 1995), continuing psychological growth and adjustment during late adulthood depend on the outcome of three main developmental tasks. First, the elderly person has to come to terms with retirement from work (ego differentiation versus work-role preoccupation) and must find self-worth in other areas. Second, she has to come to terms with physical deterioration (body transcendence versus body preoccupation); and finally, she must accept the inevitability of her approaching death and find meaning in it (ego transcendence versus ego preoccupation). According to Raubenheimer, Erikson views the last stage as the culmination of experience and personality development and maintains that it involves the integration and evaluation of all the preceding developmental phases. When a person has successfully mastered all the previous crises, she can look back on life with satisfaction and face death with calmness and trust. During old age, wisdom is acquired if the ego-integrity versus despair crisis is successfully resolved. A person who does not achieve ego-integrity, according to Erikson, is dissatisfied with life and fears death.

The psychologist moves into the "adulthood" phase of development at the end of the formal training period at university and during the internship. During this phase she must reach a level of cognitive, social and psychological development that will enable her to acquire autonomy, establish a career, develop her own ethical code of conduct and integrate the developmental changes into her self-concept and social structure. At this stage the psychologist has established metaformal schemata, which can be utilised for problem solving in the therapeutic context. She can use logical reasoning to evaluate various contributing factors and postulate preliminary hypotheses, and she can formulate creative therapeutic interventions. Systemic thinking creates an awareness of the interaction between members of a system and the repetitive patterns of behaviour that serve to maintain symptomatology in the "identified patient". Mastering these cognitive abilities depends on the therapist's inherent qualities, the training environment and her experience. During the internship

and her professional career, the psychologist will gain the necessary experience to fine-tune these skills and will use additional sources of knowledge and creative thinking to devise innovative solutions to difficult problems.

The psychologist does not practise her craft in a social vacuum and her career will have an effect on her broader social context. During the formal training period, extensive life structure modification has taken place to accommodate new life experiences and the period after the internship requires a rebuilding of life structures to create continuity and stability. It could be difficult to reconcile the role of psychologist with that of friend or intimate partner as there could be a perception that the psychologist knows all the answers, is never irrational or emotional and does not require support and encouragement. Close relationships with other people are vital for the psychological health of the therapist as they constitute a reciprocal social support system and add meaning to life. Committing to close relationships and being pushed and pulled by these social systems also add to her life experience, which could be invaluable in the therapeutic context. One of the most difficult tasks the psychologist faces is building a career structure after the end of the internship. The therapist is suddenly thrust into the big, wide world without the safety net of the academic support structures and there is no chance of “running back to mother” when things get tough. A degree does not automatically provide a career and the psychologist must consider various options that will ensure an acceptable income, will be congruent with her goals and values and will lead to her continued differentiation and integration of self. Once she has established a career, assisting another young professional to negotiate his or her way through the career jungle could be a very worthwhile experience.

The practising psychologist will encounter a variety of moral and ethical dilemmas in clinical practice. An internalised ethical code of conduct is an essential tool for staying clear of the potential pitfalls. The newly qualified psychologist will probably aim to protect the basic human rights of all the parties concerned and will eventually be guided by internalised values, based on universal human principles. At this stage supervisors are no longer regarded as the “gods” of knowledge and wisdom. The psychologist critically reviews all the imparted knowledge, values and principles in order to develop an internalised ethical framework to guide her

therapeutic work. However, she might have difficulty reconciling the belief system acquired during childhood with that of the training milieu and the broader social system. It has been postulated that people construct their “creator” in the image of the authority figures in their lives. Similarly, the psychologist must be able to integrate her experiences of parents, teachers, supervisors and various interpretations of “god” into a symbolic spiritual concept in order to create a meaningful context for concepts such as life, illness and death.

Throughout a person’s life, dealing with crises, resolving problems, adapting to new circumstances and dealing with loss will lead to continuous growth, development and differentiation. A person’s sense of self and identity are affected by these life changes. A clearly defined self-concept gives direction and purpose to a person’s life, whereas a vague self-concept gives rise to insecurity and indecisiveness. A person who struggles to accomplish an integrated sense of self may find it difficult to establish a career and form intimate relationships, which could lead to isolation, stagnation, self-preoccupation and despair. If this development task has not been accomplished by the age of about 40 years, a “mid-life crisis” could be experienced as the person realises, on a cognitive and emotional level, that life is finite. Without the warmth and protection of close interpersonal relationships, an existential crisis could be experienced because life could become a frightful and meaningless place. This experience could have far-reaching consequences for the personal and professional life of the psychologist and could be one of the contributing factors in depression and therapist burnout. The person who accomplishes Peck’s three developmental tasks of late adulthood (cited in Louw) attains a highly differentiated and integrated sense of self that transcends body image and personal ego. I would equate this transcendental wisdom with the last stage of the Zen Buddhism path of enlightenment (Zohar & Marshall, 2001) or the level 3i therapist (Stoltenberg et al., 1998), which I describe under phase 6 in Chapter 7 of this dissertation. The psychologist who has reached this level becomes the “master in the marketplace”; she leads a normal life and can adapt with ease to fulfil multiple roles within a larger community. She does not take an expert stance with clients, but respects their own wisdom and ability to heal their lives and she humbly accepts her own strengths, accomplishments, shortcomings and personal failures.

Developmental Model for Psychotherapist training

Introduction

Stoltenberg and Delworth (1988) believe that parallels can be drawn between general models of human development and the developmental processes observed during psychology training. They use the metaphor of development to provide a detailed framework for examining the changes that occur in trainees over time as well as optimal supervisory approaches (Stoltenberg & Delworth, 1988, p. 134). Stoltenberg et al. (1998) developed an Integrated Developmental Model for Supervising Counselors and Therapists, based on models of human development. This IDM model describes a four-stage sequence of psychotherapist development, as well as the supervision context required to encourage this development. A trainee's progression through these developmental stages does not occur within a specific timeframe, nor is it a linear transition between distinct phases (Stoltenberg et al., 1987). Stoltenberg et al. (1987, p. 24) describe it as a "complex, idiosyncratic process". The individual characteristics of the supervisor and supervisee, as well as the techniques used by the supervisor, can influence the growth and development of the supervisee (Stoltenberg et al., 1998). The supervisor is required to assess supervisee competence and development across different domains of practice and to supervise accordingly. Therefore, considerable supervisor flexibility is required as the level of supervisee development across different domains may vary within the same supervision session. For instance, the supervisee may have clinical experience with depression, but could experience difficulty when faced with a client who suffers from depression in the context of bereavement, due to a lack of experience in the domain of bereavement. Therefore, in order to meet the needs of each specific supervisee, the supervisor must be able to adapt to changing levels of development within and across sessions (Stoltenberg et al., 1998).

Professional practice consists of a wide variety of responsibilities and activities, which require a broad range of skills, knowledge and experience (Stoltenberg et al., 1998). It becomes problematic to place supervisees in distinct categories of development, because they may function at different levels of professional development across different domains. Tracey, Ellickson and Sherry (cited in Stoltenberg et al., 1998) have also found that supervisors are required to

vary the degree of structure provided, depending on the experience of the supervisee in a particular field. Degree of expertise and capacity for assuming responsibility within a particular context are therefore important considerations for providing optimal supervision for different supervisees. Stoltenberg et al. (1987) have found that as professional development progresses, the supervisee develops a more interdependent relationship with the supervisor and shows a significant decrease in the need for a structured environment and direct feedback.

Stoltenberg et al.'s (1998) IDM model consists of four levels of trainee development, three overriding structures that provide markers for assessing professional growth and eight domains of clinical practice for which these structures provide guidance in assessing the developmental level at which the trainee is functioning.

Overriding Structures

The three overriding structures consist of self and other awareness, motivation and autonomy (Stoltenberg et al., 1998). Self and other awareness has a cognitive as well as an affective component and gives an indication of the supervisee's level of self-preoccupation, awareness of the client's world, and enlightened self-awareness across different levels of development. The cognitive component describes the content of thought processes and the affective component explains changes in emotions, such as anxiety. Motivation reflects the supervisee's interest, investment and efforts during clinical training and practice. Across development levels motivation is initially high, followed by fluctuations according to the context and culminating in a stable degree of motivation over time. Autonomy refers to the degree of independence exhibited by trainees over time and is accompanied by other structural changes. Stoltenberg et al. see the trainee as initially highly dependent on the supervisor. Eventually a dependency-autonomy conflict arises as professional adolescence is reached. With continued clinical experience and supervision, conditional autonomous functioning is granted as awareness of strengths and weaknesses provide the trainee with a barometer of when additional supervision or consultation is required.

Specific Domains

The eight specific domains of clinical practice of Stoltenberg et al.'s (1998) model are: intervention skills competence, assessment techniques, interpersonal assessment, client conceptualisation, individual differences, theoretical orientation, treatment plans and goals, and professional ethics.

Intervention skill competence reflects the supervisees' confidence in executing therapeutic interventions and is affected by how well versed they are in a particular modality (for instance, individual versus family therapy) as well as the theoretical orientation being used (Stoltenberg et al., 1998). Assessment techniques refer to the supervisee's confidence and ability to perform psychological assessments and will vary according to experience and training across approaches, for example, personality versus neuropsychological testing. Interpersonal assessment, which forms part of assessment techniques, entails the integration of clinical interview data with formal assessment data and incorporates the use of self in conceptualising a client's interpersonal dynamics. Client conceptualisation includes an understanding of how the amalgam of client characteristics, history and life circumstances affect adjustment and Stoltenberg et al. point out that it assists in making a diagnosis. The nature of this conceptualisation varies according to the worldview and theoretical orientation of the therapist (p. 18).

For Stoltenberg et al. (1998), individual differences include an understanding of ethnic, racial, and cultural influences, as well as the idiosyncrasies of a particular person's personality. Theoretical orientation includes formal theories of psychology and psychotherapy, as well as a personal integration of these theories into eclectic approaches, which may account for the varying degrees of complexity of understanding across orientations used in clinical practice (p. 18). Treatment plans and goals determine the sequencing of interventions in the psychotherapeutic context in order to reach therapeutic goals and objectives. This therapeutic choreography will depend on therapeutic orientation, skill level, situational resources and constraints. The standards of clinical practice and personal morals and ethics are blended during the development of the therapist to determine a personal code of professional ethics.

Interaction of Structures and Domains Across Levels of Therapist Development

Level 1 Supervisee

In terms of Stoltenberg et al.'s (1998) model, supervisees who function at level 1 and are novices to training in psychotherapy usually have background knowledge of theories and techniques, as well as indirectly related life experience. As they often have limited direct therapeutic experience, the supervisor will usually focus on interpersonal skills and simple intervention strategies at this point. Supervisees with extensive experience in other domains of clinical activity will also be functioning at level 1 if these domains are significantly different from the primary focus of training in supervision.

The level 1 trainee is required to master new skills and needs the opportunity to put her knowledge and skills to practice (Stoltenberg et al., 1998). Learning a variety of new theories, skills and therapeutic interventions can lead to confusion, discomfort and anxiety during therapeutic sessions as the trainee fears a negative evaluation by the client or supervisor. The trainee tends to focus on performing a particular intervention correctly and also has a myopic self-focus due to performance-anxiety, say Stoltenberg et al. Unfortunately this is often a rather overcritical focus on the self, instead of an insightful self-understanding. The supervisee's evaluation of her therapeutic effectiveness is based on her adequacy to perform the prescribed techniques. She tends to follow the theoretical orientation of a role model, such as the supervisor, or one that fits in with her personal view of human behaviour. At other times, she might choose to abstract certain principles from complex theories to build more simplified constructs, which will make the information more understandable. This need to reflect on didactic material during sessions limits the capacity to focus on the client, to process information provided and to recall relevant information during the session. This self-focus leaves little attentional capacity for considering the perspective of the client or the therapist's own affective or cognitive reactions on the client. "Analysis paralysis", as Stoltenberg et al. (p. 20) term it, results because the trainee's schema at this point is not yet sufficiently developed and integrated to allow easy access to relevant information. A supportive, facilitative supervision environment and growing experience increase confidence and skills, which allows the focus to shift away from self-monitoring towards the client. This enables the trainee to observe the impact of

the therapeutic process on the client, and to pay more attention to what the client is trying to communicate.

According to Stoltenberg et al. (1998), the level 1 trainee is usually highly motivated to overcome her feelings of uncertainty, confusion and anxiety and has a strong desire to emulate experienced therapists and become a fully-fledged psychologist. This motivation to learn and grow is often reflected in a desire to learn the “best” or “correct” approach to clinical problems (p. 21). There is also a desire to share this newfound understanding and expertise with clients. Moving past the initial feelings of inadequacy and experiencing a certain measure of professional effectiveness can boost confidence and serve to reinforce the wisdom of a person’s career choice. This allows the supervisee to proceed to level 2 where the desire to learn new techniques is less intense and she prefers to enjoy a feeling of self-efficacy as a clinician.

Novice clinicians tend to show considerable dependence on the supervisor for instruction and support due to their lack of knowledge, limited understanding and experience in clinical practice (Stoltenberg et al., 1998). They rely on the supervisor to provide structure and information that they can expand upon and integrate into an overall mental structure to gain an understanding of the clinical process and to direct their therapeutic behaviour. Stoltenberg et al. maintain that early successes tend to boost confidence and increase the desire for more autonomy in supervision and clinical practice. However, a simplistic understanding of complex phenomena may lead to a false sense of security. On the other hand, say these authors, some supervisees may need additional encouragement to take risks beyond adherence to skills and techniques.

As I see it, the process is similar to leaning to ride a bicycle. Initially the child starts off on a tricycle and then proceeds to a bicycle with training wheels. Once sufficient growth, skill and balance have been achieved, the training wheels are removed and all that is needed is a helping hand to keep the bicycle steady. Then one day when the child pedals along merrily she looks around and the “helper” is lagging a few metres behind, gasping for breath. Have bicycle, will ride!

Level 2 Supervisee

Accomplishing the level 1 developmental tasks allows the supervisee to move to level 2, and according to Stoltenberg et al. (1998) this process is facilitated or impeded by the supervision environment. This developmental sequence occurs within domains and therefore we could expect differential growth across domains. This differentiation may be a function of a focus on selected domains during supervision, training opportunities in a particular domain and the trainee's personal characteristics. The important implication is that at any given time during the course of training, a trainee may be at different supervisee developmental levels, depending on the domain of clinical activity. The range of levels will tend to be less for very inexperienced trainees compared to experienced professionals. For instance, the novice therapist will be functioning largely at level 1, while the therapist with considerable experience is expected to be functioning primarily at level 3, although she may be at level 1 in a new domain.

Level 2 is marked by a structural, cognitive shift away from a self-preoccupation with the supervisee's own thoughts and performance, which frees up resources to allow her to focus on the life circumstances of the client (Stoltenberg et al., 1998). This change in focus adds complexity to the previously naive, simplistic view of the client, which is characteristic of level 1, and therapeutic processes may now seem overwhelming and confusing. A shift in focus from her own anxiety to sensitivity for the emotional experience of the client allows the supervisee to develop empathy with the client's pain. This empathic focus on emotional cues from the client allows the therapist to achieve a greater depth of emotional and cognitive understanding of the client's world, and Stoltenberg et al. maintain that it assists in case conceptualisation. This provides valuable insight into the emotional experience of the client, but it can also increase the likelihood of enmeshment with the client's emotional world or may lead to "intervention paralysis" (p. 23). Transition beyond the confusion and intense emotional involvement of level 1 to level 2 requires the therapist to reflect on her own reactions to the client, review the clinical processes at work and tap into relevant schema during clinical sessions.

Stoltenberg et al. (1998) point out that the supervisee's awareness of the complexity of therapeutic processes could boost her levels of motivation to master the confusion by seeking additional support and guidance from the supervisor. On

the other hand, she may be overwhelmed by it, resulting in a reduction in motivation to learn and engage in clinical activities. The supervisee may experience fluctuating levels of motivation as confusion and despair contrast with feelings of confidence and effectiveness. Progression to level 3 requires that the therapist should develop an understanding of the interaction between personal characteristics and clinical practice in order to develop an individualised therapeutic orientation.

As the supervisee develops a sense of efficacy and starts formulating her own ideas, a desire for more autonomy arises (Stoltenberg et al., 1998). Guidance from the supervisor regarding professional ethics is vital at this stage, as the supervisee does not yet have the experience to deal with ethical predicaments. As the supervisee moves into the “early adolescence” of her training, a dependency-autonomy conflict with the supervisor may occur. This conflict can create tension in the supervisory relationship that may inhibit the willingness of the therapist to disclose personal feelings and thoughts to the supervisor. At times, say Stoltenberg et al., the supervisee will be able to function fairly independently with the aid of specific requests for help, and at other times she may regress to level 1 and become insecure, over-dependent or even evasive. As the level 2 therapist progresses to level 3, a more consistent conditional autonomy develops due to an increased awareness of competencies and limitations, resulting in a diminished dependency-autonomy conflict.

My picture of this stage is that the supervisee is like a kid with a red bicycle who is whizzing around the block, shouting, “Look, Ma, no hands!” The parents are praying and buying disinfectant in bulk to nurse scuffed knees. Then she walks in and says: “Dad, I want a motorbike.”

Level 3 Supervisee

The confusion and emotional upheaval of level 2 yields to a more stable, autonomous and reflective therapist, with a personalised approach to clinical practice and a greater use and understanding of the self (Stoltenberg et al., 1998).

The critical self-focus of level 1 is now replaced with a more insightful self-awareness, based on a realistic view of professional strengths and weaknesses, while

retaining the high empathy of level 2 (Stoltenberg et al., 1998). Empathic listening and skilful assessment of the client, as well as viewing the therapeutic process from a meta-position, allow the therapist to integrate information more effectively. Stoltenberg et al. indicate that the therapist has now acquired the ability to utilise a guiding theory, focus on the client's experience, process the information provided, pull back to reflect on her own reactions and perform a memory search of relevant schemata for decision-making during the therapy session. Due to better self-knowledge the therapist is able to use the self in therapy, in other words, she can utilise personal characteristics such as creativity and humour.

The fluctuating motivation of level 2 is replaced with a more stable, high level of motivation for professional development and practice (Stoltenberg et al., 1998, p. 25). The therapist personalises her clinical practice and develops an idiosyncratic therapeutic style. Periodic ups and downs still occur, but they are of a much milder nature and are not disabling. There is a bigger concern with a professional identity and how the therapist role fits into it. According to Stoltenberg et al., the therapist has learnt to use her professional judgement and is committed to taking responsibility for her clinical work. The supervisory relationship becomes more collegial or consultative at this point and supervision is sought to solidify gains and broaden perspectives.

The therapist has now become like the teenager who has finally obtained her driver's license and says: "Mom, I want to borrow your car tonight." The parents pray harder, and check their insurance policies. Then she walks in and says: "Mom, Dad, I'm leaving home to get married."

Level 3i Supervisee

At level 3i the goal of the therapist is integration and fluidity of movement across domains (Stoltenberg et al., 1998). She learns to weave her way smoothly through the processes of assessment, conceptualisation of the problem, developing treatment goals and the implementation of interventions. Stoltenberg et al. (p. 31) hold that clinicians who reach this point are considered masters by their colleagues.

Stoltenberg et al. (1998) indicate that the therapist widens her understanding of clinical practice and links relevant schemata across domains. As they see it, Piaget's "unfolding from within" characterises this level. The therapist is creative, has the ability to integrate knowledge across domains, learns from others, and can accommodate and assimilate changes encountered during the life cycle. Stoltenberg et al. (p. 31) feel that Gilligan's description of a relational context of supervision is consistent with this stage. The therapist is able to evaluate the impact of personal life changes on professional identity and performance. Her increased self-knowledge allows an understanding of the effect of personal characteristics on various clinical roles, as well as an integration and consistency of identity across these roles (p. 26).

At this stage, say Stoltenberg et al. (1998), relatively high and stable motivation is maintained across a number of domains. Decisions concerning professional and personal goals determine which domains and professional roles are paramount. If a new domain comes into focus during clinical practice, a revisiting of levels 1 or 2 might be required to gain the necessary expertise in the new area of clinical practice. The therapist has the ability to move conceptually and behaviourally from one domain to another with a high degree of fluidity (p. 26). Professional identity is solid across most domains relevant to the clinical practice of the therapist, although focusing on a new domain will result in changes in autonomy consistent with the level of development regarding the new domain.

The therapist is now like the young woman and her husband who come home for a visit and say: "Mom, Dad, we are expecting a baby". The parents thank the Lord, and buy a tricycle.

Supervisory Relationships Across Levels

Training of a therapist, according to Stoltenberg et al. (1998), takes the form of a master-apprentice approach where the supervisory relationship evolves over time. This relationship involves personal as well as professional aspects that include the roles of teaching, mentoring, consultation and evaluation. The interpersonal relationship between supervisor and supervisee contributes to increased self-awareness of the supervisee and encourages growth and development. Differentiation

of the supervisor is essential to deal with individual needs and expectations of diverse supervisees in terms of gender, ethnicity and sexual orientation. As Stoltenberg et al. point out, supervisees lack power in their relationships with supervisors and may be reluctant to express their feelings in relation to these issues. It is therefore important that supervisors create a supervisory context where these needs and issues are viewed as relevant to supervisee's personal and professional development and are addressed openly.

Supervisees also differ in their needs and expectations across developmental levels (Stoltenberg et al., 1998). Beginning trainees prefer an emphasis on the development of basic therapeutic skills, didactic training in counselling and developing self-awareness. Intermediate supervisees need assistance with developing alternative conceptualisation skills and working within a cohesive theory, and they place more emphasis on personal development. Advanced therapists want to explore more complex issues of personal development, transference and counter-transference, parallel processes, and client and counsellor resistance and defensiveness (p. 111). Across developmental levels, good supervisory relationships create a context of warmth, acceptance, respect, understanding and trust. In addition, good supervisors self-disclose, create an atmosphere of experimentation and make allowances for mistakes. Stoltenberg et al. maintain that trainees prefer supervisors who are interested in supervision, have good technical or theoretical knowledge and are experienced therapists.

Clarification of the supervisory relationship within the first three weeks is an important factor across all developmental levels, say Stoltenberg et al. (1998). In support of this view, they cite Bordin, who stresses the building of a strong working alliance or "bonding" between supervisor and supervisee based on trust, liking and caring to counteract the tension associated with the status difference between them. Worthen and McNeill (cited in Stoltenberg et al., 1998) and Stoltenberg et al. themselves illustrate that effective supervisors across developmental levels and supervisor styles are responsive, supportive, display warmth, empathy, acceptance, respect and support, have a non-judgmental stance, provide a sense of validation or affirmation and give encouragement to explore and experiment. In a non-threatening relationship, say Stoltenberg et al., the supervisee is less defensive and more

receptive to supervisory input, is prepared to re-examine assumptions and acquires a metaperspective. Supervisees experience numerous supervisory relationships, which affects their perceptions of supervision and the expectations that they bring to the next relationship. Allen, Szollos and Williams (cited in Stoltenberg et al., 1998) found that the teaching and structural components of supervision are not as influential in determining the quality of the supervisory relationship as are clear communication and respect.

Across supervisory settings and developmental levels, therapists are sensitive to evaluation, as grades have implications for internship positions, registration by regulatory bodies and professional advancement (Stoltenberg et al., 1998). The power differential that exists between supervisor and supervisee, as well as the consequences of a negative evaluation for personal and professional development, add to the anxiety experienced. As supervisors are aware of the potential implications, they may avoid giving negative feedback and offer only vague or general feedback to developing therapists. Stoltenberg et al. point out, however, that this guarded evaluation fails to identify areas of weakness during the evaluative process and inhibits the development of the therapist, which could result in a pseudo level 3 therapist. These authors claim that the IDM provides a structure where performance across domains with regard to individual strengths and weaknesses is normalised to reduce the negative aspects of evaluation. Supervisors also have the opportunity to model acceptance of feedback and openness to the evaluative process by requesting ongoing feedback and evaluation regarding their own supervisory style. Evaluation of supervisors may also be done on a formal basis and communicated to supervisors at the end of a supervisory relationship (p. 143).

Level 1 Trainee

Most level 1 trainees are accustomed to the formal student-professor relationship and as a result are unfamiliar with the more informal and unstructured aspects of the supervisory relationship, say Stoltenberg et al. (1998). As a result, they are unsure what to expect in the supervisory relationship. In addition to the characteristic level 1 anxiety due to lack of knowledge and experience, the novice therapist also experiences anxiety due to the more personal nature of the relationship

with the supervisor. Their evaluation anxiety is high and they might be cautious to reveal too much personal information. Stoltenberg et al. contend that it is important for the supervisor to communicate empathy and understanding during this period of disequilibrium, to clarify expectations and to establish trust as initial building blocks of the supervisory relationship. Creating an atmosphere of support, acceptance and acknowledging that mistakes will be made helps to build trust. Stoltenberg et al. feel that, as the level 1 therapist demonstrates limited self and other awareness, interpersonal processing of relationship dynamics between the supervisor and supervisee as well as exploration of personality characteristics of the therapist should be reserved for level 2 trainees or handled via concrete interventions.

Level 2 Trainee

Due to the trial and tribulation typically experienced by the level 2 trainee, significant conflict and stress could mark the therapist-supervisor relationship (Stoltenberg et al, 1998). The level 2 supervisee has probably had experience with other supervisory relationships and brings a set of expectations or fears to the current relationship. The supervisee who has had a negative experience in supervision might express a need for a qualitatively different experience, whilst a previous satisfying, facilitative relationship with a supervisor might become the reference standard for the current relationship. Stoltenberg et al. argue that it is important for the supervisor to show respect and understanding for the expectations of the supervisee, as this will set the stage for the clarification of expectations, discussion of different supervisory styles, as well as the potential impact of possible stylistic and procedural differences with regard to the current therapist-supervisor relationship.

The level 2 trainee's sense of competence but lack of experience could result in a dependency-autonomy conflict, which places strain on the supervisory relationship (Stoltenberg et al., 1998). As a result, the level 2 therapist may view the supervisor's directions as "over-monitoring" (p. 118) and may resent the supervisor's lack of support in cultivating the supervisee's autonomy. If the resentment is not addressed, say Stoltenberg et al., it will continue on a covert level below the surface and may result in passive-aggressive behaviour on the part of the trainee. As a result, the supervisor may become increasingly frustrated by the perceived lack of respect of

his clinical skills or of the power differential of the supervisory relationship (p. 118). Supervisors need to normalise the power struggle by using personal disclosure or acknowledging the supervisee's strengths and weaknesses across levels of development and domains in order to defuse the situation and reduce defensive behaviour (p. 118). Despite the conflicts, level 2 supervisees nevertheless demonstrate an increased willingness to explore personal issues regarding self-awareness, defensiveness, transference and counter-transference, and the nature of the supervisory relationship. Stoltenberg et al. suggest that it may be necessary for the supervisor to confront and resolve the dysfunctional aspects of the supervisory relationship to overcome impasses. They point out that this could have the added benefit of modelling important interpersonal process aspects of conflict handling in therapeutic relationships. As the level 2 therapist is fluctuating in terms of developing a consistent sense of self and other awareness, process-type interventions may not always be effective in resolving relationship issues (p. 118). However, the supervisor may be setting the stage for later exploration of the processes which govern the supervisory relationship as the supervisee moves to level 3.

Level 3 Trainee

The level 3 trainee may have been exposed to a number of supervisory relationships, and previously disappointing supervision experiences may result in antagonism towards candid evaluation and a need for more rewarding supervision by higher-level therapists (Stoltenberg et al., 1998). Level 3 trainees may experience temporary regression when they encounter a new domain or an unfamiliar setting, but their highly developed skills and sense of self-awareness usually allow for a quick transition to a higher level. Stoltenberg et al. believe that a supportive and safe environment assists this transition and enables the supervisee to establish an effective supervisory affiliation. At this stage the supervisee is most willing to explore personal dynamics and their impact on clinical work. The supervisor may decide to use the therapeutic relationship to increase the therapist's insight into how personal characteristics and her reactions toward clients may affect the therapeutic process (p. 120). Although processing of relationship dynamics can be valuable at this stage, Stoltenberg et al. (p. 120) caution that an overly intrusive exploration of relationship dynamics to the exclusion of other developmental tasks can result in irritation and

dissatisfaction for therapists. The mutual respect and collegial exploration that characterise the therapist-supervisor relationship at this level may lead to new insights for the therapist and provide the supervisor with a sense of satisfaction associated with mentoring and observing the progress of a competent supervisee. The relationship may continue after the formal therapist-supervisor relationship ends and the supervisor may offer assistance with the supervisee's professional development, including career guidance and establishing future goals.

An Invitation to Re-Search a Story

According to Nel (1992) it is problematic to demarcate a distinct end point of the training process of a therapist, as differentiation is an ongoing process that continues during a person's entire life span. At the end of the formal training programme the therapist will enter a new phase in her life, away from the teaching environment of the university and the internship facility. Nel goes on to say that the qualified therapist will be exposed to different contexts, which will afford new opportunities for differentiation. In order to obtain the required information to create new "training contexts" for herself it could be advantageous for the therapist to re-search her own story (p. 98). Each new training context is, says Nel, an invitation for the re-searcher to re-author her autobiography as a never-ending story of differentiation, growth and development.

In acceptance of this invitation, my own story of differentiation and continuous re-authoring during childhood, early adulthood, psychology training, the internship and completion of my dissertation is re-searched in Chapters 3 to 6 of this dissertation.