FACILITATING CHANGE IN THE FAMILY AS AN AUTONOMOUS SYSTEM: A CYBERNETIC FAMILY THERAPIST’S PERSPECTIVE

by

SHARON SARAH DAGADA

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SUPERVISOR: MS. H. D. GROBLER

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Plagiarism Declaration

I declare that:

“FACILITATING CHANGE IN THE FAMILY AS AN AUTONOMOUS SYSTEM: A CYBERNETIC FAMILY THERAPIST'S PERSPECTIVE”

is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Sharon Sarah Dagada
ABSTRACT
This study aims to show that the adoption of the cybernetic perspective is appropriate in dealing with relationship problems of interacting and communicating individuals since it authenticates the inclusion of the therapist in the therapeutic system, and thus the creation of a reality by all involved, and not just the therapist alone. The constructivist view of the world and the systemic theoretical assumptions are recognized as the required framework for the adopted cybernetic approach. The consideration of the stability/change nature of change is acknowledged as forming the most essential aspects of the change that system require. Thus addressing both stability of what clients need to maintain of themselves, as well as what they want to change is important.

The action research methodology used in this research ensured a focus on the actions of the therapist/social worker while facilitating a therapeutic process with a family. Therefore attention could be given to areas requiring change through the planning, acting and reflecting steps throughout the process.

KEY WORDS
Cybernetic perspective;
Constructivism and Systems theory;
The family as an autonomous system;
Stability/change component of change;
Family therapy;
Action research.
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CHAPTER 1: INTRODUCTION

The aim of the family therapist, in dealing with family members experiencing interactional and communication problems with each other, is to facilitate appropriate change to enable them to function in a way that is desirable to them. Mešl (2010:5) defines social work with families as a field in which the social worker works in the midst of complex interactions between individuals, the family and the community. She cites Vogrčič (2006) who postulates that one requires specific skills and knowledge for action in these complex, unique working projects of providing help to families.

This chapter presents background information, which led to this study. It demonstrates that action research is an appropriate method of inquiry into relationship and behavioural problems. The chapter also briefly outlines the objectives the study attempts to achieve.

Where the researcher uses a third person pronoun, a male form will be used, irrespective of the fact that a male or a female person is being referred to.

In the third chapter, where the actual interview is recorded, the researcher will use the first person pronoun form whenever she refers to herself; since she will be dealing with her subjective feelings.

1.1 The Area of Research

The initial problem which compelled the researcher to undertake this study was a sense of being stuck when dealing with clients’ complex interactional problems. This resulted in her experiencing feelings of incompetence and helplessness in conducting family therapy. The researcher had a feeling that the activities she performed were not all based upon any explicit theoretical knowledge or underlying conceptions and perspectives about people and therapy as a context within which change should take place.

The researcher’s experience is a confirmation of what Mešl (:6) said was alleged by Vogrčič & Bohinc (2000), and Sunko (2001), that past research has shown that social workers’ use of theoretical knowledge is not explicit enough and that theoretical concepts are often used in a partial and unreflected way, and are complemented with unprofessional common-sense approaches.

The researcher also admits that this is the case; in as far as the use of, and the critical application of theoretical concepts was concerned in her social work practice. This critical application of theoretical assumptions is supposed to guide her actions in therapy situations.
Von Glasersfeld asserts: “A cognitive organism evaluates its experiences, and because it evaluates them, it tends to repeat certain others and to avoid others. The products of conscious cognitive activity, therefore, always have a purpose and are, at least originally assessed according to how well they serve that purpose” (Von Glasersfeld in Watzlawick 1984: 32). The researcher therefore thought that it is indispensable to critically examine the approach and method she uses in therapy, in order to evaluate the appropriateness and usefulness of the intervention efforts executed, and to ensure that alternative approaches are learnt and used when necessary.

Keeney (1983:18) credits Spencer-Brown (1973) for having decreed “Draw a distinction!” This basic command, he declares, is the starting point for any action, decision, perception, theory, description, and epistemology. The drawing of distinctions opens up new ways of looking at peoples’ behaviours and experiences, including the researcher’s own behaviours. It also makes people realise that these are just constructions which can be challenged and changed as dictated by the situation at hand. The researcher’s exposure at the University of South Africa, to the epistemological premises postulated by constructivism, systems theory/cybernetics and person centred theoretical concepts in the context of therapy has been particularly useful in enhancing her ability to draw distinctions.

The researcher identified other factors which she felt were playing an important role in her feeling of being stuck as a therapist; among these was her lineal approach to dealing with interacting people in families, which points towards a member perceived as being “the cause of problems”. She realized that when blame is apportioned to a particular member, there is no room for improvement in the situation faced by client systems. It was therefore imperative for her to challenge her lineal epistemological premises, and the cause-and-effect perspective she held about people in all situations. She realized that these approaches may be irrelevant and useless for dealing with some of the issues which arise in family systems. This study proposes that epistemological premises provide a relevant base and perspective in facilitating change.

Bateson’s definition of epistemology which is “…how organisms know, think and decide” (Bateson 1979: 242), provides a framework from which one may understand why this study was undertaken as it affords one an opportunity to think about knowing people’s premises and the creation of their realities.
Keeney (1983:15) maintains that a clinician who fails to recognise explicitly the premises which underlie his work may be less effective because there will be a deficiency in his understanding. Therefore in therapy, an understanding of both one’s and the clients’ epistemological premises and perspectives enables one to channel actions so that these are in line with the clients’ view of the world.

1.2 Research Question

By engaging members of family systems in therapy, the therapist aims to interact with them so that both can grow and change, and consequently function in the manner they want. The research question the study attempts to answer is: How can I change my actions in therapy, so that both my client and I can co-evolve and grow together in the therapeutic situation? The answer would suggest that I gain the understanding of the world view which underlies my actions in general, adopt the perspective which would make me conscious of the role I should play in therapy, as well as to realize what facilitation of change entails.

1.3 Therapy Explained

In therapy, a therapist focuses on how all individuals recursively interact with one another, and through this interaction the therapist and clients are considered to be treating each other (Keeney, 1983:133). He (Keeney: 168) further states therapy has two goals, namely, to enable a symptomatic enactment to unfold so that the system can observe the absurdity of the premises underlying its behaviour. Secondly following the correction of the system’s erroneous premises, the system generates alternative structures. This involves the development of new patterns and structures.

As the therapist observes all the contextual process dimensions and the patterns related to the interactions, feelings and behaviours within the family system, he draws distinctions which Keeney says Varela (1979) observes can enable us to create “physical boundaries, functional groupings, conceptual categorisation, and so on, in an infinitely variegated museum of possible distinctions” (Keeney 1983:20). For example, the systems approach premises underlying his actions in therapy provides a way of drawing a symptom around a family rather than an individual.

The therapist’s role is to promote the creation of an environment in which change is
produced when the symptomatic enactment is allowed to unfold so that a reductio ad absurdum is produced; this means that a theatre of the absurdity of the symptom is created (Keeney, 1983:168).

He (Keeney) further proposes that, from the cybernetic perspective, all that the therapist can do in this situation is to vary his behaviour, recognise the subsequent effects on his own and the actions of those in the surrounding field, and modify his reactions accordingly. Therapy thus entails the therapist’s inclusion in, accommodation of and participation in the family system and the interaction or exchange of information between these two systems. If the effects of the therapist’s behaviour on family members are used to change his behaviour, feedback is established. Therefore in therapy the therapist acknowledges that no control of his clients’ behaviour is suggested as he should only recognise their behaviour, and the response of his own behaviour to theirs (Keeney 1983).

The researcher’s structural family therapy frame-of-reference in dealing with the family in this study is derived from systems/cybernetics approach. She and the team comprised of the lecturer and fellow students, which sit behind the one-way mirror in the therapy room, observe the kinds of structures in the family system, and involve members in dealing with the processes therein.

Change is facilitated when elements of the self and the existence of the family as an autonomous system which forms part of their stability, are maintained by listening, hearing and responding appropriately to both elements of the message: change us but at the same time keep us stable (Keeney 1983:176-186).

1.4 Theoretical and Epistemological Frameworks for Cybernetic Family Therapy

This study intends to acknowledge that understanding clients’ view of the world, and epistemological premises, as well as the theoretical frameworks underlying the researcher’s perspective is critical because they define a particular standpoint from which her work is performed. Thus her actions can be aligned to the frame of reference of her clients. Assumptions from systems theory and cybernetics, as well as the constructivist epistemology which are discussed in detail in chapter two of this study form the framework within which the researcher operates. These are useful in facilitating the appreciation of families as being composed of non-independent individuals, the inclusion of the researcher in the therapeutic system and the creation of the resulting reality by all.
Von Glasersfeld (in Watzlawick 1984:29) says that it is necessary to remember that the most essential attribute of the constructivist epistemology is that the world which is constructed is an experiential one consisting of what we experience. It does not refer to what can be claimed as some “truth” relating to some reality existing out there. The essence lies in the fact that all these views, including the therapist’s, can be challenged once he can speak the interacting person’s language.

Principles from Rogers’ person centred theory are also acknowledged as useful when we attempt to understand the interacting individuals’ experiences. du Toit, Grobler & Schenck (1998:xii) maintain that the propositions from Rogers’ theory are useful when we want to consider possible dimensions in which people can be understood. This theory is used for this purpose in this study.

1.5 Cybernetics as an Alternative Approach

The framework which is the basis of this study is one which the researcher appreciates that families are composed of non-independent individuals. From the level of second cybernetics the researcher is also included in the therapeutic system and also takes part in the creation of the system’s reality.

The cybernetic perspective influences the researcher’s conception of what she regards as “appropriate change”, what facilitation thereof entails, and what she considers her role to be in the process of facilitating this change.

Adopting this approach affords the researcher an opportunity to critically focus upon her actions in order to be self-corrective, and to thus satisfy her sense of accomplishment.

It is indispensable to explain the rationale for adopting the cybernetic perspective, and to summarize its characteristics and the assumptions upon which it is based.

Becvar and Becvar (1985) maintain that cybernetics and systems theory are based on a set of fundamental assumptions that are inconsistent with the mainstream world view according to which most people in our society are obligated to operate.

A cybernetic perspective is based on Bateson’s (1979) world of living process, and is grounded on constructivism as an alternative worldview, as well as on systems theoretical assumptions.

Bateson’s views propose that order arises from patterns of information flow, which happens as system members interact and communicate with each other. This information flow facilitates the understanding of interacting individuals’ perceptions, experiences, behaviour
and the construction of their realities. A cybernetic perspective avoids “...any lineal dichotomies between material and pattern or mind and body” (Keeney 1983:64). This means that when a therapist looks at the system he relates with, he does not only see people without considering the pattern that connects them to him, as well as the patterns which connect their experiences, their behaviours and their interactions together.

Being based on the constructivist world view as an alternative epistemology, cybernetics thus mandates a therapist to authenticate and respect these experiential realities or views, which may be different from one person to another. Adopting this point of view makes it possible for him to give attention to his frame of reference, in his quest to understand the experiences of the interacting and communicating individuals he deals with.

Becvar and Becvar (2009) assert that cybernetics is a metaperspective, which validates these varying ways of knowing, thus resulting in the respect for different viewpoints that people may have.

These experiences are recognised as constructions, which these interacting individuals make as they create their own world. Feedback, which is the characteristic idea of cybernetics, occurs whenever the therapist, as the observer system, is engaged with the system being dealt with, since they are recursively connected with each other. This context, in which feedback occurs, provides the therapist with an opportunity for growth and learning. Keeney (1983:67) confirms that these contexts provide an avenue for appropriate change. When the total interactional pattern is made visible to members of the therapeutic system, through feedback process, all become involved in interpreting their detected beliefs about issues and the problem areas can be attended to by all of them.

Keeney regards cybernetics as an epistemology which can be interpreted not as simply a theoretical map, but a somewhat radically different world view whose goal is to develop and maintain a double view of pattern and material. It demands that in perceiving, any lineal dichotomies between material and pattern, or mind and body, should be avoided. This ensures also the perception of a holistic view of the therapeutic system’s experiences, emotions, behaviours, thoughts and so on. The therapist also focuses on his experiences, emotions, activities, interactions and so forth during therapy.

Becvar and Becvar (1985) uphold the idea that as a framework for family therapy, systems theory/cybernetics opens up doors to new ways of understanding and working with human
relationships, and embraces an ethical imperative for therapists to act in a manner that involves the co-creation of reality, particularly at the level of second-order cybernetics. A therapist thus participates in the family system’s transactions like any member of the family. Different kinds of views and ideas, perceptions and restructuring options become available to the therapeutic system for dealing with diverse issues. Keeney’s assertion, that “Cybernetics enables us to encounter mind in therapy while not forgetting the bodies that embody it” (Keeney 1983: 64), confirms this view. He goes on to say that in family therapy, cybernetics prescribes a way of detecting and recognising patterns and organizing events as the recursive sequences of actions occur in family transactions.

1.6 My Socialization

The method of obtaining knowledge for use in the researcher’s practice of social work was the traditional objectivist positivist approach, and the psychoanalytic lineal theoretical framework in which she was socialized through her social work training.

In relation to this positivist approach, Becvar & Becvar (2009) explain that in the quest for understanding the world and human beings, for more than two hundred and fifty years theorists and researchers employed a Newtonian mechanistic worldview with the basic premise of the world seen as a machine consisting of elementary parts. The discovery of these parts, they assert, would be seen as providing knowledge of how this machine would operate. This reductionist Newtonian view can also be called the linear perspective, which Becvar & Becvar (2009) maintain, is based on, amongst others, the following assumptions:

- the ideas that valid knowledge claims are based on what is observed;
- the cause/effect relationship;
- the reality which is seen as existing independent of the observer;
- the observer’s subjective judgments are reduced or eliminated from the practice of science.

This positivist research method is consistent with the world view which involves what is regarded as the practice of responsible precise science, and is associated with concepts such as hypothesis testing, cause and effect relationship, experimentation and so on.
Mandel (2010:143) affirms that in this traditional positivism “truth” is understood by the “objective” and “expert” researcher who is expected to measure and weigh what is real in the field.

Brydon-Miller (1997: 659), points out that many theorists recognise the importance of the empirical-analytic knowledge drawn through the positivist approach to the research process. Among these is Habermas (1971) who she says is quoted by Bernstein (1976) as postulating that knowledge familiar from positivism supports the technical interests that allow humans to establish control over their environment. She, (Brydon-Miller) says Harbermas does not criticise or denigrate this type of knowledge in so far as it is grounded in the dimension of human life that involves human survival. However Habermas’ primary object of attack is the ideological claim that this is the only type of legitimate knowledge or the standard by which all knowledge is to be measured.

In therapy if the perspective about all kinds of clients were based only on the positivistic worldview of a material world of physical objects which, Keeney (1983) says obeys the laws of force and energy, clients who are interacting individuals, would be regarded as independent objects that are isolated from each other and from their context. This suggests their existence in a world of non-living things. Bateson (1972,1979) points out, that there is a fundamental difference existing between the world of non - living things, and the world of living process, comprising amongst others, human beings in interaction with one another. The difference is that, in the former, order arises from physical relationships of cause and effect.

Based on this view of the world, a therapist would encounter the linear causality perspective, according to which certain events, phenomena and individuals are perceived as causes, while others are viewed as effects.

It is the researcher’s hypothesis that in therapeutic situations, if indeed certain events, phenomena and individuals are perceived as causes, such people may perceive the therapist as being judgmental and condemning towards them; the prospect for their growth and change in such an environment could be minimized.

This study considers this perspective to be inconsistent with the cybernetic perspective, which is viewed to be relevant as the focus of attention in therapy proposed in this study because it also supports the division between a researcher and the researched.
The new developments vis-à-vis cybernetics, are refuting the linear causality view in its simplistic form and a different epistemology is thus also acknowledged for conceptualizing a reality which is recognized as complex.

Becvar and Becvar (2009), state that although modifications did occur over the years, the basic assumptions remained the same. These have formed the foundation for practising social work with most client systems.

1.7 The Definition of Action Research and Rationale for the Adoption of the Methodology in the Facilitation of Change in the Therapeutic System

According to Mandel (2010:143), action research methodology has resulted in epistemological paradigmatic shift from the traditional positivism in which “truth” is understood by the “objective” and “expert” researcher who measures and weighs what is real in the field. Carr and Kemmis (cited by McNiff 1988: 2) define action research as a form of self-reflexive enquiry undertaken by participants in social and educational situations, in order to improve the rationality and justice of their social or educational practices and the situation and institutions in which these are carried out.

Stringer (1996:3) states the new vision proposed by action research rejects the mindless application of standardized practice across all contexts. The research generates information, which in turn is used to guide members of the therapeutic system in their transactions. Dupont (2008:201) maintains all action research approaches agree that knowledge is gained through the systematic testing of theory in live-in situations, and she refers to Reason (1994) who maintains that its purpose is to change the experiences of all participants for the better.

While referring to participatory action research from which the researcher thinks one can draw knowledge for use with families, Koirala-Azid and Fuentes (2009-2010:2) maintain it is a deliberate attempt to include the “investigated” in the process of the investigation itself, which begins with the notion that when the people most affected by a problem are given the proper tools, they are not only capable of better understanding their realities, but are also the best equipped to address their struggles.

Kruemer-Nevo (2009) views participatory action research as an epistemology which is critical toward the monopoly of scientific knowledge and very specific in targeting the question of where knowledge resides. Guided by this notion it is acknowledged in this study that valid and relevant knowledge lies with all who are engaged in the inquiry. Therefore the
role and definition of the “expert” is demystified (Koirala-Azid & Fuentes: 2). In other words, in this paradigm, within both research and the practice of social work, the researched and researcher are involved and participate in creating their own experiences which are regarded as constructions that are subjectively known and experienced by all the members. The essence lies in the fact that these experiences may supposedly be re-created if necessary. Unlike traditional positivist research which regards the client systems as the subject of study, in action research, the researcher and system members together become involved in the total process taking place within the therapeutic situation.

Brydon-Miller (1997:659) cites Freire who says “In doing research I am educating and being educated” (1982:30). Barbera (2008:42) asserts it is a perspective that recognises the need for self-awareness and also awareness of the relationships in the research process, which are important elements to engaging in both social work research and practice from an ethical point of view.

McNiff (1988) says Lewin, who is regarded as the founding father of action research describes it as a spiral of steps, each with four stages of planning, acting, observing and reflecting.

He (McNiff) says planning which is the first step entails formulating the hypothesis related to the need to change. After the problem is identified a tentative hypothesis is formulated and ideas which are connected to the required change are constructed. An intervention plan related to how this can be dealt with is prepared.

In the second stage or phase, the researcher acts upon the envisaged plan.

In this study in the action phase the researcher implements the plan and together with the team behind the mirror makes observations of experiences which are responded to by changing the researcher’s actions accordingly.

The third stage involves making observations and noting the effect of the actions which were taken.

The final stage or phase involves reflecting upon and explaining the whole process to oneself; that is explaining to oneself how and why what is happening, is happening.

In this study in the reflection phase the total evaluation of what was done as well as the team’s observations of the entire therapeutic process is engaged in before re-planning for the next cycle.
The above writer (McNiff) says the researcher would then move to the next step of re-planning acting observing and reflecting when related but dissimilar problems arise. When this happens the researcher has the flexibility and creativity to move to these other problems without losing sight of the original one.

McNiff (1988: 38) says Jack Whitehead reformulated the action-reflection cycles into a pattern of statements that act as a general formulary for tackling educational problems in a systematic way, to make action research meaningful to educators. In this study the researcher regards some of these statements as useful in assisting her to focus upon the areas where she requires change. One such statement is that action research is problem – focused, context specific and future orientated. Cunningham was cited by Hart and Bond (1995: 52) as arguing that the word “problem” defines a need for change and describes how certain issues can be addressed.

According to Selener (1997:127) a tentative hypothesis based on the preliminary perceptions, understanding and investigations of the researcher is the first step in determining the nature of the problem, and identifying possible solutions. The imagined solution requires a list of practical actions to be taken to bring about change in the researcher’s thinking and thus her perspective, and whether the action taken fits with the system being dealt with.

Other statements are related to the imagined solution to the experienced problem, the implementation thereof and the evaluation of the outcome of the actions which were taken.

In this study the researcher therefore focuses in a direct way on the problems she experiences in her practice and becomes critical of what she is doing. She uses this self-awareness as a means of being open to change. Guided by her pre-existing frame of reference, she assesses the interview process which provides information to be reflected upon. She is on the alert for any changes or improvements in her behaviour as well as the lack thereof. After observing and reflecting, she makes decisions related to the actions which need to be modified, if this is required as dictated by the family’s feedback. A new set of actions is implemented depending on how family members experienced the whole process.
Action research and qualitative research are essentially the same method of gaining knowledge. The activities undertaken through these methodologies locate the observer in the world of the observed. Merriam says: “Basically qualitative researchers are interested in understanding the meaning people have constructed, that is, how people make sense of their world” (Merriam 2009:13). Bogdan and Biklen (1992:2) uphold the idea that qualitative researchers do not approach the research with specific questions to answer or hypothesis to test. These are some of the tenets and characteristics of action research used in this study. All the activities that are based on the cybernetic/systems theoretical perspectives fit in with the action research/qualitative research methodology used in the study. The cybernetic perspective and action/qualitative research emphasize the process and relationship issues between and among interacting individuals. Recursion and shared responsibility are important elements of this relationship. They both refute and are opposed to the application and usefulness of such concepts as, predictability and the notion of linear causality, and objectivity in therapeutic situations.

The adoption of a cybernetic approach demands that when drawing knowledge applied in social work practice the researcher shifts from objectivism to action research. This method of researching her activities, involving a self-reflective inquiry was found to be helpful in ensuring understanding of the problems she encountered. She was especially drawn to the idea that whenever she interacts with other persons, she cannot rule out her subjective involvement (self-reference). In line with this thinking the researcher took a closer critical look at her epistemological premises and perspectives, and consciously focused upon her actions in therapy in order to judge her practice. Consequently she became more aware of her limitations and her abilities. Action research becomes an educational process in which the researcher or any therapist can improve her or his practice in a systematic manner. As mentioned before, objectivity cannot be validated in action research inquiry as this is about the researcher’s own practice. As the researcher is engaged in a participatory and collaborative process, together with the client system she actively participates in the problem solving and change process. This alternative paradigm acknowledges that those imbedded in the setting are experts. The observer/observed co-create their world, and in this way all of them become involved in the acquisition of the knowledge they can use to change their situations.
In acknowledging individual differences and constructions of client systems, the researcher also acknowledges that it is therefore not possible to spell out the specific issues that can arise during therapy beforehand, because the context plays a role in determining the outcome of the therapeutic intervention.

![Diagram of spirals of planning action, observing and reflecting in Action Research](image)

**Figure 1:** The spirals of planning action, observing and reflecting in Action Research

In the study, the researcher endeavours to complete these cycles from time to time during the sessions.

### 1.8 Definition of Key Terms

**Constructivism:**
According to Fisher (1991:3) constructivism asserts that people know about events, themselves and other people in different ways because it assumes that they occupy different experiential realities. These can be understood from a variety of perspectives according to those people’s frame of reference. Reality is not something external to us but is constructed by us as our personal perceptions come to play when we give meaning to issues. (Becvar & Becvar 1985:10)
**Systems theory:**

Watzlawick, Beavin & Jackson (1967: 120) define a system as a set of objects, components or individuals in communication with each other, with relationships between them and their attributes and their properties. A system can also display properties of varying degrees of openness and closeness and this can be an area to be focused upon.

**Family therapy:**

Intervention occurs with the family as a group and the focus is on the patterns connecting the behaviours of members, their experiences, perceptions and beliefs with the symptomatic behaviour or presented problem. The relevant aspects of the environment in which the problem exists are also considered. The focus of attention is relationships and relationship issues between individuals in the family. The therapist attempts to change the context of the presented problem as dictated by the situation.

**A cybernetic perspective:**

Simply put, cybernetics is concerned with recursiveness, feedback and the subsequent capacity of systems for self-correction. What a therapist observes also reflects his properties and his view of the world. This is an approach which Becvar and Becvar say commands a therapist to “….direct attention away from the individual and individual problems viewed in isolation and toward relationship and relationship issues between individuals” (Becvar & Becvar 1985: 8). The implication is that the focus is not on the individual as an isolated system, but rather on understanding his frame of reference as an interacting member who belongs to the larger system of the family, which is a context within which he operates. It refutes an either/ or dichotomy perspective and acknowledges a wholeness view which suggests the interdependence and interrelations in the experiences, inter action and behaviours of individual family members.

**The family as an autonomous system:**

The family is viewed as a system which is closed, according to Leyland (1981), such that it can act with reference to itself, according to its structure and its organization while at the same time it is partially open to the inflow of information among its members and the outside environment. Maturana (1975) says the family members undergo changes that are
only determined by their own organization and structure because in the median in which they operate, they choose those properties with which to interact.

**Facilitation of change:**
By this is meant a therapeutic process that entails liberating and re-channelling energies already existing within the family system, so that these are used for self-correction. The process involves the consideration of both stability and change complementarities as a component of change. It also entails the creation of difference which Bateson (1972) says can be defined as a difference which makes a difference.

1.9 **The scope of research**
In this study, the researcher will be working with one family only who was referred to her by a colleague. It was an accustomed practice for some social workers in their agency to refer to the researcher cases which they regarded as difficult and complex to deal with. This referral was made subsequent to the husband and step-father’s release on bail from jail, after he was accused of raping his eldest step-daughter. On returning home, conflicts within the family escalated and the referring social worker concluded that treatment could not be successful as he was unable to help resolve the interactional problems related to this incest.

In order to fulfil the practical work requirements set by the University of South Africa, students were required to handle a client system’s problem under the guidance of a supervisor.

The researcher used the family mentioned above for this purpose. The researcher had to obtain their permission first. After the initial contact with them, the researcher explained the university’s requirement and asked if they would be willing to travel to Pretoria, which is about five hundred kilometres from their home town, where other methods would be employed to try and help them deal with their problems. The parents confirmed their willingness to go to Pretoria because, as they put it, they wanted to try anything which might help them to save their marriage and to preserve their family. After this undertaking, the researcher obtained written permission to work with them. She assured them of the confidential nature of the whole therapy process. She also informed them that pseudonyms would be used in order to preserve their anonymity.
1.10 Methods of data collection

In the beginning of the first session, the researcher informed family members how the interview session would take place and asked their permission to record the processes that would occur during the interview.

She kept a diary where all her thoughts and observations were recorded. A video recorder was also used to record the entire interview process occurring during the sessions.

As therapy sessions were videotaped, the researcher could observe the process at her own time. A one-way mirror was used, which made it possible for the team behind it to observe and capture the process during the interview sessions. The team interrupted by phoning in to express their observations when the interview was in progress. At the end of the session the researcher and the team evaluated the total process.

1.11 The Team Approach

The team approach was used in the treatment of the client family. The team sat behind the one-way mirror and made observations while the interview was in progress. They made contributions related to the observations they made by giving the researcher a ring when the interview was in progress. They also gave her instructions to join them in order to share their observations with her.

1.12 Objectives of the Study

To look into the researcher’s practice of social work and to probe the usefulness of the perspective that acknowledges clients’ experiential world as real to them; which also validates the perception of families as unified wholes characterized by recursiveness.

To depict change occurring during therapy as a self-corrective process, and to establish whether the interventions techniques used during therapy provide “meaningful noise”, which is new information that is created in the context of stability and change.

The study is intended to also demonstrate the usefulness of action research and to demonstrate its relevance, when the researcher is engaged in self-reflection in order to study her own actions for the sake of self-development and the improvement of the profession.
1.13 Limitations of the Study

This study is concerned with epistemology change from the traditional objectivist perspective into which the researcher was socialized through training. Epistemological paradigm shift can be difficult. Constructivism, the proposed epistemology and other related theoretical assumptions, their meanings and premises, can be difficult to understand. Also many aspects and concepts are included in the study in an effort to indicate the usefulness of the systemic/cybernetic approach; it might therefore appear as though the study does not deal with a specific topic.

Because of the distance, only four eldest members of the family could avail themselves for the sessions, while the two youngest children were unable to attend. There is a possibility, therefore, that the perception of the transactional patterns which characterized the family might have been compromised as family transactional patterns could not be captured during the sessions.

Because the dissertation is of a limited scope, not all the researched information could be reflected thoroughly.

1.14 The Structure of the Thesis

The thesis is organized in the following way:

Chapter 1 outlines the reasons for undertaking the study. It also demonstrates the relevance of action research when the subject of study is human beings in interaction.

Chapter 2 is concerned with the review of literature on the epistemological and theoretical frameworks within which a cybernetic perspective can be approached. The literature review is also aimed at the meaning of families as autonomous systems as well as change and the facilitation thereof by a cybernetic therapist.

In chapter 3 the experiences of the therapist/facilitating social worker and the family system are depicted; the changes which occurred through the intervention are also outlined. Reflections on how the specific problems the facilitator experienced are described, as well as where I am now in terms of these problems.
Chapter 4 reflects on the therapist’s self-exploratory process relating to how action research was applied during therapy sessions.
CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

Adopting a cybernetic perspective based on the constructivist epistemological framework and systemic/cybernetic theoretical assumptions ensures that therapists recognize the holistic view including the context within which reciprocal exchanges among interacting individuals take place. Therapists are encouraged to move away from linear cause-effect relationship view characteristic of the objectivist epistemology in which change producing activities are directed at a person perceived as the cause of the problematic situation while placing minimal attention on the other participants and the context.

This chapter examines constructivist epistemological premises, and systems, as well as the person centred theoretical assumptions, which influence a cybernetic therapist’s perspective. The researcher attempts to give a description of a cybernetic approach, the autonomous family systems; what relevant change entails and the role a cybernetic therapist plays in the facilitation of change.

2.2 A Cybernetic Perspective

Keeney (1983:95) explains that cybernetics is mainly concerned with changing our conceptual lens from material to pattern, rather than parts to wholes, and seeing events as organized by a process of recursive feedback. This view rejects focusing on the linear sequence of events. In this perspective, a therapist recognizes that families as living systems, have the ability to process information as feedback takes place, and to be inevitably “…self-corrective either toward homeostatic optima or toward the maximization of certain variables” (Bateson 1972:315). It “prescribes a way of discerning and knowing patterns that organize events, such as the recursive sequences of action in a family episode” (Keeney 1983:95). Keeney explains and says: “The difference that makes the most profound epistemological difference is one of moving from descriptions of material to descriptions of pattern” (1983:95).

In line with this, during therapy a cybernetic therapist visualises the relationship information that emerges from the views or punctuations of each interactant and begins to see a pattern connecting their views and problematic situations; and a pattern of how their descriptions fit together. Keeney (37) in arguing for the need to look for patterns that connect the behaviour of interacting people says to see, for example, a nagging wife without considering a
withdrawing husband may lead an observer to treating a “nagger” rather than to focus on their nagging – withdrawing relationship. It is this relationship that becomes an area of focus and the therapist tries not to view any descriptions as an intrinsic characteristic of any interactant, which would create what is termed a dormitive principle.

During therapy, both client and therapist are subject to the feedback processes going on. Both are responsible for the outcome of therapy. It is the therapist’s role to look for patterns that connect him with his clients through the feedback structure. Bateson’s message (1979) is that things are mutually defined, existing only with reference to the living systems’ ideas, meanings and surroundings that give them definitions.

No part of this kind of interactive system can have unilateral control over any of its other parts.

2.2.1 Cybernetic principles:

i. Co-evolution

Bateson (1972) proposes that therapy as a cybernetic system composed of a therapist and the client is a unit of co-evolution. Both the therapist and the client family are learners and they change and grow together. In this environment, Keeney observes “the most a therapist can do is to vary his behaviour, recognize the subsequent behaviour of those in the surrounding field, and modify his reactions to their reactions.” (Keeney 1983:132). This writer says in such a situation if the effect of the therapist’s behaviour on clients is used to change his behaviour, feedback is established, and as such we may not talk of him controlling them. What he does is to recognize “the response of their behaviour to his and the response of his behaviour to theirs”. (133). Therefore there cannot be any unilateral control of the family system by the therapist and both become co-learners.

ii. Cybernetic complementarities

From Bateson’s works (1972, 1979) we learn that cybernetic complementarities provide a framework that enable observers to examine phenomena or events which are distinct from each other as different yet related. Complementarities provide a different framework for examining these distinctions which does not accommodate viewing them as representations of an either/or duality or a clash of opposites (Keeney 1983:92). This writer says Varela
proposed that both these sides can be viewed as different but related and are seen as layers which overlap each other in such a way that one term of the pair emerges from the other. On explaining the origin of this view, he says Varela began by giving the basic form of viewing these distinctions as follows:

“the it / the process leading to it” (Varela cited in Keeney:92).

Examples are client/therapist; observer/observed; first- and second -order cybernetics; stability/change and so on.

a. Client /therapist:

Both client and therapist are subject to feedback processes going on in a recursive way and are responsible for the outcome of therapy. Cybernetics looks for patterns that connect them through a feedback structure.

b. Observer/observed:

Keeney asserts “…second cybernetics is a way of pointing to the observer’s inclusion and participation in the system” (Keeney1983:76). What the observer (therapist) observes and describes as therapy unfolds, cannot be separated from him because he is the one who punctuates and describes frames. Self- reference is involved, for he cannot remove himself from this experiential world. Together with client system, the therapist constructs the reality emanating from therapy.

c. First-order cybernetics/ Second -order cybernetics:

In therapy we embrace and adopt the perspectives of both simple, also referred to as the black box view or first- order cybernetics, and second- order cybernetics or cybernetics of cybernetics as they are useful in punctuating events and processes in therapy. In this study the researcher equates the two levels of cybernetics, namely first order and the second order levels with the two levels of autonomy she observes in the family system. These are the
level where she does not see herself as the part of the family, and the level at which she has gained entry into the family system.

Borrowing from Maturana’s (1975) notion of the autopoeietic nature of living systems, the family under treatment can be viewed as such a system with two observable levels of autonomy, which can be punctuated in therapy; namely, the simple cybernetic and the cybernetic of cybernetic levels.

*First-order cybernetics*

At the level of first order cybernetics, a therapist does not see himself as a part of the system being treated. Keeney (1983:97) states cyberneticians observe that one begins by drawing a distinction, which may mean indicating a distinction between him and the family. The therapist observes the way in which family members’ interactions are recursively organized. He observes how they view the symptom and symptom-bearer, phenomena and events, and combines the perspectives, constructions and punctuations of each interactant, to see how they are interrelated. He observes the structure of the family as a whole. At this level, the interactions of the therapist and the family system can be referred to as inputs and outputs. In the traditional perspective, a therapist would stop here, and he would believe that hypotheses he formulates about the family are given.

The writer mentioned above (83), maintains that in this view as the observer is positioned outside the phenomenon being observed, it might appear as if he unilaterally manipulates and controls the system he is observing and in this way, a therapeutic context is trivialized. In arguing against this view, he (79) says that the therapist may also want to treat a predictable category of behaviour.

In this study it is concluded that the simple cybernetic view can be regarded as necessary when the researcher wants to discern patterns maintaining certain attitudes and behaviour in the family. She is however always conscious and aware that maintaining this position continuously would rob her observation of the total picture of the processes that go on in therapy and the ensuing connectedness between her and the client system.

There is helpfulness in maintaining this closedness stance of the family system for brief moments when the researcher punctuates the family as a separate system. She observes interactions among members and draws patterns of relationships connecting their interactions, their emotions, their valuing system and their experiences; she combines the
views of these interacting persons in order to begin to see a holistic view of their social interactions and their relationships.

As the researcher recognises the autonomy of the system at this level, she becomes aware that she cannot instructively interact with them because as postulated by Maturana’s theory, (1975: 316, 319-321), changes a system undergoes are also determined by its own structure and its own properties. Therefore the way in which family members interact is related to the structure of that particular family, and not in terms of how the researcher expects them to relate in therapy or according to the information received from the extra-familial.

Cybernetics proposes that change comes from within the family itself; therefore therapists cannot claim the ability to create predictable ways of behaving in families systems. They also acknowledge that alone they are not responsible for the change occurring in systems. They therefore respect their clients’ choices and opinions.

Second-order cybernetics
Second-order cybernetics or cybernetics of cybernetics “…is a way of pointing to the observer’s inclusion and participation in the system” (Keeney 1983:76). It provides therapists with a view of self-reference. At this level, say Becvar & Becvar (1995:75), observers are moved to that larger context that includes the black box plus the observer. Family systems are viewed not only in the context of the inputs or outputs with therapists as other systems. Everything that is said about what is happening is seen as reflecting the properties of therapists who make the observations.

At this level the perspective considers the both/and view of situations and compels a therapist to be aware of the family, as well as self-aware and to also focus on his attitudes and their connectedness to the family he deals with. This connectedness is depicted by what Bateson (1979) refers to regarding individuals in a system being part of that system, and that they are subject to all the constraints and necessities of that particular part-whole relationship in which they exist. Therefore a therapist should recognize the circularity and recursiveness of prevailing interaction between him and the family system and among family members themselves. Keeney (1983:20) observes that in such organization of events, any behaviour is simultaneously a cause and effect.
As client systems change, a therapist undergoes changes too, in his way of viewing the client system and the meaning attached to the issues presented by the family.

Referring to the autopoeitic nature of systems, Maturana (1975:319-321) asserts that while the system interacts with other systems and the environment, what he refers to as the median in which it exists, the interacting systems must couple. In the median in which it finds itself, which for our purpose is the therapist, although closed, the family system is at the same time partially open and is capable of specifying the objects it may interact with, which its structure prefers. When the therapist gets inside the family, he accommodates to the family’s way of viewing their reality. Once they start to trust him, he becomes involved in the highest order of recursion with the whole family. At this stage it can no longer be possible to punctuate two separate systems, namely the autonomous family and the autonomous system of the therapist. The feedback process changes to accommodate him, and their reality and his own views affect each other reciprocally.

Keeney points out that the two distinct systems interact to create an autonomous hybrid system. He states: “It is in this moiré-like system that a therapist cannot consider himself separate from a family” (Keeney 1983:134). As members, including the therapist, interact, there is a circular process of mutual affecting and reinforcing one another. He can thus no longer be regarded as an outsider because cybernetics proposes that he is a part of the pattern he observes in therapy.

In the process of facilitating change, if the therapist is perceived as an outside agent, he will have a little chance of becoming one with the family because, as we now know families are also closed systems and might not be open to information. Once a favourable and conducive environment is created, in which family members trust him and acknowledge him as one of them, appropriate interaction can take place. The therapist also acknowledges that being recursively connected to the family system, he also becomes a learner.

d. Stability / change:

Consideration of stability/change complementarity provides the therapist with a different framework for viewing the change that client systems can undergo as being rooted in their stable state.

Both stability and change define each other; they are both part of all interventions. The cybernetic view acknowledges that all requests for change are seen as requests for change
and stability as proposed by Keeney (1983:176). Change in this perspective recognizes the complementary relation between them both, and facilitating change involves the construction of different patterns and structures that serve to maintain the whole system. This higher order view compels us to not describe families as changing without a consideration for their stability or on-going relationships that are considered important by the family, or vice versa.

A therapist thus learns to not expect the members of the family to change before they are ready. Rather he goes with their frame of reference; respects their need to maintain their valuing systems, their perceptions, behaviour, relationships and their experiences, until he observes a glimpse of their readiness for an alternative experience.

2.3 Epistemological and Theoretical Premises and Frameworks within which a Cybernetic Therapist Operates

Bateson’s definition of epistemology is “…how organisms know, think and decide” (Bateson 1979:242). Both the epistemological and theoretical assumptions are useful in understanding the dynamics of the therapeutic systems’ experiences, actions and perceptions, and they give direction to intervening in specific contexts in a certain way. An understanding of both his and clients’ epistemological premises enables a therapist to channel his actions so that these are in line with his clients’ view of the world. Keeney (1983:6) says a clinician who fails to recognize explicitly the premises which underlie his work may be less effective because there will be a deficiency in his understanding.

2.3.1 Constructivism as a basis for a cybernetic therapist’s perspective

Constructivism is the alternative epistemology which this study proposes should be adopted as a framework within which therapy can be undertaken. Constructivism breaks away with the objectivist view that assumes that knowledge reflects an absolute reality independent of human experience, which considers correspondence between knowledge and reality as some kind of match. Von Glasersfeld, (in Watzlawick 1984:20) says this means that knowledge or whatever is observed is seen as a picture of what exists “out there”.

In expanding on the meaning of this fundamental trait of the constructivist worldview he, (Von Glasersfeld ) draws from the writings of such thinkers as Piaget, Vico, Kant and others, whose assertions are that knowledge is concerned with ordering and organizing the
world which is constituted by human beings. In this regard he said Piaget declared that intelligence organizes the world by organizing itself. Vico was quoted as avowing that “the truth is the same as the made” (27). All these statements are affirmations of the proposition that we can only know what we construct, and that we experience and get to know what is constructed by us.

He further says, the constructivist epistemology makes us realize that man and man alone is responsible for his thinking, his knowledge and for his actions, although he may not be aware of this. While the human activity of knowing cannot lead to a true picture of the real world, it can be speculated that it can rather be used as a key that he can use to unlock possible paths. “...the success of a key does not depend on finding a lock into which it might fit, but solely on whether or not it opens the way to the particular goal we want to reach ” (Von Glasersfeld in Watzlawick 1984:32).

From these assertions it can be concluded that a therapist or observer assumes responsibility when dealing with his clients. The variety of knowledge he constructs is like keys which he can use to unlock the doors in order to reach his clients.

Fisher (1991:3) says that people know about events, themselves and other people in different ways because constructivism assumes that people occupy different experiential realities which can be understood from a variety of perspectives according to the clients’ particular frame of reference.

In this study, it is acknowledged that the researcher deals with members of the family who construct and experience their world in different ways while in relationships with each other. This awareness enables the researcher to accept other people, their experiences, and behaviours as real to them.

The shift to this perspective frees the researcher from occupying the position of power and being judgmental towards clients, as she is capable of identifying with the experiences, beliefs or ideas of her clients, and the way they view the world. The researcher cannot have preconceived ideas of how clients should be, because constructivism suggest that we are responsible for what we think, say and do, and together with client systems, a therapist is co-responsible for processes emerging in therapy.

2.3.2 Assumptions and frameworks from systems theory

Watzlawick, Beavin & Jackson (2011) say Bertalanffy, who is one of the first pioneers in the field of systems inquiry described system theory as the formulation and derivation of
those principles which are valid for all systems in general. The above authors say that according to this theory, focus should be on relationships and integration among system entities. The emphasis shifts from parts to how these parts are organized; and to recognizing that these parts are always engaged in the dynamic interactions with each other. Systems are viewed as wholes with properties that cannot be known from analysing their basic elements in isolation. The theory focuses on the arrangement of all the parts, and the relations between them and their subsequent connectedness to the whole system. Following Hall and Fagen, Watzlawick, Beavin & Jackson define a system as “a set of objects, components or individuals in communication with each other, with relationships between them and their attributes and their properties” (Watzlawick, Beavin & Jackson 1967:120).

The usefulness of this theory is that, in dealing with his clients, a therapist focuses on these properties, namely communicative behaviours of the people in the system, and the maps or meanings they have created when they interact with each other, as opposed to their intra psychic attributes, because it is acknowledged that relationships tie the system together. Adopting this view also facilitates the appreciation of families as being composed of non-independent individuals. A therapist approaches the person or persons displaying the symptoms or problems by giving attention to the whole family. This is so because family we recognise that members are connected to one another, and thus influence each other reciprocally. It therefore becomes imperative to find meaningful explanations for one member’s behaviour in the interactional process of the whole family system.

Jones (1993:3) says any system can also be described as a sub-system of a larger system. The characteristic relationship patterns which comprise rules according to which a system operates delineate boundaries of sub-systems such as siblings, parental and spouses. The rules express the appropriate roles members should fulfil as they indicate who does what, with whom and when, within the family. These indicate the boundaries existing which are important when therapists work with client families, because even though they are viewed as whole systems, it is important to discern the rules of operating within these subsystems. Minuchin (1974) who is the proponent of the structural school of therapy states recognising and working on boundaries of these subsystems and focusing on the varying degrees of openness and closeness which boundaries display can become an important part of therapy.
2.3.2.1 Systemic principles shaping the therapist’s perspective

The following principles characterize families as systems, and are useful in understanding the nature of realities, interactions, and relationships existing within families that therapists engage with.

i. Wholeness

Wholeness suggests the interdependence and interrelations in the experiences, interactions and behaviours of family members. “Every part of a system is so related to its fellow parts that a change in one part will cause a change in all of them and in the total system” (Watzlawick, Beavin & Jackson 1967:123).

Because cybernetic therapists focus on patterns they perceive as existing in families being dealt with, it is important for them to recognise the both/and principle that characterize their perception and the creation of reality. Therefore therapists acknowledge that without individuals, there can be no families, and that family members create families and co-create relationships such that it is difficult to break them into individual personalities. Family members’ behaviours have special meaning in the context of their interaction and their relationships. There are patterns which characterize such relationships that make the structure of the system visible to the therapist and make it possible for him to give attention to areas requiring change, as well as areas which cannot be changed.

One of the characteristics of families as whole systems is that they display degrees of openness and closedness. A cybernetic epistemology recognises the complementary relations of openness and closedness in systems. As an open living system the family is partially open to the inflow of interaction among its members. It also exchanges this interaction with the outside environment. The extra familial and the family system therefore affect each other in a reciprocal way through the feedback process that occurs when interaction and communication takes place.

ii. The family as an autonomous system

Keeney says “cyberneticians describe cybernetics of cybernetics a way of viewing the “organizational closure” or”” autonomy “of systems” (Keeney 1983:82). When its boundary
is viewed as being unbroken, this validates its wholeness. Being organizationally closed implies that the system is viewed with no reference to the outside environment (Keeney: 82). This author (Keeney) says in their study of this concept Maturana and his colleagues concluded that perception is not determined by an outside environment, but is a product of the internal nervous system. External events can only trigger the nervous system which responds by acting. This means that the products of perception are internally generated.

In recognizing the concept of the autonomous nature of the family system which was proposed by Maturana, Keeney (1983) says “autonomy or the maintenance of a system’s wholeness” displays some degree of closedness. At the highest order of recursion, Keeney (1983) says, its organization is regarded as closed, and it is this level of feedback process, which serves to maintain its unity as a whole. At this level he, (Keeney 82, 83) observes further, it is viewed with no reference to its outside environment and is regarded as self-referential, from its point of view.

Maturana’s theory (1975) asserts that systems should be viewed as autopoeietic systems, which regulate and control themselves according to their formed rules and in this way, as living systems they generate and maintain their own wholeness. This involves the circular process of constant self-referral, which makes it possible for them to undergo changes that are determined by their own organization and structure. These changes can be differentiated into two; namely, changes of state which entails changes of structure without loss of identity; and disintegration, which involves changes of structure and organisation with loss of identity (Maturana 1975:317-318).

Being a unified whole with the circular processes of self-referral, the principle of equifinality is at play. In line with this, Watzlawick, Beavin and Jackson (1967:129) say the system then becomes its own best explanation as the emphasis is on the patterns recurring in on-going communication. Processes and system parameters are given more attention. Minuchin (1974:113) also says the family is part and whole which exerts energy for autonomy and its self-preservation as a whole.

Leyland (1988:360), when referring to the changes systems undergo which are determined by their own organization and structure concludes that this is the most controversial of Maturana’s ideas in that it challenges the belief strongly held by many that “A” causes “B” and that “B’s” responses should thus be predictable.
A therapist recognizes this autonomy, meaning that he affords the family system the right and freedom to make choices and to decide on who they want to be. This enhances the capability of the family system to maintain itself as a whole.

iii. Circularity

Related to the wholeness of systems is the principle of circularity which refutes the notion of unilateral relations between elements, “...that A may affect B but not vice versa” (Walzlawick, Beavin & Jackson, 1967:126).

The Milan group defined circularity in this way: “By circularity we mean the capacity of the therapist to conduct his investigation on the basis of feedback from the family in response to the information he solicits about relationship and therefore about difference and change” (Selvini-Palazzoli, Boscolo, Cecchin, & Prata: 1980).

Adopting a cybernetic approach validates the use of circularity as one of the interview techniques, as, for example, it enables a therapist to think in terms of interaction and relationships, and not in terms of symptoms. (Becvar & Becvar 2003).

Selvini-Palazzoli et al. (1980), assert that circularity also helps the therapist face the complexities of the family when one member is asked to explain how he sees the relationship between two other members. This kind of questioning elicits information about how differently members perceive each other and, and about the diadic and triadic relationships within the family system.

Becvar and Becvar(227) say Penn draws a parallel between circular questioning and Bateson’s principle of double description. They say she quotes Keeney, (1983) who states that in order to get from one level of description to another an act of double description is required. He further states that a view from every side of the relationship must be juxtaposed to generate a sense of relationship of the whole.

According to Boscolo, Cecchin, Hoffman and Penn, questions most commonly used fall into a number of categories. Examples are the following:

- questions about difference in perception of relationships (“Who is closer to Father, your daughter or your son?”);
- questions about differences of degree (“On a scale of one to ten, how bad do you think the fighting is this week?”);
• now / then differences (“Did she start losing weight before or after her sister went to college?”); and
• hypothetical and future differences (“If she had not been born, how would your marriage be different today” or “If you were to divorce, which parent would the children stay with?”) (Boscolo, Cecchin, Hoffman and Penn (1987:11).

The authors mentioned above maintain these kinds of questions embrace a series of mutually causal feedback chains creating a complex and nonlinear piece of circuitry.

iv. Feedback

Feedback refers to the process whereby information about past behaviours is fed back into the system in a circular manner, (Becvar & Becvar 1985:64). Keeney (1983: 66) cites (Wiener 1954/1967) who asserts that it is a method whereby a system is controlled by inserting into it the results of its past performance. Becoming aware and recognizing the past performance may result in self-correction of the system.

At the level of simple cybernetics the feedback elicited may be categorized as either positive or simple feedback. We have to remember that this implies no value judgments; it only refers to the effect of the system and the response of the system to that behaviour. (Becvar and Becvar 2003). In simple terms negative feedback demonstrates that no change has occurred, and the status quo is being maintained, while positive feedback on the other hand is indicative of changes that are occurring. However both negative and positive feedback is the sides of the same coin and is required because stability and change are necessary for the survival of the system.

Watzlawick, Beavin & Jackson (1967:139) say inputs like actions of family members or of the environment are acted upon and modified by the system, if they are introduced into the family system.

During therapy the input from the therapist, for example, when passed on to the client, and when fed back to the therapist indicates to him whether or not he has to change or rephrase the message.
v. Recursion

Recursion refers to the notion of a reciprocal process which is revealed when system members interact with one another. Becvar and Becvar say, instead of “examining individuals and elements in isolation, we look to their relationship and how each interacts with and influences the other” (Becvar and Becvar 2003:65)

The authors mentioned above (2000:66) quote Bateson who stated: “Any complex person or agency that influences a complex interactive system thereby becomes a part of that system and no part can ever control the whole” (Bateson 1972: 362). Feedback, recursiveness and the circular nature of communication indicate the relatedness of events and people in communication and interaction with one another in a way that cannot accommodate simple causal relations.

The therapist and client system being recursively connected with each other modify and change each other’s behaviour and perceptions.

Keeney observes that adopting this epistemological perspective entrusts us the task to mark the orders of recursion identified in any descriptions or explanations made. In this way therapists become aware that descriptions and explanations they make are self-referential statements. “The observer’s observations may include his observing” (Keeney 1983:32).

vi. Context

To understand the perceptions, events, behaviour and interaction of individuals being dealt with, one looks at the relationships between them and the social as well as the physical environment within which the observed behaviour takes place. This is in contrast to the view of focusing upon what is usually regarded as the intrinsic characteristics of one individual, particularly the one displaying symptomatic behaviour alone, as if he exists in isolation. Context therefore also refers to ideas that individual members of a system may have about given situations and about each other.

One can therefore understand the family under study as having meanings, which are connected to, and also derived from observed patterns of their social organization. In therapy we are urged to consider presented problems or issues relative to the context. The fact to be considered is the utility or the appropriateness which is dictated by the context. It becomes impossible to focus only upon one person’s behaviour without considering circumstances surrounding the whole family. Some of the factors to be focused upon are for
example the boundaries existing between the sub-systems and coalitions exhibited by family members.

vii. Punctuation

When people interact and communicate with each other, they exchange messages. What is important is the meaning that each communicant derives from the communicational sequence. Bateson says there can be various ways and “…habits of punctuating the stream of experience so that it takes on one or another sort of coherence or sense” (Bateson 1972:163). From sequences and patterns of the interaction the observer selects and highlights those sequences from which he creates some kind of sense or meaning. Thus these punctuations are his constructions and cannot be regarded as some reality existing “out there”.

Keeney (1983:27) says that therapists can understand an individual’s experience by observing how he punctuates his social context. He can for example, observe whether or not in the process of punctuating events and experiences, family members view each other as causes, or use labels to describe events and each other, and work on this. He (Bateson 1972: 298) maintains that in the punctuation of interaction adjectives purporting to describe individual character of people may be used. He says this should not apply to people because these adjectives actually describe transactions between an individual and his social and material environment. They are characteristics of what goes on between a person and something and do not depict some intrinsic characteristic he possesses.

Therapists respect their clients more by realizing that each interactant understands and punctuates events, communication and experience in a particular setting in his own way. They (therapists) should thus make efforts to get in touch with the maps drawn by their clients.

viii. Equifinality

In terms of this principle, the same consequences or endpoints may be arrived at from different starting points (Jones 1993: 4). The process of the system or its organization is considered to be more significant. The focus is not on what may be regarded as the identifiable causative factors of the problematic situation as this does not alleviate that problem. In terms of this principle, the various dimensions of the system now, in relation to
the presenting problem should be explored. Watzlawick, Beavin & Jackson (1967:129) says the system then becomes its own best explanation because the emphasis is on the patterns recurring in on-going communication processes. System parameters are of more importance.

2.3.3 Batesonian propositions influencing a cybernetic therapist’s perspective

Bateson (1972,1979) lays down certain propositions and epistemological premises, with the central idea that the world that people perceive is created when they select and edit it, so that it conforms to their beliefs about that world. The propositions and assumptions he proposed are helpful in transforming therapists’ thought systems, so that they are able to look at family systems holistically, to appreciate their self-corrective character, and to cultivate the framework of emphasizing relationships and patterns.

“Science never proves anything” (Bateson 1979:34).

In dealing with any phenomena related to communicating and interacting individuals, no precise predictions can be made regarding their future state or behaviour. This principle, suggests that generalizations or descriptive statements and socially generated consensus people are used to, cannot be seen as the final truth. From this standpoint therapists should become “curious”, and recognize the uniqueness of people, situations and events.

“There is no objective experience” (Bateson: 1979:38)

What people perceive may be different from one person to another. As Bateson puts it, people’s brains make images that they think they perceive and these become their creations. Therapists are reminded that their observations in therapy may be their own creations and cannot be absolute truth. This proposition promotes understanding, tolerance and acceptance of other people – their constructions, experiences and behaviours- as real to them.
Patterns that connect.

For Bateson things are mutually defined, existing only with reference to the surroundings that give them definitions.

The role of difference in the generation of information.

Bateson (1979:37) states that all receipt of information is the receipt of news of difference which (1972:315) is a “bit” of information that can be defined as a difference which makes a difference. The creation of the kind of difference meant here depends upon the ability of the therapist not to provide client systems with responses that are expected and are thus predictable. Keeney (1983:170) states that structural change occurs if there is something “new” with sufficient meaningful noise from which families can create an alternative structure.

We conclude therefore that therapy must be able to provide this meaningful noise which is like a Rorschach which is created in a context of stability and change, in order to find meaning which enables people being dealt with to create and perceive a new reality. This new information would be understood by the client and must fit his worldview.

2.3.4 Ideas from person-centred theory (Rogers: 1987)

According to the person-centred theory which was developed by C. Rogers, “the facilitator tries to understand how the client sees himself/herself” (du Toit, Grobler & Schenck 1998: ix). Grobler and Schenck (2009) maintain that the person-centred approach deals with the client’s identity or self. Under this approach, the facilitator deals with the client’s experiences that the client is unable to bring into his conscious mind, due to the fact that they threaten his own self-perception. In therapy, the client learns to deal properly with these threatening experiences.

The facilitator must be able to provide the required special relationship in which the client feels accepted. This relationship is characterized by genuineness on the part of the facilitator; acceptance, liking, warm regard and respect for the client as a person of unconditional self-worth (Rogers 1951).
The person-centred theory is viewed as being more relevant when dealing with individuals. However, in this study it is acknowledged that consideration of some of its ideas and concepts ensure that there is focus upon the therapist’s values, and in particular the value of respect for clients, which should reflect his attitude towards people. This theory is, therefore, useful in considering possible dimensions on which people can be understood (du Toit, et al: 1998). Commenting on this theory, the authors above state “propositions about being human and what possibly motivates people on various levels of consciousness provide tentative guidelines for facilitators in their efforts to understand, think and make sense of what we can observe of others …” (du Toit, Grobler & Schenck 1998:xi).

Rogers (1987) formulated the nineteen propositions which are useful in the cultivation of the appropriate relationship and understanding for the facilitators’ clients. Of these propositions, only five will be discussed in this study. The five will not be discussed in their logical sequence.

**Proposition 1: Every individual exists in a continually changing world of experience. He becomes the centre of this world (Rogers 1987:483).**

This principle applies for the family as a whole and for all family members individually. Looking at the family under study, we realize that their experiences are unique and are knowable to themselves alone. Therapists may thus conclude that members of the family might be behaving in terms of their experiential world; and this acknowledgment fosters a non-judgmental attitude toward them.

**Proposition 2: Human Perceptions: The organism reacts to the field as it is experienced and perceived. This perceptual field is, for the individual, “reality” (Rogers: 484).**

Like experience, perceptions are an individual matter. In the family under treatment where incest occurred, the researcher could have easily joined the community and agents of social control such as the police and the Justice system who want to punish the father for his behaviour. However, she observes the perceptions of the family as a whole and refrains from condemning any one. In this way she can approach the clients from a special position of understanding the dimensions of the case under treatment.
**Proposition 4:** “The organism has one basic tendency and striving to actualize, maintain, and enhance the experiencing organism” *(Rogers: 487)*

A therapist sees the importance of helping the client system to retain itself, rather than to want it to change quickly. Grobler refers to the importance of the preservation of the family which she says might appear odd, especially if you are accustomed to thinking of yourself as an agent of change. She says: “Part of our task as helpers is therefore also to help people to retain the essence of themselves” *(Grobler Only study guide for HMWWGEV-6 Social Work: 10)*.

**Proposition 5:** “Behaviour is basically the goal directed attempt of the organism to satisfy its needs as experienced, in the field as perceived” *(Rogers: 491)*

Once one connects behaviour with needs as proposed here, one develops a different view about the client system.

**Proposition 7:** “The best vantage point for understanding behavior is from the internal frame of reference of the individual himself” *(Rogers: 494)*.

The processes occurring in the family can only be understood from within its frame of reference. It is only when the therapist develops empathetic understanding, which serves as a basis in the interviews, that he can perceive the world as the client system sees it.

Grobler *(Only Study Guide for HMWWGEV-6 Social Work: 14)* maintains one should constantly move to and from between understanding of the family unit and its “self” and the individuals. By the family unit’s “self” Rogers refers to their conceptual pattern of perceptions and characteristics (their perceptions and experiences) which describes who they think they are. *(Cited by du Toit, Grobler & Schenck 1998: 24)*

**Proposition 10: Values**

Grobler *(12)* says it is not only the client’s values that have to be questioned and considered, but also your own. The therapist is urged to re-examine himself, to ascertain his real values about clients and the whole social work profession. It should be realized that, the practice of the profession requires absence of the judgmental attitude on the part of the therapist who should see values and propositions as important and as forming an integral part of his
professional self. This would enable him to understand his clients who in terms of proposition nine should not be seen in isolation, but in interaction with each other; and himself- (therapist).

2.4 Facilitation of Change

Facilitating change means the creation of change and stability which involves the use of intervention techniques which produce difference which according to Bateson (1979) makes a difference. According to him, this change is regarded as creating information. The intervention techniques used and appropriate actions taken by the therapeutic system enable them to restructure themselves by simultaneously maintaining their stability and undergoing change. To achieve this, the therapist develops a particular view of the symptom and the symptom-bearer or identified patient he deals with, as well as the role he plays, as dictated by the school of family therapy and the constructivist as well as the theoretical assumptions guiding his actions.

If we turn to Bateson’s two orders of learning (1972:279-308), namely Learning 1 and Learning 11, as well as to what Watzlawick, Weakland & Fisch (1974) refer to as first-order change and second-order change, we conclude that Bateson’s Learning 11, (1972:284) and second-order change proposed by Watzlawick et al., is appropriate for many cases requiring systemic change.

It is important to appreciate the difference between first-order and second-order change or Learning 1 and Learning 11. Keeney (1983:156) expanding on these two orders of learning says Learning 1 refers to a change of specific responses that require the choices that one has to make within a set of behavioural alternatives. This is learning particular simple action in a given context.

Watzlawick, Weakland, & Fisch (1974) say first order change refers to change that can occur in a system that remains invariant. This means that the rules of operation in that system remain the same. These authors say at this level the more things change, the more they remain the same. For instance, in terms of the group property d, of their Group Theory, the combination of any group member with its opposite or reciprocal gives the identity member or zero change. In other words common sense suggests replacing something or behaviour by its opposite and this only brings first order change solutions. Although the system can cope with disturbances occurring within it, its structure remains unchanged and in terms of cybernetic theory, according to these writers (38), a simple negative feedback
phenomenon is at play, which enables the system to maintain its internal stability. These authors state there are countless instances where structural changes are not required where problem solving of this nature is useful.

**Second-order change or Learning II**
Keeney says Learning II concerns learning which occurs by comparisons across various learning opportunities (1983:156).

Bateson maintains “What is learned … is a way of punctuating events” (Bateson 1972:310). The focus is on the meanings the people within the family system attach to their actions, their feelings, and their total experiences; in other words their total context. If this is the source of error, a different context needs to be learned, within which behaviour takes place. Learning II contradicts common sense, and as Watzlawick, Weakland and Fisch (1974) point out, the formula of second-order change is “not a but also not not a” (Watzlawick et al: 91). These writers, (12) maintain that second-order change is in the nature of a discontinuing or logical jump. In terms of their Theory of Logical Types some situations require a logical jump which involves stepping out of an old into a new framework. This in turn involves punctuating meanings attached to experiences, actions; which might require change in the rules of operation within the system. Change based on this perspective is a systemic one, involving change in the structure of the system.

Keeney (1983:168) says that one of the goals of family therapy is that of enabling a symptomatic enactment to unfold with the result that a reductio ad absurdum is produced. This entails expressing symptomatic behaviour in ways that enable the family system to realize the absurdity of premises underlying their behaviour with the result that appropriate self-corrective feedback occurs.

He says that to differentiate between first and second order change is important because if a therapist fails to do this, he may take actions which do not only fail to produce desired change, but which may compound the problem to which the solution is applied, by producing first order change.

2.5. The View of the Role of the Therapist, the Symptom or symptom-bearer and the Techniques in the Schools of Therapy in use
Keeney (1983:147,148) maintains, all therapists need double view which implies that while on the one hand they hold on to a particular framework, on the other hand they should acknowledge it as incomplete. As such a therapist may correct himself by considering other
frameworks in order to avoid getting stuck in therapy sessions. It is therefore concluded in this study that using more than one school of therapy would be necessary when the one in use does not seem to be useful at any given time, provided they are based on the constructivist epistemology. In line with this assertion the systemic school and the structural school are used in this study. The therapist used the lenses of the systemic school when the focus was on observing the family as a closed system, and the structural school of therapy when the focus was on the openness of the family system.

Although therapists can become part of the therapeutic system, thereby experiencing its uniqueness, it should be noted that the use of techniques is imperative in facilitating change. However this should not imply unilateral control of a client family by the therapist. It only assists a therapist in avoiding getting stuck while in the process of helping a family to maintain its stability, and to generate difference which earlier on we said Bateson proposed should make a difference.

2.5.1. The view of the systemic school of therapy

Having been influenced by Maturana’s theory (1975) of systems viewed as autopoeietic systems, this approach regards the family as an autonomous self-regulating system, Maturana’s theory makes a point about the system being the only one that specifies how it will behave, and not the information it gets. Therefore changes the family systems undergo are determined by their own organization and structure. Consequently there can be no instructive interaction with them, and this means that a system responds in its own way to any perturbation.

This realization frees the researcher from feeling that she is responsible for everything happening or not happening in therapy. The non-linear epistemology and the cybernetic perspective suggest that together with the researcher members of the system are co-responsible and co-create experiences in therapy. As members of the therapeutic system, they all take responsibility for their own inputs in therapy. Co-evolution and change happen to all of them.

2.5.1.1 The problem, the symptom / symptom-bearer

The systemic school regards problems as originating from problems in social interaction.
It considers mental phenomena as reflective of these social phenomena. Hoffman’s explanation (1985: 386) is that the problem is in the meaning system created by the distress; and the treatment unit becomes everyone who is contributing to the meaning system. Therefore the identified patient cannot be approached as the sick one alone; the behaviours of all the interacting individuals are regarded as communication. The symptom is thus re-defined as to include interactions and relations of all family members.

2.5.1.2 The role and position of the therapist

As his approach is non-linear, the therapist is not concerned with the causes of the problem but the meanings that are attached to it. Hoffman (1985:386) says the problem is in the meaning system created by the distress and the treatment unit becomes everyone who is contributing to that meaning system.

The relevance of the systemic school in the treatment of families is that in line with the cybernetics epistemology, it acknowledges the view of the world as pattern and form. Therapy in this view is thus directed at patterns of interaction and not at problems, which may appear to be intrinsic in some member or members of the family. Therapists have to discover the communication message of the symptom.

Having been influenced by Maturana’s theory which asserts that the system is the only one that specifies how it behaves, and not the information it receives, changes members of the system undergo are determined by their own organization. This means that there can be no instructive interaction taking place between the therapist and the members. The therapist can only perturb the system which then responds in its own way.

This view also implies that therapists should see the importance of differentiating between the level of meaning and the level of actions of family members and the connections between the two. Therapists thus consciously view therapeutic interventions as tools to be used to introduce new connections in thought or meaning, and interactions or relationships of members of the family. Changes in meaning attached to behaviour and relationship could bring changes in meanings and actions of family members. As a therapist is not regarded as an outsider, his role with the family is a facilitative one. It becomes the therapist’s responsibility to find a way of becoming “one” with the family through structural coupling. Leyland says the family will “… open itself to alternative ideas and a new way of being”
A cybernetic therapist is influenced by second order cybernetics and therefore he abandons the expert role.

2.5.1.3 Techniques a therapist uses in facilitating change/stability

i. Positive connotation

By positive connotation is meant when the therapist shows the client the usefulness of the action, and all behaviour including the symptomatic one, and when each little fact is given a meaning. This implies that the therapist is supportive to the client’s actions and interactions. What a client system implies is what the therapist connotes, and not what comes from his own interpretation.

This technique is used to maintain the stability of the family because it is not about the goodness or badness of an experience, symptom or action but rather the usefulness to the individual members of the family, as well as the family as a whole. No judgment is implied. The technique introduces difference also, in that, for example, the therapist would prescribe no change (as the action is described as useful) in the context of change, which implies change. It is an unusual intervention technique, which the family is unaccustomed to, which could confuse them. The family can see themselves, their relationships and the problem in a new light.

ii. Circular questioning

Selvini, Boscolo, Cecchin & Prata (1980: 8) say circularity is a capacity of the therapist to conduct his investigation on the basis of feedback from the family in response to the information he solicits about relationships and changes in relationships, which could create difference and change. According to Bateson’s, (1979, 1972) circularity focuses on interaction and relationships and not on inherent qualities of individual members of the family, including the symptom-bearer.

This technique introduces difference in that it interrupts the labelling of one particular member in a family, turning the symptomatic behaviour into an interactive process so that there is shared responsibility for that in the family. Becvar & Becvar (1995:240:249) state espousal of this circular view precludes a moral stance and requires a position of neutrality.
allowing freedom and creativity for the therapist. These writers further state “...circular questioning seeks to point up the reciprocity and co-definition of any relationship and thus to promote co-evolution”. (Becvar: & Becvar: 2000:252).

It could also produce change because it transforms family members’ perceptions of themselves as autonomous independent individuals, and linear causation to a world of reciprocity. The meaning some family members may attribute to their own behaviour and that of others may be changed as certain assumptions underlying these beliefs are questioned in a circular way.

iii. Neutrality

Neutrality refers to the therapist’s taking of a nonmoral stance, which promotes the feeling that he or she is aligned with no one and everyone. Boscolo , Cecchin ,Hoffman & Penn (1987) say when they maintain a neutral position; therapists are free from the family’s labels of good and bad. Because of its lack of apportioning blame to any one person or all members in a family, neutrality creates difference within the family system. It aligns with the idea that the problem makes sense in the context of the whole family. It implies that there are no good or bad members in the family and this different view could create information as members view themselves in a different way, as opposed to the stance they usually take, when first they go for therapy- when they expect the therapist to agree with their notion of apportioning blame to one person, who is seen as being responsible for their problems.

iv. Prescription of rituals

The technique creates difference, and it could also produce change. Rituals, according to Carter and McGoldrick (1989:153) are intended to affect the behavioural (interactional), cognitive and affective levels, and the family or individual is expected to improvise in order to tailor them to particular circumstances. Symbols and appropriate symbolic actions may represent the possibility of new relationship options. Rituals can thus facilitate change and create difference because they bring about imagination that may lead to the family seeing themselves, their relationships and the problem in a different way. The fact that actions are carried out by all family members already introduces the rules of the game requiring that
focus on only one member is not permissible; and this could enable members to see certain
behaviours and meanings of all as related and interconnected.

2.5.2. The view of the structural school of therapy
The structural family therapy school which draws from systems theory is also recognized as
relevant in facilitating change in families as open systems because it rests on the tenets of
the influence of an individual by his context and not entirely by his psychic life and process
Minuchin (1974:93). He (Minuchin) asserts that structural family therapy focuses upon
relationships of members within the family system rather than on individual members.
Secondly it proposes that changes in family structure contribute to changes in the behaviour
of family members.

By structure Minuchin means “…the invisible set of functional demands that organize the
ways in which family members interact” (Minuchin 1974:51). It refers to the transactional
patterns repeated over time, which underpin the system.

Focusing upon transactional patterns in family systems is useful as it facilitates the
discernment of processes going on within the system. The therapist and the family system
can observe how, when, and to whom each family member relates. Becvar & Becvar
(2000:198), say the structure shows the processes within and between sub-systems,
describing the kinds of boundaries present in the family. A therapist also observes the
family members’ participation in the family sub-systems; and observes if there are clear,
diffuse or rigid boundaries existing in these sub-systems. All these help him understand how
the family maintains itself. Knowing all this facilitates his entry and participation in the
system.

As a cybernetic therapist becomes part of the context of interactions in the family, his
behaviour can be significant in the family members’ change process. He focuses upon the
existing stability of the family system and together with them observes how the family’s
functioning is contributing to the existence of the problematic situation. What the family
accepts as their reality can then be challenged and attention can be directed at the structural
organization with the aim of producing changes in the entire family.
2.5.2.1 The problem, the symptom/ the symptom-bearer

Minuchin and Fishman (1981) point out that the problem therapists deal with is not the person who presents with a problem (the identified patient), but some interactional patterns prevailing in the family. A symptom displayed by one member is regarded as expressing the problem related to the whole family. Although the identified patient should not be ignored, the whole family must be the target of therapeutic intervention because, problems manifesting in a family system reflect the kind of interactions taking place therein. Minuchin (1974) acknowledges that pathology may be inside a person, the social context or the feedback between them; hence the suggestion that the focus be on all family members’ transactional patterns.

2.5.2.2 The role and position of the therapist.

Through joining operations, which emphasize his actions of relating to family members, the therapist assumes a position of leadership when he facilitates small movements that carry the family towards the goals of therapy. Minuchin (1974:111) says this involves co-responsibility for what happens in therapy in a non-directive way. Minuchin and Fishman (1981:34) speak of a disengaged position; when the therapist perceives patterns of family involvement. At the same time novelty is introduced, by engaging members of the family in unusual transactions.

A therapist also occupies a directive position because the family also acknowledges his knowledge and skill. The directive and non-directive positions the therapist assumes are complementary and his actions may appear to be contradictory which could introduce a difference, which makes a difference.

2.5.2.3 Techniques used to facilitate stability/change

i. Joining and accommodation

According to Minuchin (1974:126) joining is when the therapist directs his actions at relating empathetically to family members or the system as a whole. Accordingly the family’s stability is maintained when family members are not expected to change their behaviours or meanings they are not ready to change. The therapist accepts the family’s organization and style of life while blending with them as a leader in the therapeutic system.
He accommodates to the family, supports and follow, in order to lead in therapy. Two kinds of joining techniques namely, maintenance and tracking are useful in the maintenance of the stability of the family as well as in the creation of difference.

ii. Maintenance

This involves according to Minuchin (1974:125), planned support of family structure, the family as a whole, as well as the characteristics of individual members or the specific transactional patterns of sub-systems, (the structure of the family). Maintenance operations involve confirming and supporting members’ strengths and potential.

The fact that the therapist confirms characteristics of a family member’s behaviour also creates difference. After maintaining the family’s stability through joining operations, the therapist can now challenge dysfunctional areas in the family. These kinds of activities produce difference because the therapist suddenly acts in a different way, which was not expected by the client system. Minuchin (126) says these operations may have a restructuring effect because when one sub-system is supported others in the family may have to restructure to accommodate this support.

iii. Tracking

According to Minuchin (1974:127) in tracking, the therapist follows the family’s communication and behaviour, and encourages them to continue behaving in the same way. He asks clarifying questions and makes understanding comments and does not challenge what is said and in this way their stability is maintained.

Focusing upon the process part of communication and behaviour could create difference also as the relationship information is elicited which thing would not be possible if the therapist were concentrating upon the content of communication of family members.

All joining operations suggest that no judgment is intended, and are thus not threatening to the family’s view of themselves and their reality. It is in this kind of environment where the family senses that they are not pushed to change their reality, which helps them maintain their stability. It has a puzzling effect also because when they are expecting criticism, judgment is not forthcoming. Dysfunctional behavioural patterns can then also be seen in a
new frame, when the punctuated parts of the interactive system are so reshuffled so that an alternative frame of reference may emerge (Keeney 1983: 25).

Jones speaks of this reframing as punctuating new data that is congruent with a new frame. If we refer to Minuchin and Fishman (1981:32) again, we learn that although joining is related to supportive manoeuvres, at other times it is affected by challenges to dysfunctional behaviours. It is these supportive activities that are accompanied by challenges at a later stage that create difference and are change producing as well. The therapist joins and adapts himself to the family in a way that supplements its organization. But at the same time, he makes interventions that challenge it. This manoeuvre becomes a “meaningful Rorschach” – a difference that makes a difference to the family’s way of understanding the therapist’s actions. His actions are puzzling to the members in the sense that they confirm their behaviour and simultaneously challenge it, and thus afford them opportunity to make efforts to question it (behaviour).

iv. Assigning tasks
Minuchin (1974:150) maintains that tasks can be used by the therapist to pinpoint and actualize an area of exploration that may not have developed naturally in the flow of family transactions; or the area that must be worked upon. Tasks within the session indicate how and to whom family members should communicate and in this way the focus is on the family structure, and transactional patterns rather than attention being placed on individual members. When members of the family engage in assigned tasks, the therapist helps make their structure visible to them, and thus draw attention to the possibility of restructuring the family. Therefore this technique is also used to produce change and to create difference, since the therapist uses it to unearth alternative transactional patterns.

v. Restructuring techniques
Minuchin maintains the goal of therapy is to re-structure the family in order to free family members so that they may relate in non-pathological ways. The structure of the family in which symptoms emerge and are maintained, reflects rules of interacting in the family. Changing this structure involves changing the rules of relating.
vi. **Enactment**

A therapist instructs family members to perform some activity during a session. This enables him and family members to observe how they normally behave in their home. Enacting transactional patterns makes the family structures visible to them. For instance boundaries which are inappropriately rigid or enmeshed may be exposed. This technique creates difference and promotes change because members’ reactions to each other’s transactions are intensified. Areas requiring attention are made visible to them.

vii. **Reframing the problem**

Reframing the problem helps in directing the family’s consciousness from an individualistic to a systemic outlook.

viii. **Intensifying the stress level**

This is another effective way of creating difference.

2.5.3 **Rationale for the use of the person centred theory as a school of therapy**

The usefulness of this theory in family therapy is that it helps a therapist in providing understanding to family members as people of worth, who are entitled to the respect they should expect and deserve. Grobler (Only Study Guide for HMWGEV-6:56) cites Martin (1983) as saying, for any other things to work you must make your clients feel deeply understood. The communication skills the therapist relies upon are both basic and advanced empathy.

2.5.3.1 **Basic empathy**

Basic empathy is viewed by Egan (1994:108-118) as a form of communication which involves both listening and understanding the client, which suggests seeing all his experiences as with the client’s eyes and communicating this understanding and acceptance to client systems, as they explore areas they are conscious of. This could be in sharp contrast to the kind of treatment the client system may be accustomed to receiving from
other therapists, which might entail getting advice and guidance and telling client systems what to do. The family may realize that they are not judged and expected to be somebody else. Consequently their stability can be maintained.

Rogers (1987:29) states the counsellor assumes, in so far as he is able, the internal frame of reference of the client, and perceives the world as it is seen by him. The therapist thus cultivates empathic understanding of the whole person, and for our purpose of the whole family’s needs, emotions, experiences, self and values.

This technique may introduce difference which makes a difference. In the case under study the client family was subjected to denunciation by the community, and communicating understanding to them is a different treatment which enables them to feel accepted and good about themselves. It is only when the client is not judged that he is able to let go of the defences which impede what is there to be seen by him.

2.5.3.2 Advanced empathy

Advanced empathy is a deeper kind of empathy involving, according to Rogers, as cited by Egan (1994:150), sensing meanings of which the client is scarcely aware. A therapist hears more than just what the client is saying directly. He is alerted to the possibility of there being more than one implied message, which du Toit, Grobler & Schenck, (1998:190), observe might be related to the various aspects of the clients’ self, such as perceptions, needs, behaviour, emotions, values, which may be encoded in the explicit message.

Through advanced empathy, the therapist assists the client system to find new meaning by identifying themes emerging during the discussions which may refer to any and all experiences, affecting the whole family. The therapist points out these themes without blaming any one, and does not make a value judgment about any one’s behaviour (du Toit et al 174). Communicating in this way can be considered as difference which is information.

The confirmation by the therapist makes clients realize that they are of worth, respected, and of value. du Toit et al (77) say without respect the facilitator cannot communicate empathetically or facilitate growth because he will not be able to create an atmosphere of acceptance and freedom where in client can reveal his deepest most painful experiences without fear of rejection.
2.6 Chapter summary

In dealing with problematic issues which people face in their interactions, it is imperative that the therapist understands the underlying theoretical and epistemological assumptions about these issues. This understanding may explain different aspects of experiences and behaviour, which would help the presented reality of people involved, from their frame of reference. Leyland (1988:358) cites Bloom who said in offering effective help, we must always draw upon abstractions that influence our thinking and guide our actions.

In this chapter we discussed the epistemological and theoretical propositions influencing the researcher’s perspective. We focused on constructivism as an epistemology which we learned helps in creating the awareness that what therapists and their clients perceive in their experiential world are creations by each interact ant, which can thus be challenged. This creates a room for reframing situations and change, as therapists and their clients can create new meanings for themselves when they interact with one another. Their interactions are seen as mutual disturbances which can be regarded as stimuli to be responded by each other in a reciprocal and recursive way.

The systemic theoretical assumptions and propositions ensure that therapists suspend judgments and consider clients’ problems as related to the context in which they are found; patterns of relationships are issues that therapists should be aware of, and the importance of the inclusion of the therapist in the therapeutic system, (second-order cybernetics) is specifically stressed. The therapist operates from the both/and view proposed by cybernetics, and this applies to the choice of therapy schools in use in therapy. For our purpose the systemic as well as the structural therapy schools and some concepts from person centred theory were used.

The therapist facilitates change by using techniques that produce difference, that is by providing meaningful noise or “new information”, which is presented in a manner that acknowledges the stability and the change that each system requires, if it has to change. However no predictions can be made regarding the nature of that change as this depends upon the system itself.
CHAPTER 3: THE THERAPEUTIC SYSTEM’S PARTICIPATION IN THERAPY

3.1 Introduction.

This chapter details the key events and interaction that happened between the family that sought social work intervention in their relationship problems, and the researcher. The growth path reflects the constructivist and systemic thinking, which resulted in the shifting of the researcher’s paradigm from punctuating events and situations in her social work practice on the basis of the objectivist and lineal approach.

Although the behaviour between the researcher and the family system is fully interactive and communicative, this dissertation is a subjective investigation in which she consciously thinks about, and observes her actions in therapy in order to tackle areas which are identified as requiring change. Together with the observing team behind the one-way mirror, she engages the family who was struggling with the relationship problems related to the incest that happened. Transactional patterns reflect series of action research self-reflective cycles of planning, action, and of observing and reflecting on the processes related to the change both the family and the therapist systems require.

Action research methodology involves all members of the family system as co-researchers, in the change process. The cybernetic view sees the request for this change as a request for both change and stability. Dupont (2008:201) cites Reason (1994) who postulates that knowledge is gained through the systematic testing of theory in live-in action, and as research participants in the therapy environment the family members’ experiences will also be affected. However as mentioned already, the researcher has identified the need to change her approach to her social work practice, and attention will specifically be directed at her actions and her experiences, based on the cybernetic perspective.

3.1.1 The beginning of the Journey

On doing social work with some clients, the researcher experienced vague and uncomfortable feelings of uneasiness and dissatisfaction, as she sensed that they were not benefiting from the whole process of therapy. These feelings resulted in a decision to improve her knowledge of social work practice at The University of South Africa.

Some of the new ideas she learned, like the constructivist epistemology and systems theory, which provided a different way of punctuating the experiential world, appeared to be very
strange and difficult to understand. In her diary she recorded thoughts of feelings of discouragement, despair and doubt, which overwhelmed her at the time.

Three things enabled her to face this challenge; firstly the encouragement and patience exercised by her lecturers and her supervisor, and the confidence and trust she placed on all of them; secondly doing this course and succeeding was something she wanted for herself; lastly she wanted therapy with her clients to bring a difference in their lives. 

In compliance with the curriculum requirements of the University of South Africa, undertaking therapy with a family requiring assistance, under the guidance of the researcher’s supervisor, was done with the Lola family (not their real name).

The researcher was engaged in therapeutic transactions with this family in the sessions, and this provided a testing ground for the application of the cybernetic approach for which she had developed a liking. The therapy context served as a means and vehicle for connecting her subjectivity and the client family, through the feedback and recursive processes that were taking place.

Although in this study the action research inquiry focuses on the researcher, from an ethical point of view, the family system engaged in this research obtained some gains as well, and they achieved the change they required and their feeling of significance as human beings.

Salvin-Baden & Wimpenny (2007: 335), while referring to the participatory action research project initiated in the community, maintain that the group reflective and action cycles provide the space within which the dialectic conversation can be developed, and meaningful change considered. The same can be said about the family system which was engaged in this action research.

3.1.2 The statement of the problem

The researcher’s social work practice involved the adoption of a linear causality perspective, which views some elements within a family system as causes of the problems experienced, while others are seen as effects. On hypothesizing about the source of this problem, the researcher concluded that because she was socialized into the objectivist view of the world, and the lineal approach to social work practice, she focused on an individual considered to be the cause of the problematic situation the family was faced with. The adoption of this cause- and- effect relationship approach further resulted in the apportioning of blame to some individual or individuals, to the exclusion of all the other members of the family.
The researcher also adopted the problem-solving approach. The tasks involved assessing the client, also referred to as diagnosing the client’s problem. She thought that that process would enable her to build a full picture of the client’s needs and problems. Her tasks entailed gathering the information about the situation in order to form some opinion of its meaning for the client, and taking actions related to the solution of the presented problem. The researcher was under the impression that because clients visited her, they expected her to give them answers to their problems. Also when clients came, they usually stated they needed “advice”. She wanted to give this “advice” which she thought would “solve her client’s problems” without delay.

On reflecting about this approach, the researcher realized that she might have unconsciously enjoyed the power and authority derived from the status associated with being “a problem solver”. She also held a belief that because she was trained, she should be able to apply her scientifically derived expertise and knowledge, to provide the necessary answers to unacceptable life conditions experienced by her clients. She felt obliged to “solve their problems” In short she took her role to be that of an expert.

However the advice given was mostly not heeded, as mentioned in chapter one. When this happened, she experienced feelings of guilt, failure and incompetence. So the family system’s problems would always escalate until she became stuck as she did not know what to do under these circumstances. This placed a tremendous burden on her.

The other aspect she considers as a problem in her practice was her style of relating which she thinks was lacking in professionalism. Sometimes interviews became just ordinary respectful conversations, which failed to elicit the required change producing elements.

### 3.1.3 Constructing the General Plan

Theoretical assumptions the researcher was learning vis-a-vis the practice methods she used in the past were examined critically. The connection drawn between her personal experiences and theoretical premises she was introduced to, made visible areas which needed to be given full consideration in this inquiry:

#### 3.1.3.1 Underlying premises.

The established general plan addresses the researcher’s practice problems. This entails changing her epistemological premises and her lineal approach to social work practice, and adopting a perspective which allows her and the client system to become involved in the
creation of difference and growth as a process of co-evolution. A number of factors to be addressed in this inquiry are briefly explained hereunder:

In dealing with the family system the preferred perspective is cybernetics which proposes that the patterns of processes, of interaction, perceptions and ideas are being taken into account. It also proposes that the researcher discerns and recognises her self-referential nature while observing and describing phenomena, relationships and transactions taking place within the family system.

Constructivism as a world view will underlie the researcher’s thought process, her perceptions as well as her actions. From systems theoretical assumptions, she acknowledges the notion that families are composed of people who are interrelated with each other. The implication is that in therapy the holistic nature of family systems, the recursiveness and circularity characterising the members’ interactions, are to be taken into consideration.

3.1.3.2 Autonomous nature of family systems, the conception of pathology and the role of the therapist in therapy

The researcher recognises that the family is autonomous; but she has to acknowledge that it is restrictive to view it as strictly that. Like Keeney (1983) she acknowledges that she can also perceive the interdependence of the family system and the system of the therapist/researcher. As such, the interaction between her and the family will be viewed as perturbations. Her perceived role as a problem-solver is thus refuted.

Systems theory influences her conception of pathology or symptom and symptom-bearer. It proposes that she should understand the presented problem from the social context within which it exists.

3.1.3.3 Facilitation of change

Change in this context, means simultaneously considering the complementarity of stability and change. The researcher intends to keep in mind that when the system asks to be changed, at the same time it is asking to be kept stable. Facilitation of change entails what Bateson (1972), referred to as the creation of difference that makes a difference.

3.1.3.4 Planning for sessions
The importance of planning before the session commences is another aspect of conducting interviews which was never done in the past. The researcher and the team will engage in this planning, through which she will be engaged in linking ideas related to what happened in the family initially and in previous sessions, to what she might be doing during the current session.

3.1.4 Putting the Plan into Practice
This entails applying the action–reflection process in the engagement with the family, in a series of self-reflective cycles that comprise planning a change; acting and observing the process and consequences of the actions taken. The researcher reflects on these processes and consequences, and engages herself in further cycles of planning and reflecting, (Heron & Reason cited by Savin-Baden & Wimpenny 2007: 335).
This process is however not a straight forward set of spirals of planning, acting observing and reflecting. In reality the stages overlap, and plans put forward initially change also, as dictated by the experiences in therapy (Savin-Baden & Wimpenny: 335).
The maps of the therapeutic system the researcher draws will display two levels of experience; namely: the level where the interaction between her and the family are aimed at producing the required change within the client system; and the level where the she and the team focus on her interactions with the family in order to observe her actions and growth/change as a therapist. However this distinction is made for the sake of discussion. In practice, as cybernetics proposes, one cannot rigidly separate these experiences because they are recursively connected, as described by first and second-order cybernetics.
From the constructivist epistemological point of view, the researcher’s perception should be that the clients behave in the only way they know how. Their thinking, their feelings and their actions are integrated aspects of the process of creating their own knowledge.

3.2 A brief History of the Lola Family
The real names of all family members engaged with in this study are not revealed in order to protect and to respect the principle of confidentiality.
This is a blended-family. Both Dan, the husband and his wife Molly are divorcees; they have a five year-old daughter, Lulu. Molly’s has three other daughters who all live with them; namely Tibo and Lucy from her previous marriage, who are eleven and nine years of
age respectively, plus eighteen-year old Lisa (the identified patient), who was born out of wedlock.

On their first visit to the researcher’s office the mother stated that their problem was the conflicts and constant fighting between Lisa, her first daughter, and Tibo, her eleven-year old second daughter. These conflicts started when Tibo told her (mother) that the girls’ stepfather came to their bed-room at night and that she saw him and Lisa, having sexual intercourse on several occasions. According to her, (Tibo) he also took them for rides at night while she (mother) was doing night duty in the hospital where she works as a nurse, and the two ended up having sexual intercourse in the woods, while she waited in the car. Confronting both her husband and her daughter about this resulted in conflicts with both of them.

3.3 The Planning-Action-Observing/reflecting Cycles as Applied in the Sessions

The action-reflection cycles were applied in the interview sessions conducted, namely the first, second, and the third sessions, which are described in this chapter. The researcher’s supervisor expected that after each session she watches the video tape, analyse what happened during all the phases of the interview sessions and write down accounts of conversations that she was happy with, as well as those which appeared to be problematic. Through this process the researcher identified typical communication patterns that needed to be improved upon, that were attended to in subsequent sessions.

In this family system, the spirals of planning, acting, observing, reflecting that took place within the cycles depicted the actions taken to deal with the fighting between the sisters and the main symptomatic incest problem which seemed to underlie the other problem of squabbling and arguments among the members of the system. These spirals also depict the problems the researcher experienced.

During the sessions, the researcher and the team made maps of transactions taking place, and they (team) commented on the observations made. After the conclusion of each session, both the team and researcher met to assess what transpired, and came up with the final intervening message. In all the sessions exact words that the researcher as well as the members of the family system uttered during the interview (the excerpts of the interviews), are written in italic lettering, while her thinking, that is the planning and the observations
and reflections she made, and the observations made by the team behind the one-way mirror during therapy are documented in the bold font.

3.3.1 Session 1

It was mentioned initially that the phases do not follow each other in a straight sequence of planning, observing and reflecting, and further re-planning (Heron & Reason 2001; Kemmis & McTaggart 2005, cited by Savin-Baden & Wimpenny 2007:335 ). The steps-(phases) overlap each other in the same way in this session.

3.3.1.1 The Planning phase

In the beginning of this session, the team and the researcher generated ideas about what might be expected in the interview. However this is not a given.

i. The family system’s level

The team and the researcher used the preliminary information gathered during the initial contact, to map aspects of the family structure and to formulate a tentative hypothesis about the family system’s organization around the problem.

The presented symptomatic behaviour in this session is the conflict-laden pattern of communicating and interacting between Lisa the oldest daughter and Tibo her sister, which the researcher will try to understand from the social context within which it exists. From the level of simple cybernetics the formulated hypothesis is as follows:

The incest has a role of maintaining the stability of the family, and the parental role the eldest daughter plays may be useful in this regard. The fighting between the siblings could be the younger sister’s way of getting back at her older sister for the attention she gets from the stepfather.
ii. The therapist’s level

At the therapist’s level, planning entailed thinking about changing the researcher's traditional view of the world and the subsequent approach to therapy, and about abandoning her traditional problem-solving role. It is the time for coming to terms with, and to confronting herself with herself in order that she may become true to herself-reference. She also wanted to consciously take a focused decision to not adopt the expert role, and to base her actions on the non-linear constructivist epistemology.

As doing therapy in the past did not focus particularly on thinking in terms of any underlying premises, in the action phase the premises and assumptions that influence the researcher’s actions should be noticeable.

The researcher’s punctuated problem and the formulated hypothesis are:

When the researcher adopts a lineal approach which resulted in her treating the family members as independent elements, important contextual and interactional information is lost. The end result is that she becomes stuck during therapy session. As proposed by the cybernetic perspective, therapy should take into account perceptions, ideas, displayed emotions, and the patterns of interaction as well as the discernment and recognition of the researcher’s self-referential nature while she is observing and describing phenomena, relationships and transactions taking place. The holistic and autonomous nature of the system being dealt with is recognized, including the context within which reciprocal exchanges among the interrelated and interacting members take place.

3.3.1.2 The acting, observing/reflecting phases

In the sessions the acting, observing, reflecting and the subsequent re-planning phases within each cycle, do not follow each other in a straight sequence.

In the action phase the client system and the researcher are involved in the creation of difference and growth as a process of co-evolution. The researcher moves away from the view proposed by the linear cause-effect relationship with clients.
The paradigmatic shift from viewing her role as an “expert” and “problem solver” to viewing it as a facilitative one requires that she operates from the level of cybernetics of cybernetics. This implies that as an observer, she is included and should participate in the system she deals with, which in turn suggests that she should be regarded as a member of the therapeutic system. Considering that she is a structurally determined, structurally plastic system, she should be structurally coupled with the structurally determined, structurally plastic system of the client system. (Maturana, cited by Leyland: 1988).

Doing therapy required an understanding of all issues related to the family system and its context, including the displayed degree of its closedness as an autonomous system. As a closed system the family is capable of acting with reference to itself, according to its structure. Thus the researcher should develop an attitude which facilitates the structural coupling between her and the system.

i. Discussion

Only the sisters came for the interview as both Dan the stepfather, and Molly the mother, failed to secure releases from their respective places of employment.

When I first met the sibling system, I drew a distinction which enabled me to see it as a black box. As a starting point, I prepared the ground for my entry and acceptance into this autonomous system by developing a trusting relationship. Mandel (2010: 152) says her experience confirms that trust can only blossom in an environment of familiarity and intimacy, and that it remains one of the key variables to ensuring a successful working research relationship.

Preparing the ground for the whole session involved creating a favourable environment in which the sibling system did not feel threatened. From the outset I wanted to form a connection with them. I explained the setup of the interview room, the existence of the one-way mirror and the team behind it. I told them that I would consult the team from time to time and that they (team) would also phone in when they needed to tell me their observations of the interview.
I made small talk and inquired about their school work, about the health of their siblings and their parents’ back home.

They both explained how they were progressing at school and the difficulties they encounter with some of the subjects they do.

We conversed further as follows:

**ME:** Your mother told me that there were problems between you two. Do you mind telling me what is going on? Anyone can go first. (Both girls looked at each other).

**LISA:** The problem is with Tibo. She does not recognize that I am older than her. She behaves in a disrespectful manner towards me.

**ME:** What does she do that makes you think that she does not respect you?

**LISA:** She screams and yells at me whenever I talk with her.

**TIBO:** (interrupting her sister) she also yells back at me.

**ME:** What usually happens before both of you start communicating in this way?

Lisa responded again and said that Tibo screamed and used bad language whenever she tells her to help with the household chores. She went on to say that because Tibo became aggressive she (Lisa) ended up doing everything as she was the only one who was expected to do all these chores.

When I asked the process question regarding who expected her to do all the chores, I wanted to draw the boundary of the system’s behavioural pattern around the family system as a whole, and her reply was that it was their mother. According to her (Lisa), Tibo disrespected her and behaved in the way she did because the mother always took sides with her (Tibo), although she always told them both to stop fighting.

The interview continued in this way:-

**ME:** Is there any other person who intervenes when you have these fighting episodes?
LISA: The children (Lucy and Lulu) are too small to can say anything but I do notice the sadness on Lucy’s face, whenever we quarrel.

ME: Have you noticed the sadness displayed by your younger sisters Lisa is talking about when both of you disagree with each other Tibo?

TIBO: I have not noticed anything. Lisa is saying this to make you sympathise with her She is such a hypocrite.

ME: What does your father do or say when you quarrel?

LISA: Father says nothing; although he has been an eyewitness thereof on several occasions, he says nothing. He also dislikes me just like my mother.

ME: When did you become aware that all of them dislike you?

LISA: After Tibo started turning mother against me.

TIBO: Why don’t you tell her what you were doing at that time? You cannot tell anyone because you know that you were wrong, so just continue doing all the chores in the house.

ME: Is there any other person who you think should help with the chores?

LISA: Yes. The helper comes to do the washing sometimes. I cannot expect mother to do the chores because she comes back late, and she is mostly very tired. Lucy my other sister would help because she is the only one who loves me. The only problem is that she cannot perform most duties like cooking, washing the dishes and bathing herself and Lulu because of her age.

ME: At least Lucy is there for you, and you are always sure that if it were not for her age you would depend upon her.

TIBO: I will never help her and even if Lucy could do the chores, I would forbid her to assist in any way. You will do all the chores.

I listened attentively when they were saying all this. I told them that both seemed to be upset with each other. I focused on them both by shifting my gaze from Tibo to Lisa while I was talking. I said that I quite understood these feelings and that it was not
uncommon for siblings to disagree with each other from time to time. I also said each one of them is entitled to what they felt and what they considered to be their reality at the time. They both looked at me for a few seconds but still displayed negative feelings towards each other and exchanged strong language.

**TIBO:** Lisa, you know that you are such a bore.

**LISA:** What did I do to you? I do everything for you. You know that.

**TIBO:** And you think because you do the chores all of us should be grateful, and you are entitled to behave in the way you like? Even though you hurt us?

**LISA:** And you think you are a parent. You are such a control freak, and mother allows you to act as you wish because you brought a rift between her and me.

**TIBO:** You should blame yourself.

**ME:** What I sense from this conversation is that everyone is hurting. And I think it is good for both of you to let the other know about this these feelings. Sometimes it is necessary not to bottle your emotions inside you.

I also described their behaviours and experiences in the session and what they portrayed as happening at home, as meaning that they both wanted to be protective towards their family and their parents’ marriage. I drew attention in particular to the depth of Tibo’s feelings as meaning that she wanted to protect her mother from the pain her husband’s infidelity might have been causing to her; and her sister, from being hurt by the continued relationship with an adult married person. I reframed both Lisa and their father’s actions as meaning that they may have wanted to protect their family and the parents’ marriage.

Lisa reacted by saying she did not know what to think, and that her mother’s attitude towards her was confusing and that at times she was certain that their mother hated her. I mentioned that there was a possibility that the mother wanted her to appreciate the importance of forming a father-daughter relationship with her father, rather than a sexual one.
I empathized with both girls’ feelings, by pointing out that what Lisa felt could be very painful because she loved her mother and expected the feeling to be mutual. I also reminded her that on their first visit with her mother to my office, she (mother) had mentioned that she was worried about her (Lisa). I told her that that might be meaning that she (mother) was concerned about her wellbeing. I also empathized with Tibo’s feelings and mentioned that she could also be worried about both her sister’s wellbeing as well as her mother’s.

ii. Observe/Reflect

I used body language to give attention to them and to communicate my accessibility to both girls by maintaining eye contact with them in efforts to facilitate the development of a trusting relationship between us. This attitude was also non-critical and it enabled me to gain entry into the system. I accommodated to their way of viewing their reality which showed them that I was interested in them. This unthreatening environment made them feel accepted as they were. It expelled the tension, feelings of fear and uneasiness stemming from finding themselves in unfamiliar surroundings.

I have become involved in the highest order of recursion with them, and it became impossible to punctuate our two separate systems as my self-reference, that is, my valuing system, my experiences, my thinking and emotional state, were involved in my perception of the experiences and events happening in the siblings’ relationship.

To facilitate the classification of these experiences and feelings, positive connotation and reframing intervention techniques were applied, when I showed both girls the usefulness of the displayed emotions, and all behaviours including the symptomatic ones. These were redirected and conveyed the meaning of love which in turn is consistent with a more acceptable and different frame. These intervention techniques introduced difference, and change in system members’ relationship.

Empathy was also used to try and maintain the system, to introduce difference and to promote change
As I combine the siblings’ perspectives, constructions/punctuations, and their emotions, their valuing systems I detected the symmetrical kind of relationship between them.

However I feel happy and satisfied that I am beginning to shift my linear perspective as I did not feel obliged to blame any person.

iii. Plan

May be I need to employ the symptom prescription techniques in order to perturb the sibling system further so that they may observe their behaviour comprising this total interactive pattern of what Lisa perceived as hatred by the whole family and disrespect by the younger sister, and what Tibo perceived as selfishness and lack of caring towards their mother.

iv. Discussion

The siblings exchanged strong language when Lisa displayed uncertainty about the expected relationship at home by expressing her doubt that their parents and Tibo would ever stop their coalition against her.

In response I suggested that again that repetitive symmetrical pattern of interacting might be attributed to, and reflective of the anger they felt towards each other.

ME: But again maybe it might not be such a bad thing for you to continue acting in this way at home to show your anger. This may bring relief to both of you. There might be other family members who interact in this way, are there not?

LISA: No, I do not agree with your suggestion. I think that we should stop behaving in this way because when neighbours always hear us shouting at each other, they gossip and spread rumours about us. Consequently mother had to put a sign on our gate with the message: “Focus on what is yours”.
**TIBO:** This is a result of your shameful behaviour.

**ME:** It might also be possible that your mother wanted to show the neighbours that she loved you all, and wanted them to refrain from interfering with her family. I am impressed by her action which shows that she really cares and is protective towards you all.

Tibo responded by blaming her sister for the rumours neighbours were spreading about them and told her to act responsibly by stopping what she was doing with their father.

Lisa complained about many things among others the fact that her mother stopped buying things for her, that she stopped talking to her except when she wanted her to perform household chores. She also expressed her unhappiness and pain caused by all family members (except the two youngest children), who referred to her as “that whore”, and not calling her by her name. She said the mother even instructed her to sleep on the floor while she (mother) gave her bed to Tibo.

Tibo responded by nonchalantly telling her that she deserved all that and asked her sister what she was thinking when she hurt their mother by having a sexual relationship with their father.

When Lisa broke down and cried uncontrollably I was attentive to her as I stood up and went sit next to her and offered her a tissue to dry her tears.

After she had regained her composure she reiterated how their parents and Tibo ganged up against her. She blamed the family for exposing the secret about her and the father, which resulted in her being ridiculed and teased by some of her friends who always laughed at her at school.

I was listening attentively to her complaints and my attention was focused only on her.

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**v. Observe/ Reflect**

When the team behind the mirror realized that my attention was focused on Lisa alone they phoned in to point out that Tibo was bored. Only then did I become aware that
she had kept on looking out of the window when the centre of attention was Lisa alone. Not once did I look in Tibo’s direction.

It was difficult to transform my way of viewing the world and to experience an alternative epistemology when I was dealing with displayed intense emotions. I was caught in the linear view of the world when Lisa broke down and cried, and this resulted in my failure to observe the recursive organization of events in the siblings system’s relationship.

Although initially I had intended not to abandon my non-critical role, I was unconsciously and secretly blaming both the parents and Tibo for the pain Lisa said she was feeling. I was judgmental and concentrated on what Lisa was saying and on her feelings, and paying attention to her complaints. This compromised the wholeness of the sibling system.

vi. Plan

I have to continue to be self-aware and to focus on my attitude and my connectedness to the whole system. I ought to recognize the circularity and recursive ness of prevailing interaction between me and client system and between the sibling themselves.

My plan for the next phase entails paying more attention to my self-awareness and to consciously focusing on the whole system, and not just on the one member and the conflict situation.

I also have to come up with an intervention strategy that might interrupt and affect the system’s interactional and cognitive levels so that Lisa’s view of herself as a victim in the family may be interrupted. The assignment of a task within the session might be helpful in this regard.

vii. Discussion
I asked Tibo whether they (sisters) walk to school together, and her answer was that she avoided her sister because of the issue they were fighting about, namely maintaining the sexual relationship with their father.

When I raised the question whether it had ever occurred to her that there might be a possibility that her step-father might also want to form a sexual relationship with her in future, her answer was that she never thought of that.

**Posing this question might make Tibo realize that the symptomatic behaviour (incest) could not be regarded as an inherent characteristic that Lisa might be having, but rather that it could be viewed as an interactional issue that could happen to anyone, even to her, as it belonged in the relationship domain.**

The team phoned and told me to ask Lisa who she thought she was within their family; whether she regarded herself as a person of value and importance.

This question seemed to baffle her, and she appeared to be uncomfortable and was unable to respond immediately.

After a few minutes this discussion followed:

*LISA: I am not sure anymore but I want to be like other children.*

*ME:* Tibo, what do you think?

*TIBO:* She can be like other children if she behaves like a child.

*ME:* And you think she does not behave like a child?

*TIBO:* Not if she goes around with old men.

*LISA:* Tibo likes to talk bad about other people but she also does not behave like a child because she refuses to help with the chores. All children assist with the chores.

*ME:* I could be wrong, but I think both of you are right.
After the team phoned in I told the siblings that they (team) wanted them to draw pictures of their home.

Both started to do the assignment while I went out. Tibo drew a picture of two houses in separate stands. The occupants of the one house were the mother and the step-father whom she referred to by the first name. The occupants of the second house were all the siblings and the helper, and underneath the picture she had written: “Our home was good and peaceful in the past. But one day our house will be alright”

Lisa drew a picture of a home composed of all the family members. Underneath the picture she wrote that her rights should be respected in such a home. She had also written: “Our house was beautiful in the past but it is now boring”.

After looking at both pictures, I asked Lisa what happened in the period when their home was not boring and her reply was that it was good and peaceful at that time. I then asked another question: “What can we do to stop this state of affairs, and how can the peaceful state be brought back again?”

The team summoned me to join them.

viii. Observe/reflect

After I joined them (team) they asked whether I wanted to solve my clients’ problems.

I had reverted and adopted the traditional problem-solving role. I thought that I had to involve the client system in finding the answer to their problem so that the pain they were undergoing could be lessened without delay. When my supervisor asked if I wanted to solve my clients’ problems, I suddenly realized that the question I posed implied that I wanted the client’s difficulty to come to an end immediately. I was focusing on the unhappiness experienced by the family system rather than on the people experiencing the pain themselves, the context, relationships and the whole system.
ix. **Plan**

I must force myself to consciously focus more on my frame of reference and to be consciously aware of epistemological assumptions influencing my thinking and my actions. I have to give attention to the displayed transactional patterns, in order to derive the relationship meanings and not on the symptomatic behaviour as such. I need not feel obliged to “solve” clients’ problems and to see myself as an “expert”.

x. **The final intervention message**

After I joined the team they wanted me to share with them my opinion of the whole interview.

I informed them that I was not yet comfortable in therapy as I still felt the need to solve my clients’ problems. After discussing the envisaged intervention, we decided to let the two sisters perform an assignment. Becvar & Becvar (2009) cite Minuchin who notes that they (assignments) help to redraw the boundaries of the system along healthier lines. While we may not set goals for clients, relating in an acceptable manner is what the system voiced they needed. When the sibling system engage in this assigned task, their structure may become visible to them, and this may draw attention to the possibility of restructuring the system. Therefore this technique is also used to produce difference comparable to the generation of information.

The assignment was that the siblings were to play together three times per week, on alternate days at five o’clock in the afternoon until their next visit. This technique is unfamiliar; it creates difference and also introduces change.

When Tibo wanted to know whether they could do it at any other time, I did not explain further, in order not to remove the novelty and the strangeness which should form part of this intervention technique.

xi. **Observe/reflect**
From the displayed body language it was obvious that both siblings were excited about this assignment. It can be concluded that the envisaged intervention might be the receipt of information that can be defined as a difference which makes a difference, as the systems is not expected to act in a predictable manner, namely, the performance of chores.

3.3.1.3 Themes that emerged during the session

i. The family system’s level

Protection:
The protection theme emerged from the siblings’ behaviour. The second daughter seems to be a strong little girl who played a protective role towards her mother. The telling on her sister’s and her step-father’s actions denotes her wish to protect her mother, from the pain that both of them could inflict on her. The intensity of the love she displayed towards her mother matched that of the hatred she seemed to have for her sister. The eldest daughter on the other hand did all the household chores and she acknowledged that on her return from work, their mother was always tired. This indicated that she also played a protective role towards her mother. Having sex with the stepfather may also be protecting Tibo from that role. It may also have the role of maintaining the parents’ marriage. The mother’s anger-laden behaviour may also be playing a protective role towards her daughters and her marriage.

ii. The therapist system level:

Control
The need to be in control of the clients’ problems lingered on during the session. I was feeling the urgent need for the sibling system’s conflicts to be resolved without delay.

3.3.1.4 Overall reflection on the session
I am not yet comfortable in therapy as I still reverted to my problem-solving role. I also excluded Tibo from the discussion in this interview session and thereby compromised the wholeness of the sibling system. However I think my professional self is beginning to grow.

I felt good especially about the use of the intervention techniques implemented which seemed to have been appropriate. The empathic attitude adopted throughout the session helped to create difference and to maintain the system’s stability while the employed techniques such as reframing and positive connotation as well as accommodation techniques such as maintenance helped to introduce difference and to promote change.

I am specifically excited because there appeared to have been a confirmation of the new frame because the sibling system agreed with the assessment arrived at during the session.

The final intervention techniques focused on the structure of the family, so as to re-introduce the rules of operation and to enhance sibling system members’ interactions and communication patterns. This involved the introduction of difference and promotion of change regarding the relationship between Lisa and Tibo, her sister. I am confident that the journey towards my envisaged growth as a therapist has begun.

The change or growth I am excited and feel good about in this session is related to the assertion that while I assumed responsibility for what I was thinking, saying and doing, later in the session I did not feel responsible for the outcome of therapy. I have experienced the good feeling that both the client and I are co–responsible. It will therefore become irrelevant to occupy a position of power while doing therapy.
3.3.2 Session 2

The second session was scheduled for the parents and Lisa, the oldest daughter.

3.3.2.1 The Planning phase

i. The family system’s level

We (the therapeutic team) decided to find out if the homework the girls were given in the previous session was carried out. We predicted that there would be a lot of anger to deal with, and that it was possible that this would burst, since the three of them, namely the stepfather, the mother and the eldest daughter (the symptom-bearer) would be present on that day.

It was decided to test the flexibility of the subsystem boundaries, as well as the closeness of family members, particularly how this would be expressed between the father and the children. Was there a possibility that closeness might be feared now, because of what happened in the past? Could they still show love towards each other, and could the stepfather in particular demonstrate love without raising suspicions of a hidden agenda? With regard to the role played by the incest in maintaining the stability of the family, the hypothesis is similar to the one formulated in the first session.

ii. The therapist's level:

In this study, my overall aim is to draw upon constructivism and systems theory/cybernetics abstractions so that these should influence my thinking and guide my actions. I therefore want to test again whether my practice is still premised largely on my traditional objectivist epistemology and lineal approach. My intention in this session is to become more consciously focused, in order that I may adapt my traditional problem solving-expert role and adopt a non-lineal view of the world and a facilitative role in therapy. I want to experience movement in my development as a cybernetic therapist.
On watching the video tape taken in the first session, from my body language I noticed how I became emotionally involved by listening to the content of the interview. In this session I must focus more on the relationship message of the interactional process.

3.3.2.2 The acting, observing/reflection phases

After the exchange of the usual greetings I explained the setup of the interview room, that is, the mirror and the existence of the team behind it, as this was the parents’ first visit. The prediction that the team had made in the previous session that the siblings would perform the task was confirmed.

i. Discussion

After I had enquired about the homework, the mother responded that both girls carried it out, and that they did not only play together; they did all the household chores and their school work together.

Their relationship had improved tremendously and the fighting had stopped. This was confirmed by Lisa who added that they walk to school together and that they related as they used to do before the problem started.

ii Observe/reflect

Structural change occurred because playing together was seen as something “new” with sufficient meaningful noise and the system could create an alternative structure entailing new rules of operating as a sibling subsystem. This meaningful noise which is like a Rorschach was created in a context of stability and change (Keeney 1983:176).

The siblings found meaning which enabled them to perceive a new reality involving relating as a sibling subsystem. Thus relating as a sibling subsystem was unearthed, and other transactional patterns have re-emerged. The blurred boundaries between
the parental and sibling subsystems would be made visible, just as the coalition between the parents and the second daughter could be broken.

iii  Discuss

In attempting to make therapy an issue that affected the family system as a whole, I directed the question regarding what they wanted to discuss on that day to the family, and not to any particular individual and I looked from one person to another. Molly responded first, by expressing the humiliation and the anger she said she felt, regarding the incest that happened between her husband and her daughter.

She repeated what she initially told me in the pre-session interview about how both Dan and Lisa were frequently engaged in the sexual activity.

iv  Observe/reflect

As I wanted to consciously uphold the view of systems theory, I approached both the symptom-bearers by giving attention to the whole family. I recognized that these unique individuals, who experience the world in their own way, are recursively connected to one another, and influence each other reciprocally. On the basis of the constructivist epistemological assumptions, my punctuation of experiences and behaviours, including the incest was that these had been influenced by their world view and their created reality.

From this position, I did not have to judge anybody in the family system. The contextual information was elicited by tracking their transactional pattern. The pattern that emerged showed how chores were performed and the emotions and feelings which were experienced by the family members.

v  Plan
Based on Bateson’s message (1979), I should look at the relationships between family members, their context (ideas, beliefs, experiences, values), as well as the physical environment within which the symptomatic behaviour took place. Focusing on these aspects would facilitate understanding of the symptomatic behaviour and patterns of interaction and relationships, in the family system.

vi Discussion

When I asked questions concerning what household chores Lisa usually did; who helped and how they helped and when; even if that was not done as regularly as she would have liked, I learned from the parents that she did most chores as there was no one who assisted. The mother explained that it was Lisa’s obligation to do all the chores because she was the eldest child, although the helper sometimes came when they could afford to pay her. I wanted to know the kinds of duties that were solely Lisa’s responsibility and she (Lisa) explained that since her mother worked away from home and was frequently very tired on her return she (Lisa) did not expect her to carry out household activities. However the stepfather shared the responsibility of the nurturing function of the youngest child, Lulu, (Dan and Molly’s biological child) particularly in the evenings. He usually spent some time with her in their (parents) bedroom before the mother came back from work. Lisa took her to the children’s bedroom after she falls asleep. The mother said she suspected that her husband used to sneak to the girls’ bedroom without her hearing him. Dan kept quiet and did not deny this assertion.

The following is the extract of the interview:

ME: Molly, you showed a lot of concern regarding the confrontational interaction between your two daughters. However you just shared with all of us now that this has changed and they relate in the manner you want.

MOLLY: Yes since they came here things are much better between the:but I still harbour deep thoughts of resentment, each time I look at both Lisa and my husband I feel betrayed by both of them. Lisa is my own flesh and blood and the thought that she could do this to me is unpalatable. As Dan is my husband, he should be concerned about the well-being of my
daughter. I fail to understand his actions too because I thought he loved me. This means that they both can kill me.

ME: I think I am hearing mixed emotions and feelings that you are experiencing here; which seem to be very confusing to you because you love your husband; you also love your daughter because you expressed feeling of concern for her. At the same time the action they took is responsible for your feelings of lack of trust in them.

MOLLY: Yes. I do not know where I stand with them. They have broken that trust.

ME: But is there a possibility that because Lisa is a parental child both of you may be expecting her to carry out all responsibilities in the house, including becoming Dan’s sexual partner?

MOLLY: No mother wants to sacrifice her child for anything. I am not responsible for what happened to my daughter; but Dan is to be blamed for this. My heart bleeds when I think of what my child had to go through.

DAN: I know that you are angry; you have the right to feel that way. I apologized to you for the pain you are feeling; but even though I did this you keep on complaining.

MOLLY: The problem is that men do not understand the pain a woman feels when something like this happens to your child. I know I love my husband and my child as well, but my daughter is so young. I don’t understand this kind of behaviour.

ME: You possibly felt guilty as you probably thought you failed in your role as a mother to protect your child.

MOLLY: You are right. The relationship with my daughter and I was called into question by many people who criticized me for failing to take care of my children.

ME: Is there any other family member who showed disapproval of this relationship between Lisa and Dan?

MOLLY: Apart from Tibo and my sister who does not stay with us, there is no one. I told his mother (my mother-in-law) about this incestuous relationship with our daughter and she did
not show any interest as she neither reprimanded him nor did she show me that she was concerned about this matter.

ME: And I suppose you felt all alone at the time. Probably you need people or somebody who is close to both of you who can give you emotional support at this time of need.

MOLLY: You are right again. I eventually went to the police to report this matter as there was no one who was supporting me when I had this burden on my shoulders.

DAN: Going to the police did hurt me tremendously. How could she have done that? I am faced with a possible jail sentence. I told her that a person can make a mistake and that as husband and wife we have to forgive each other.

MOLLY: But I was feeling terrible, I still feel the pain.

ME: Did you discuss this with Lisa?

MOLLY: I did not discuss with her. I was so angry with her and I did not even want to talk to her.

LISA: I think she still hates me. She does not talk to me, and she still does not provide me with things I need including my school requirements. This is so painful.

MOLLY: Sometimes I become overwhelmed by these feelings of hatred towards her, and this is so hurtful. But (facing me) she is so young and I think I should learn to forgive her, but I do not know how to do this.

Facing Dan, Molly reminded him about the “lobola” he paid her family.

In replying I told her that maybe with time she might find it possible to forgive her as she had suggested.

As the interview continued I facilitated the therapeutic process by the use of metaphor of “a baby pumpkin”. This involved comparing two concepts: the familiar one, namely the daughter and the unfamiliar one which was the “pumpkin”. The one which was familiar was matched up to the unknown one and as they were observed, they were found to be similar, in order to assist Dan to understand their daughter’s position within the family system. I
referred to Lisa and all Molly’s other children as “baby pumpkins” which were attached to her.

In terms of the metaphor of the “baby pumpkins”, according to African culture when a man marries a woman with children by another man, he pulls the stem (the woman) and the attached baby pumpkins (children) as well, and this makes them his children. Also the payment of “lobola”, (bride price paid by a husband to the wife’s family to indicate a marriage contract between them and also to endorse such a contract by both their respective families) becomes a confirmation that they are his children. The implication is that this man should always regard them as his biological children.

The team suggested that I should ask Dan a question whether he expected to consume all the small “pumpkins” when they grow up.

I asked the question, left it, and did not talk about it again, so as to give the client time to think about it. Dan appeared to be uncomfortable; he sighed heavily, crossed and uncrossed his legs and did not respond. After a few minutes he replied and said that he just wanted his wife to know that he loved her.

vii Observe/reflect

This question helped them to think about, and to stay with the relationship. It challenged the behaviour pattern between the father and his stepdaughter. The metaphor of the “pumpkin” and the rhetoric question relating to the consumption thereof by the father might have some restructuring effect. Dan had avoided responding to the question immediately. He appeared to be agitated. This question might have helped both the father and his daughter to think about, and to stay with the relationship. It challenged the behaviour pattern between them.

Dan’s eyes darted from his wife to me. He crossed and uncrossed his legs and was not at ease. The intensity of the feelings of discomfort he was experiencing could be noticed.
Although the incest had been symbolized, my assumption was that he was not as yet able to accept and deal with the shame related to it.

I am happy and comfortable with the use of this metaphor which I think was relevant as it represented the means through which the appropriate father-daughter relationship and their respective roles could become visible to them. Difference is created and change may be promoted.

Discussion

As the interview continued Molly expressed the opinion that perhaps Lisa had to know her biological father. She mentioned that initially they had told her that Dan was her father. So she must have been confused when he slept with her. I endorsed her observation about the possible confusion that Lisa might have been experiencing.

The team phoned and said I should tell them that maybe this confusion is a characteristic that applies to everyone, the father as well, and that when he looked at Lisa he took her to be just like any other girl with whom he could form a relationship. I asked Dan whether that might have been the case.

DAN: I do not know.

MOLLY: It is simple to answer that question. Maybe you should just say it is difficult to answer because it is too painful and shameful to talk about it.

ME: Talking about pain, if for example a leg is broken and a plaster of Paris is applied to it, it can be painful for a while but after some time it becomes healed and the pain disappears. Likewise if a person is hurt he goes for treatment, and subsequently the pain goes away with time.

MOLLY: I always have this picture of the two of them in my mind and the pain comes back. But I love him and I know that he also loves me. I love my daughter also.

ME: I suppose you all have mixed emotions and feelings and I also notice that each one of you is hurting at the same time. I quite understand these feelings. But it is commendable that
both of you share your love as husband and wife and that you stuck in with each other. And Lisa, your mother has just said she loves you, cares for you and about your wellbeing. Molly, I think that your displayed emotions and feelings demonstrate how committed you are to your marriage and it is a way of trying to keep your family together. Dan and Lisa’s behaviour may also have been a way of trying to keep your family together.

Molly’s response to this was that they had suffered in the past, and that was the reason why she did not want that marriage to end in divorce. Lisa looked from her mother to her stepfather and at me but did not say anything. Dan just looked down and after a few minutes he said if their marriage dissolved he would not know what to do and that was the message he wanted his wife to get.

ix Observe/reflect

I am delighted as I think I was able to empathically go with the system by entering their world of feelings and their valuing system. This may help to maintain their stability while at the same time; difference was introduced when I did not single out and criticize any person. I tried to consciously guide my thinking and my actions which involved joining operations involving accommodating myself to the system so that they (actions) could be aligned to the constructivist epistemology, person centred and systems theoretical viewpoints. The process required warmth and caring, a unique way of relating empathically with them. I listened to them and accepted them as they were. My attitude was also as non-judgmental and as non-critical as possible to the client system’s actions and behaviours and thereby becoming free from the family’s labels of good and bad. I was neutral and did not apportion blame to any one person or all members of the family system.

All this was done in efforts to maintain their stability.

Up to now I think this has been achieved.

In alignment with the constructivist epistemological view, my actions were entrenched in the idea that the problem makes sense in the context of the whole family, and as such, there could be no good or bad members within this family.
The reframing technique was useful in the session, in order to ascribe meaning to the expressed feelings, behaviours and the situation in which members found themselves, so that a reduction of emotionality that was experienced could move the system towards the required change and. I am particularly excited and I think this is the change I need, because I realize that therapy should not be just a “mere directionless conversation” as was the case initially.

x Discussion

As the interview continued and while Molly acknowledged that she felt better after the reframing message was delivered, she kept on shaking her head while her husband sighed heavily again and again and nodded his head.

ME: (to both Molly and Dan) I notice that you are shaking your head Molly, and that Dan you keep on sighing, both of you might want to share what is on your minds.

MOLLY: I experience painful feelings that come and go from time to time, whenever I think of what both of them did.

ME: Maybe the wound is still too raw. Remember we talked about a wound that usually heals if treated.

MOLLY: I suppose you are right and I want to make a breakthrough of everything, but it is too much.

Dan slumped back and started complaining about the two girls’ disrespectful behaviour towards him.

DAN: However I will never give up. I am a man with a mission to redeem myself. But I am having trouble deciding how I should behave towards the children.

MOLLY: You should just be a real father to them.
ME: In other words, since Dan’s aim is to redeem himself, he has a goal to achieve. This implies that he intends to be a real father to all these children. But then he mentioned that he was having trouble deciding how he should behave towards them. Lisa, how do you think he should behave?

LISA: I do not know, but I do not want to speak with him. All I want is that my mother should treat me like she did before this problem started.

DAN: My wife and I have no problem; but these children do not seem to want me around. On many occasions I tried to make them understand that they should not come home late in the evening, but they do not listen to me.

Dan went on complaining about his wife’s behaviour as well, dwelling on the issue of her suspected infidelity. He went on and on about how she also made phone calls to her former husband while I just listened. Later when I managed to interrupt him, I did not involve both the mother and the daughter in the conversation, but I reminded Dan that he had no cause to complain about his wife’s suspected infidelity because he was also not faithful in the past. I also asked whether he was not accusing his daughters while he did not focus on his own behaviour.

Observe/reflect

The team asked my opinion of the way I was addressing the husband. They alerted me about my confrontational style and the insensitive manner in which I was relating to the husband. I became aware that I was taking sides with the wife against him. During the interview, when the husband was relating his experiences, I was absorbed in listening and although I wanted to respond to what he was saying, I found it difficult to interrupt him when he kept on talking. I thought I should wait for the right moment to get in. I was still intimidated by intense feelings displayed by both the husband and his wife, particularly when issues were repeated over and over again. I got stuck for some time and did not know how to butt in when the husband continued talking. I found myself doing “more of the same” in that I was engaged in the repetitive action of more listening than being proactive during this conversation. I was also listening to the content of the communication and neglected to listen to the persons themselves.
I had reverted unintentionally to abandoning my initiative when intense feelings were expressed; this trend is worrying. I cannot account for the current pattern of abandoning this initiative in therapy. Perhaps this can be related to my style of relating generally. I usually do not interrupt people when I am in conversation with them. I usually wait for someone to stop talking before I get in.

xii  Plan

As self-awareness is still a problem, again I need to consciously focus upon the epistemological premises upon which my actions should be based which also involve avoiding judging people throughout the session. I have to remain focused; use theory in order to deal with my stuck ness, be more responsible for the therapeutic conversation and to be more aware of my role. I should involve all family members in order that they should perceive themselves as a system. A neutral position and a non-moral stance should be adopted to avoid taking a judgmental position which can be the case, taking into account the nature of the presented problem.

xiii  Discussion

As the session continued, both husband and wife focused on different issues. The wife still dwelt on the pain and anger. The husband on the other hand went on declaring his love for her, despite the fact that she had many children. He also reminded her of the many hardships they endured during their time together. I suggested that these repeated utterances may be pointing to an area which might be fear-producing and too painful to be confronted by both of them.

After some time I told them I understood these displayed emotions and that there might be meanings behind the words they said. I mentioned that they seemed to have been placing a lot of value on their marriage, and on their self as a family. They acknowledged the accuracy of my assessment and explained further how important their marriage was since it was the second one for both of them.
The husband said he wanted to focus on the future family which they needed to build and on the love they have for each other.

After the team had phoned, I shared with them that they (team) commended them for having a goal which was to save their marriage, and for the love they seemed to have for each other and for the children.

Before I joined the team behind the one way mirror, I suggested that Dan and Molly talk to one another about issues affecting their marriage and family, including their feelings for each other. This was done to provide planned support to the couple as the husband-wife subsystem.

Left by themselves, the couple talked about the importance of their marriage, forgiveness, and they expressed their feelings for each other. Lisa joined them after she had gone out for some minutes, she did not take part in this conversation except to ask her mother to show her that she (mother) loved her.

xiv Observe/reflect

I was conscious of the actions I was taking in this phase and I avoided the judgment displayed in the previous one.

The dialogue in which the members were engaged had a restructuring effect as they were compelled to face each other, and to hold a conversation without accusing one another. This had been difficult since the occurrence of the incest in the family.

xv The session concluding message

The intervention technique the team and I decided upon entailed the assignment of a task to the system involving the writing of messages to each other on a daily basis. This might make their structure visible to them, and thus draw attention to the possibility of restructuring within the system.
Difference may be created and change produced because in performing the task the system members may imagine themselves and their relationships in a different way since an alternative transactional pattern may be exposed.

3.3.2.3 Themes that emerged during the session
The importance of the family and the maintenance of the spousal system’s marriage became visible throughout the session.

3.3.2.4 Overall reflection on the session
The feedback process accommodated both our (the family and the therapist’s systems) views which reciprocally affected each other. However my conceptual framework of cybernetic complementarity which orders my perceptions ensured viewing the system as a black box, and during these brief moments, I temporarily got out of the parental system, and at the level of simple cybernetics perceived the family system as a black-box, when I was assessing their experiences as an outsider. At the same time I acknowledged my involvement in the system’s transaction as I am part of all the therapeutic system’s experiences and perceptions.

Not only my thinking, but my feelings and actions were integrated aspects of the process of creating knowledge. Our experiences were recursively and circularly connected, and at these moments I operated at the level of cybernetics of cybernetics which facilitated the perception of our wholeness, and our autonomy as a therapeutic system. From the simple cybernetic level, I viewed the family system as an observer who was positioned outside the black-box of the family. I viewed the incest problem out of the frame of reference which reflected the cultural interpretive framework and the values of our society, which recognize that all children have to be protected by law and the established norms within this society.

Viewing these phenomena in this way maintained my stability as a member in the society and as a member of one of the professions whose core function is the protection of children’s rights. However I tried to set aside my frame of reference and
empathically listened and tried to understand the members views as a system, as well as individually, and conveyed this understanding to them. From the cybernetics of cybernetics level, I coupled with the family system and have come to accept the family system’s consensual domain as is. Approving comments which did not challenge anyone helped to maintain the stability of the system while difference was also created.

I tried to apply my mind throughout the whole process and consciously used theory to guide my actions, so that these should not be tilted towards the lineal approach. Accommodation techniques like maintenance and tracking from the structural as well as positive connotation from the systemic schools of therapy were used in order to elicit the required relational information and contextual aspects of the family system to attain understanding of the members’ perceptions about the events, behaviours and interactions.

The recursive transactional patterns, the internal structure of the system, including the meanings attached to the problematic behaviour by the members of the family, were viewed within the context of the recursive feedback processes. What I observed during the interview and from the video tape taken in order to critically assess the way I conducted myself, is that I made fairly good progress in the sense that I was able to gain entry into and couple with the client family, and was at times able to keep the initiative when I was discussing with the couple as a system. However what is noticed here is that my problem of failure to deal with the whole system which included Lisa who was present in this session reappeared. Also during the interview I began to ally (Leyland 1988), with the wife.

In my mind, I blamed the husband for both his and the daughter’s actions. Judgment was thus subtly apportioned to them and to him in particular, as I failed to recognize his experiential reality and the family system’s particular frame of reference. Passing judgment and apportioning blame go against the system and compromise the required rapport and trust between the client system and the therapist. This can be punctuated as lack of respect for the view of all members of the family system who could have felt that they were not accepted as they were.
This attitude might have negatively impacted the required trust that is a prerequisite of a therapeutic relationship. It might further have affected the wholeness and the autonomy of the client-therapist system in the event that the family system might have perceived me as an outside agent, and as such the possibility for growth and change could have been limited.

This indicates that I had not completely done away with the lineal premises in dealing with the whole system. In future sessions I will have to be more self-aware and to focus on my attitudes, feelings, actions and their connectedness to the family system.

Although I was able to adopt a non-moral stance, I did not maintain it throughout the session and the confrontational attitude displayed when addressing the father is an indication that I still find it difficult to be neutral as I was aligned with a particular member, the mother. This demonstrates the difficulty I experienced of adopting and maintaining an alternative epistemology, and the notion that one’s self reference cannot simply be done away with. The wholeness of the therapeutic system might have been compromised; resulting in the interruption of the flow of the process in the session.
3.3.3  Session 3
This session was designed for both husband and wife and Lisa, the oldest daughter

3.3.3.1  The Planning phase

i.  *The family system’s level*

At this level the aim is to test the flexibility of subsystem boundaries, and the functionality of the structure of the family, (rules of operation regulating the system). The displayed intense emotions and feelings system members still experience and the difficulty in dealing with them needs to be attended to, by showing them that I understand how deep these are and the need they might be expressing.

ii.  *The therapist’s level*

A tendency to be emotionally absorbed in a particular client’s displayed feelings, and to subsequently experience the need to protect and side with him is a worrying factor requiring attention. If this problem is not given attention the interactional and relationship aspects of the family system might be compromise.

Remnants of my lineal approach cropped up during therapy resulting in my failure to observe the interdependence of family members’ experiences. I must deal with my self-reference and focus more on the family system as a whole and on its autonomous nature. I also have to become more responsible for initiating the conversations during therapy.

3.3.3.2.  The acting, observing/reflection phases

After the preliminary greetings joining operations enabled me to become part of the context of interactions. I directed attention at the structural organization of the family by asking questions which were not about the inherent qualities of any of them, but rather interactional.

i.  Discussion
ME: How did the homework that you were given go?

MOLLY: We forgot about it.

DAN: No, we did not forget. I reminded you about it and you just kept quiet.

ME: Whether or not you managed to do it does not matter. How are relationships among family members?

MOLLY: Between Lisa and Tibo things have continued to be good. They relate fairly well as sisters.

ME: Dan, I notice that you are looking down. Do you agree with your wife’s observation?

DAN: I agree; she is right.

ME: And Lisa do you agree with your parents’ assessment?

LISA: Things are much better now.

ME: What happened to make you think things are better now?

LISA: What happened and is still happening is that my sister Tibo and I are friends. We no longer fight. The younger children never had any problem. I can now talk to my mother and she provides for my needs.

ME: And how do your parents relate towards each other?

LISA: Father always says he does not want trouble, and that he does not want anybody to come between him and mother. He also keeps on reiterating that he loves his wife.

ME: Do you think he loves her more than before?

LISA: I think they are closer to one another than they were in the past.

ME: What do they do that make you think they are closer to one another?
LISA: I have seen them together more often particularly in the evenings when she returns home from work.

ME: Do you agree with your daughter’s view?

DAN: (looking at his wife): She is right. I love my wife and I want our marriage to be based on trust and love.

MOLLY: Although we cannot spend more time together as I work night shifts most of the time, during the day he tries coming home more often.

ME: You should be proud of yourselves for the strides you have taken up till now. I think you need to be commended for finding it in your hearts to let bygones be bygones and to work at your relationships.

ii Observe/reflect

I am happy that our actions seem to have created a warm and conducive environment which was essential for the building of a trusting relationship in which they were able to share their experiences. This also involved the absence of judgment and family members did not sense that they were pushed to change.

As this environment was not threatening the family’s stability was maintained. Asking questions which focused on interaction and relationships, and not on inherent qualities of individual members of the family, created difference while change was implied.

iii Plan

I still have to perturb this system further in the rest of this interview in order to elicit relationship information that will enable the system to notice how they organize their interactions in line with their structure, and to perceive how as subsystems they are recursively connected to each other and their interrelationship as a family system.
iv Discussion

In the subsequent part of the interview, the couple dwelt mainly on the many difficulties they encountered and had to endure when they first stayed together after they got married.

However the wife reverted to a discussion on the pain she said she still experienced when she thought of what her husband and her daughter did particularly when she thought of what they told Lisa that Dan was his biological daughter. Molly reiterated on the confusion that Lisa might have felt when Dan became sexually involved with her.

I asked whether Dan did not confuse his role as a father to Lisa and that of being her lover at the time. His reply was that he did not know. Molly’s response was that perhaps he should rather say that it was just too painful and that he was too ashamed to admit it, rather than to say that he did not know.

He did not reply but shared with all of us his own feelings of pain he underwent when Molly constantly referred to the incest when he wanted to talk about their life together.

**DAN:** *My wife is never available when I also want us to talk about things that affect us.*

**MOLLY:** *We are adults. I think you should rather think of discussing the wellbeing of the children, but you avoid that.*

**DAN:** *I also have fears and things about which I am worried.*

**ME:** *It appears as though you want to spend some quality time together with your wife and to focus on yourselves while she still experiences feelings of resentment about the incest issue.*

**MOLLY:** *I also have to work and I become tired. (To husband) You also know that you avoid talking about your role as the children’s father.*

**DAN:** *But I also no longer feel welcomed in our house. Actually I feel as if I am just a boarder.*
ME: What makes you feel like a boarder in the house?

DAN: The two eldest children do not respect me. Actually I was spat at.

MOLLY: Your behaviour showed then that you do not deserve their respect. I am not sure that all of them would not be in danger when they grow up.

DAN: (to me) I told you she always goes back to what happened before. (Facing the wife) Seeing that I apologized, is there any reason why you cannot forgive and forget? Since I am the problem-maker here I think I should only assist to support the family financially; but I cannot stay in the house.

MOLLY: You are a man and you cannot understand.

Dan: I understand the pain a woman feels. But talking about it all the time hurts me.

ME: Molly the safety of the girls and the acknowledgment of Dan’s role as their father are very important to you, and you want some commitment from your husband to the effect that his actions will be aligned to the role of father. Dan on the other hand wants both of you to focus on your relationship as a couple.

MOLLY: I love him; at the same time I am worried about my children’s safety.

As they continued their discussion the mother pointed out that she had actually decided to setup a new rule in the house, whereby the older children would have to talk to their stepfather through her. They should not be near him and they would be forbidden to enter their (parents) bedroom, because she would not know if he had other agendas.

I told them that the team wanted me to inform them that they valued the mother’s decision that the children should communicate with their father through her, but that they wanted me to ask if she had ever thought of how they would talk with him during her absence, particularly when she was at work. Both husband and wife just looked at each other while Lisa looked down. No one replied.

v Observe/reflect
I took charge of the conversation and as joining operations continued to form part of the interview process, I made understanding comments which did not challenge anyone and anything said. I tracked the interactional patterns by asking process questions. As we (the therapeutic system) observed how, when, and to whom each family member related, subsystem boundaries as well as the processes within and between sub-systems could be discerned. This in turn depicts the structure of the family system, and Becvar & Becvar (2000:198) assert the structure shows the kinds of boundaries present in the family system. I am growing professionally and am taking charge of the therapeutic conversation and the therapy situation and this satisfies my felt need for offering help to my clients and for co-evolving with them.

I think I am on my way to self-discovery. I was responsible for the therapeutic discussion that was taking place. I was able to take ownership of the process by initiating the conversation. I am not yet there but I think the winds of change have begun to blow strongly. Until now I have not felt inadequate in this session.

The conversation dwelt on transactional patterns and relationships in the family system and has facilitated the shifting of the positions of family members and the modifying of the subjective experiences related to their behaviour. The system managed to set its own subsystem boundaries. Difference was introduced and the change the system requires was promoted.

The system was compelled to think about providing their own solutions; although there appeared to have been a discrepancy between the mother’s values and the behaviour pattern she has introduced within the family. The unilateral decision that children should communicate with the father through her indicates her determination to create distance between him and the children, and at the same time to invalidate his role and position as the father. This seems to confirm the metaphor of “a boarder” which seems to fit in with his feelings of helplessness as the head of the family.
Since there is concern and confusion related to the children’s safety as well as the father’s position and role, the therapeutic system’s actions should focus on the family structure; the perturbation of which might contribute to changes in the behaviours of members of the family. On the therapist’s level I need to be empathic and to use techniques that may make the behavioural patterns within the family visible so that changes related to how they relate to one another may be facilitated.

vii Discussion

After a few minutes of silence I mentioned that I understood that they were faced with a great difficulty of making decisions affecting their family at this crucial moment. I asked Lisa to comment on her mother’s suggestion that they (children) should communicate with their father through her. Lisa’s response was that it would not be difficult to do that because she had already stopped talking to him as she did not want to offend her mother.

When I asked Dan how he thought he would communicate with the children, he again mentioned that there was no problem between him and his wife; but he felt that since the children caused trouble between the two of them, he would rather prefer to have very minimal contact with them alone.

He further proposed that either the children remain in their house while they (parents) move to the makeshift structure they would construct nearby, or that Lisa should marry a particular boy and move out of the house.

Molly was not in favour of marrying off her daughter and suggested instead that she could be taken to her biological father.

Lisa on the other hand supported none of the two ideas proposed by her mother that she go and stay with her biological father, and the one her step-father suggested that she should get married. However she agreed with his other suggestion that they (children) stay by themselves, and that they (parents) could check on them whenever they wanted. She added that the helper could also come and stay with them in the house. When I asked Molly’s opinion regarding this suggestion she acknowledged that it would be very difficult for her to
be separated from the children, because she would not be sure that they would be safe particularly at night.

After discussing the two ideas that were put on the table, the members agreed that the parents would move out while the children remain in the house.

Molly came to terms with the complexity and the complicatedness of the decision they had taken that the children could occupy the house by themselves when I mentioned that she felt like a string that was pulled in opposite directions, because she wanted to be with her husband while at the same time she wanted her children to stay with them in the same place. Molly agreed with this presumption and said that she however supported the suggestion put forward by both her husband and her daughter, about the children staying by themselves.

I told them that they should be proud of themselves because it took a lot of courage to make that kind of a decision.

viii Observe/reflect

Facilitating a focus on the structure of the family system ensured that members find their places and positions in the spouse, parental and sibling subsystems which would enable them to participate in roles that were appropriate for these positions. Boundaries between subsystems were also clarified.

Maturana’s theory (1975) proposes that the system is the only one that specifies how it behaves, and not the information it gets. The changes the family system proposed were determined by their own organization and structure which responded in its own way to the perturbations resulting from our interactions. Clients took responsibility for their own decisions and actions.

The maintenance activities involved supporting the decisions taken and confirming their potential and determination to keep the parents’ marriage and their whole family together.
The use of a metaphor of a string that was pulled to opposite directions was helpful because all of them realized the huge task both the mother and the father would have to undertake to give their support to the children and the spouse subsystems, and to understand their positions and the implication of the decision taken.

The use this metaphor created difference and promoted the change the system required.

ix. The final intervention message

At the conclusion of the session, I joined the team behind the one-way mirror and discussed the general impression of the whole session. The message given to the family system was that there was a possibility that they would find it impossible to carry out that decision.

3.3.3 Overall reflection on the session

As a cybernetic therapist, I only became part of the context of the family and my behaviour was merely significant in the family members’ change process, but there was no instructive interaction.

The utility of all the techniques used in this part of the session, is acknowledged in the creation of difference, the promotion of change and to maintain the stability of the system. The adopted empathetic attitude towards the client system and the value of respect for them helped to maintain their stability as a system, introduce difference and to promote change; while the use of the metaphor of a string maintained the mother’s stability and introduced change.

Subsystem boundaries appear to have been diffuse, and the intervention activities they were engaged in set clear boundaries between the parental and children subsystems, and each could participate in their respective subsystems. The ‘no change message’ given as the final message could prompt the system to realize that they have taken a decision that might be difficult to implement and would have to be on guard against the relapse which could occur.
I enjoy the freedom of not feeling responsible for everything happening or not happening in therapy. Although there are areas which still require more attention in order to be improved upon, I feel good about my progress so far.

I am happy that I got the opportunity to deal with the overwhelming task involving intense emotions stemming from the incest and marital discord.

3.4 Assessment of the Perspective Adopted in Therapy

3.4.1 The therapist’s perspective about the family

Based on the constructivist epistemology and systems theory on which the cybernetic perspective is based, and the person centred theory, the researcher viewed the symptomatic behaviour in the family in terms of the particular way in which all the family members including the identified patient might have been experiencing the world differently, while in relationships with each other.

However based on second cybernetics the researcher also viewed the symptomatic behaviour in terms of her cultural background initially. However she had to be self-aware and had to focus on her experiential reality at that moment. Her actions, attitudes and their connectedness to events that happened in the family were taken into account. Consequently she became non-judgmental towards the clients, and accepted them and their experiences, as well as to acknowledge their experiences as real to them.

The focus was also on relationships, recursive patterns of behaviours, emotions and all experiences within the family which were recognized in therapy sessions. From the onset it was noticed that the interdependence of these behaviours- the incest that happened, the symmetrical pattern of communication between the two sisters, and the displayed emotions of all, were recursively connected; and it was not possible to pinpoint the beginning and the end of the circle. Systems theory, regards all the parts of a system as related, and it maintains that changes in one part will cause a change in all of them and in the total system in a recursive manner (Watzlawick, Beavan & Jackson, 1967).

The frequent absences of the mother from the house, the fact that the father and the eldest daughter who can be regarded as a parental child performed the nurturing functions to the
younger children, are all recursively connected; as are the many obligations Lisa carried out, including putting the youngest child to sleep initially in the parents’ bedroom. All these may be the observed contextual pattern that seemed to recursively connect the incest and other problems like the constant fighting and disagreements system members had with each other.

3.4.2 The acknowledgment of the autonomous nature of the system
The autonomy of the system was acknowledged and maintained throughout the interview sessions when the researcher tried not to ‘instructively interact’ with the members. Through the accommodation technique she became one with the family system. She respected their goals for therapy which were articulated in the beginning of the session namely a desire to end the fighting between the sisters, and the sexual relationship between the father and the eldest daughter.

The occupation of a separate makeshift structure by the husband and his wife, and of the main house by the children by themselves demonstrated that they could make their own choices with regards to how they wanted to live their lives as an autonomous system.

Citing the systemic school of therapy, Leyland referred to the family as a “self-regulating system which controls itself according to rules formed over a period of time…” (Leyland 1988:364). Traditionally it would be viewed as unthinkable for both subsystems (parental and sibling subsystems) to stay apart from each other.

In therapy the autopoeietic structurally determined, structurally plastic systems of the researcher and the family were structurally coupled to each other, and their interactions could be described as a co-evolved closed pattern of interaction.

3.4.3 The facilitated change
Intervening in this case initially involved perturbing the sibling subsystem’s interactional pattern, the father-daughter sexual relationship and the anger-laden behavioural patterns between the parents and Lisa, to achieve structural change. The required change entailed how they perceived each other; this ensured that subsystems were able to function in the manner they chose.

The difference which was introduced was in the form of, for example, the assignment of tasks, the use of metaphors, empathic understanding with no implied judgment of family members, and positive connotation of behaviour and other intervention techniques. These perturbed the structure of the family system. The sibling subsystem moved away from the
presented problem to the activity of playing together and eventually to the typical transactional pattern they engaged in before the problem emerged. The identified coalition between the parents and the second daughter against the first daughter was broken, and the family system discovered and visualized the desired patterns of interaction, not only between the sisters, but between the husband and his wife, as well as the stepfather and all the children.

The relationship between the stepfather and his stepdaughter which the family perceived as unacceptable was put to an end to. The need for the presented symptom was undermined dramatically, when both learned a new way of punctuating their positions and events related to their transactional pattern. (Bateson 1972).

Watzlawick, Weakland and Fisch (1967: 12, 91) refer to second order change which they say is in the nature of a discontinuing or logical jump which involves stepping out of an old frame of thinking.

The inappropriate father/daughter relationship was made visible when the metaphor of a little pumpkin to be consumed by Dan (the stepfather) was used to refer to Lisa and the other children. The use of this metaphor produced a reductio ad absurdum. The symptomatic behaviour was expressed in a way that enabled family members to realize the absurdity of premises underlying the father and the eldest daughter’s behaviour. The father’s old frame of thinking from which he jumped was to see the eldest daughter as a sexual partner, to a new framework of viewing her and the other daughters as his own biological children.

Viewing her eldest daughter as an enemy is a frame from which the mother jumped to that of perceiving her as a child needing protection; she became more compassionate towards her.

The children later refrained from using the stepfather’s first name, which is customarily forbidden when addressing someone who is regarded as a father. They showed respect towards all the parents, and it appeared as though a loving atmosphere prevailed in the family system again. The tension that was visible initially among family members disappeared. The subjective feelings about each other and their functioning were thus changed. It can be concluded that self-corrective feedback occurred.

The stability and change complementarity is also visible as the decision that the family should occupy two separate dwelling structures, namely, one for the parents and the other
for the children would also ensure the maintenance of the parents’ marriage; a request for the construction of a different pattern and structure that ensured the continuity of the family system.

This applies to the researcher as the therapist as well, because although her actions were based on the preferred constructivist epistemological assumptions which emphasize context, relationships and interrelationships, as upheld by Keeney (1983) she acknowledges that she could not completely do away with the lineal epistemology which forms part of my stability.

3.5 **Reflections on my Experiences during Therapy**

During this study, the family system and the researcher have definitely changed. Joy, contentment, pain and disappointment accompanied this journey of growth. The constructivist, the systemic and the person centred theoretical concepts and their use in therapy provided new insights. These can be regarded as the key which opened up some doors and offered new options for dealing with the family as a living system. When the researcher began with this study she was hardly equipped with the relevant abstract theories that enable one to work with relationship problems. She learned relevant theories that had to be translated into practice, and through the acting and reflecting process, her consciousness was raised and she is thrilled by the level of growth she has undergone since. However she still has to increase her theoretical knowledge in order to improve her understanding of relevant concepts and their use in therapy. This will result in the enhancement of her competence of social work practice, as learning is a never ending process.

Although in practice the problems she experienced during the study are interrelated and intertwined, in the following paragraphs they are discussed individually for the sake of clarity.

3.5.1 **Problems experienced in therapy and reflections on how the planning and actions addressed them**

3.5.1.1 **Basing my actions on the linear causality view of the world**

The researcher regards the linear causality epistemology which informed her actions as the main source of most of the problems she experienced during therapy. All other problems that are mentioned below are connected to this view of the world.
To address this problem, the researcher tried to focus on the systemic theoretical assumptions so that these could influence her actions. However on reflecting about the planning and the subsequent actions she took, she realized that while the constructivist view was acknowledged as the basis for her actions in therapy, she could not totally transform her traditional lineal view of the world. As such the cause and effect stance was apparent. This was evidenced by the judgmental attitude unintentionally displayed in the third phase of the action/reflection cycle in the first interview session. This problem was later dealt with, with the help of the feedback from the team behind the one-way mirror.

3.5.1.2 The adoption of the problem-solving approach and the expert role in therapy

Initially the researcher failed to recognize and to implement the principle of client self-determination that is regarded as the cornerstone of the helping process. In the first session she became aware that she wanted the sibling system to stop fighting. On realizing that she was thinking and feeling in that way, she became disappointed about this observation. On reflecting about this relapse, she was determined to deliberately become self-aware of her thinking and to focus on theoretical assumptions influencing her actions. Think this was helpful in that later, during the same session the temptation to instructively interact with the system was held back.

The planning entailed consciously focusing on her self-reference and on shifting her paradigm from viewing her role as an advisor to a facilitative one, and on recognizing the autonomy of the family system. From this position her actions would only trigger the client system to act in the way they wanted.

In the action step of the third session the researcher tried to focus on constructivism and kept in mind that the family system was able to make its own decisions when they decided to let the children stay by themselves. She compelled herself to develop a respectful, accepting attitude towards them, their decision and their experiences, which she considered to be their reality. System members were encouraged to focus on their current subjective understanding (Rogers: 1987). The researcher deliberately avoided taking unilateral decisions for them and to control them.

Towards the later stages of the interview process, she was relieved to realize that she did not feel the need to resolve problems for them.
3.5.1.3 Ordinary respectful conversations which were not based on theoretical assumptions

The conversations which lacked professionalism characterized therapeutic dialogue in some parts of the first and second interview sessions; when the wholeness of systems was not taken into consideration.

To address this problem, the planning steps from the second session involved thinking in terms of the systemic and the person centred theoretical assumptions and principles; becoming self-conscious – focusing upon self-reference-, and the use of techniques from different schools of therapy in order to avoid conversations as mentioned above. Consequently during the action steps particularly from the second session, the focus was on theoretical principles and how they could be applied while drawing the map of the family system and punctuating relationships and interactions therein. The researcher tried to focus on the perception of the wholeness of the family system, and the interdependence of the new system comprised of the two systems, namely the therapist and the family system. In other words, one can say that she tried to base all her actions, including the conversation (verbal and non-verbal), on theoretical assumptions.

Techniques from the structural, the systemic schools of thought and the person centred theory were used in efforts to perturb the system in order to introduce difference, to maintain the stability of the system while simultaneously promoting change.

3.5.1.4 Inability to deal with the wholeness of the family system

Preparations for dealing with this entailed concentrating on systemic principles and to let them guide the researcher’s perception and actions.

In the action phases from the second session, she consciously tried to observe the interdependence of the experiences of family members and noticed the connection between transactional patterns and the family members’ punctuations of their situation. The researcher managed to observe the relationship messages coming out of their transactions which happened when she did not deal with their behaviours and experiences as if they were independent elements of the family system. Again it became observable initially that it was difficult to transform one’s view of the world as in session one and two she slipped to her traditional objectivist lineal way of viewing members as independent elements.
3.5.1.5 Inability to deal with intense emotions

On two occasions I was overwhelmed by intense emotions which some member displayed. Firstly I was unable to interrupt and also to initiate the conversation when system members were engaged in this kind of dialogue. Later when I could come in, I focused on the individual displaying these emotions and came up with explanations (to myself) of the behaviour rather than paying attention to the members’ relationship and their transactional pattern. It was disappointing to realize that I was not neutral and curious enough, which resulted in failure to observe circular patterns.

3.5.2 Where I am now in terms of these specific problems

In the therapeutic and any other situation where interaction takes place, the researcher now finds that her perspective is influenced by the constructivist epistemological framework and systemic/cybernetic theoretical assumptions as well as the person centred theoretical principles. These give her a clear understanding of how interacting people create their world and enable her to recognise and internalize social work principles that are regarded as basic cornerstones of the helping process. Principles such as client self-determination, acceptance and respect for family members (individualization) and systems, and treating them as people of worth as well as being non-judgmental towards them are perceived in a new and different way.

Likewise understanding and appreciation of theoretical concepts provide the researcher with ideas and choices relating to their use in facilitating change with client systems, just as she is afforded an opportunity to focus upon her experiential reality and her self-reference during therapy. Furthermore she becomes pro-active and co-responsible for initiating conversation during therapy. Intense emotions that client systems display no longer overwhelm her if she gives attention to family members' transactional patterns and their relationships rather than focusing on them individually.

The researcher resolved to operate from the level of cybernetic of cybernetics in order to develop a self-critical attitude.

She appreciates and acknowledges the holistic nature of systems being dealt with as she now gives more attention to the wholeness of a family whenever she deals with the individuals within it. She observes the recursiveness of interaction, the reciprocity among interacting family members including her, and focuses on the context within which these exchanges
take place. She now realizes the importance of getting a clear picture of the nature of experiences client systems undergo and relationships prevailing in systems in order to interact appropriately with system members. In this way she connects with her clients more, through the feedback structure.

Because the constructivist perspective, person-centred approach and systemic theoretical orientation influence her role in therapy, she no longer regards herself as an expert. She is more respectful of her clients and the decisions they make. She regards them as experts on their lives. Being autonomous systems, the researcher knows that her actions only trigger their responses to which she in turn responds, and as these feedback processes continue in a recursive way, she acknowledges that her actions can become modified and she and the client system become co-responsible for the outcome of therapy. The use of metaphors and relevant intervention techniques are now ways that she relies on to trigger clients’ responses that may help to maintain the systems’ stability, to create difference and to promote change. In the past this change was regarded as a predictable response because clients were instructed to behave in a particular way. Change is now viewed as unpredictable and comprising both the stability and change components.

This view of what change is supposed to be, the researcher’s role in therapy as well as focusing upon her actions and changing them have been the most fundamental components of the growth she underwent while doing this study.
CHAPTER 4: REFLECTIONS ON THE ACTION RESEARCH PROCESS
APPLIED IN THERAPY

This chapter gives the researcher’s self-exploratory account of her experiences during the journey of changing her social work role, and her approach of dealing with the interacting and communicating family system. As mentioned already the perspective adopted is based on constructivism and influenced by systems theoretical assumptions as well as the person centred theoretical principles and concepts.

The self-exploration process necessitated a focus on the researcher’s view of the world and all her experiences which were based on the above theoretical assumptions. The total therapeutic process required a shift or change from positivist or linear thinking to constructivism, which respects all individuals’ occupied experiential realities, the wholeness of the systems and that family members create families and co-create relationships. This relates to the abandonment of on one-way causality view of events; and goes well with the social work values of respect for clients’ worthiness and self-determination. The utility of action research methodology is acknowledged, as through this, researcher could plan, act, observe and reflect on her actions, in order to change her lineal approach of dealing with the client system. Action research enabled her to consciously think about what the theory said about systems, and it provided a framework for ensuring that theory moved closer to practice, and that both were integrated.

4.1 The growth and development processes

In this chapter exploring the process is concerned with how growth was achieved. It focuses on how the researcher played her role which was influenced by the constructivist epistemological premises, and the theoretical assumptions mentioned above and in previous chapters,

4.1.1 Epistemological premises

The process of shifting or changing from the positivist or linear view of the world to constructivism which is acknowledged as an appropriate epistemology when dealing with
interacting systems, was experienced as difficult and painful because relapsing to and operating from the basis of the former view of the world could not be avoided. This resulted in feelings of inadequacy and disappointment. However self-confrontation with oneself seemed to be useful as it enabled the researcher to become on guard and to stay focused on her self-reference and on consciously thinking of premises and systemic theoretical assumptions upon which perceptions, emotions, actions and values, were becoming more and more based.

4.1.2 The usefulness of theory

Theoretical assumptions and approaches were found to be useful in engaging all the family members in a way that did not alarm, intimidate or hurt them. This is important as one of the tenants of counselling is to do no harm to any person or persons. Consciously thinking of theoretical concepts enabled the researcher to internalise them, and resulted in using them in a way that kept the members of the family system engaged in the facilitation process. Furthermore, they (members of the family system) were enabled to maintain part of their self or identity, while exploring what to change in the process of interaction with each other. What is important is that the changes the family members created were initiated and maintained by the family, and not by the facilitator / researcher. During the process the researcher was also able to maintain part of herself (as a caring person) while changing the way she cared about people or her clients.

Second cybernetics as part of the facilitation process, and action research, allowed the researcher to engage both with the family and herself, thereby monitoring that the changes did not exceed the limits of either identity structure or autonomy.

4.1.3 The therapist’s role

Initially the researcher’s traditional linear perspective continued to influence the role she played during therapy as she time and again assumed an “expert” role, although the intention was to adopt a non-linear epistemology which was recognised as an appropriate base for the practice of social work with family systems.
It was acknowledged above that a change in epistemology was difficult and painful and the process of self-exploration in this study revolved around the core issue of the therapist as an “expert”.

The whole process of consulting a social worker and the practice of social work in general, made the researcher whose actions were premised on the linear view of the world feel useful and good about her expert role. The people she dealt with always confirmed this by consulting her as an expert. In this study, it is observable that the researcher viewed herself as this expert who regarded herself as a giver and a saviour of others. Because she regarded herself as an expert in solving problems, she felt the need to protect and to save one member of the family from the one perceived as inflicting the pain on the other. She was being an expert who was focusing on the pain and the solution of the problem, rather than the context, and the process aspects within the system.

She felt the urge to lighten the load the person perceived as a victim was carrying. However it could not be possible to “save” all family members. The result was that she, (researcher) felt the urge to blame and to judge the member perceived as causing the pain the “victim” was feeling. The judgment “cut” system members into independent units resulting in the compromising of the wholeness of the family as a system. The researcher became overwhelmed by the feeling that she was losing her expert role when she realized that she was unable to deal with system members’ displayed intense emotions.

4.1.4 Change

As therapy continued it became apparent that the constructivist premises and systemic/cybernetic as well as the person centred theoretical assumptions were becoming the basis of the researcher’s thinking, valuing system, emotions – in short all her experiences. Growth or change was thus promoted, and at this stage she started to enjoy the ability of her clients to make their own decisions, when they became involved in their own change, and when she realized that they were strong and needed no one to save them.

It was realized and acknowledged that when the people create their own changes in interaction with each other, they all benefit. The whole family benefitted from the facilitation process, not only one individual who was protected by the researcher. Not only
one individual was saved, but the family as a whole overcame their pain, so that all experienced relief from their pain.

4.2 The current experiential reality

Assessment of the whole therapy process illustrates that in due course the researcher assumed responsibility for her thoughts and all her experiences in therapy.

She no longer felt that she was responsible for the outcome of therapy. She acknowledged that both the client system and she were co-responsible for everything that happened in the sessions. She was able to deal with intense emotions family members displayed without feeling the need to take sides with, or ‘save’ any one person. She could deal with the wholeness of the family system as she could perceive particular patterns of how members related to one another.

4.3 Recommendations

Although changing one’s epistemology may be too much to ask of all social workers, it is not too much to ask that they all take responsibility for implementing and improving their own professional body of knowledge. This is where action research can be very useful to any practicing social worker.

While an observing team might not be available in most settings, facilitators may explore the possibility of working with a colleague who might assist in observing and providing feedback about the interaction between the social worker and the clients. This could also include transactional patterns between the client family and the therapist system. This might be useful in providing further analysis of transactional patterns within the session; and it is hoped that some facilitators may want to respond to this challenge.
4.4 Conclusion

Through this study, awareness was raised about the importance of understanding the therapist’s as well as the clients’ epistemological premises, to enable the therapist, to control and direct her own thinking, perceptions, emotions, values and activities so that these are in line with how people who are dealt with know, think and decide. (Bateson: 1972). The researcher’s aim for undertaking this research was to expand the knowledge of how to effectively do therapy by improving the role one assumes in therapeutic situations. In a quest to accomplish the above the researcher was more adventurous and tougher on herself by taking a more critical look at her actions and deciding to focus on the particular perspective which enabled her to understand both herself and her clients’ epistemological premises so that her actions could be consistent with their world views. Action research has offered the researcher a valuable framework to explore this aim by offering the potential for her participation, as she focused upon her actions and changed them. This has been the most fundamental components of the growth process she underwent while doing this study.

Working with the family and the social processes of change in this study showed that wholeness is involved in all experiences during therapy and the facilitators’ participation cannot be ruled out. Consequently social workers, facilitators/therapists cannot be value free observers.

The approaches validated the principles upon which the social work profession is grounded. Client self-determination and respect for them are some of the fundamental values of the social work profession.

Like other helping professions, social work should be in a position in which it can offer clients a service which they find useful in meeting their needs. In this way it earns the respect, dignity and the confidence that clients and significant other people expect to have for it.
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