

## Chapter1

### INTRODUCTION

Psychotherapy is increasingly recognized as an exceptional vehicle to facilitate healing to people faced with distress from overwhelming challenges of daily living. To this effect clinical training in psychotherapy forms an integral part of dealing with human's struggle. Therefore psychotherapy has since been perceived in the earliest century as bridging and enhancing the application of academic and therapeutic treatment within the context of therapy. This implies that there is an increasing necessity for the application of psychological theory, skills and knowledge within the context of training. Therefore clinical training should be aimed at assisting trainee's to be efficiently trained as psychotherapists.

There is a great need for clinical psychotherapists as they have an increasing role to play in the community mental health. Thus in a quest to be a psychotherapist, an individual readily concedes the journey as a trainee therapist to be a challenge that provokes uncertainty especially during training. In seeking to illuminate the experiences of the trainee therapist and to gain a deeper understanding of how a trainee therapist has evolved, both the academic and the clinical (internship) contexts are explored as contexts that evoked the motivation for this study.

#### 1.1 MOTIVATION FOR THE STUDY

The motivation preceding the researcher's interest in this study is informed by the researcher's involvement within the academic and clinical internship psychotherapy training and the experiences encountered thereof. According to the researcher's involvement and hands on experience within these training contexts, it appeared that the academic and the clinical internship contexts seemed to contrast each other in various ways. These contrasts were not only limited to the individuals or training settings, but they seem to permeate almost every work done in the field of psychotherapy. This is supported by the view that, "all psychotherapists function, implicitly or explicitly in terms of certain theoretical principles" (PSY493-Y/101, 1999, p, 14).

Psychotherapy in the earliest times had been associated with the field of psychiatry, which had a tremendous influence to training of earlier psychotherapists and community mental health settings (Baloyi,2005). As a researcher also in training to be a therapist the experience has been that the academic training was guided by different theoretical assumptions as opposed to those of a psychiatric mental setting (clinical internship context). It is to this effect that training to be a therapist had evoked huge challenges for the researcher, hence the need to reflect on those experiences. This further leads to the aim of this study.

## 1.2 AIM OF THE STUDY

The study seeks to delineate some factors in the training context which perturbed the researcher as a trainee in training through self reflection. The researcher forms an integral part of this study. To this effect the researcher will be referred as the trainee researcher throughout the study. The emphasis will be on the experiences and the differences as observed by the trainee researcher in these contexts (academic and clinical internship). Unraveling what is supposedly similar within these contexts of training would also be valuable, since these contexts of training are both accredited training institutions by the Health Profession Council of South Africa and the board of psychology.

Reflecting on the experiences encountered as part of this dissertation within these different contexts of training, is believed at one level to be one way of helping the trainee to make reflections about reflections on training whilst growing in the process. Taking a meta-perspective on psychotherapy training a trainee researcher believes to be another way of bringing awareness for the trainees, trainers and others, of how the experiences encountered in training may impact on the therapeutic relationship with clients. The value of reflecting amongst others is that one engages in a process of creating and clarifying the meaning of experience in terms of self in relation to self and self in relation to others (Boyd & Fales, 1983). This implies experiences that are explored and examined to create meaning focuses around or embodies a concern of central importance to the self. Therefore, the self is perceived as a narrative in constant evolution (Hoffman, 1991). To seek to understand human experiences and growth, the

shift from one perceptual perspective to another which is the outcome of reflection becomes the focus (Boyd & Fales, 1983).

Within the context of this study reflection will mean engaging in a process of internally examining and exploring the issue of concern, triggered by experience. This will create and clarify the meanings in terms of self, which may result in alternative conceptual understanding. Reflecting into our personal experiences and journeys entails a constant appraisal of how the personal selves will impact on the unfolding of events between a trainee therapist and others.

It is further noted by Hoffman (1991) that a position of reflexivity draws attention to the fact that when someone gives an account to an event, that account is both a description and a part of that same event because of the constitutive nature of the conversation. To that extent, I am accountable to that which I include or exclude in the discussion as “we cannot separate ourselves from that which we are describing” (Bateson, 1979; Keeney, 1982). In this process training within the training contexts that are explored is viewed as an evolving relational system. This implies that training involves the process of change and development, thereby as also restructuring its content and including new materials.

In conclusion the motivation and the aim of this study has been explored. Therefore in preparation for becoming an independent registered psychotherapist, a trainee researcher becomes free to draw upon and reflect on the training context in a way that is meaningful and useful to him/her. Hence in this dissertation an attempt will be made to map the experiences of a trainee researcher in the various training contexts. This view is supported by Bateson’s assertion that “If you want to understand some phenomenon or appearance, you must consider that phenomenon within the context of all completed circuits relevant to it” (Bateson 1971a, p, 244). Bateson (1972) further proposes that narrow punctuation of a complex sequence of events as in the training experiences of a trainee researcher would constitute an epistemological error if not mapped by including all materials that are deemed relevant to it. Therefore, to contextualize the thinking of a trainee researcher, experiences are reflected and captured in the following six chapters. The experiences and ideas are reflected upon within the two contexts of academic psychotherapy training program offered at the University of South Africa (UNISA) and of

the clinical internship offered at the hospital which is one of the accredited psychiatric institutions in South Africa.

In chapter 2, the preview of an epistemology that informs the two training contexts are examined in order to include the interacting influences and dynamics that define the total field of the phenomenon as manifested in the training system.

Chapter 3 contextualizes training and orientates the reader as he/she journeys along, by reflecting the trainee researcher's understanding of these training context as put into their respective dimension.

In chapter 4 the methodological framework is discussed. The comprehensive introduction to the aims, nature and method used to explore the experiences of a trainee researcher is included in the discussion. Heuristic research is described as the preferred approach for this particular study.

Chapter 5 provides the content and process information on which the present study is based. The focus is within the academic (Unisa) and the hospital clinical training contexts.

Chapter 6 attempts to clarify and describe the data analysis method as reflected within the different training contexts. The comparative information of the two contexts is explored. Common themes and patterns that emerged in this study are also reflected upon.

Chapter 7 presents some conclusions, limitations of the study and future recommendations.

## CHAPTER 2 LITERATURE OVERVIEW

### 2.1 INTRODUCTION

This chapter is aimed at setting a context to approaches in training using different theoretical perspectives. The perspectives of focus in this study include, the psychoanalytic perspective, which is embedded in the notion of objectivism, the general systems theory, an ecosystem perspective and social constructionism. The emphasis of this study is on the training experiences of a trainee researcher within the training context. Therefore the concept training becomes important as a guide in this research.

Training embodies different levels of human activities. At one level training embodies how people guide and teach one another. At another level, training seems to include how people interact and the impact of such interactions. Yet at another higher level, training seems to depict how a person generates from his/her experiences a set of concepts, rules and principles in improving own effectiveness (Swerpersed, 2003).

Within the different training contexts different approaches for training therapists are followed and applied. This view is well represented in the different theoretical perspectives that are punctuated in this research. Within these perspectives the study will show that some approaches to training adhere to the view that there is an absolute way of training trainees to be psychotherapists. For instance by just imparting skills necessary to help trainees diagnose the pathologies within the patients. Implied here is the notion that training is for the “other”, and that “other” being the patient. Other approaches see training to be situated within a number of different ecological contexts. The focus within these ecological contexts is seen to be on people’s interactions and the meanings they attach to behaviour (Bateson, 1979).

Before expanding on these perspectives or epistemologies further, it is imperative to first explore the concept of training which is the theme guiding this study. The need to define what we talk about is viewed essential by Gergen (1985) who argues that language and definitions influence and organize our perceptions, descriptions and

understanding of the world. Training will thus be described in the next session.

## 2.2 DESCRIBING TRAINING

Training is defined as "Systematic instruction and exercise in some art, profession or occupation with a view to developing proficiency"(Fowler & Fowler,1990, p, 3373). The need for psychologists/psychotherapists as professionals dates back to the earlier times centuries back. "It is generally acknowledged that the field of clinical psychology became popular only after the end of World War II "(Routh, 2000, p, 200). Since then the field of psychotherapy performed by psychologists has gained an increasing recognition and its value in recent years has resulted in the development of psychotherapy as a highly specialized field. This development has seemingly necessitated adequately and effectively trained psychotherapists. To this effect the practice and scope of psychotherapy has continued to grow enormously demanding that psychotherapists should attain proficiency in the field. With the ongoing changing needs of South Africa there has risen a need for psychotherapists across diverse cultures to be trained effectively. This has necessitated acts to maximize the psychotherapist effectiveness in clinical understanding of the human difficulties and experiences, especially within their diverse cultural contexts (Lifschitz & Oosthuizen 2001). Therefore, training programs that are geared towards training competent psychotherapists are emphasized.

The nature of reflecting on the trainee/researchers experience within the training contexts of the academia and the clinical internship is unique. Although previously other trainees reflected on their journeys of becoming psychotherapists, their experiences remained unique. Therefore the written nature of this research study is perceived to be different from those of the others. Furthermore "There is no single way of describing psychotherapy training" (Nel, 1992, p, 35). Implied here is that within the psychotherapists/psychologists profession there is no consensus on the precise definition of what training or psychotherapy training is. Therefore in this research in order to provide an adequate context for understanding training within a psychotherapy context, the influence of the relationship between trainer and trainee is explored and emphasized within the descriptions provided about training. For the purpose of this study training is explored and limited to the description that seems consistent with the

trainee researcher's belief system or epistemological influence. It is also acknowledged that research has shown that the field of psychotherapy is wide and diverse (Hoffman, 1981). Therefore, the definition of what psychotherapy is, or even training will be influenced by one's epistemology (Keeney, 1983). This further includes the dialogue the trainee researcher has with the supervisor of this thesis and the training experiences encountered. The epistemological influence was observed some decades ago by, Watkins and Wolberg that various definitions that exist often reflect the biases of the particular epistemology with which the therapist identifies (in Baloyi,2005). Considerably psychotherapy in this research is defined in the light of the researchers experience and training.

Training is further regarded as "generally, any specific instructional program or set of procedures designed to yield as an end product an organism capable of making some specific response, or engaging in some complex skilled activity" (Reber, 1985,p, 782). This latter definition of training will essentially allow the broadening of the concept and understanding of what constitutes training for different individuals according to their experiences - that is the contemporary usage of the term (Reber, 1985).

Accordingly training within a psychotherapy setting is described as "a learning context in which a trainee therapist learn and develop skills which could be applied to their therapeutic work, where this learning context also offers opportunities to learn about learning and teaching" (Snyders, 1985, p, 5). The therapeutic work is psychotherapy within the training context. Therefore, being a trainee researcher I would argue that in the process of training to be a psychotherapist, there is an element of being trained to train, which influences what takes place in training. In other words, training should be designed in such a way that a trainee also engages in training that allows others (for, instance, clients) to be trained.

Furthermore, training includes experimenting with new forms of behaviour, as discussed by Snyders (1985), as well as repeatedly practising a specific way of working. A trainee may be exposed to different training activities to allow a trainee to increase his/her role repertoire. This implies the ability to work flexibly in different cultural contexts. Actually, to work with human difficulties and possibilities almost inevitably calls for interdisciplinary

participation and knowledge of the other views in the field. Hence, Vorster (2003) emphasizes that training should be a process that entails increasing effectiveness on a particular skill/exercise. Therefore, a trainee functioning within any training context will be defined as an individual who participates in the receiving of a particular skill. One way or the other a trainee in training will have to demonstrate some proficiency according to the requirements of the given training system at some point.

Baloyi the current supervisor of this research in his paper presented for academic purposes emphasizes that on the whole, training presupposes the evaluation of, the giving and receiving of feedback on the training experiments and practical sessions (Baloyi, 2005). This entails that trainee therapists are challenged to be critical thinkers during training. This involves developing the ability to evaluate existing and new views and methods and their utility concerning the development of psychotherapy. When evaluation of training is done and feedback about training is given, psychotherapists may contribute to further developments in training trainee therapist. Consequently, a trainee therapist has to be both a therapist and a researcher on training by reflecting on his/her experiences on training. This advocates for the trainees to challenge, construct, reflect and give feedback about any training matters and experiences they encounter. This may in turn enable other researchers, trainers and psychologists to broaden their views and development in training and psychotherapy.

It thus follows that by so doing a trainee will be in the position to achieve the aim of training, which is to bring a desired state or standard of efficiency in an individual by means of instruction or practice in a designated context. The designated contexts in this study are the Unisa academic and the hospital clinical internship training context. This may extend to the personal psychotherapy which is often treated as a separate phenomenon. In this instance personal psychotherapy was integrated in the training process as experienced by the trainee researcher during training. This idea concurs with Baloyis opinion that, there seems to be a general consensus across approaches on the relationship between personal therapy and the therapist's effectiveness or ineffectiveness (Baloyi,2005) . This personal therapy may not necessarily take place out of the training context, since a psychotherapist is also engaged in the process of learning from the other, the client. Evidently the nature of this trainee therapist/client

learning process is embedded in the clinical or practical part of conducting psychotherapy. This opinion appears to be supported in the concept that present clinical training as “an intensive learning process undertaken in order to develop the professional skills and competence of a practitioner” (Aponte & Winter, 1990, p, 85). What is suggested in this definition allows the researcher to argue that clinical training is the focus and the intense part of psychotherapy training. Hence, for the researcher it is of interest to also look at and embrace both the training contexts that of the theoretical academic context (Unisa) and the hospital clinical internship context through the reflection process. Both these contexts of training facilitate training in different ways consistent with their respective views and needs.

Punctuating further, if the trainee researcher is to consider training as a collaborative process of influencing, teaching and learning feedback from one another and in which the context and goal of training is mutually defined (Baloyi, 2005 ), then training ceases to be unilaterally maneuvered. The trainer and trainees are observed as interacting within the same level in training, but with different levels of expertise. Therefore, through this interaction a skilled, or experienced and knowledgeable trainer will be in the position to teach, share or impart expertise with trainees through their involvement in training, by practical and theoretical means. The trainee will be in the position to demonstrate his/her understanding of the received knowledge including his/her creativity by means of giving feedback in his/her performance. This mutual process is aimed to facilitate trainee's level of function to an adequately desired state of proficiency. It will seem, that for a trainee conceptualizing training this way is indeed broader, and on the same note consistent with the views and perturbations that encouraged the researcher to pursue this study. It builds a foundation on which the experiences to be examined in Chapter 3 and Chapter 5 are based, considering that both the training contexts (theoretical academic and hospital clinical internship context) had facilitated training in different ways as mentioned above. However, to avoid repetition these experiences will only be elaborated clearly in Chapter 3 and Chapter 5 to demonstrate how the trainee researcher conceptualized training within the different training contexts.

This research thus posits a view that psychotherapy and training is interrelated. Snyders defines psychotherapy as "a set of systematically planned attempts at

introducing greater complexity and flexibility into rigid client systems by persuading and teaching clients to behave and communicate differently, thereby changing the debilitating rules of the client system"( Snyders, 1985,p, 5). Here Snyders sees and defines psychotherapy as a learning process that broadens the clients' role repertoire by focusing on the facilitation of optimal functioning of the entire client system. From this definition, it thus becomes appropriate to infer to the existence of the trainees within the training system as consistent with that of the client. When conducting psychotherapy with clients, within that context the role of the therapist becomes that of training clients, to learn and acquire skills necessary for appropriate adaptation and survival (Snyders, 1985; Vorster, 2003; Baloyi, 2005).

The same would apply to the training of trainees to be psychotherapist within the context of training. In this context of training, trainees would be taught skills necessary for proficiency in the therapeutic encounter with clients. In other words, trainees would be trained to adapt differently to the needs of the client. In this way, every moment in psychotherapy training would thus be seen as a moment of challenge and reflection, where a trainee, trainer and training system are in interaction recursively. This is seen as an ongoing process meant to cultivate, emphasize and validate specific theoretical viewpoints and complimentary training methods.

Considering the above conceptualization within the training context, trainers, trainees, clients and evaluators are engaged in a neat interactional system. In other words they evolve in a relationship characterized by a goal of being effectively therapeutic towards the client. This concurs with Clarkson's assertion that the relationship is seemingly the central common core to all the approaches to psychotherapy, and that psychotherapy can therefore be defined as being involved in a relationship that is therapeutic (Baloyi,2005). Here Clarkson's description of psychotherapy lies in the professional relationship characterized by demonstrating the therapeutic skills, which are listening, empathy and facilitation of different ways of behaving and interacting by a professional therapist. This professional relationship however needs to extend beyond the boundaries of therapist/client to that of trainer/trainee. As such a trainee will expect implicitly or explicitly, for this description to be more similar and applicable in all training contexts, including in the writing of this dissertation. As a matter of fact Baloyi (2005)

regards engaging in research, being in supervision or even the writing of this dissertation to be a form of training. It is regarded as training because it implies thinking and punctuating events in a particular way, which is in itself a method of doing things.

According to the trainee researcher's view, this way of thinking allows for trainees to evolve and co-create the training experiences as recollected. This further implies that a trainee as a subject of this study will be free to open up completely and draw from the experiences incurred in the different training contexts. A trainee is therefore, allowed to evolve into a psychotherapeutic process that also forms part in training, as in writing this dissertation. This seems consistent with other views and understanding of what psychotherapy is. This view posits psychotherapy as part of the process of helping people to reveal or acknowledge some things about themselves to themselves with acceptance, consequently to reveal themselves to the others based on the trusting relationship that has evolved without fear of reprisal or rejection (Schapira in Baloyi ,2005).

Therefore, in accordance with the ecosystems approach, the context of training can be described as a system consisting of multilevel of human activity including the environment in which a trainee therapist (him/herself) participates. Thus an understanding of context requires an exploration of individual perceptions and meanings, as well as consideration of the ecology of ideas as perceived by others. The other ongoing ecology of ideas is that of objectivism that follows in the discussion below.

### 2.3 OBJECTIVISM

Objectivism focuses on the Newtonian physics, the traditional worldview that emphasizes and that has provided a mathematical theory of the world that remained a solid foundation of scientific inquiry and discipline. The notion of this traditional world view epitomizes that a reality exists which is fairly stable and predictable and which can be proven and made absolute. This view rests on the notions of reductionism or atomism, linear causality and neutral objectivity which are described below.

Reductionism or atomism focuses on the basic elements of an object or phenomenon. Once the smaller elements and their properties are known or measured, an

understanding of the whole phenomenon can be achieved by recombining the elements (Fourie,1998).

Linear causality on the other hand advances the view that elements are connected through dichotomies of cause and effect (Hoffman,1981). The focus is on discrete sequences and to hypothesize about causal connections (Keeney,1983). This approach emphasizes that any one part of a system is able to influence the other parts of the system in a unilateral manner. Hence a dualistic universe is assumed in terms of these dichotomies -/mind/body, subject/object, deterministic /reactive, either /or etcetera.

Neutral objectivity assumes that to arrive at the truth about phenomena objectivity of observation is necessary. Reality is seen as existing out there independently of the observer. The observer is an expert in the observed and by being neutral, the observer can observe and describe objectively. Therefore the images of the objectivist can be thought of as discoveries about the outside world. Science is an epistemology that discovers the truth and makes claims of ultimate, correct, definitive and measurable account of what is reality. This truth is viewed as absolute (Fourie, 1998; Capra, 1983; Maturana, 1975; Varela, 1979; Aueswarld, 1985; Becvar & Becvar, 1996).

The assumption supported in this view is that there is a world out there and if by any means we are rigorous enough in our search for objectivity and our observations becomes accurate enough, we will be in the position to objectively map the reality of events. What it means practically, is that training psychotherapists is predictable with predetermined and calculable outcomes, which then defines training as a static, all-inclusive reality irrespective of the context.

This view on objectivism is best represented in the hospital clinical internship-training context. Looking at the history of psychotherapy, that traditionally it has been associated with the field of psychiatry, the emphasis and use of objectivism in the mental health (hospital) institutions is more valued. This counts especially if there is consistency between the psychotherapeutic programs being followed within the particular context. This is to some extent expected since, many earlier psychotherapists, for example Freud had a psychiatric training background that appears to have impacted and influenced on

today's psychotherapy ( Baloyi ,2005).

In the above discussion it was highlighted that reductionism is based on combining smaller elements to reaching an understanding of the whole phenomenon. To the larger extent the field of psychiatry is grounded on such premises (Becvar & Becvar,1996). The emphasis in the field of psychiatry lies in scrutinizing signs and symptoms of pathology within an individual to arrive at diagnosis and treatment using precise measuring tools. Therefore, it is arguably that reductionism had a huge influence in the mental health/psychiatric settings. As a result of this influence psychiatric settings are observed to be a more performance and skills acquisition contexts (Baloyi, 2005). This was observed in the hospital clinical internship training context where as a trainee researcher I was also a participant in training. In this clinical context a single - truth philosophy is emphasized that psychotherapists should know that there are mental illnesses and diseases of the brain. To a larger extent the diseased brain is a basic contributor of bizarre human behaviour. Therefore, by chopping the brain into constituent parts an expert or individual will arrive at the fuller understanding and conceptualization of the human experience and difficulties (Fourie,1998).

This way of thinking supports on the premise that there are universal basic needs, drives, motivations, and instincts that creates difficulties for an individual, irrespective of considering a bigger cultural context (Kaplan & Saddock, 1997). Supporting this understanding in therapy, the 'expert' therapist-client relationship, insight and understanding of psychopathology becomes a prerequisite. In relation to training, trainers as experts in the field will focus on guiding trainees in this redundant unidirectional way of imparting knowledge on theories, methods, skills and their application in facilitating effective behaviour change for clients, while still distancing themselves from the object to be changed, that is the client. This implies that the individual who is a client or patient is a unit of being objectively observed and treated. This further suggests that reality of what is going on with the individual is accessible to the observer as long as the observer follows certain principles and guidelines which amongst others is the strict adherence to the DSM IV (Diagnostic and Statistical Manual 4<sup>th</sup> edition).

Thus training in such a context will imply that a trainer who may be the psychiatrist or psychotherapists is an expert who knows what is right or wrong and is in a position to conclude what he/she sees as facts or truths. As a result what seems to differ to what he claims to know is discarded as unscientific. This context thus seems to be organized around some value moral laden assumptions that a trainee should not only have a conceptual understanding of what is happening in the interactions that the client engages in at a given moment. To a larger extent the therapist should convey that understanding by punctuating the client's difficulties in a recited linear and redundant way. Listing signs and symptoms, duration, cause and effect as recited in the scientific diagnostic criteria.

The idea behind this is that, when a trainee is taught techniques and skills of handling the client in therapy, the trainer as an expert is objectively facilitating the training process in such a way that a trainee learns and acquires such skills. Later a trainee needs to further perform or demonstrate the ability to impart this knowledge and expertise by remaining and taking a neutral objectivity stance with the client. There is no reciprocal connection between the observer/describer and the client observed. While this is happening, the latent implication is that the self of a trainee is not a point of focus, since the objective is either to render the service or fix the client. In this way training is conducted in a reductionist dualistic way of trainer/trainee or therapist/client.

Some physicists of the early twentieth century, like Einstein, the proponent of the theory of relativity claim that quantum physics requires a different way of thinking about the world (Capra,1983). Despite such observations natural sciences to date still continues to adhere to the Newtonian way of thinking about the world which has influenced so many disciplines including the field of psychology and psychotherapy as reflected in the preceding discussion.

In summary the biopsychosocial model applied widely in mental health settings is based on this notion that in order to understand a phenomena, it is necessary to reduce it to its basic elements, which are seen to be interconnected via the cause/effect notions (Fourie,1998). Human behaviour is perceived to be independent of context and difficulties are exfoliated from the cause/effect binary. The diagnostic and intervention

focus is on the concepts of unidirectional influence, purpose and goal. For instance, the therapeutic process includes ascribing a label to an individual with the physiological and intrapsychical connections to the exclusion of the context. This is reachable by the therapist being an objective observer of behaviour. In this instance the therapist has the ability to cause a desired effect through psychoanalytic techniques such as transference and countertransference. What follows, then is a glimpse overview of Freud's theory of psychoanalysis. Freudian principles underpin many writings available today also wherein the reality of the world and human experience are viewed in a linear, reductionism and objective manner.

### 2.3.1 PSYCHOANALYSIS- AN OVERVIEW

Through the literature it is known in the history of psychology that the ideas of psychoanalysis have since influenced and dominated procedures in the human helping profession since the beginning of the century ( Becvar & Becvar,1996). Underlying this theory is the idea of intellectual certainty and objectivity as depicted by the Newtonian way of thinking. Four fundamental concepts of the Newtonian science based on the notion of objectivity formed the frame within which Freud modelled psychoanalysis as a scientific discipline (Capra,1983). Freud established the psychological space as a frame of references for the structures of mental apparatus.

The tripartite psychological structures on which Freud based his theory of human personality composed the-Id, Ego and Superego concept. These were seen as some kind of internal 'object' located and extended in psychological space. The super -ego is the internalized voice of the parents who present to the child the socializing demands of the external world, whilst the ego is that "organized portion of the id" that functions according to the secondary process thinking also referred to as the reality principle( Breurer & Freud,1895,p,206). Freud's view is that these various structures corresponded to specific physiological sites in the brain and with further research, these sites would become known.

The organizing center of Freud's model is dualistic, as it builds on the assumption that there are two interacting spheres of behaviour, which are the psyche (mind) and the soma (body). The use of 'conscious', 'deep unconscious' and subconscious' is

prominent throughout the Freudian descriptions. The psychoanalyst is seen as delving into the psyche almost like a surgeon delves into a human body (Capra, 1983). Freud believes that not everything in the psyche is conflict free. He advocates that psychic life began in a state typified by the dominant -Id, an attitude towards the world in which primary process thinking predominates. Furthermore he also believes that to counteract the promptings of the Id and the demands of the super ego and the reality demands of the ego, the ego must rely on a series of psychic maneuvers known as defense mechanisms (Kaplan & Saddock, 1997; Meyer, Moore & Viljoen, 1990).

Freud holds firmly the view that it is at this point of conflict between the demands of the libidinal drives and the demands of the ego drive as well as those of civilized society (internalized as the super ego) that the set of intrapsychic mechanisms called the defenses arise. If these conflicts, whose content changes in accordance with the prescribed developmental stages, are not adequately negotiated –(for instance with the help of the parents), rigid defense mechanisms sets into the evolving psychic structures that constitute of the ego (reality principle) and super -ego and later constitute psychopathology (Greenberg & Mitchell, 1983; Freud, 1960; Kaplan & Saddock, 1997). All the unacceptable impulses are repressed by the structures of the reality principle and the superego.

When these impulses can no longer be repressed, the primary process thinking is seen to interfere with the secondary process. In other words, for Freud, pathology is the consequence of unresolved drive conflict either between the drive and external reality (represented by the ego and super - ego), or between the drives themselves (libidinal and aggressive). This lack of resolution resulted in “compromise formations! which manifest as overt symptoms or as repetitive, self-defeating character traits” (Greenberg & Mitchell, 1983, p, 20)

Capra (1983) presents the view that the dynamic of psychoanalyses consists of describing how "material objects" interact with each other through forces in a unidirectional way (Capra, 1983, p, 187). This refers to instinctual drives such as the sex drive. Instincts act as a bridge between the mind and body. Therefore it can be argued that the organizing center of Freud's model is the principle of instinctual drives. In

Freud's opinion, drive (the rudimentary human urges) is that expansive source of energy which mobilizes the psychic apparatus. The drive is thus a motivational source of his model; it is man's biological nature which motivates human activities (Greenberg & Mitchell, 1983).

Furthermore, it is believed that a drive is "an endogenous source of stimulation" (Greenberg & Mitchell, 1983, p.21) and infants are born into their world endowed with this phylogenetic inheritance (i.e. instinctual drives such as the sex drive). Freud here posits a dual drive theory arguing that this activating demand on the mind derived from either a primary drive toward the sexual and self-destructive (the pleasure seeking, libidinal id) or toward self-preservation (the reality based ego). The drives are not equal in potency. It seems the libidinal drive is always dominant impinging powerfully and constantly on the ego drive which has to defend itself in turn. In Freud's view, the object comes into focus only in so far as its function is to satisfy the injunctions of the drive. This implies that the being of the person comes into focus only as a means to achieve the satisfaction for the drives.

In view of the above, it is clear that Freud's view focuses on the individuals as an object of treatment, as such he follows on the view of objectivism. The individual is understood by analyzing the forces acting on his constituent parts which are the unconscious, preconscious, conscious, id, ego, super ego, drives, instincts (Fourie, 1998; Kaplan & Saddock, 1997). The notion is the existence of predictable, verifiable valid truth or reality about human experience and behaviour. From such interventions the notion of objectivism is maintained, as the distinction is clearly treating or fixing the patient after these peculiar discoveries. To achieve this goal the therapist is thus encouraged to be sensitive in his/her personal issues as in counter transference when working with clients. This implies that there is awareness that in a relationship and in interaction with patients/clients there will be reciprocal influence which will have an impact for the therapy. Contrastingly, in psychoanalytic psychotherapy maintaining a neutral and objective stance allows the therapist to deal with the impact of this interaction in a unilateral way. This is through focusing only on the client in therapy whilst conducting psychotherapy. To deal with the impact of the patient/therapist relationship, a therapist is encouraged or referred to the outside agent to work on his/her personal issues should

the need arise (Baloyi, 2005).

As a trainee therapist and researcher personal experience revealed that this way of working created difficulties in supervision between a trainer and a trainee. When personal issues of training emerged, a trainer was expected not to interfere with these issues of a trainee in supervision. Implicitly the focus remained on the clients issues. The trainer had to maintain a distance in the relationship with the trainee when it came to these personal issues. Hence, the trainer had to engage with the trainee therapist only in a clear goal directed activity that pertained to the client. Furthermore if a need arose on the part of the trainee to discuss these issues, the trainee was expected to consult an outside agent. In the trainee researcher's opinion this could result in an unnecessary delay. Consequently dissatisfaction and ineffectiveness could result. Attending psychotherapy elsewhere entails involvement of other resources such as time, appointment availability and finances. The waiting could in the meantime hamper a therapeutic process in working with clients. Again, the distance created by the distinction of client/trainee/trainer suggests that a trainee therapist is excluded from the very therapeutic process in which he/she forms a part ( Baloyi ,2005). As a matter of fact, according to the trainee/researcher's personal experience, this cannot be, as at times personal training issues did encroach within the clinical hospital internship context in the psychotherapeutic encounter with clients. Therefore this strict focus on objectivity and neutrality appears to be inconsistent with the frame adhered to within that training context.

In view of the above argument the view on objectivism is seen as fragmented and inconsistent (Baloyi,2005). This supports the suggestions made by Nel (1992) that the psychotherapeutic training programs that therapists undergo during their training, affect the therapeutic process and outcomes thereof. This is also contrary to the idea that therapy challenges clinicians to use their personal selves effectively within the professional relationship (Aponte, 1994). This also concurs with Andolfi (1979) who considers the personhood of the therapist to be an important influence in the therapeutic system. Thus, it implies that the therapist's use of self becomes a significant factor in the process of therapy. Therefore , confronting the issues pertaining to the self and training during training is deemed necessary. Clearly this kind of thinking seems to be

in direct contradiction with the psychoanalytic way of thinking.

The person practice model advanced by Aponte and Winter (1990) emphasizes that it is important for a therapist to focus and master personal issues in order to function effectively with clients. Arguably, taking into consideration the trainee therapist personal issues during training is very important. Furthermore, it appears to be a necessary condition for being effective in working with clients. This is supported by Baloyi's view that approaches which create such rigid distinctions of trainer/trainee or therapist/ patient in the training context, suggest, that " personal therapy should take place outside-of-the-training-context with what is perceived as a "neutral" psychoanalyst who has "nothing to do " with trainee therapist in training" (Baloyi, 2005,p,15). A distinction is created that personal therapy is not training or that personal issues are irrelevant in the training context.

In conclusion it has emerged in this research that addressing the emotional issues of a trainee or personal psychotherapy cannot be viewed as a separate entity that should take place outside the training context as suggested by the notion of neutral objectivity. Having explored the theoretical framework mainly built from objectivism, one thus realizes, that some psychotherapy training methods have been stuck in an individualistic and redundant focus to psychotherapy. This thinking is characterized by the pragmatic emphasis that psychotherapy is for "them-out-there" (Lifschitz, 2000; Baloyi, 2005) the individual clients. Such ways of thinking managed in many ways to open possibilities to solve the world's crisis and people's difficulties, whilst in the same manner it created constrains for others, with new crisis arising (Capra,1983; Bateson,1972; Maturana, 1975). The application constrains of this linear thinking was observed especially when applied to the broader realm of psychotherapy.

With experience in dealing with clients some psychotherapists started observing and realizing that the individuals behavior and pathologies were influenced largely by interactions within families (Bateson, 1979; Keeney, 1983; Haley,1963). Focusing on the individualistic intrapsychotherapeutic approach seemed restricted and constrained. As a result a need for psychotherapy to shift the focus from the individual to include the whole family was became imperative. Hence, a movement known as a family therapy

was born in the 1950s (Jones,1993). This movement first shifted the focus from the individual to the dyad then the triad within the family system. Dealing with individual difficulties as human systems experiences them had appeared to be ineffective. The individual's difficulties were seen to be connected and influenced by the ongoing relationships within the family context where continuous interaction took place. Hence, the recognition of the larger ecological network became important (Hoffman, 1985). In this movement the individual was no longer seen in isolation, but was perceived as part of a larger social unit or context. The most popular perspective for this kind of shift became known as a general systems theory (Becvar & Becvar, 1996; Fourie, 1998,) or simple cybernetics (Keeney, 1983) or first order cybernetics (Becvar & Becvar,1996 ; Hoffman, 1981). The general systems theory is briefly discussed in the section that follows.

#### 2.4 GENERAL SYSTEMS THEORY

The general systems theory was first introduced by the biologist Von Bertalanfy (1967) to describe the principles of wholeness, organization and patterns. It is acknowledged that the simple cybernetics or the general systems theory has played an important role in looking at descriptions rather than explanation and towards taking context and its associated concepts of interrelatedness, wholeness, circularity and patterned events (Becvar & Becvar ,2000). Hence, the concept of system is important in this perspective (Bateson, 1972).

A system has been defined by Bor as "objects in relation to one another or as a set of mutually independent units" (Bor, 1984, p, 55). Thus any set of interacting or relating elements can be viewed as a system, be it an individual, family, or a training context can be viewed and described as a system. Systems can thus be punctuated as consisting of smaller subsystems which are part of the larger systems and suprasystems. These systems are designated in terms of invisible boundaries. For Minuchin (1974) these boundaries imply certain preferred relationships between the subsystems.

Moreover, Bateson (1979) posits a view that a system is any unit containing feedback structure and therefore, also competent to process information. Therefore , from the

level of the individual, through to families, through to the larger context, systems may be thought of as open if information can be exchanged across their boundaries. To a larger extent the general systems theory examines the functioning of and structure of a group of interacting components in which the whole group, working together, has greater import than the sum of independent parts (Capra, 1983). To this effect systems can be seen as group of elements in interaction with one another over time. Whilst these interactions are taking place the recursive patterns form stable contexts and mutual functions. In view of this, training as a system is perceived in terms of this relationship or interaction in a recursive way. The influence of those events, by objects, events and experiences are all viewed to be part of a larger whole. This means that training is not limited to the individual trainee on training, but it also extends to the field of human interaction, where the trainer, trainee and the context of training influence one another in a reciprocal manner.

Broadly the general systems theory encapsulates concepts of holism, circular causality, feedback and recursion. Prior to explaining on these mentioned concepts of the general systems theory, which are also the basic elements of the cybernetic system ( Keeney ,1983), a cybernetic system is examined.

#### 2.4.1 A CYBERNETIC SYSTEM

From the beginning of the development of the systems perspective and thinking, the term cybernetics played a crucial role in assisting the systems theories to conceptualize the phenomenon of recursiveness within systems. Cybernetics, a term coined by Wiener (1948), comes from the Greek word "kybernan" which is to "govern". It is a science of communication and control in man and machine. Since cybernetics belongs to the science of pattern and organization in human systems, it calls for the undoing of materialistic abstractions and the constructing of distinctions that indicate patterns of relationships and recursive processes (Keeney 1983).

Furthermore, cybernetics "identifies the patterns of organization that characterizes the mental and living processes" (Keeney,1982, p155). It prescribes a way of knowing and identifying patterns that organize events. In other words, cybernetics is used to describe

the general principles of how the systems operate. Since the concept of a system is also defined as consisting a cybernetic network of communication (Bateson ,1972), it is chiefly concerned with control mechanisms and their associated communication systems, particularly those that involve feedback of information to the mechanisms about its activities. This cybernetic network of communication is viewed to be referring to the context of complexly intertwined and interpersonal or intergroup relationships ( Keeney ,1979).

#### 2.4.2 HOLISM

The concept of holism advances the notion that the whole is considered greater than the sum of its parts. Each part can only be understood in the context of the whole and a change in any one part will affect every other parts. Thus the focus on holism is based on connections and relationships, instead of focusing on building blocks or basic substances (Capra,1983). Therefore acknowledging all systems within the training system - that is trainer, trainee, evaluator, and clients-embodies the systemic/cybernetic principle of holism.

#### 2.4.3 CIRCULARITY

Circular thinking emphasizes ecology, relationship and whole systems. It is attuned into interrelation, complexity and context. Here the systems theories focus on people and events within the context of how they mutually interact and influence each other in a recursive way (Vorster, 2003). This means that systems theorist refrains from seeing A as a cause of B but, prefers to view a system as a whole and functioning in a circular manner. In other words, a system establishes patterns that characterize their own relationship (Becvar & Becvar, 2000).

#### 2.4.4 FEEDBACK STRUCTURES

The description of processes that could be applied to human behaviour and experiences were designed to explain how systems maintained and changed their organization and emphasized control and recursiveness (Hoffman, 1985). Recursiveness, through negative and positive feedback, was the term used for the maintenance and change that

occurred in a system. The concept of feedback, according to the systems theory, implies facilitation of the information back to the system by the environment or by other systems to the environment in a circular manner. The whole system regulates itself through this series of feedback loops that are referred to as cybernetic circuits. Thus cybernetics captures the interrelation of stability and change succinctly and is reflected in the systems theories use of feedback structures.

The system's theories view of feedback is based on the assumption that, the system will respond to the input from its members or from the environment with deviation amplifying or deviation countering circuit in such a way as to ensure continuity within the system (Jones, 1993). If such information leads to stability within the system, it is termed a negative feedback and is also known as deviation- countering circuit, whereas positive feedback (deviation amplifying) applies to change in any direction within the system. In other words, negative feedback helps to maintain the stability of the system's organization, whilst the positive feedback tends to change it. Thus the concept of feedback is central to the explanation that open systems tend to evolve whilst simultaneously tending towards some form of stability (Watzlawick, Beaven & Jackson 1967).

When the training system is viewed as open, it will mean that information is allowed in and out of the system freely in terms of feedback. Implied by this is that the system has an input between itself and its surrounding. As such the trainer cannot have a unidirectional influence over the trainee's because the individual experiences of trainees or whatever takes place in training may serve as input in the existing training system, allowing the whole training process to evolve. Therefore, accordingly "the negative feedback loops will stabilize the system when it is congruent and the positive feedback loops will change the system when it needs to move from incongruence to a more congruent state" (Styllianou, 2000,p,195)

Feedback is thus the basis of simple and complex regulation. This view is emphasized by Keeney (1983) and Hoffman (1981) in agreement with Bateson's evolutionary theory which presents the view that mind and nature are intertwined and interconnected

"feedback loops of circular causation, communication and interactive steermanship" (Vorster, 2003,p, 28). Feedback being a component of cybernetics is a recursive phenomenon. In other words feedback regulates and confirms communication underlying human experience and interaction (Keeney,1983). In process of training, feedback as an ongoing process continued to regulate and confirm interactions that took place within the different training contexts. It can thus be further inferred that feedback facilitates mutuality of systems. This concept is further discussed below.

#### 2.4.5 MUTUALITY OF SYSTEMS

From the systems perspective, meaning is derived from the interrelations between the individuals and the systems which they form a part as each defines the other. Therapy and training relationships define each other. Proposed in literature is that therapeutic systems are organized along mutually negotiated/maintained hierarchies. These systems comprise of subsystems delineated by boundaries. In addition, these systems are goal focused in their functioning. Therefore, training systems are not an exception (Haley, 1963; Liddle & Sabba,1983; Minuchin, 1974). Thus, the idea of mutuality, suggested by circular causality therefore, implies that in a training context, trainer and trainee and all important others involved will influence each other in a reciprocal process of mutual perturbation. Minuchin (1974) supports this view by discussing how different social selves influence different partial selves. Given the recursiveness and influence of systems, the reciprocal fields of perturbation becomes for each, a context within which transformations are made possible for all participants (Watzlawick, 'et al', 1967).

As explained the organization of the whole system is circular, hence, implicitly each part interacts with every other part. Therefore, one cannot affect any part without affecting the wholeness of the system. Training evolves to be a non-fixed process that involves ongoing complicated and non complicated interactions between and among people and their socio cultural environment (Bor in Baloyi,2005). Thus the linear, cause -effect concept is flawed, as causality becomes a reciprocal concept to be found only in the interface between individuals and between systems as they mutually influence each other.

It is apparent that the ideas and explanation of circularity, holism, feedback and mutuality or recursiveness of systems played an important role in enabling systems theorist to conceive of human interactions in ways which move beyond simple cause and effect explanations. However, limitations were also observed. This perspective's stance applied to the realm of family therapy with its focus on interaction and communication patterns of and within systems kept theorists and therapists concerned with the observations and descriptions of the observed behaviour .

In this theory the observer was viewed as apart from the observed. Arguably, the followers of this theory distanced themselves from the observer's influence on the observed. These theorists refrained from accounting for the observer's part in either facilitating or hindering the self- correction that may have been occurring in the system (Keeney, 1983). This approach is characterized by an assumption that the observer stands outside the system being observed, as such is thus also objective. This description of the systemic thinking is defined as the first order cybernetics (Nel, 1992). For instance, the therapist using this theory will be seen as observing interactions within the family system with an attempt to observe the pattern that connects within the system. Therefore, intervene by describing and changing the system as an outside agent accordingly (Becvar & Becvar, 1996; Hoffman, 1981; Watzlawick, Weakland & Fisch 1974).

Having explored the general systems theory or the first order cybernetics this way, training is thus seen in terms of relationship, recursiveness and feedback structure. In acknowledging Bateson (1979) on his view that the world of living is embedded in information and relationship, the training, trainer, trainee, therapist client are viewed as interpersonal systems. They form neat interactional patterns of connections through the information and relationships they are a part of. This allows for these systems to be recognized as interconnected and interrelated. Here the trainer as a participant observer and the trainee influence each other in a reciprocal way. To this effect, the trainer's role will be to facilitate change in the training process by observing the interactional patterns that an individual trainee displays in the context of training. The trainee will also be in a position to comment about the processes involved in training as observed by him/her. Like any social group, be it family, trainers or trainees, all will be

seen to be engaged in an interactional relationship, which could be observed and described according to the observers (trainers) punctuation, the emphasis being that a trainer is also as much part of the relationship within the training context.

Training as a cybernetic system, will mean that it is not a system of interrelated and interconnected parts only, but a cybernetic system that governs itself through feedback processes. Here the feedback loop includes the process through which a system acquired the information necessary to self-correct in an effort to maintain a steady state (stability) or move towards a preprogrammed goal which is change (Vorster,2003). Therefore a recursive process would have occurred when a trainer by observing, draws distinctions of what is observed and describe what was observed in order to facilitate change. This will not necessarily be aimed at changing the individual, but the patterns of interaction of participants within the training system. It means a trainer will have achieved his or her goal of training, if by facilitating new ways of thinking, punctuating events and describing them, has in turn influenced a trainee therapist to start thinking differently about training and therapy. This concurs with Batesons view that "Corrective action is brought about difference" (Bateson in Vorster,2003,p, 22).

While there have been numerous shifts in thinking and ways of working with human systems as proposed by the general system's theory, the fundamental shift in conceptualization is organized around the perceived role of the observer in the system. This role includes the shift from the observed system to the observing system (Becvar & Becvar, 1996). This kind of shift is grounded on the ecosystemic epistemology and it reflects a shift from the first order cybernetics to a second order cybernetics (PSY493-Y/101,1999). This follows in the discussion below.

## 2.5 AN ECOSYSTEMIC EPISTEMOLOGY

Epistemology is described as a "set of imminent rules used in thought by large group of people to define reality"(Auerswald,1985, p1). Yet, according to Bateson (1972), epistemology refers to the way we know and understand the world around us, which determines how we think and act and organize our existence. Bateson (1979) emphasizes that mental processes require circular chains of determination. This circular

epistemology emphasizes focus on recursiveness in the interaction between parts of the system. This notion refers to the identification circular patterns that are characteristic of cybernetic feedback. The epistemology proposed in this discussion is an ecosystem epistemology. It fits in with Bateson's theory of evolution and it is based on inclusion of the observer to the observed-the observer -observing system.

#### 2.5.1 THE OBSERVER-OBSERVING SYSTEM

Fisher (1991) proposes that by recursion one develops an understanding of how each person in a system contributes to the operation of that system. Recursion also helps one to acquire some sense of how he/she as an observer also brings forth his /her own observation, the observer being part of the observed. There is a circular pattern between the observer and the circular patterns being observed or explored in a system. This process has been described as cybernetics of cybernetics or second order cybernetics and it is reflected on the ecosystemic epistemology proposed by Bateson in Keeney (1982) as stated previously. From a second order cybernetics, the observer is seen as part of that which is observed and also constructing that which is observed.

By the inclusion of the observer (trainer) as an integral part of the observed (trainee) in the training system, reality becomes viewed as relative. Therefore training becomes a co-creation, a co-construction by the trainer and trainee as each participant in the interaction becomes redefined as both an observer and observed. That is, the trainer is training a trainee therapist and consequently a trainee training the trainer by means of feedback processes. Hence, the learning context within the training system is viewed by to also offer opportunities for trainers to learn about learning and teaching (Snyders 1985). An ecosystemic epistemology as such alerts us to recognize that both first and second-order cybernetics are complimentary. This is achieved by recognizing and embracing the thinking that influence is reciprocal and shared.

Influence in an ecosystem is understood to be mutual and responsibility is shared. Both the simple cybernetics and the cybernetics of cybernetics are each understood as integral part of complementarity. Therefore, everything that is going on between and within systems becomes entirely self-referential. Whatever is experienced or observed is perceived to reflect an individual's properties. This "stance puts the observer in a

reflexive position"(Hoffman, 1990, p, 4). In fact it puts an individual in a self-referential position ( Keeney, 1983).

Thus the idea of self-referentiality can be extended to the role of the researcher/trainee therapist/observer. The cybernetics view of human behaviour presupposes that objectivity is flawed as distinctions are drawn by the observer. Implied here is that distinctions are in the eye of the beholder; they arise from one's epistemology, thus making them relative (Becvar & Becvar, 1996; Keeney, 1983)). It can thus be deduced that when the system is at the level of action describing what is observed, the description is at the level of the first order view, whilst when taking place at another level which is reflection, the second order view is operative. Therefore, the world we observe depends upon how we observe it and recursively, what we choose to observe is what we see.

The mutual view borne by Maturana and Varela (1988) is that systems are structure determined. They perceive living systems as organized in such away that they maintain themselves through constant self referential processes. Fruggeri (1992) posits this view that, "individuals in their processes of constructing their world are bound by the beliefs, maps and premises that they have about the world"(in Mcnamee & Gergen, 1992,p,40). This view perceives reality as being self-referential to the observer.

From the perspective of second order cybernetics, "the living world is viewed as organized in recursive layers of autonomous systems that are related through feedback structure, and are self generating by nature" (Atkinson & Heath, 1990b,p, 145). As such an ecosystemic epistemology represents a set of ideas that attempts to disseminate ideas by translating reified nouns into linguistic forms that signify relationship and process, thus shifting the boundaries of individuals, families, and other ecosystems toward the new context of meaning.

From the above stated argument it can be inferred that the second order view of training allows one to understand that a particular punctuation of a training context is self-referential and is only one version amongst many. It also emphasizes that in training, activities that take place are respected by all involved. One cannot influence the other

without a reflexive outcome. Trainers as well could not influence trainees in a unidirectional way without them being influenced in turn. However, through evolving interactions trainers could influence the training context by providing perturbations which could or could not be critical to the system's organization.

In essence this further leaves training to be seen as an ecology of ideas, the focus being on the interaction of ideas between individuals through language/communication. In these communicative spaces every member is able to co-evolve new meanings, new reality and new understanding. The next section describes the complimentary input made by the evolutionary system.

#### 2.5.2 THE EVOLUTIONARY SYSTEM

Bateson presents the idea of cybernetics which suggests that all change can be understood as an "effort to maintain some constancy and all constancy is maintained through change" (Keeney,1983,p,69). On the similar note it is explained that "fluctuation, changes and differences of events maintain the sameness and stability of their recursive organization " ( Keeney,1982, p119). Therefore cybernetics captures the interrelation of stability and change succinctly. This cybernetic connection is reflected in the systems thinking use of feedback structures. According to this view one could never totally separate stability from change for both represented complimentary sides of the recursive coin (Keeney & Ross, 1985). Briefly what is proposed is the system of balance (equilibrium). Later a view, which favoured instability over equilibrium, was proposed. This view asserts that living systems are in permanent instabilities, and therefore subject to constant evolution. Hoffman argues that this view that living systems are in constant process of evolution is largely influenced by the work of Prigogine in (Hoffman, 1981).

Prigogine's theory of order through fluctuation, infers that at any point in time a system functions in a particular way with fluctuations around that point. However, this particular functioning has a range of stability within which fluctuations are minimized and the system remains more or less unchanged (Prigogine,1980; 1984). These fluctuations are inferred to be spontaneous deviations from equilibrium or from a steady state. It is also of interest to note that the second law of thermodynamics states that all structure invariably degrades toward a point of unstructured equilibrium (Dell & Goolishan, 1981).

But seemingly, according to Prigogine's theory of order through fluctuation, should a fluctuation become amplified, it may exceed the existing range of stability and lead the entire system into a new dynamic regime of functioning. Thus, instead of breaking down at a final point of equilibrium, systems tend to evolve into more complexity of non-equilibrium.

Furthermore, Prigogine asserts that when positive feedback increases to a critical level, the fluctuations in the system will amplify and reorganize (Elkaim, 1981). There will be a sudden shift to a new structure, which allows for a higher order of feedback within the environment known as evolutionary feedback. Evolutionary feedback is defined as a "basic, non equilibrium ordering principle that governs the forming and unfolding of systems at all levels" (Dell & Goolishian, 1981, p,10"). This suggest that viewing the feedback as evolutionary will further enunciate that a movement that is only a fluctuation in a system at one time, can suddenly become a basis for an entirely new arrangement of the system at another time (Hoffman,1981). In other words, the "system does what it does in order to do what it does" (Becvar & Becvar, 1996, p, 81). Training thus becomes an ongoing process. Implicitly the end of one training experience signals the beginning of the other and in this way training cannot attain objectivity in a true sense as it is always emancipating and evolving.

Taken further, this is supported by Elkaim (1985) in relation to psychotherapy. He also emphasizes the importance of probability in the realm of family therapy by proposing that when intervening in human systems, a system tries to move away from the equilibrium. What is suggested here is that predicting which direction change will take in a system is difficult. As a matter of fact the specific properties of a given system and the random amplification of certain singularities are the ones that actually bring the system to a subsequent stage (Elkaim, 1985). In a training context therefore, neither the trainee nor trainer could make exclusive claims on a training process as it fluctuates all the time. The trainee is presumed to co-evolve as a psychotherapists, as further training is taking place, taking away the system from equilibrium and putting the system in a higher order feedback structure. Within the virtue of this interaction and process, even the training system learns from the trainee at a higher level. Following this, any system can evolve towards greater variability, flexibility and higher order process, which leaves no room for

absolute claims and predictability. When this occurs in a system it can be inferred that the system is autonomous.

### 2.5.3 THE AUTONOMY OF SYSTEMS

Nonetheless, Von Foerster has proposed a second order cybernetics in terms of which "living systems were not seen as objects that could be programmed from the outside, but as self creating, independent entities"(Hoffman, 1990,p, 4). Maturana the biologist supports this radical constructivist view of Von Foerster's position by introducing the dimension of autopoiesis (Maturana, 1975). By autopoiesis Maturana proposes that living systems are respected in the dimension of their wholeness, rather than as objects to manipulate.

Maturana and Varela's theory of autopoiesis explains that autopoiesis sees living systems as organizationally closed and their products as internally generated and capable of self-reference, self-regulation and self-transformation (Maturana & Varela, 1972). This suggests that all systems are structure determined, nothing external to the structure determined system could specify structural changes that it undergoes as a consequence of interaction. The circular process of constant self-referral maintains the overall organization of a living system, and as such the changes it undergoes are determined by its organization and structure (Leyland, 1988). This is also supported by Bateson's proposal that the experience of the exterior is always mediated by particular sense organs and neural pathways" to that extent objects are my creation and my experience of them is subjective not objective "(Bateson, 1979, p39).

The term autopoiesis is from the words "auto"which means self and "poiesis"which means creation (Maturana,1975). It was coined to define living systems as self-creating. According to Maturana the term autopoiesis refers to the self-creation of characteristics of all living organisms ( in Becvar & Becvar, 2000). This implies that to some extent living systems by their very nature determine their own destiny. This view concurs with Varela's that the system's wholeness can be poked at and perturbed, but the response will be determined by its properties (Varela,1979). These properties in interactions represent perturbations of the stability of the whole system, which in

response will compensate or not compensate. In terms of this explanation, autopoietic systems can thus never be explained in terms of linear, causal relationships where A causes B to respond in a predictable way.

When this understanding is applied to training in ecosystems perspective the training system (trainer, trainee, training context) cannot dictate or specify the trainees response to perturbations taking place within the context of training. Although, instructive or dictative interaction seems possible for the observer, it is actually impossible. This is so because human living systems are also structure determined entities. Whatever happens in the process is also determined by one's structures and is never determined in an absolute sense by whatever is encountered in one's medium (Maturana, 1975). It may be triggered by perturbations, but not determined by them (Kenny, 1988). Participants are essentially bringing forth a new reality together through interaction and conversation. Following this, every training context thus invites and evolves a new reality for a trainee in training and a trainee in a psychotherapeutic encounter with clients.

To fully account for this participant interaction Maturana proposes a theory of structural coupling (Leyland, 1988). Maturana's theory of structural coupling suggests that when systems couple (join or fit together) they are mutually perturbed thus changing each other in a recursive link. It is further acknowledged that the actual changes are primarily a function of the system's structure and not the properties of the perturbation entities only (Efrain & Lukens, 1985). Therefore, neither outside perturbations nor biological structures can have a unilateral influence on an individual. This is supported by Maturana that "structure alters with every interaction it undergoes... dynamic living systems...are constantly undergoing change in their components and relations among those components" (in Dell, 1985, p, 7). This concurs with the constructivist models of Maturana (1975) and Durkin (1981) that the self-organizing principle permits a living system to autonomously transform its own structure through an evolutionary process to a more highly adaptive level.

When one living system structurally couples with another, the two becomes organized into an interactional system. This same principle could be applied to training, which

Durkin (1981) describes as person level self-transformation process. This process is an ultimate autonomous action that a person can attain in response to contextual perturbation. If a therapist in training is defined as a subsystem of the greater therapeutic domain or context, it can be suggested that the trainee therapist is subject to the same process operations of transformations as the client in therapy. Additionally it can be postulated that the nature of a trainee therapist is that of self- transformation, and that it is only through the direct experiences of the process of self transformation that the trainee becomes aware of the effect of his personhood in every interaction, including the therapeutic process (Haber, 1990). Maturana further elaborates that the distinctive feature of humans in interaction is to engage in language. Hence, he views language to arise only through our structural coupling with other structurally plastic organisms in our medium, particularly other humans (Dell, 1985). Therefore, in the very language, and in the midst of any interaction different realities and meanings are created.

#### 2.5.4 LANGUAGE AND MEANINGS IN SYSTEMS

Reality is internally co-constructed in language by the observer to him /herself, and externally through the observer's communication with others. As proposed by Maturana (1985), meaning is constructed through the exchange of ideas between people in dialogue. According to Maturana (1975) language refers to the linguistically mediated and contextually relevant meaning that is generated through words and non-verbal actions. Here meaning is referred to as a conversational domain. Furthermore, Anderson & Goolishian (1988) argue that through language the system generates meanings, regularities and patterns. We speak as part of the human process of creating and dealing with the realities in which we exist.

The traditional positivist views the language of training as didactic-imparting knowledge to trainees in a unidirectional way. Contrastingly, an ecosystemic perspective views training as the co-creation, co-constructions of new meanings which takes place through conversations about conversations (meta- conversation). This implies that the generation of reality and meanings is not stuck in a single view of reality as in scientific explanations of cause/effect as suggested in objectivism. Rather reality is seen as a social construction arising through language (Anderson & Goolishian, 1987).

Going a step further, Anderson and Goolishian (1987) argue that reality is socially co-created, there is no fix meaning of anything, but rather a "multiverse of meaning" (Anderson & Goolishian, 1987,p, 532). This research will make sense of the behaviours that transpired in training and will reflect on them through socially constructed realities. These constructed realities give meanings and coherence to the trainee's beliefs in interaction with others. Anderson and Goolishian (1987) also proposes that social systems are communication networks distinguished in and by language, thus capable of processing information and feedback processes (Bateson, 1979).

Following and considering Keeney's suggestion that all kinds of languaging address both the semantics and political frame of reference, language is thus seen as a conveyor of meaning, as it can take place only in interaction with others ( in Keeney & Ross, 1992). A semantic frame of reference implies that meaning is given to sequential patterns of behaviour, whereas the political frame of reference will mean the sequential patterns of behaviour themselves.

If for any number of reasons someone is asked to describe a particular sequence of behaviour specifying who does what to whom and when, that will imply a political frame of reference. However, if someone has to explain the meaning of that behavioural sequence, a semantic frame is required. Therefore in relation to these frames of reference Keeney sees the relation between them as recursive that is "each as a frame of the other"(Keeney & Ross, 1992, p9). During training a trainee was and is aware of these frames of reference. As such the discussion on the raw data later in the study, focuses on an attempt by the trainee researcher to give full description of who did what to whom and when, thus pointing into the political frame of reference, as opposed to the other, from the rationale proposed for this study, a wish to reflect and explore the meanings of training thereof, thus pointing to the semantic frame of reference.

From the point of view of an ecosystemic epistemology, such is the case because the pattern that connects meaning and behaviour is a recursive one and is organized in a feedback manner (Keeney, 1983). It is thus in this regard that a trainee as a researcher/facilitator of this research process will co-construct the meanings attributed to the training system by reflecting on the encountered experiences. Furthermore, the trainee/

researcher will try to elucidate the sequential behavioural patterns, the meanings that are consistent to the meanings drawn. By focusing on familial context of ideas and behaviour (semantics and politics), as well as further recursion within the wider training context, a trainee/researcher will be enabled to complexify meanings and ideas around training. In that way the multiverse of meanings about the training will be generated.

The need to take the context into account and the way in which these respective contexts of psychotherapy training were/are further constructed and co-created through languaging and making meaning about them in this study is necessary. In a sense, this acknowledges the inclusion of the broader social and historical context which influences the training of psychotherapist to date. This thinking is consistent specifically with that of social constructionism, a discussion on which follows below.

## 2.6 SOCIAL CONSTRUCTIONISM

According to Hoffman (1991), social constructionist theorists believe that a process of social interaction in the narrative gives rise to ideas, concepts and memories. This social interaction is narrated through language so that "all knowledge evolves in the space between the people in the realm of the common world" (Hoffman, 1991, p, 5).

This seems to show that social constructionism also focuses on context, complexity and interrelationships between people, and as such is akin to the footsteps of an ecosystemic epistemology. Essentially social constructionism is based on the assumption about the world that does not reflect observable, objective truths, rather it is based on social inventions that evolve in the domain of linguistic intersubjectivity (Hoffman, 1990).

Consequently it appears that social constructionism is concerned with explicating the process by which people come to describe, explain or account for the world in which they live. In fact in Gergen's words, "social constructionism views discourse about the world not as a reflection or map of the world, but as an artifact of communal interchange" (Gergen, 1985, p, 206). Human systems are seen to exist in the domain of meaning or intersubjective reality. This domain is also perceived to be linguistically in nature, referring to specific meanings that are interactively generated through the medium of

words and other communicative actions-that is, through the social processes and dialogues and conversation with others.

Gergen (1985) identifies the endogenic perspective and the exogenic perspective, towards understanding social constructionism. The exogenic perspective emphasizes establishing regularity of relationships so as to be able to predict outcome. This exogenic perspective ignores the meanings that an individual attribute to experience, as well as the manner in which individuals are connected to the dominant meaning systems of their times so as to understand their world (Gergen, 1985). As such this perspective emphasizes the view that human behaviour accords with one objective reality and consequently undermines the view that human behaviour and beliefs evolve with the changing times. On the other hand the endogenic perspective holds that knowledge about the world depends on innate processes of the organism, people's inherent tendencies to think, categorize or process information.

The endogenic perspective emphasizes people's innate, intuitive tendencies in fashioning or snapping the knowledge of the world and it has been closely associated with cognitions. The human action is perceived to be dependent on the cognitive processing of information. This would be the world as understood by us rather than the world as it is because the map is not the territory (Becvar & Becvar, 1996). What seems to influence this epistemology is the idea that what we take to be our direct experience of the world is what distinguishes and dictates the terms by which the world is understood by us individually through our own cognitions and language.

As a reaction to the history of conflict between the exogenic and endogenic epistemologies, social constructionism emerged (Gergen, 1985). In social constructionism knowledge and understanding of things is viewed as residing in the patterns of social interrelations rather than individual minds (Hoffman, 1990). In that respect ideas about the world are socially created in interaction with others. Hence, the emphasis in this perspective is that as we move through the world, we build our own ideas and understanding about this world in conversation with others (Hoffman, 1990). In other words, we dialogue or narrate our stories with others, which are our audience, through various ways, and one of those ways is through the psychotherapeutic

encounter with others.

Gergen further proposes the idea that "we generally count as knowledge that which is represented in linguistic propositions" within the particular context of our living (Gergen,1985, p, 270). It follows that the context within which these linguistic propositions takes place becomes equally important. Bateson concurs with this view that "without context, words and actions have no meaning" (Bateson, 1979, p, 24). Therefore, although people construct their realities, and as observers are responsible for their experiences and actions, these experiences are socially created and by consensus constructed. It can thus be explicitly put that through acts of interactions and interpretations, humans are continuously engaged in the process of generating meanings.

Gergen and Davis sum up Social constructionism as "it refers to the movement within the human sciences which sees knowledge as a result of social processes and which points to the linguistic interaction and socially shared character of knowledge" (Steier & Smith, 1991, p,143). This is based on the following assumptions:

- knowledge cannot be viewed to derive from the objective truth, but it is as a result of linguistic, cultural and historical factors;
- the way in which we understand and describe the world is the result of active social negotiation through linguistic propositions between persons in relationship;
- what an individual understands does not reflect objective reality, but rather that an individual's understanding is a mode of social action, negotiated with others and intimately connected to the individual's behaviour.

In conclusion, having explored the theory of social constructionism and the ecosystemic epistemology as the preferred perspective that will be guiding this research, the interlink between these two perspective will be highlighted, as they will both be used interchangeably. Prior to doing that, the summary of the assumptions from an ecosystemic epistemology is necessary to examine in order to justify and broaden an understanding of this epistemology and its interchangeable use with social constructionism perspective. These assumptions include the following: -

- an individual system is autonomous and its actions cannot be determined from outside, but its reaction is determined only by itself;
- the true nature of reality cannot be determined as each individual experiences reality differently;
- the living world is in constant interaction, observing and describing the whole picture of interaction is preferred than observing only one small part, standing outside as an observer;
- mental process requires circular chains of determinism, and simple cause and effect is only a part of the bigger chains of events (Bateson ,1979).

## 2.7 INTERGRATING ECOSYSTEMIC EPISTEMOLOGY AND SOCIAL CONSTRUCTIONISM

From the assumptions given above it is clear that looking at an ecosystemic epistemology and the social constructionism as the perspective guiding this research, there is a link between these two perspectives. The ecosystemic epistemology and social constructionism objects on the existence of a single objective reality out there. They both believe in the multiverse of reality. An ecosystemic epistemology does that by including the observer in the observed, acknowledging the paramount influence the observer has on interactions with others, as well as how the observer draws distinctions and punctuate reality. This epistemology also believes in the notion of self-reflexivity wherein the observer participates in creating what he /she knows.

Social constructionism on the one hand also acknowledges the constructed nature of what an individual can know as socially constructed through linguistic propositions and as intersubjectively co-constructed between people in interaction. Like an ecosystemic epistemology, it recognizes the reflexive nature of what is known, and in which the observer cannot be separated from the observed. Additionally " social description does not essentially reflect the 'empirical world 'but is a reflection of the observer's conceptual construction of the world"(Gergen, 1991, p, 294).

Furthermore, an ecosystemic perspective focuses on whole patterns between interactive systems so as to generate a complete pattern that connects this links with the social

constructionism's celebration complexity (McNamee & Gergen, 1992). As social constructionism also focuses on the social constructed behaviour and attached meanings thereof, it is necessary again to look at these constructions in terms of the whole interactive systems so as to generate rich and complex descriptions of social phenomena.

In view of the description and explanation given above, an ecosystemic perspective and social constructionism are rendered according to the trainee researcher's opinion as compatible. In this study these perspectives are viewed as lenses that will complement one another instead of negating one another. To this effect, the differences of these perspectives do not appear relevant for this study purpose, hence, they will not be reflected upon. Exploring training and its related activities in this chapter necessitates the research to show that the training system's co-constructed meanings and actions around training of psychotherapist is recursively tied into the co-constructed familial social and historical viewpoints and their influences. Hence, the next chapter will briefly focus on contextualizing the training system from the perspective of the different epistemological viewpoints explored above.

## Chapter 3

### CONTEXTUALIZING TRAINING

#### 3. INTRODUCTION

Training as a psychotherapist involves more than the acquisition of theoretical knowledge and applied skills. Hence, there are different ways to conceptualize and operationalize different perspectives, as discussed in Chapter 2. Acknowledging the contexts where these ways are represented is necessary. The importance of taking the context into account is echoed in this chapter (Keeney, 1982). Aponte and Winter (1990) define the context as the interrelated conditions in which something exists or occurs, the setting or environment where a phenomenon manifests itself.

Training as a psychotherapist in personal experience took place in the two contexts; the Unisa (academic) context and the hospital clinical internship context. To the knowledge of the trainee/researcher these two contexts seem to be represented within the different theoretical perspectives discussed in Chapter 2. Therefore, within this Chapter the research will try to highlight the various attempts made by these different perspectives to establish an understanding that accurately maps human experiences and their difficulties and the necessary interventions within the context of training. The contextual approach to training of the hospital clinical internship context is discussed next.

#### 3.1 THE HOSPITAL CLINICAL INTERNSHIP CONTEXT

Each training system displays its own interactive patterns in the way in which the followers of certain theories are organized into roles and the manner in which power is distributed. The hospital clinical internship context according to the trainee researcher's personal experience represent the ecology of ideas which show order and redundancy by its strict adherence to the notion of objectivism (Bogdan,1984). In this context there is a clear distinction, structure and hierarchy of who the expert, the trainee, the nurse or patient is. This structure was evident in the routinized way of operation. Moreover,

everything done had to yield some diagnosis according to the diagnostic tool called the DSM IV (Diagnostic Standard Manual Fourth Edition).

It was standard procedure for the benefit of training of medical students, registrars and clinical psychology trainees, to hold ward round conferences twice a week. These ward round conferences involved the participation of the multidisciplinary team, which included the psychiatrist, registrar, the intern psychologist, the social worker, the occupational therapist and a nurse. This was by itself the set hierarchy which never got altered in anyway. Each of these members gave a detailed report of their assessment which eventually helped to give an individual patient a diagnosis or label, according to the DSM IV criteria. Participating in these ward round conferences implied that every member of the multidisciplinary team was familiar with the biopsychosocial model its treatment and interventions.

On a broader level, the hospital clinical internship context seemed to be represented by the single view of knowledge or reality. It seemed there was an understanding and shared agreement between the world of science embedded in the biopsychosocial model and that of psychotherapy within the context of this specific hospital clinical internship context, otherwise adherence to diagnosing and treatment within this context would not have been followed that way only in the present day and age. Within this context the shared agreement and linguistic proposition adhered to viewing human suffering as mental illness. In the biopsychosocial model it is assumed that there is a connection between some mental illnesses and treatment. This is due to the fact that other 'mental illness' like schizophrenia, had responded well to medication (Kaplan & Saddock, 1997 ). The conclusion was then drawn that balancing the chemicals/ neurotransmitters of the brain within an individual is likely to return to his /her previous optimal level of functioning. This means mental illnesses/ diseases reside in the individual (intra-psychic). Focusing on the innate existence of pathology, however, neglected the ecological context within which this very individual forms a part ( Keeney, 1982).

However, for this context the contribution of this nature seemed primarily of focus, since it enabled the 'expert' to assume the notion of cause and effect with clear guidelines. To

perpetuate the status quo within this context the intern trainee therapist was expected to use the psychometric assessment tools to enable the 'expert' to reach the desired goal about the patient. To a larger extent, descriptions and explanations of this nature constituted forms of social action. These explanations could arouse and invite certain possibilities for directing behavior and constraining others at the same time (Bogdan,1984). For instance, during training it was observed that, the psychiatrist emphasized the view that one cannot do psychotherapy with the diagnosed Schizophrenia patient. This was based on the scientific view that schizophrenia originates from the chemical imbalances of the brain. However, other scholars such as Bateson (1979) and Haley (1963) disagree. Furthermore, since this individual with schizophrenia is perceived to have an innate disease, that on its own would impact on his/her larger ecology. Within own family, community or society the individual will be treated differently, perpetuating the status quo. Therefore, the conclusion drawn by this research is, this way of punctuating events and human activities pointed to a bias towards other therapeutic approaches. This is supported by Gergen's argument that those scientists who function within this mode, through their description, claim to have discovered a fixed true representation of the world, to the exclusion of other views (McNamee & Gergen, 1992). To some extent this belief in factual truth as scientifically suggested leads to this truth being rigidified and made unchangeable. Hence the belief that several different approaches could be utilized in order to reach a desired outcome or treatment goal was not welcomed. The only recognized approach had to be the one with scientific proof and the one that could demonstrate the cause and the effect of the disease the individual suffers from.

It was apparent that by incorporating these acts of descriptions logic of action was implied, that "absorbs a value structure with widespread behavioural implications" both for the trainee in training and the client to receive the intervention (McNamee & Gergen, 1992, p, 30). In Chapter 5 this research will elaborate and show the impact of following a one way scientific logical approach to therapy especially in training of trainees. Working like this had a tentative way of limiting a trainee from using creative ways on the use of self for the benefit of both the trainee and the client within the therapeutic context.

On the whole, the need for training (on the part of a trainee), and the influence of a

trainer according to the trainee, are seen as communication in an information network of human relationships (Keeney, 1979). Consequently, the training systems will be viewed as a process in which basic premises (or the ecology of ideas) underlying perception, cognition and behaviour can be reorganized in terms of one's perception of training (Bateson, 1972; Maturana, 1975). In this sense, new ecologies of meaning and interactional patterns evolve. The academic context provides for the new ecologies of viewing situations as discussed below.

### 3.2 THE ACADEMIC THEORETICAL CONTEXT

During the past fifty years training had become one of the family therapy's most active and rapidly expanding subsystems (Liddle & Sabba, 1983). The Unisa approach as a subsystem of training is based on an approach towards understanding the human experience and action within the context in which these experiences occur in everyday interactions (Nel, 1992). The argument is that none of us came to exist without being born from families. This approach appreciates the fact that while they are part of the training system, trainees are also part of the family system as individual subsystems. To a larger extent, it is acknowledged that individuals form part of every other system within which daily functions occur. Hence, training in this context views a trainee to be situated within a number of different ecological contexts. This is evident in a number of training supervisors from different theoretical orientations supervising trainees, to provide them with different world views.

The focus on training is on interactions between different trainers, trainees and training contexts. This approach embodies an ecosystemic perspective based on an ecosystemic epistemology. This is an all inclusive perspective as it provides a framework for understanding inter-relatedness of other perspectives and interactions between different models of behaviour (PSY474-V,101/1999). Hence, the journey taken by the Unisa trainees during training includes various approaches, which are distinguished by emphasis on theory, method or epistemology. Such approaches are incorporated into the program of the Masters degree in clinical psychology at Unisa, within the two year period of training as a psychotherapist.

Within this context trainees were initially introduced to the non-directive approach, the

client centered therapy (Rogers, 1951). Training further moved on to emphasize interactional patterns and communication theories, which is a strategic approach ( Swart & Wiehan, 1979; Haley, 1963; 1973; Satir, 1981; Watzlawick, Weakland & Fisch, 1974; Watzlawick, 1984). Then gradually emphasis shifted to include the ideas related to the theory and practice of the family therapy approach, which included child psychotherapy (Andolfi,1979;Baloyi,2005;Vorster,2003; Elkaim,1981; Haley,1976; Hoffman,1981; Minuchin,1974; Minuchin & Fisherman,1981). This approach clearly influenced a larger part of training. By engaging in the context of training as a group, dynamics of interaction as in families began to emerge. These dynamics included interrelationships, pattern and context, emphasizing the ecosystemic perspective. Since the training in ecosystems adopts an all-inclusive perspective, the training program incorporated the neuropsychological approach. This training entails being diagnostic and using specific assessment tools. Therefore, the ecosystems perspective becomes the training program that appreciates the importance of addressing the personal growth of a trainee therapist in the field of psychotherapy training in addition to the traditional focus on skill development.

Furthermore, training included constructivism (Von Foerster, 1981, 1990; Von Glaserfeld, 1984; Hoffman,1990), which is founded on the premise of meaning making. The idea is that being human entails an active process to interpret experience, to seek purpose and significance in the events that surround us (Neimeyer,1993). However, the Unisa training showed bias by not considering the option of including the biopsychosocial, psychodynamic, cognitive and behavioural theoretical models in the training program of the Masters degree in clinical psychology.

The ecosystems thinking written about in the literatures of diverse researchers like (Bateson, 1972; Auerswald, 1985; Dell, 1985; Keeney, 1979; 1983; Selvini - Palazolli, Boscolo, Cecchin & Prata, 1980; Maturana & Varela, 1987) was the core approach to training at Unisa. The order of writing is punctuated this way, only to make the writing of this dissertation simpler for the trainee/researcher, it is not necessarily a structure that was followed in training. Since the training was intertwined, there was neither beginning nor end, only circular complementarities of the training programs. This is discussed further in Chapter 5, where the practicality of this training program is explored. The

Unisa approach to training was supported by post modernism from which the social constructionism perspective forms a part (Gergen, 1985; Becvar & Becvar, 2000; Hoffman, 1990). The social constructionist perspective seems to be emphasizing the fact that trainees are as much responsible for and involved in constructing their part of training as psychotherapists. Post modernism and social constructionism assume that all knowledge and understanding of the world develop through language and social interaction (Gergen, 1985). Hence, before the trainees could even begin to comprehend what was really happening in training, they were already part of that training process. In personal opinion, the clarity and understanding of this process during training could only unfold later.

The ecosystemic perspective holds that human experience, action and meanings are generated in interaction with others. Thus the theoretical orientation and clinical practice adhered to in the Masters clinical training program at Unisa is geared towards facilitating that. An ecosystemic perspective to training is punctuated as one other way of many that facilitates the emergence of ideas, where a multiverse of reality is created (Becvar & Becvar, 1996).

From the ecosystem's epistemological perspective, understanding of psychotherapy training is that it is constructed and not discovered. Trainees are not expected to function on the pure basis of a complete theoretical underpinning from which techniques can be drawn. Rather trainees are expected to have an understanding in the underlying assumption of a theory or perspective which includes the ethical participation. In terms of the ecosystems view training should be a context where various orders of learning are encountered (Bateson, 1972). As a result training is geared towards cultivating the individual style. With this consideration the personal strengths and weaknesses of a trainee therapist are dealt with within the context of training. It can be argued that training within this context is allowed to evolve in accordance with the training needs of trainees as well. This aids in the trainee therapist's understanding of and participation in a wider training context.

On the previous chapter it was highlighted that the essence of the system's thinking lies within the shared interactive patterns, which is the relationship between individuals.

Everything in a system is perceived to be related to everything else in that system. Therefore, a change in one part of the system will necessitate a change in the whole part of the relationship. For example, when trainees joined the training system, the trainees and trainers are to co-create and co-construct the training according to what transpires in training at the time. This is supported by Dell's view that a system functions as a whole with its functioning being determined by all of its parts (Dell, 1985). This suggests that when looking at systems such as a training system, it is imperative to look at interrelational –interactive processes between and within and also at how the participants influences one another as well as are influenced by all the others.

In this way, each process of training is viewed as part of an interactional system within the larger system of the training process as a whole. In other words, a trainer within this context cannot have a unidirectional influence. A trainer and a trainee had to embark on a journey where each could be perturbed towards constructing a multiverse of reality around training circumstances. Having been exposed to such a training context, a context to communicate and meta-communicate about training was set for the trainee researcher as one cannot not communicate (Haley, 1963).

Bogdan (1984) views systems organization as an ecology of ideas. This means that the behaviour of the members in a system shows order, pattern, organization or redundancy, because the behaviour of each individual is in a sense cognitively consistent with the behaviour of every other individual in the system. Behaviour constitutes an evolutionary step in the development of the interdependent network of ideas existing in the training system. It is therefore expected that the idea of each member in the system will lead an individual to behave in ways that will confirm or support the ideas of every other system's member. Hence, according to Bogdan (1984) the training system has to be perceived as an evolutionary process by which some ideas can be encouraged or confirmed while others suffer a kind of death or extinction.

However, the stance of the social constructionist perspective is to acknowledge the "linguistic implications of preferred positions more fully and to invite the expression of alternate voices or perspectives into one's activities" (Steier & Smith 1991, p,79). This in turn will reduce rigidity in beliefs and subsequent action and behaviour, since perception

becomes a process of construction and reconstruction through interaction with others. This further alerts us that what we know or think about or even act upon is the reality created by us in interaction with others in our world. Hence, whatever we think we know is not merely factual, predictable and an absolute truth as suggested in objectivism but, it varies according to our individual perspective and perception. Our observations, descriptions, explanations and thinking are influenced by and in turn influence the interactions we partake in within the social groups in which we find ourselves in training.

In summary, different perspectives are filtered through the training system's own orientation and belief system. Therefore, a number of interrelated ideas and how they influence training from objectivism the single truth version to the belief in multiple truths in different contexts of training have been explored. The ecosystemic perspective and social constructionism will be mapped as epistemologies that will guide the reflections of the trainee therapist. Within the context of this study the trainee researcher's perceptions and meanings and the Unisa approach to training are guided by such thinking. Hoffman (1990) argues that we organize our world in little packets of meanings. Therefore, these meanings may be drawn from our experiences as it will be reflected in the chapter on data analysis. What follows then is the chapter on research methodology that recognizes the subjectivity of experience and the self-referential nature of any and all descriptions.

## Chapter 4

### RESEARCH METHODOLOGY

#### 4.1 INTRODUCTION

It is assumed by the logical positivist tradition that research cannot be influenced by the researcher's values as there is only one single objective reality to be reflected upon. Thus in order to establish a credible scientific base with its claims on absolute truth or reality, certainty and objectivity, every discipline had to follow suit. This reality is represented by findings that are broken down into standardized quantitative units of measurements reflecting the reductionist assumption about reality (Kvale, 1996). It is not surprisingly, then the search for credibility in the scientific field led every discipline including the fields of psychology, sociology and anthropology to the adoption of the similar perspective (Capra, 1983). Later as psychology was adopting the methodology of the natural sciences seeking credibility as a legitimate field, a methodology different from the rational, logical argumentation was sought. According to Lincoln and Guba (1985) it was discovered that investigators have become increasingly convinced that the logical positivist paradigm is not user-friendly when studying social phenomena. They proposed, that "new science or naturalist paradigm is best fitted to studying social phenomena" (Lincoln & Guba, 1985, p. 77).

Humanistic inquiry led the opposition between quantitative methods of inquiry and that of qualitative nature. Thus the more thoughtful stance of humanistic psychology towards human beings, their experience, actions and potential had unleashed a spate of qualitative researchers in the field of psychology (Shantall, 2002). By considering the tentative definition of experience is that "experience is the conscious perception of the symbolic-metaphorical dimension of immediate experience leading to heightened awareness, the creation of meaning, and personal growth" (Frick, 1990, p. 68). This research intends to use the qualitative research method. The intention is to show how the qualitative research approach links to the epistemology proposed in Chapter 2 and its relevance to the proposed study.

## 4.2 QUALITATIVE RESEARCH METHOD

The qualitative research is usually equated with a new way of thinking about the world. Quantitative and qualitative research paradigms generally make different assumptions about the nature of reality and constitute different research objectives. For instance, the quantitative research method's notion is that research must be objective and measurable if it is to arrive at the truth. The qualitative method contends that notion by saying that truth is heuristic, so researchers should attempt to understand complex events, actions and interactions in context (Babbie, 1989). Literature proposes that qualitative research is an enquiry process based on distinct methodological traditions of inquiry that explores a social or human problem in their natural context (Kvale,1996). This happens in an attempt to make sense of or interpret phenomena in terms of the meanings that people generate among themselves (Gergen, 1985).

### 4.2.1 AIMS OF QUALITATIVE RESEARCH

One of the aims of qualitative research is to understand the subjective world of the participants, unlike the quantitative approaches that focuses on the objectivity of things. Another aim, postulated by Shank is that most qualitative research efforts are geared towards discovering something which coincides with the raised concern of this study in the world of experience (in Stylianou,2000). Then it will examine how these discoveries modify the way the phenomenon in question is understood. Whereas the aim of most quantitative research is to establish whether or not some hypothetical claim about a phenomena is actually true. Having mentioned these aims, the next discussion captures the rationale for choosing the qualitative research method for this study.

### 4.2.2 RATIONALE FOR CHOOSING QUALITATIVE RESEARCH

Qualitative methods allow the researcher to focus the investigation and to provide information which is both meaningful and clinically relevant to a specific area of study (Baloyi in Swerpersed, 2003).

In contrast the quantitative research's emphasis is mechanistic focusing on obtaining

accurate readings of the social world by applying sets of methodological procedures, like the use of likert scale. The likert scale is the scaling method proposed for scaling attitudes by ranking them orderly into some responses. This means ranking attitudes or behaviour into selected categories and further trying to fit these attitudes and behaviour within the given categories in an orderly manner. What is proposed in this research is that no matter how far one may attempt to be accurate, the intense personal experiences for the purpose of this study cannot be fully depicted using the likert scale. Personal experiences are subtle by their very nature. As a result of this proposition the use of the qualitative research method seems relevant for this study as it focuses on process and meaning through interaction with others.

Qualitative research accommodates the systems theory, second order cybernetics, the ecosystems and social constructionism, because it is a research that embraces the social context, complexity, holism and recursivity. Allowing researchers to conduct the study into the participant's natural context also allows for the social construction of the participants, reality according to their views and believes.

Therefore qualitative research is based in a sense on understanding the social world from the participant's frame of reference. It describes the world as experienced by the subjects and is based on the assumption that the important reality is what people perceive it to be. Merleau - Ponty's supportive perception is that " all my knowledge of the world, even my scientific knowledge, is gained from my own particular point of view or from some experience of the world without which the symbol of science would be meaningless" ( Kvale, 1996, p, 54).

Qualitative research reflects the phenomenological perspective by attempting to understand naturally occurring complex interactions from the point of view of participants (Moon & Dillon & Sprenkle, 1990). Thus this research methodology is consistent with the epistemology for this study proposed earlier - the ecosystem perspective. Having explored the reasons for choosing the qualitative research method as an appropriate method for this kind of study, the discussion that looks at sampling within the qualitative research study will follow next.

#### 4.2.3 THE SAMPLE IN THE QUALITATIVE RESEARCH STUDY

In this study, sampling is largely purposive, as it is not geared towards making parameter estimates which are important for quantitative research generalizations. As mentioned that "When attempting to make parameter estimates, it often happens that the bigger the sample (assuming to have been drawn appropriately) the better the estimates" (Breakwell, Hammond & Fife-Schaw, 1995, p, 104). In other words, it is assumed that as the sample sizes increases, the standard error associated with any parameter estimates will get smaller. However, literature suggests that the number of subjects necessary depends on the purpose of the study (Kvale,1996). Therefore to reiterate, the purpose of this study is to explicate the experiences of the trainee therapist who is a subject of the study and the researcher. For the sake of this study, having one subject (the researcher) is sufficient.

Again natural generalizations rest on personal experiences. These generalizations develops for the person as a function of experience, "it derives from tacit knowledge of how things are and leads to expectations rather than formal predictions, it may become verbalized, thus passing from tacit knowledge to explicit propositional knowledge" (Kvale,1996, p, 232). In other words, a quest for the universal knowledge is replaced by emphasis on the unique individual and contextual knowledge. From the argument developed thus far, it is evident that although the qualitative and quantitative methods of research study are both scientific, they seem to have more differences than similarities. Hence, for the purposes of this study they can be contrasted in the discussion that follows below.

#### 4.2.4 CONTRASTING QUALITATIVE RESEARCH WITH QUANTITATIVE RESEARCH

Kvale's view is "Quality refers to what kind, whereas quantity refers to how much, how large, the amount of something" (Kvale, p, 67). Two central aspects of the qualitative research are process and meaning arrived at through human interactions within a particular social context. In contrast the emphasis in the quantitative research is mechanistic. It focuses on obtaining accurate readings of the social world by applying set of methodological procedures that gives correct and exact measurements, proof and

verification of phenomena ( PSY471-S, 104/2000).

Furthermore, the quantitative research emphasizes the measurement and analysis of causal-effect relationships between variables (Becvar & Becvar, 2000). Instead, the qualitative research attempts to address a given situation by describing the patterns of interaction of all involved within a particular context. The belief in objectivity has been the basis of a logical positivist understanding of truth, which the quantitative research method embraces. Objectivity in a qualitative research is a flawed since the medium of the discourse is in a language, which is neither objective universal, subjective nor individual but intersubjective. Within the context of this study intersubjectivity reflects a reality co-created by the self in interaction with others in a particular context, which is training (Becvar & Becvar, 2000; Kvale, 1996; Gergen, 1985).

#### 4.2.5 CHARACTERISTICS OF QUALITATIVE RESEARCH

Some general qualitative research characteristics have been identified by Moon 'et al' (1990). They mention that qualitative researchers explore naturally occurring events in context. This accords with Bateson's input that "the emphasis in social constructionist research is on studying naturally occurring behaviour, without disrupting the historical and interactional integrity of the whole setting" (Keeney & Morris, 1985, p, 549). There is no interference by the researcher in the context of the research. To reinforce that Bateson (1979) also states that words and actions gain their meaning from context. Therefore this follows that context becomes an important medium through which people's words and actions can be understood. Participants are allowed just to be. Every input needs to be from the perspectives of the participants. This entails total immersion into the context on the part of the researcher. In this way it is maintained that qualitative research is sensitive to human situations, as it involves a dialogue with the subjects studied, and it may contribute to the emancipation and empowerment of the participants. From the psychological point of view it may be therapeutic as well.

The qualitative research covers a wide range of approaches some of which provided guidance to the research by giving a specific lens for looking into the world. One of these approaches is known as heuristic research, the research method intended to be

employed in pursuing this study.

### 4.3 HEURISTIC RESEARCH

#### 4.3.1 DEFINITION OF HEURISTIC RESEARCH

Heuristic research is mainly drawn from existentialism and phenomenology. The term heuristic comes from the Greek word "heuriskein, meaning to discover or to find" (Tyson, 1995, pxiv). Furthermore, Heuristics is defined as a "passionate and discerning personal involvement in problem solving, an effort to know the essence of some aspect of life through the internal pathways of the self"(Douglas & Moustakas, 1985, p,39). It is disciplined but intuitive search that explores by every possible subjective means, the essence of personal experience (Rogers, 1985).

#### 4.3.2 AIM OF HEURISTIC RESEARCH

The aim of heuristics is to inspire researchers to make contact with and respect their own questions and problems, and suggest a process that affirms imagination, intuition, self reflection and the tacit dimension as valid ways in the search for knowledge and understanding (Moustakas, 1990). In other ways it entails a process of internal search through which a person discovers the nature and essential meaning of personal human experience. The focus is thus on recreation of the lived experience of an individual, on full and complete depictions of the experience from the frame of reference of the experiencing person.

#### 4.3.3 RATIONALE FOR CHOOSING HEURISTIC RESEARCH

Consistent with qualitative research, heuristic research encourages a person to journey and describes one's worldview in one's own terms, in other words, "to get the insiders view" (Moustakas, 1990, p, 9). For this study, it appears that by using the heuristic method the experiences of the trainee will be captured fully.

#### 4.3.4 CONTRASTING HEURISTIC AND THE POSITIVISTIC EPISTEMOLOGY

Unlike the hegemony of the positivistic epistemology which focuses on the observer looking in and on which the elements of the research design are around hypothesis formation, measurement, sampling and very specific prior to data collection. The heuristic approach to research offers a post positivist conceptual framework. Its central idea is that all ways of knowing are heuristics and that no one way of knowing could be said to be inherently superior to any other, in the generation of knowledge (Tyson, 1995). Therefore every idea, opinion in the generation of how you know, what you know is respected and validated. Again Douglas and Moustakas (1985) note that whilst empirical studies presuppose the actuality of cause and effect, heuristics inquiry challenges the scientist to uncover and disclose that which is, as it is. The aim of this is not to prove or disprove the influence of one thing over the other, but rather to acknowledge and discover the nature of the problem or phenomenon itself and to explicate it as it exists in the human experience.

#### 4.3.5 CHARACTERISTICS OF HEURISTIC RESEARCH

Moustakas sagely asserts that "The self of the research is present throughout the process and, while understanding the phenomenon with increasing depth, the researcher also experiences growing self-awareness and self-knowledge" (Moustakas, 1990,p.9). Through rigor, discipline and commitment, an individual follows the past ordinary levels of awareness. Self-search, self-dialogue, indwelling and intuition become the openings towards an illumination of the self of the researcher, the research question and human concern. This type of research places immense responsibility on the researcher. It demands total honesty, presence, devotion, courage, and a willingness to expose the self. For only the experiencing persons by looking at their own experiences in perceptions, thoughts, feelings and sense-can validly provide portrayals of the experience.

#### 4.3.6 CONCEPTS AND PROCESSES IN HEURISTIC RESEARCH

**Identifying with the focus of inquiry**, Maslow (1966) explains that there is no substitute for an individual's experience. As such heuristic inquiry is a process that begins with a

question or problem which rose from one's experiences of personal challenges or puzzlement in the search to understand one's self and the world in which one lives. This is the question the research seeks to address. For the trainee, the training has been a very personal challenge, which perturbed the trainee to wonder and dialogue with self about the meanings of the experiences encountered in training.

**Self dialogue**, dialoguing represents some means in which a process will evolve, and it forms a critical beginning. It further entails one's self discovery, awareness and understanding. From the heuristics perspective, it requires openness, honesty, and receptivity. It further requires one to be attuned to the experiences relevant to the issue or the challenge faced in the generation of self knowledge. The skill to understand the challenge more fully and ultimately deepen and extend the understanding through the eyes and voices of others through self disclosure becomes important. Douglas and Moustakas (1985) support this view by stressing on the centrality of self disclosure in the heuristic inquiry, which is to facilitate disclosure from others.

**Tacit knowing** Is posited by Polanyi (1969) to refer to the knowledge that cannot easily be put into words. Tacit knowing is defined as "all that is remembered somehow, minus that which is remembered in the form of words, symbols or other rhetorical forms"(Lincoln & Guba, 1985, p208). It permits individuals to recognize, comprehend metaphors and to know themselves. The knowing without awareness of how, or why one knows, is the core (*sine qua*) of tacit knowing (Douglas & Moustakas, 1985).

However, Polanyi (1969) identifies the elements of tacit knowing as subsidiary and focal. The subsidiary elements are the visible ones that attract immediate attention when one examines one's experiences. In the case of a trainee researcher, the perturbations that posed as challenges in training had immediately attracted the interest in the study. Those are elements of perception that entered into consciousness and they maybe inferred to be epistemologically based in this study. On the other hand, the focal elements are the subliminal, unseen, unspoken, invisible or implicit aspects of experience, but are a necessary component in the achievement of integration. They may extend to include the blindspot of the trainee researcher as the trainee reflects on the encountered experiences. The understanding of tacit knowing by Douglas and

Moustakas (1985) is that it allows for the researcher to listen and follow hunches, vague, formless insights that characterize the heuristic discovery. The combination of these vague and subtle hunches provides a sense of the essence and wholeness of the phenomenon.

**Intuition** is an essential characteristic of seeking knowledge (Moustakas, 1990). Intuition embraces only the subsidiary, allowing one to form patterns, relationships and inferences by using available clues to arrive at knowledge of underlying structures or dynamics. Polanyi describes intuition as "to discover things that are most surprising and make men discover the world in a new way"(Polanyi, 1969, p118), making it possible to perceive and understand things in a whole new way. Thus it may be contrasted with the therapeutic stance in a training context.

**Indwelling** constitutes an experience that invites self engagement. This involves a turning inward to the self towards seeking a deeper more extended comprehension of the nature or meaning of a quality or theme of human experience. Therefore in Chapter 6 it becomes imperative to dwell on the seen and the unseen of the encountered experiences.

**Focusing** is inner attention, a staying with, a sustained process of systemically contacting the most central meanings of an experience and a supplement for the power of perception. Through focusing this research has been able to determine the core themes that constitute an experience. Focusing has also helped in identifying and assessing connecting feelings, thoughts and cognitive knowledge. Accordingly," cognitive knowledge includes "refinements of meaning and perception that register as internal shifts and alteration of behaviour "(Douglas & Moustakas, 1985, p51).

**Internal frame of reference**, in the process of the heuristic inquiry one's subjective experiences, his/her inner passions, promptings and awareness are important. Therefore, the exposure to the process of understanding the nature, meanings and the essences of any human experience depends on one's own internal frame of reference.

#### 4.4 RESEARCH DESIGN

According to Moustakas (1990) six phases of the heuristic research guide unfolding investigations and comprise the basic research design. They include the following:-

Initial engagement, wherein the researcher is prompted by concerns which hold important social and personal meanings and compelling implication. The researcher then, elucidates the context from which the question has arisen and encounters own self, own autobiography and significant relationships.

Immersion is a stage that carries a sense of total involvement in a research theme or question in such a way that the experience is centered on and the researcher is able to say what is being experienced but, through persistent self-search and reflection. The researcher inquires as to where and how the theme is relevant and in what ways it might be shifted or its components made most effective.

Incubation is when the researcher retreats from the intense concentrated focus on the question and allows the tacit and intuitive dimension which lies outside immediate awareness to lead. In that way, tacit knowing becomes an act of indwelling within which access is gained to a new meaning. At this stage tacit knowing becomes visionary, incorporating the aesthetic and artistic aspects of consciousness without neglecting the clues of cognition. Like with intuition one reaches beyond the scope of the usual perceptual abilities and discovers knowledge and meaning unexpectedly and implicitly.

Illumination follows naturally after the incubation phase. It entails a breakthrough into conscious awareness of hidden meanings, qualities, themes and new dimensions relevant to the question. Past a process of identifying themes and assessing the connected feelings, a "cognitive-bodily" imaginative variation gradually unfolds and moves to refinements of meaning and perception that register as internal shifts and alterations of behaviour.

Explication's purpose of this phase, is that having the intuitive holistic grasp of the data,

the researcher examines the themes that transpired in the research process. This aids the researcher to understand the multiple layers of meaning that were awakened through focusing, indwelling, self-searching and self-disclosure. Thereafter, the researcher uses these themes to depict further themes of the phenomena, which allow for new meanings to emerge. The research process thus incorporates a feedback-loop thereby rendering the processes flexible continually allowing new meanings to emerge.

Creative synthesis refers to the phase wherein the researcher has familiarized his/her self with and mastered knowledge of the material that illuminates the research question. The challenge is to examine all the collected data in creative combinations and recombinations, sifting and sorting, moving rhythmically in and out of appearance, looking, listening carefully for the meanings and attempting to identify the overarching qualities that are inherent in the data. Based on the context of this study creative synthesis process involves narrating one's experiences, which incorporates verbatim material, relevant literature and examples.

#### 4.5 DATA GATHERING

Shantall contends that "the heuristic researcher duly recognizes that we can only know the nature of the phenomena as we subjectively experience them, seeks a maximum openness towards the phenomenon in question" (Shantall, 2002, p, 117). In this research search for openness to what may unfold may require that use of whatever sources available on the phenomena in question. For the purpose of this study, these sources of data will be utilized: the subjective thoughts of the researcher, the process information on the trainee researcher's clinical work, journal entries in the form of a diary, the personal correspondence with the supervisors, other trainee colleagues, the psychotherapist, as well as the relevant literature.

Starting with the self subjective perception of the researcher, it is acknowledged that the researcher being the trainee is also influenced by what is organized in her mind, in terms of own epistemology, biases and prejudice. Further noted by Shantall (2002), is that to gain the holistic intuitive grasp when analyzing the data, the researcher should organize the data in a way that allows the researcher to reflect on the encountered experiences.

Hence, processed information on the clinical work from the academic side of training and on the clinical setting forms an important part for this project.

Furthermore, for the sake of increasing an understanding of situations, there is a need to generate as many different explanations as possible for the particular situation (PSY471-S, 104/2000). Journal entries in the form of free flowing impressions (diary) documenting the experiences of the trainee researcher's struggle for personal and professional growth as a therapist are one other form of generating such explanations. Here the diary is used as an available tool, not as a technique of information gathering.

The greatest advantage of using a diary is that it yields information which is temporarily ordered, telling an individual the sequence of events, giving the profile of actions, feelings or thoughts across time (Breakwell, 'et al', 1995). Hence, a diary can be used to map the human experience concealed by feeling overwhelmed. The disadvantage of using a diary though, is that control is difficult to achieve. The diarist may select the information s/he wishes to release. This way, information may be affected by the reactance, as mood usually changes in different circumstances. It has been two years since the researcher completed the academic and clinical internship training, therefore the intensity of emotions evoked during training somehow have evolved through reflections in this study. These reflections could be said to be reflections about reflections (meta-reflections).

The trainee researcher's own experience has shown that there is always a need in everyday interactions as well as in research from many others, to challenge and shock one out of habitual ways of thinking and experiencing. Thus personal correspondence in the form of comments from the supervisors, colleagues and the psychotherapist consulted during training, which took the form of a dialogue about the relevant training issues will also be reflected upon.

Bateson once presented the idea that, "one cannot claim to have no epistemology, and whoever makes such claims has nothing, but a bad epistemology"(Bateson, 1979, p, 147)". As such reflections on the relevant literature seem appropriate, as to the larger extent epistemology organizes one's thinking and action about the phenomena.

#### 4.7 METHOD OF DATA ANALYSIS

To reiterate, data are constructions offered by the trainee researcher as a participant in this study. According to Lincoln and Guba (1985), data involves a reconstruction of those constructions by the researcher into meaningful wholes.

Again Moustakas (1990) provides an outline guide of procedures involved in analyzing data using the heuristic research method.

- The first step in organization, handling and synthesizing the researcher gathers all the raw data from the essential sources.
- Then the researcher enters into the material in a timeless immersion until it is understood, depicting the knowledge of the experience as a whole and in detail. Further, the qualities and themes that encompass the research participant's experience (the trainee therapist) from the data in this instance, are extracted.
- The next step requires a return to the original raw data to check if the individual depiction of the experience fit the data from which it was developed and if it contains the qualities and themes essential to the experience.
- When the above steps have been completed and the phenomenon constructed, the final step in heuristic presentation and handling of the data is the development of a creative synthesis of the experience which allows greater freedom for the characterization of the phenomenon. It invites recognition of tacit-intuitive awareness of the researcher, knowledge that has been incubated for sometime through the processes of immersion, illumination and explication of the phenomenon.

#### 4.8 VALIDITY IN ECOSYSTEMIC EPISTEMOLOGY

The belief in objectivism has been the basis of the logical positivist understanding of truth and validity. The assumption has been that, there is only one way of ascertaining reality, knowledge or the truth about a phenomenon. According to the social constructionist view of reality, truth is constituted through a dialogue. Therefore valid knowledge claims emerging as conflicting interpretations and action possibilities are

discussed and negotiated among the participant members within a particular context (Kvale, 1996).

Given that each experience comes from a different context of internal frame of reference, thus a trainee as a systemic researcher will view facts as relative to the context. To that effect this research will assert valid, internally consistent propositions within that context of reference (Becvar & Becvar, 2000). It becomes important to note that the present study falls outside the boundaries of conventional research methodology, since the trainee therapist is both a researcher as well as the subject of study.

Furthermore by recognizing the active role played by the observer in the process of describing the observed and making known what was observed and the impact thereof, so that one speaks of an observing system related to the second cybernetics principle of self-referentiality. Geruti posits the idea that "knowledge in the constructive paradigm is seen as an ongoing self referential construction" (McNamee & Gergen, 1992, p, 40). By defining knowledge in this way a 'scientific' paradigm emerges that cannot rely on objectivity when describing events to arrive on a descriptive and accurate knowledge, or on a universal conceptual framework. In this way this view is liberating in that an individual is free to draw and view reality from multiple perspectives. This reality can only be constrained by the individual's imagination, values, context and unavoidably, one's own bias and prejudice.

#### 4.9 VALIDITY IN HEURISTIC RESEARCH

According to Moustakas (1990), the use of qualitative, subjective methodology to arrive at the essence of the experience renders the question of the validity of a heuristic finding the one of meaning. If the depiction of the experience, derived from the rigorous self-searching processes accurately, vividly and comprehensively presents the meanings, core themes and essences of the experience, then the research is regarded as valid. This concurs with Taylor (1995) who regards the effectiveness of reflection as validity. The basis of validation is of necessity subjective, since the participant researcher makes its judgment.

Bridgman (in Moustakas, 1990) acknowledges subjective validation as essential, rather than perceiving it as a shortcoming as most traditional researchers do. Further, if an individual accepts that one cannot be objective to this study as illustrated before, since this study contains intersubjective feelings co-created by the researcher in interaction with others, therefore one cannot make a context free generalizations, as human behaviour is dependent on its context for meaning.

In conclusion the validity of an individual's experience can only be viewed in terms of the individual's role within the interactions that produced the event. Shantall (2002) acknowledges that consensus is achieved when the researcher is able to write up this thesis (hermeneutic), and the reader/co-author also identifies, with the closure that emerges through personal intersubjectivity. This can be achieved by the participant (reader/co-author, supervisor, trainees or trainer) journeying with the trainee researcher as encountered experiences are depicted within the respective training contexts.

#### 4.10 LIMITATIONS OF QUALITATIVE RESEARCH

Moon 'et al' (1990) argues that in qualitative research the human mind tends to select data in a way that confirms a tentative hypothesis. Therefore, the end product of that which the researcher wants to illuminate, might expose one context of training to have been worse than the other, in that way channeling the study and showing bias in the study itself. For instance, in this study it is likely that the trainee researcher by reflecting on the experiences encountered during training in the different training contexts may show this bias. Furthermore, there is also a tendency for first impressions to endure even in the presence of considerable contrary data. Therefore, this necessitates the exploration and constant monitoring of the researcher bias which is likely to happen in this study, since the researcher and the participant subject are one.

#### 4.11 ECOSYSTEMS AND QUALITATIVE RESEARCH INTERGRATED

In keeping with the ecosystemic approach and qualitative approach the research is to be viewed as the trainee researcher's reality, subjective and experiential (Von Forester,

1981) and occurring in the researchers natural context. This suggests that the trainee researcher is part of the observing system, therefore claims to objectivity are negated (Keeney, 1983). The other way to ensure integration within these approaches is to view a trainee researcher and the training context to be in a recursive relationship. To allow for the dialogue within the network of the trainee and the self, the training contexts, trainers and trainee, could lead to a continuous evolving ecology of ideas about training. Allowing a trainee researcher to construct the experiences and reality as perceived by him/her to be qualifies the study to be along the ecosystems thinking and qualitative research. In other words, a trainee is allowed to co-create and co-construct the reality of the training contexts as perceived. This act could open up different ways of thinking and languaging about the different training contexts. The research participant's experiences and ideas about training are what is available to keep this research system flexible to the development of new meaning. Hence, Heuristic research that will be achievable is utilized, since self-experience in pursuing heuristic research is said to be the most important guideline (Douglas & Moustakas, 1985).

#### 4.12 CONCLUSION

The qualitative research methodology for this study has been explored. This methodology is informed by focusing on the subjectivity of the trainee researcher. Furthermore, the applicability and consistency of using the qualitative research method in conjunction with the ecosystem and social constructionist epistemology, the chosen guiding approach in this study has been shown. Having to acknowledge that through an exhaustive search, dialogues with others and creative depictions of experience, a comprehensive knowledge is generated, beginning as a series of subjective reflections. Therefore, what follows in the next chapter is an attempt to discern the subjective experiences and reflections of a trainee researcher in both the hospital clinical internship and the Unisa academic context by utilizing a heuristic approach.

Chapter 5 (a)  
**RESEARCH DATA**

5.1 INTRODUCTION

This chapter is about reflecting on the trainee researcher's experiences during training as influenced by the different training context. These contexts of training are the hospital clinical internship training context and the Unisa academic context. Because of lengthy descriptions the data to be presented about these two contexts of training will be divided into two separate chapters, to minimize exhaustion. Secondly this packaging also keeps the reader/co- author focused in the themes that may emerge from the data. Hence, the chapter will be quantified as Chapter 5(a) and Chapter 5(b), the former Chapter 5 (a) following immediately after the introduction of the outline of both chapters. The latter Chapter 5 (b), will only follow later after the summary, right at the end of Chapter 5 (a). Acknowledging the data to be presented seems useful as an invitation to the healing potential qualities that stories or experiences can offer (Hoffman, 1990).

The reader/co-author's attention is drawn to the fact that from the beginning of writing this dissertation, the concept "trainee researcher" has been used highlighting the fact that the researcher and the trainee are, but one subject. However, since the content and the process of the experiences to be depicted in this research revolve on the trainee, the trainee researcher now wishes to expand the introduction of the research subject by boldly referring to the content in the research in a more personal pronoun of I, me, myself and trainee, interchangeably where relevant.

As a researcher and subject in this study, it is important to highlight that the experiences to be reflected upon comprise more personal and emotional issues. Thus the use of heuristic methodology in pursuing this study as described in the previous chapter, which is geared towards finding meaning in life's events becomes more appropriate. Makena supports the argument that "the therapist needs to examine past personal experiences, and own them in a self-disclosing manner far beyond the therapeutic process"(Makena, 2001, p, 35). It is my belief that examining those experiences that will rather be left unexamined may open new possibilities and maybe allow new meanings to evolve in my

perception of training.

The study also acknowledges an ecosystemic view which emphasizes that an individual exists in multiple systems and contexts. Therefore other systems and contexts that played a crucial role in the reciprocal influence of my training experience will form part of this discussion. The systems referred to are the family system, parent-child subsystem, and therapist- client system. Therefore, the inclusion of these systems in the discussion is not necessarily geared towards creating new subtopics or ideas or even deviating from the main discussion. However, I hope that the reader/co-author will eventually find some connection when these other systems besides the specified training systems are brought into the discussion under the heading clinical internship context. Punctuating broadly and including these systems is however not intended to create confusion. The research will show that exploring these systems in this way is necessary. As a matter of fact, these systems are not divorced from one another in the context of living, but are intertwined with other systems as was to be discovered by myself during training. Therefore in offering these experiences, I do encourage multiple lenses to these descriptions since we (myself, trainers, trainee colleagues and the co-author/ reader) all evolve in multiple realities that are informed by our history, culture and theories (Hoffman, 1981).

Within the discussion, the influential aspects of the training contexts which may have served as both the facilitating and hindrance probably towards my growth as a trainee therapist are also explored. However, due to the subjective nature of this study, the study may tend to appear more biased at times. These biases are to be perceived as my blind spots within this study, since they are constructed within my limited cognitive lenses. The experiences in the study in the hospital clinical internship context will be presented as metaphors in the form of voices. These metaphors are “the voice of expertness”, “the voice in the tower of terror”, “the voice of confirmation”, “ the voice of translation”, “the voice of validation” and “the voice of reflection”. The concepts used as voices will be arbitrary punctuation of difference, used differently from the everyday meanings and understanding. The data will thus be presented at two levels. Most of the earlier experiences will be presented raw as they are, then the reflections will be based on those experiences. Regarding the Unisa academic training context, general

descriptions that formed part of the activities that took place within the training context will be used.

Where shall I begin? The beginning is arbitrary; there is no beginning or the end. Looking through the lenses of an ecosystemic training, as a trainee psychotherapist, I acknowledge that the beginning is my punctuation and distinctions that I make. This is echoed by Keeney (1985) who recognizes that punctuation organizes events in a certain way. Therefore, what I punctuate, how I punctuate may not be sequential. My punctuations may flow with my thoughts or even be confined within a certain way of describing and writing. I also believe that the perturbations and the interconnecting domains of the experiences I had will no doubt make their entrances into the text when it seem appropriate.

This is basically why the hospital clinical internship context will be reflected upon first, since it provoked an interest for me to pursue this study. Despite that, in following the developmental trend of psychology and training of psychotherapists the positivist thinking (the world of science) was established first in the early nineteenth century. However its influence still has a crucial role in the present years and in psychiatry in particular. The reader/co-author can refer to Chapter 2 for a detailed clarification on this matter. Furthermore, my understanding of its applicability within the particular hospital clinical internship context of training I am about to discuss makes it appropriate to allow the logical positivism stance to take precedence in the discussion. Consistent with the logical positivist thinking I will therefore start with the discussion on hospital clinical internship context (HCIC), which in practice formed the last part of my training.

## 5.2 THE HOSPITAL CLINICAL INTERNSHIP CONTEXT (HCIC)

Part of the requirements of training to become a psychotherapist is that a trainee should undergo a one year internship program in an accredited institution after academic training. The hospital clinical internship context (HCIC) referred to in this study is one of the biggest accredited psychiatric institutions in the Gauteng Province in South Africa. For the sake of this study, the name of the institution is withheld because permission was not sought for this study purpose. Students enrolled for internship training in this

institution are recruited from all the universities of South Africa.

Part of the training fulfillment in this context was that trainees were required to make four therapy presentations during which their skills, competencies, effectiveness and growth were evaluated. These presentations were made quarterly in the presence of consultants and other intern trainees for the psychology department. As intern trainee therapists we also had to conduct group therapies with patients, facilitate journal discussions, attend workshops, seminars and be on supervision at least once or twice a week. The core of training would also include joining the hospital multidisciplinary team to discuss the diagnosis, treatment and management of patients presented in ward round conferences twice a week. In these ward round conferences at times we only reviewed the treatment of patients. At other times we reviewed patients' progress to establish if there was any for possible discharge and prognosis. Once a week in the absence of the psychiatrist the multidisciplinary team would meet to discuss new admissions and be made aware of the patients to be presented in the ward round conferences next. This arrangement made it possible for the team to prepare for their presentations within a day or two. In these presentations the voice of "expertness" would be heard clearly as indicated by the discussion that follows next.

#### 5.2.1 THE VOICE OF "EXPERTNESS"

During my internship year in this HCIC I observed that this institution seemed to be organized around some value laden assumption that every member needed to work from within the medical, psychodynamic and cognitive behavioural models of intervention. Consequently, there were certain routinized procedures and rules that every professional or team member had to follow. To this effect, whatever input or suggestions that appeared to deviate from the norm as already designed for this context was silenced and deemed irrelevant.

This seemed contrary to the "good" intentions by this specific internship context to accommodate trainee therapists from all of South African universities, irrespective of the theoretical model emphasized in these academic training institutions. However, for me, entry into that training system of the hospital internship program became a kind of a power-broker affair. This context reflected that power is structured hierarchically and

rigidly pursued as perceived during the ward round conferences. The professional expert in the ward round conferences appeared to be the psychiatrist. The paraprofessionals forming the “so called” multidisciplinary team had been ranked this way – firstly the registrar (doctor student in psychiatry training), psychologist, occupational therapist, social worker, the nurses and lastly the patient. I say lastly the patient because in my opinion, within this HCIC, the patient who was in front of the multidisciplinary team “expert” seemed to be the least considered as part of the team, but was a more object of study and treatment. The patients/clients were never listened to except as sources of some information that would fit the diagnostic criteria as set in the DSM IV. Therefore, what the patient/client brought to the ward round conference became less valuable and more valuable only when there was a fit between what the theory or DSM-IV suggested. However, in my opinion the patient is an “expert” in his own right (Bogdan, 1984). It is from the understanding that the patient’s inability to function within the “normal” expectations of the experts does not exist independent of the influence of the relationships embedded in that context (Becvar & Becvar,1996). Attempts adhered to differentiate and define the expertness versus the non expertness in working with patients becomes an epistemological error in my view. Hence, at times the patients were labelled as resistant or non compliant when rejecting interventions offered by the considered so-called “expert”.

In the observed hierarchy of the HCIC the psychiatrists seemed to inevitably assume a position of supreme authority. Being in this power position psychiatrists used the exclusive voice of the medical, psychoanalytic/psychodynamic and the cognitive model, which reinforced finding cause and effect to arrive at interventions or even making decisions. This was to the exclusion of other theoretical models. This behaviour by psychiatrists would escalate to an extent that the intervention expected from the psychotherapist seemed in broader terms to be prescribed to or instructed to psychotherapists by the psychiatrist. Hence, the trainee therapist was observed to be directed on how to intervene in the patient’s life psychotherapeutically. For instance, “the patient has Schizophrenia, psychotherapy would not be helpful.” This adherence to the cause-effect analogy could result in limiting the role repertoire of a trainee therapist

In my opinion, such an approach disregarded the ecology within which the client/patient

interacted in his /her daily living. Subsequently, this linear approach disregards other epistemologies such as system and ecosystems. These latter epistemologies emphasize respecting the being of the patient/client and respecting where the patient is at. To a larger extent, these epistemologies show sensitivity to how each member contributes and influences the ecology of living of a particular patient. The emphasis being that the therapist be also mindful of the context relationships and interactive patterns within which the individual patient functions.

Therefore the linear approach of working with patients within the HCIC as an observer looking for symptoms to subject patients to drug treatment was extremely frustrating for me. However, it was also clear to me that the dominant worldview of this context (HCIC) followed an analytic logic concerned itself with the combinations of discrete elements to arrive at a whole, which is objectivism. The HCIC appeared strictly to follow the biopsychosocial model, which reinforces the idea of a diseased brain, which only the medical interventions will cure (Becvar & Becvar, 1996). Hence, the role of a therapist seemed minimized to just supporting the patient that was discussed in the ward round conferences as suggested by the psychiatrist.

The psychodynamic model on the other hand would emphasize that the patient presenting in mental health institutions had internalized bad objects (mother/father) referred to as object relations from childhood experiences. The analyst would therefore trace which bad objects (mother/father) created problems for the patient during earlier life then interpret or intervene in the patient's life from that childhood history by becoming the supporting object (mother/father). In contrast my academic training had also introduced me to the here and now style of intervening in a patient's experienced difficulties (Swart & Wiehan, 1979). The patient's functioning could only be speculated by focusing on the nature of relationships he/she had. The focus would be to the possible meanings attached to the present behaviour and the interactive patterns that persisted over time. Therefore the patient's symptoms would not be seen as a true representation of his/her functioning as the DSM-IV would suggest.

Within the HCIC I found myself struggling to formulate my psychological understanding of the patient/client following the dichotomies of normal versus abnormal, functional

versus dysfunctional and healthy versus unhealthy. I concentrated on the nature of the relationship the patient had, either in the ward or from his family. I also looked at the interactive patterns that the patient presented with which could be further inferred to his behaviour within the ecology of his living. Descriptions of this nature were seen as irrelevant. Furthermore, my inability to include the biopsychosocial model in the input I gave about the patient rendered my academic training incomplete. From the subtle comments made by psychiatrists, I could deduce that the biopsychosocial model in the HCIC was the recommended model. My hypothesis included with making an assumption that there is only one way of working with patient/clients in this context, reinforcing the linear scientific objective approach. At that point I felt unequipped to work within the parameters of what was expected of me. I remained trying to voice my different way of understanding of the patient's difficulties. This exacerbated my frustrations as I felt blocked every time I tried. I thus felt inadequate to meet these expectations. The system frustrated me and I felt like an outsider. Also I felt stuck and unable to maneuver my way differently.

However, this alerted me to the fact that the situation was escalating as I continued to want to work differently despite the difficult nature of the context. Although there is significance in using a prescriptive book, theories or techniques as frames of reference, in this instance I felt these tools were rigidly pursued within this context. Not having sufficient knowledge with which to utilize these tools as expected by the context, I felt I lacked the "expertise" expected of me by the context. This would be the voice of "expertness". Consequently I felt that my role repertoire as a trainee therapist was hindered and reduced.

However, Irrespective of these observed differences, initially I never imagined that by joining of this HCIC I was throwing myself into the tower of terror. The discussion that follows next reflects on my journey of training within the "tower of terror". Hence, conceptualized as the voice in that "tower of terror".

#### 5.2.2 THE VOICE IN THE TOWER OF TERROR

Wordsworth (1985) once opined that traveling without a destination is a trip that very few

people will take. By traveling in the path of training to be a psychotherapist for the past two years I thought and felt I was finally about to reach my destination. However pertaining to my journey in training I felt I had spent more time lost than found like most tourist would do, as new painful experiences unfolded by day.

I soon learnt in my journey to be a psychotherapist that the life of an individual is a discovery. It is never static but evolves within new contexts and relationships. This is echoed in the ecosystems thinking, that an individual co-exists or lives in different contexts, which further influence his/her interaction and actions with others within different contexts (Bogdan, 1984). When I entered training I carried with me certain subjective realities and belief systems that had influenced my life. Some of these realities were that of enjoying being independent and self sufficient within my family system. Being brought up to be the first “son” my parents were expecting, but never had, and being raised to be self reliant, “independent” and a decision maker above all other siblings in the home/family context. I had a single view about life. Hence, I carried an illusion of having complete control over my life’s circumstances. This way I would never have let anyone to penetrate my vulnerability or think of me as weak emotionally.

However, being confronted with the challenges that I did not meet the required expectations of a trainee therapist within the HCIC, my world became shattered. I was now confronted with a new reality/belief system about myself. I had never perceived myself as a failure prior to training as a psychotherapist. As a distinction I punctuate the actual terror started when given the performance evaluation feedback by the head consultant in the department of psychology. The feedback followed a few weeks later after my first presentation of the psychological ward round before the consultants and other trainee colleagues. Immediately after this presentation, I would have expected that I be given feedback about my presentation. To my astonishment, weeks passed without any comments direct or indirect about my presentation. That gave me an impression that I had performed well within the acceptable expectations of the context.

Contrary to my expectations, I only to discover later that the systems theoretical model I used during the psychological ward round was considered neither applicable nor acceptable to the consultants. During this time I was also aware that my input in the

ward round conferences with the multidisciplinary team was ignored and deemed irrelevant. I was bothered by this observation. At the pragmatic level of simple cybernetics, when a problem is observed and defined as such, it is logical to seek a solution towards alleviating it (Watzlawick, 'et al', 1974). I also identified a problem that I wished to change in the only way I knew, consultation. Not anticipating that the very solution of consulting with my supervisor may perpetuate the problem further, the situation where the solution becomes a problem (Jones,1993). In this instance I consulted with my supervisor during supervision stating to him that I had observed that my input during ward round conferences was somehow silenced and I wished to alter that. I solicited guidance from my supervisor in formulating my psychological understanding of the patient using the language of pathology and maybe integrate it to the systems and ecosystems framework. I was fully aware that in systems theory health and dysfunction are two sides of the same coin (Becvar & Becvar,1996). A patient labeled to have pathology will function in the best of his/her ability to maintain stability within his/her environment (Bogdan, 1984).

In consulting with my supervisor with the need to integrate the two world views, the one on pathology and the use of ecosystems framework, I had never expected to feel attacked. Considering that we punctuate differences and distinctions of what we observe (Becvar & Becvar, 1996), I observed that the head consultant in the department of psychology had also used this request as a platform to give me evaluation feedback on my presentation of the psychological ward round presented six weeks earlier. The head consultant declared these words, "the two year Unisa training failed you, by not preparing you enough to meet with pathology of this nature, sorry we cannot help you. However, if you do not improve within the coming three weeks, to translate the psychopathology to psychodynamic language, your internship will have to be extended".

This feedback was perceived to be harsh in my opinion. I felt misunderstood. At a meta-level I was only requesting support, structure, direction, understanding as well as sympathy. I felt unaccommodated and rejected. At first this approach to my request made me think that in this context there was no room for expressing difference. By difference I mean making clinical assessments and psychological formulations from one's informed theoretical frame of reference as in systems and ecosystems. On that

regard, I felt the lack of understanding of the appearing difference was immediately reduced to failure and intolerance. The meaning of the received message could only be inferred, then invented to suit my understanding. The impact was that I also felt I was made to succeed with shame and guilt, criticized and discriminated against either for being black/African or for being a trainee from Unisa.

Yet at another level this feedback could have been expected. In my opinion it is logically consistent with the worldview of the context, that of either/or descriptions. I could either be viewed as functioning well or not functioning well according to the expectation of the context. Probably if I worked from the same principle and assumptions this would not have necessitated me to punctuate this feedback as harsh, provoking, judgmental and critical. At another higher level it could be that this request was putting the head consultant and my supervisor (consultant) in a double bind situation. Knowing their working paradigm as senior consultants within this training context, they may not have been familiar with the systems and ecosystems paradigms, since one is likely to hold on to what one knows. Therefore asking them to help with something of this nature might have put them in a conflictual situation. By responding in the way consistent with my expectation and not be able to fulfill that, I think it would have been a shortcoming on their part as trainers. However, in my opinion responding in the way they did was still a shortcoming. Therefore, the consultants' feedback and behaviour were actually consistent with the linear thinking of punctuating events within the either/or descriptions and dichotomies.

Even so by not having satisfactory accessible ways to work with this feedback at the time I felt abandoned and like a failure. In addition to the unexpressed disappointment and hurt, I also felt ashamed, isolated and inadequate as a person, a mother and a prospective psychotherapist. I realized that my son's performance at school had deteriorated and the school was not impressed. One day my son brought a notice home summoning me to see his school principal urgently. My son, as a member of the parent-child and a family system, was inevitably affected by what I was also experiencing at the time. His experience was probably symptomatic and symbolized a communication metaphor of what was happening in my broader life context (ecology). I have known myself not to cry very easily. During that time, I was too vulnerable, experiencing a total

loss of control over my emotions. I was faced with a crisis. Tears were spontaneously running down my cheeks. New reality had stricken me. I felt unable to rise above the hurt and pain. The situation came across as if I was losing control over the circumstances of my present life. It was forever important for me to keep a façade even when faced with the struggles of life. The impact of training this time in the HCIC must have been huge, penetrating the deepest marrows of my bones.

In the midst of struggling with the feedback I got from the head consultant, I kept asking myself questions like, “How personal can training get? To whom am I loyal by staying in the training program that appears to be so harsh? Was it the loyalty for myself, family, trainers and colleagues at my previous work or not?” I was feeling terrified to continue with training at the same time feeling terrified to stop. To date I am still searching for the meaning of this experience. As of that moment, I realized that I had always found it comforting to identify with the part of me that appeared to be strong and independent. This part of me had a fit with my previously held belief system that I was strong, ambitious and independent. I had to acknowledge that this was also a social construction consistent with how I wished to be perceived by everyone, especially within my family context. This confirmed that reality is never something existing out there but, it is largely within, the preconceived frame of reference therefore, it is invented. The discussion that follows focuses on some of those “invented realities”.

#### . 5.2.3 THE VOICE OF “INVENTED REALITY”

An assumed reality is created when a sequence of events is supported. For as far back I could remember, I grew up being perceived as a “bright” child. This was a perceived reality from my childhood. My grandmother, family members, primary school teachers all labeled me a “gifted child”. During the apartheid years having a brilliant child in the family was actually a bonus. My performance at school enhanced this thinking of being a “gifted child” to the point that I embraced it as my reality. Consistent with this belief and expectations that go with it, my work at school continued to excel. Consequently, me being viewed as gifted/bright was later carried through by my high school teachers, friends, colleagues at work, my nursing trainers and trainers at the university level. This reality was therefore reinforced when I reached the level of the Masters degree in clinical

training, not anticipating that anything contrary to this belief system would devastate me. The label bright/gifted became reified as a “thing” that exists on its own. This is observed from the influence of the family system, the education system and the wider socio cultural context. In that way, these concepts (bright/gifted) were not viewed as negotiated socio-cultural constructions but, as factual truths. I could never have anticipated that there could be danger in adhering to any given label or concept at any given time.

During my internship year, the labels bright/gifted seemed to have less value. I was expected to function at a different level. I seemed to have started developing what the DSM-IV labels anxiety or conversion symptoms. To cope, I had started using a piece of cloth to open the door in my car to avoid making contact with the car body. For some reason I felt I was emitting electric impulses in my body and such had never happened before in my life. My nine-year-old son tried to reassure me. I kept hearing my son saying” mum you’re just nervous, there is nothing wrong with your door”. I would smile, trying to downplay the comment. However, deep down I knew that the nervousness was an accurate diagnosis or descriptive label that fitted my situation. From then onwards, my son started helping me. Every morning my son opened the door and turned on the ignition of the car for me. This was probably to help minimize the embarrassment of me using the cloth to open the door. Interesting in this behaviour is that the parent- sibling subsystem maintained its stability by creating its own ways to compensate for its weaknesses. I felt training as a therapist had also influenced and interfered with the parent-sibling subsystem. My son was now partially in charge of my life taking away the sense of control I felt I still had. My hypothesis is that I had control issues.

Feeling immobilized by the situation within the HCIC, I experienced more symptoms. Without the higher-order awareness that what I experienced as gifted/bright was relative to the framework of my background, I inevitably experienced these symptoms. As these symptoms were escalating, a different reality about myself in training was invented. This reality was presumably based on the expertise of the DSM-IV. I thought if the psychiatrists were to give me a diagnostic label the diagnosis would have been chosen for me and given as follows:

Axis I -Mood disorder not otherwise specified superimposed by psychotic

features.

-Generalized anxiety disorder not otherwise specified

Axis II - Avoidant personality disorder

-? Borderline personality disorder

Axis III- Deferred

Axis IV- mother -son relationship issues (separation)

-Educational issues

-Financial instability

Axis V – This is left because I do not know if I could really place myself on how I was functioning. The psychoanalytic theorist would conceptualize these symptoms as defensive behaviour against painful experiences that create conflict in the psyche. Yet in the systems thinking symptoms would be viewed as a way of maintaining equilibrium in my social environment. Therefore understanding the individual's functioning within the broader context in the here and now becomes important. Irrespective, this is how I felt the psychiatrist or psychologist could have thrown the diagnostic book at me. However, every explanation is reasonable, especially when contextualized to be consistent with the specific usable theory or model. Along in the journey within the HCIC it became important to adopt a different way of thinking and explaining. I had to include pathology in my psychological formulations of the patients/clients difficulties. For this context this seemed to be an appropriate and acceptable frame of reference. This could only be achieved through the “voice of translation” discussed next.

#### 5.2.4 THE “VOICE OF TRANSLATION”

In linguistics the rendering of a message from one language to another entails translation, this is by extension interpretation. Therefore whatever is being observed will be interpreted somehow following the conformity logically to the facts and explanations of the particular view. Within this context translation is to be regarded as an induction and generalizations from some accepted scientific schema as in theories, books and journals. To this effect, generalizations made from these scientific schemas at the pragmatic level become necessary especially if they will partially give a desired outcome. Carl Rogers (1951) once wrote that he remembers no social life at all. He felt he was not too lonely because he spent the long evenings with his new books all the time. In my view Carl Rogers had realized that he had lived in a world of his own,

created by his interaction with these books. Out of desperation, like Rogers, I felt I had to search for answers from every book I could grasp with information on psychoanalytic and psychodynamic theories together with the DSM IV. Answers explaining and confirming the symptoms I felt were important. On the other hand, I was hoping to find answers/solutions to help better my performances within the HCIC.

Contrary to Rogers though, loneliness was definitely creeping in for me. I had a close enmeshed relationship with my son (Minuchin, 1974). Suddenly my son had moved to a new school near my family. My son had to be with my family, away from me to be observed closely and assisted with his school work. A theme of isolation was apparent and escalating. This situation again became an undesired outcome. Not knowing how to go forward, I threw myself further into books and into reliance on intellectuality and techniques. I adopted every procedure, style or technique that I thought would help me fit in the HCIC.

During interviews with patients in the internship, I would propose circular questioning described by Selvinni Pallazolli 'et al' (1980). Additionally, I would check structural systems of the patients relationships proposed by Minuchin (1974) and read feedback postulated by Keeney (1983). Further, find the symptoms that fit the DSM-IV criteria and be sensitive to transference and counter transference (Kaplan & Saddock, 1997, Greenberg & Mitchell, 1983). In my interviews with the patient I felt like a director of the patients' narrative. I did not feel like I was allowing the patient to just be. I had to elicit the information I wanted. This was contrary to how I would have liked my interaction with the patient to have been. It felt like I was interrogating the patient. Thereafter, I would feel exhausted and confused by this. Probably that was how I left the patient feeling too. To my surprise, as I presented my psychological understanding of the patient to the multidisciplinary team, in most times I would be applauded. This seemed crazy, but I also knew I had to continue translating my understanding into the HCIC language in an attempt to fit in. All this was evoked from a desperate need to successfully complete my training by trying to be a psychotherapist and the psychiatrist simultaneously.

The indulgence in the books with their translation and interpretation kept me isolated. I

gradually withdrew from social life, family, friends and other interns. I was completely engrossed in books trying hard to translate the language of systems theories, ecosystems into the biopsychosocial linear model preferred within the HCIC in order to fit. It appears that this behaviour kept me invisible in relation to this context, but visible in relation to the label I carried with me, the label of feeling inadequate and incompetent.

This seemed to confirm my perception and positioned role within the HCIC. Throughout training I had to make all of my quarterly presentations in the presence of the head consultant in psychology and consultants beside the interns. In my opinion this arrangement was for me to prove my worthiness in front of the “experts” in the field of psychology. If the head consultant and senior consultants were not to be present during my presentations, my sessions got postponed. With other interns, it appeared to be sufficient when only the interns or interns and junior consultants (those with less than three years of psychological supervision experiences) were present during their presentations. This gave me the impression that I was going to rob the system of its comfortable knowledge of the medical and psychoanalytic models. It is to be noted that these punctuations are not geared towards finding fault of who was right or wrong. They are my observations. To some extent, I am part of that which I am observing and describing (Becvar & Becvar, 1996). This is just my reality of the HCIC as I constructed it.

Some interns never presented. Personally I wondered how these interns were evaluated in the first two quarters without any presentations. This is where I concluded that discrimination was involved. To my surprise, towards the end of the third quarter, one other intern made a remark that “we have never heard such an intern's voice in making presentations ever since we started with the internship program”. My cut reply to this was “It is good you noticed too, I was afraid maybe I'm seeing things - my usual cognitive distortions”. During this process the one intern I used to confide in had felt very strongly that I was paranoid about everything happening in the HCIC. Alone in my internal dialogue, I would think about the double bind theory of Schizophrenia proposed by Bateson (1972), question and confirm to myself, “who wouldn't suffer cognitive distortions, when circumstances are like they seem”. I felt discriminated against, of-course I became paranoid. The voice translated what I saw, to be what I believed about

the HCIC. Therefore the symptom paranoia was to be perceived as an interpretation of the stimuli coming from the social environment in the context of the existing relationships within the HCIC and not from within as in the “brain”.

Drawing from the circumstances of my experiences as mentioned above, being more intellectual and practical seemed appropriate and acceptable in the context. However, this very situation perpetuated my feelings of being trapped, tied, paralyzed and locked in my own confusion. I felt ambivalent towards training. At one level I would wish the training away. At another level I would really wish to confirm and convince myself that indeed I could “succeed or fail” in training as a psychotherapist within the HCIC. Hence the next discussion looks at the metaphor, the “voice of confirmation”.

#### 5.2.5 THE “VOICE OF CONFIRMATION”

Towards the end of the first semester in the internship training the interns were to prepare for a second semester of training. The second semester entailed rotation to a different unit or section. With this rotation, an illusion of choice is offered to every intern to make within three areas/contexts of his/her own interest. After consultation with other interns from Unisa about the expectations the child and family unit staff from HCIC has for interns, I felt convinced that the child and family unit had to be my first choice. The child and family unit was observed by myself as complimentary to the academic side of my training, the family therapy approach I had learnt at Unisa. By rotating in this unit I thought I would be enabled to indirectly meet my training expectations. By so doing my personal needs of feeling adequate, competent and the sense of belonging in the HCIC would be met. This would have allowed me to learn more on how the family system impacts on the children admitted at the hospital. This way my therapeutic skills could be sharpened, a process which would have eventually increased my role repertoire in working with children and handling the HCIC demands in general.

However, when the rotation took place, my wish to be placed in the child and family unit as my first choice was denied. Instead I was made to remain in the adult specialization section, the section where I had felt inadequate and incompetent in the past six months. This impacted negatively on my thinking. My chance of proving I could succeed in the

child and family unit were shattered. I felt hopeless. Previously I heard rumors that the psychiatrists in the adult specialization unit I was assigned to were real “experts” and very strict. The thought of working with these experts confirmed my fears of failure, inadequacy and incompetence. I felt abandoned by the training system. I connected to the one patient, who was diagnosed with a borderline personality disorder and had related to me, how everyone of her family and friends did not want her. The patient’s family felt she could not change and improve herself. In the session I reflected: “...you feel rejected, it must be a lonely place to be”. The multidisciplinary team had discussed her (patient) and said, “she is a borderline; there is nothing much we can do for her”. I would think in her ecological context, she did not seem to fit anywhere including this context. I related to her feelings of being lost, lonely and abandoned by the system. I could not identify my strengths and weaknesses any more. My self esteem was ruined. I was uncertain, if there was something I could really claim to know. The voice confirming, “you would not succeed”, as I had already been labeled within this context grew louder. The symptoms I explored earlier in this chapter escalated.

This was exacerbated by finding out that the new supervisor allocated for my supervision for the remaining six months was to meet with me for two hours once a week. She was not part of the permanent staff, but would only be coming for the supervision sessions. I perceived this to be negative as I anticipated that this arrangement would pose limitations as far as accessibility of the supervision was concerned. I felt completely alienated and that the only choice left for me was to report that I was terminating the training program. I was now seriously considering taking the head consultant's advice to apply somewhere where I would be able to practice as an ecosystemic therapist. I had now realized that no matter how hard I tried, it seemed I could never reach a stage where I would be able to bridge the two world views successfully in the HCIC- the linear versus the circular, holistic and more collaborative thinking. Yet my decision to quit was also from the same principle of linear thinking.

In everyday interactions rigidity or arrogance seems to have a bad connotation in relation to behaviour. But in the struggle I was facing in the HCIC, the rigid attitude became my “Messiah” (Lifschitz, 2002), the turning point of my life at the time. I noted in my journal during my first year of training at Unisa, my then facilitator had said in one of

our group session at Unisa that I came across as rigid -that is, I was not flexible in my thinking. I could remember others in group as well saying that I was stubborn, and I always wanted to win. Since I believed I was strong and in control, winning was not such a bad idea at times. I learnt to appreciate that bad/good, win/lose, strong/weak are complimentary, two sides of the same coin (Bateson,1979). Therefore I decided I was not going to just quit, as that would have meant giving up without a fight. In this instance rigidity was reframed to be my strength. I worked hard reading and translating information to keep the status quo of the context. Other resources became readily available.

Amongst others, the new supervisor became one of the most resourceful people for my training needs. She came across as willing to listen with empathy. Then she helped me learn and integrate the language of psychopathology and psychotherapy. However, at first, due to my own inadequacies and insecurities, I felt reluctant to warm up to her. In my behaviour I appeared to be making two requests at the same time. "Help me, but do not help me, you belong with them". There is no doubt that I needed her help. However, I was afraid of reaching out, unsure to trust again within this context. In this instance, the supervisor could have distanced herself in view of my behaviour. I would have been faced with the self fulfilling prophecy on my part that the system was indeed rejecting me. Messages conveying two requests simultaneously may have a negative impact on a relationship. Ultimately fulfilling and confirming the voice "you cannot succeed" within this context.

It is interesting that she persisted with caution to help me to fit in the HCIC. She challenged the negative thinking I had towards training in the HCIC, thus confirming yet again that training in psychotherapy is not divorced from the trainee being in psychotherapy (Baloyi, 2005). She remained very concerned throughout our supervision, and was eager to assist wherever possible. Our relationship could be defined as complementary. I could then find myself sharing my psychological understanding of the patient spontaneously, not as guarded and restricted like I felt initially when I met her. I felt I could just be. The use of the techniques of transference and counter transference also contributed in helping us to form a connection. I had begun to understand the underlying principles and assumptions regarding their use. The

voice confirming “you can” grew stronger as I got performance feedback from the multidisciplinary team that I understood my patients well. In presentations later in the year the consultants confirmed my understanding of the patients I was working with. At times in supervision, it felt like she was mothering me and she was never going to leave nor forsake me. Then I became worried and concerned that the label of dependency would also form part of describing my behaviour yet another paradox. Later I realized that it was never so, training is anxiety provoking, since it is unpredictable by the very processes involved. Therefore as a supervisor/ facilitator in training this latter supervisor attempted what the trainer needs to do, that is to facilitate the therapeutic growth of the trainee therapist (Baloyi, 2005).

My relationship with her felt real. We had a connection that I could also feel with clients. This changed my understanding of the patient and my goal of therapy. Although I still worked within the frame I understood best, that is, systems, ecosystemic and social constructionism, integrating the two world views (linear versus circular) was becoming manageable. I could manage to translate that which I had prepared to the conserved language of the internship context during supervision, presentations and discussions. At this stage, although I still felt nervous especially, before ward rounds the nervousness was not as severe as I had experienced before. I felt confirmed to continue training as a psychotherapist. At this time, I had also started seeing a psychotherapist privately, a move I had been postponing for sometime. Eventually I felt I needed validation from the psychotherapist that there was truly a shift in my perception or whether what was happening in my life in training was just another illusion. Thus the next discussion focuses on the metaphor the “voice of validation”.

#### 5.2.6 THE “VOICE OF VALIDATION”

Psychotherapy is taken as a process which enables a therapist and a client to co-construct and co-evolve different meanings about certain life events of an individual client (Fourie, 1998, Hoffman, 1990). Therefore, being determined to confirm and validate where I was in relation to the HCIC, I attended personal psychotherapy. This was pursued to validate my uncertainty and doubtfulness about training. The uncertainty became experienced at two levels. At one level I felt I needed to “direct” the therapy

process by pushing for a label with which my ego was inadequately integrated a psychoanalytic analogy. Hence, I experienced the anxiety, fear, nervousness, paranoia, lack of confidence, low self esteem, hopelessness and discomfort in training in the HCIC. This implies that in therapy I maneuvered to be validated that I was indeed along the DSM -IV criteria by emphasizing and stressing on symptoms as if they were now part of my living, unaware that with this behaviour I was exerting influence on the psychotherapist to support my own invented reality. It is also of interest to note that the psychotherapist also worked from the psychoanalytic/psychodynamic framework, the notion consistent with the practices within the HCIC.

Our relationship therefore served as the most useful and valuable relationship I had experienced in my life during internship training. Our therapy became a brief series six to eight sessions. Having dialogued with the psychotherapist for two sessions, the psychotherapist considered to view my difficulties to be embedded within my training context (HCIC). The psychotherapist had punctuated my difficulties to be interactional within the here and now in the context of training rather than as residing within me and my earlier relationships. When she suggested and understood my difficulties, I was immediately probed to see the situation as one in which I was beginning to show symptoms as a metaphor of the ecology of a relationship that I formed part of within the training system.

As a trainee therapist I learnt that the way that symptoms are made to fit the diagnostic criteria in the HCIC was different from how this psychotherapist in particular used them. Therefore the importance of taking the context into consideration became valuable. Her way of conceptualization had also alerted me not to stereotype and think that all people trained from the psychodynamic model are necessarily interested in giving patients/clients labels. This further alerted me to discover that psychotherapy is not only about dumping one's issues on the therapist and receiving "better" problem solving skills and strategies. But psychotherapy is also about reflection of one's issues and struggles in life, the reflection of reflections. The discussion below focuses on the voice of reflection.

### 5.2.7 THE "VOICE OF REFLECTION"

From the time I dialogued with the psychotherapist and onwards it became clear that for me to continue the training constructively with fulfillment, I had to acknowledge my part in contributing towards my miseries in the training system. Having been influenced by the theories in systems thinking, ecosystems approach to training and social constructionism I might have entered the internship training system with reservations of my own about the HCIC. This was apparent when there appeared to be subtle symmetrical escalations when I as a trainee expressed my epistemological stance in my presentations and the HCIC maintained its own worldview. Overlooking to understand how all of our existence mutually and reciprocally forms a part of each other and is capable of perturbing and influencing each other's behaviour. As a distinction amongst the psychiatrists, consultants and I our commonal behaviour became constricted and rigid. We maneuvered to hold on to our different epistemologies. We started treating our frame of reference of worldviews as a "thing" which is static and incapable of evolving. Our relationship was thus conflicted. On my part this could have been a blind spot I carried with me in the very beginning of my entry into the HCIC, since I cannot not influence. Another misconception I had was that of expecting to function at the same level within the different training contexts, not considering that rules, norms and times co-evolve with every new meaning attached to a situation.

The psychotherapist had also linked the life of a therapist to that of the wounded healer. In the link as a way of helping me understand the psychotherapist had said, "One needs to undertake this journey of being a psychotherapist through her own struggles in life in order to reach out to others as Jung wrote about it in the 'collective consciousness". The psychotherapist pointed out that it shows how useful it can be for the therapist to bring him/herself into the therapy context. I concurred with this statement as I stated in the journal on the words of Lifschitz (2001 & 2002) beliefs about the healing space, he says "Healers in most collectivities are called to practice not because they are high achievers or are academically proficient in psychology. Rather the calling to healing is mostly heard through the suffering and symptoms which show this person as struggling to form a sense of belonging in the society"(Lifschitz, 2000).

On different occasions the psychotherapist continued to reveal the impact of our experiences as therapists in client's lives. She clarified that, "this ability and openness to show one's own truth about one's vulnerability creates space for the clients, it allows for the relationship of trust to grow". My understanding is that dealing with and being aware of your shadows as a therapist empowers you not to allow your issues to interfere with the client-therapist relationship. Somehow it offers the opportunity for the therapeutic relationship to be an important one in terms of corrective emotional and/or interpersonal experience. I began to relearn that in training as a therapist, and as I continue this journey with patients, I now know how crucial it is for me to attentively listen. To a larger extent, understand that both the client and the therapist together have to co-construct the relationship and meanings for each particular context and experience.

In the literature it is echoed that, "the really decisive moments in psychotherapy, as every patient (or therapist in my case) that has ever experienced them knows, are unpredictable, unique, unforgettable, always unrepeatable and often indescribable"(Capra, 1983, p, 121). At this stage I felt I benefited from therapy. I also realized that as a therapist I would continue to be validated and invalidated at different times by my clients. The both/and of validation versus invalidation seems to be the inevitable part of the struggle of being a therapist as we co-construct reality in our therapeutic encounter with clients. Having explored my experiences of training within the metaphors of voices and reflecting about them, finding closure by bringing all the voices together as follows becomes imperative.

#### REFLECTIONS ABOUT REFLECTIONS

- The metaphor of the voice of "expertness" expressed by conformity to the conceptualization of pathology as observable and controllable by taking an objective stance within the HCIC was identified to be the single most important voice preceding other equally valid voices.
- The identified insensitivity towards the issues of theoretical differences, cultural variations, ethnic differences and the awareness of the involvement of the larger systems within that which is observed and described had a way of creating conflict within the trainer / trainee relationships hence conceptualized as a tower

of terror.

- Acknowledging that we are inevitably part of our own subject matter. The perceptions, realities, explanations and interpretations that are chosen amongst many others they remain as one's own choices. A description of itself, hence they are invented as "realities" and not discovered.
- Language use in the voice of translation is understood to be having logical consistency relative to the context especially when not treated as a true representation of a "thing out there"
- In the voice of confirmation, the qualities and skills demonstrated in supervision by the supervisor appeared to have influenced the thinking of a trainee therapist differently by also fostering growth for the trainee within the context of training.
- Finally, on the metaphor of validation the prior defined difficulties of training as experienced by the trainee within the HCIC in the process of psychotherapy were placed at the different context of reflection where multiple meanings were evolved.

Thus the consultation sessions with the psychotherapist literary took me back to my connection with the Unisa academic context. Hence the next chapter will focus on reflecting my experiences within the Unisa academic context.

## Chapter 5 (b)

### 5.3 THE UNISA ACADEMIC CONTEXT

The program of Master of Arts in clinical psychology at Unisa takes two years of full time attendance. Three major components are dealt with in the context of training therapist and they include the theoretical, clinical training and research input. All of these domains of training are considered to be important although at different levels. Their emphasis is also distributed according to the year of training, that is the first, second or third year of training.

The theoretical input is more on adopting the systems, ecosystemic, constructivist and social constructionist perspective to training. Therefore, the ability to shift from cause-effect or linear point of view to a holistic orientation is crucial as stated previously. Training activities are designed to increase the competence needed by the trainee to be a psychotherapist within the South African community and beyond. Thus the training is multi-dimensional, collaborative and holistic.

The training at Unisa also entails training as an autonomous system where a trainer and trainee participate, contribute and collectively define and address the issue of training. It is appreciated that as the reader/co-author journeys along with the trainee researcher, the extracts mentioned are not to be treated as entities, but as punctuations that the trainee researcher makes and feels they had the impact on her life during training. In the light of this background, a trainee researcher is able to relate and reflect on the experiences as encountered.

However, writing comprehensively about all the activities of training needs sufficient time and effort. Moreover writing a dissertation is bound by rules, procedures, time and money according to the university requirements and standards. Therefore it suffices to punctuate selectively and reflect on some training activities and experiences in exclusion of others. Again the tendency of either getting too emotional and at times excited may precipitate the loss of meaning in the writing as the volume of writing increases. Therefore the context of group and Agape only within the first year of training will be explored. To give a broader outline of training the background information within the first

year of training is discussed next.

### 5.3.1 THE FIRST YEAR OF TRAINING

During the first year of training the were prominent areas of focus namely: group, client centered approach to therapy, ecosystemic theory in general, Agape community healing setting, child psychotherapy, supervision, attendance of seminars and workshops facilitated by second year trainee therapists. Once a week we (trainees) and a trainer/facilitator would meet in what was called “group” at the University. The aim was to discuss personal issues. These issues were at times very intense and emotional. The day after we would meet to discuss and role play the client centered approach to therapy.

Following this as trainees we were expected to be at Mamelodi, some 54 km away from Unisa where the Agape community healing context is based. Agape is where as trainees during first year mostly experienced psychotherapy clinical training with clients. Thereafter, on the following day we would be back at Unisa holding discussions on theory and its application will be of focus. The seminars mostly attended were conducted by people from overseas some of whom had a contribution on the writing on ecosystem theory and social constructionism. This was important since the Unisa approach to training had been greatly influenced by the assumption and principles of these theories. Randomly there would be other workshops throughout the year such as the diversity workshops which also formed an important part of the training. Trainees came from diverse cultural and social background and influences.

Workshops facilitated by the second year trainee psychotherapist would take place later in the year. In these workshops it was expected that a theme of importance be chosen by an individual trainee and then discussed in a group comprising other trainees and trainers. The trainers facilitated issues in the different training domains by joining with trainees in ways that would promote self-correction (Becvar & Becvar, 1996), in various training activities. Having sketched the context of a training program within Unisa during the first year, the discussion that follows will focus on some of the different training activities and my experiences within these activities of training beginning with “group” -

my path into the profession.

#### 5.3.1.1 GROUP- MY PATH INTO THE PROFESSION

The first day of entry to the training program entailed meeting in the group comprising seven trainees and one trainer. The journey of training to be a psychotherapist had many expressions for me. These expressions were used as metaphors later in training. On the first day on my way to Unisa the academic context of training as a psychotherapist I was knocked down by a car. Although I went through a state of shock immediately after being knocked down by a car, I also felt mobilized to continue with what seemed important to me, which was training as a psychotherapist. My state of being did not allow me to treat this unfortunate incident as a stumbling block of training to be a psychotherapist. At the most, I sustained some bruises on my left knee, pains which were not felt immediately came only later on the day.

Overall, as I reflect back and forth about the events that formed part of my experiences in training I had come to realize that the metaphor of being knocked down by a car had remained as a point of reference of my experiences during training. Having mentioned that I would like to relate and recall the day as the meta-communication of all the upheavals I faced during training, on beginning my journey of training within the Masters program, I felt like the car kept knocking me down. Taking part in group during my first year as an activity of training illustrates this.

When meeting with others for the first time in a strange context, finding where an individual is in relation to others is not easy on meeting with others for the first time in a different kind of a context. I observed that initially in the group in training, I was very reserved. However, the other trainees as well began with a similar disposition. This interaction was expected as each member could be experiencing some anxiety meeting with strangers. Again finding oneself in relation to others initially was difficult since an individual was still in the process of orientation, and in search for direction and structure. There was also the subtle dependency on the guidance of the facilitator (Yalom, 1995). Following a few weeks into the training program, the first traces of discomfort and conflict emerged. This conflict would escalate and subside later in the year, but its

discomfort was always felt. Similarly this common experience of conflict was felt at different levels of interaction- that is between trainer and trainees and among trainees themselves. At that stage trainees had begun forming coalitions amongst themselves, which was what I later discovered to be group dynamics.

The most discomfort I experienced was when at one time I felt not needed and insecure in the group. At one stage the group left me and went to the Health Professions Council to register after we had agreed that we were going to leave together because the other group members had transportation and I did not. In this instance we were expected to be back within half an hour to continue with the training program. Having entered this training system and still embedded in looking at situations following the cause-effect notion, it became difficult to see the situation of being left behind by the group from multiple perspectives. I was still maneuvering for structure and direction. Hence, I could not bypass the thought that this action by my trainee colleagues was deliberate. Following this conflict emerged in the group.

The trainer then voiced the observation that I came across as rigid. This label fed into my quietness and isolation in the group. I felt I did not belong to this group. Moreover, I was still convinced that my trainee colleague's behaviour was unacceptable. Therefore I felt disempowered in the realm of socially interacting with the group like this in training. I had lost trust for the group to the extent that even when struggling, I was unable to reach out for help. This limited my interpersonal interaction within the group. I consequently felt lonely as I distanced myself from the group the same way I felt within the HCIC. It would appear that I had a tendency of disappearing in the presence of others, adopting the self isolating style when the situation seemed to appear different to what I had expected.

Sometimes during the group activity I felt confused and uncertain about some issues of the training like all others. But, then I could not risk commenting on my confusion and uncertainty for fear of being criticized in front of the whole group again. I understood the label rigidity to be unacceptable to me then. I was still struggling to understand how in a relationship we reciprocally influence one another's behaviour and the impact thereof. I was still unable to complete a loop in a relationship.

Furthermore, confusion and uncertainty were exacerbated by the fact that many training activities that took place were not well differentiated. In our joining together in class as trainees and trainers we would not have a specific discussion in mind that would be of focus. This was perceived as lack of structure and direction. Training became frustrating and confusing. There was no particular order, even discussions were not formally prepared and presented as in a formal traditional academic context. Unfortunately in “group” one found oneself unable to comment on this, as one would hear the whole group being told by this trainer (the facilitator) that, “actually when you feel confused like that, you are beginning to participate in the training process”. At this stage this comment came across as very insensitive, discouraging, senseless and downright rude. It felt as if the prevailing way to look at the world was to participate in a relationship by looking at who was up (the trainer) and who was down (the trainees) in this context (Satir,1967). It appeared as if the trainer was using his position of power (expertise in training) to undermine the feelings that trainees had genuinely expressed.

In my opinion from the cause–effect description of event which had an influence in my earlier thinking, it was important to have a rational explanation of why the group? What was to be expected in the group? What was the relevance of this way of conversing in the group? This was a stage where I was searching for meaning in the group (Yalom, 1995). Yet during reflection I would be told by the facilitator, “You are still thinking and making descriptions from a perspective of a nurse”. I felt so lost, annoyed and confused. It felt like coming to training with the knowledge background of some sort was unacceptable. Later in group it transpired that every trainee entered the system in the same way. This was a stage where I felt the need to be affirmed that it was alright to come as a nurse and be a psychotherapist trainee. Now I was being forced to question my hitherto unchallenged belief in the impact of the past on the present. The comfort of wanting to hold on to what I know and understand became appealing.

In most cases this would be the case with clients consulting with the psychotherapist wanting to change a certain behaviour that had appeared uncomfortable. However, when ways are suggested to change that particular behaviour, are thus rejected (Watzlawick ‘et al’, 1974). As a trainee this could be the same paradox that I would

found myself facing in group. My desire to train would be counteracted by my frustration in training. For instance, when a skill was demonstrated without me seeing the connection to my personal goal of training as a therapist, I would experience frustration and irritability. As it appeared later, as I was beginning to follow the training processes I had to refocus and rethink these linear cause-effect assumptions. However, at this point I could not yet access complete satisfactory understanding.

Therefore this uncertainty would be coupled with my feelings of not being good enough in the group. For sometime in training I grappled to grasp the language of hypothesizing which is phrased as, "it seems, it appears, it looks like " instead of making concrete matter-of-fact statements. All that left me feeling powerless and voiceless, especially in group interaction. I had lost the confidence and the excitement I entered the training programme with.

Again later in the year I came to an understanding that group focus was mostly geared towards exploring personal issues. Hence, feedback from this trainer challenged our vulnerabilities in group. In spite of all this as time continued in training, once again, I was struck by how I initially felt ambivalent towards this trainer, who seemed insensitive at times. Later I seemed to connect to his style of training, although I am still unsure if I can manage to successfully apply it with clients. The interesting part about this trainer/facilitator in the midst of those harsh criticisms that rendered most of the group members silent in his training programme, the trainer somehow consistently demonstrated the other side of holding the group with empathy within his strategic skills of training. I have to admit that I did connect to this empathic side of the trainer. However, this connection made me unpopular in a group whose members were now coming to terms with one another. I could understand this connection since training in it includes the ability to shift an individual's thinking about his/her ways of observing, punctuating and describing that which is observed.

In the initial earlier stages of my being part of group in training clearly the context of group was perceived as lacking support. Therefore I would find myself forming coalition with the context that appears to have support for me as a trainee. This context would be the Agape healing community sketched as one area of training within the first year. It is

in this context that I discuss the Agape context which seemed to provide support for trainees.

#### 5.3.1.2 THE AGAPE CONTEXT

In the introduction of this chapter Agape was delineated as a place where the clinical part of psychotherapy training during the first year took place. Agape is based outside of Unisa; it is right in the community of Mamelodi commonly labeled the disadvantaged and underprivileged. As a psychotherapy training setting Agape had trainees from Unisa, the Rand Afrikaans University (RAU) and few trainers for supervision and facilitation of the process. According to (Lifschitz, 2000; Molefe, 2001; Seedat, 2001) Agape is a Greek word that means 'brotherly and sisterly love'. The word Agape was supported by the predominant culture that prevailed in this context. Everyone arriving at Agape on Wednesday was warmly welcomed with openness and acceptance. As I entered Agape for the first time it became clear that Agape as a psychotherapy setting was different to what I had anticipated. I had assumed that psychotherapy is physically context based. The physical setting at Agape suggested differently.

The entrance to Agape is not paved. Thick dust and unkempt trees and grass grow wild on the other side of the buildings. On the right side there is a shelter with circling walls, spiraling into an open burnt thatched roof hut. These walls have symbols and writings engraved on them. Adjacent to these walls on the left side there is a huge hall called the YMCA (Young Men's Christian Association). In front of the shelter there stands a crèche which looks well maintained. Furthermore, there is a fence surrounding it with a gate that separates the crèche from the shelter and the YMCA. Briefly this is how Agape is. The setting at Agape may have changed since the last time I did my training there. Apart from that, other extensive descriptions of the setting of Agape were written about previously by many other authors, as Molefe (2001) and Lifschitz and Oosthuizen (2001)

A typical day at Agape would start by people arriving and being welcomed as they came. Then chairs would be gathered into the shelter and put in an "indoro" (the circular sitting arrangement every Wednesday morning). Thereafter, psychotherapy trainees, trainers, volunteers, members of Agape (regulars), clients who had appointments and those coming for the first time would join within the "indoro". The people gathered in the

“indoro” would sit and wait for one trainer to facilitate the group. As we sat one trainer would hold the stick called a “talking stick” and start facilitating the process by talking. When the trainer is done talking, the stick was given to the next person in the “indoro”. This would be a moment of sharing and reflecting on the individual’s experiences and struggles in life. This was contrary to the gatherings at lunch time where achievements, excitements and successes were mostly shared informally.

In the morning within the “indoro” people would start pouring their heart out, sharing their pain, anger, sadness, loneliness, lostness, confusion, uncertainty and at times, achievements. Although there was no strict or clear guideline on what to share, in that spontaneity, there seemed to be a pattern. Individuals shared what felt important on that day. In this way a safe place was said to be open, allowing everyone present to just be. This transpired later for me as I was beginning to understand psychotherapy working this way. In this context no experience was treated as more valid than the other, everybody had an equal voice. Even the voice of silence seemed acceptable. In my opinion people co-created their existence and meaning about being at Agape as they started the day (Hoffman, 1990). Spaces to practise psychotherapy would appear to have been created in various ways than the usual way defined by physical appearance as in having a desk, a couch, a pen and a diary, as I would have expected.

Trainers would at times not assume their leadership role of facilitating the group at Agape as expected. They would just let the experiences unfold by themselves. What emerged later during training was that this whole process was a healing ritual of Agape (Lifschitz, 2001). The focus of this ritual was neither individualistic nor objective, but it was more subjective and intersubjective, as people started connecting with how they felt, thought and believed in the presence of others in the group (Lifschitz, 2000; Gergen, 1985; Hoffman, 1990; Makena,2001). In my opinion, connections there seemed to be created beyond the boundaries of physical space, colour, expert knowledge, individual's sickness and psychological label such as schizophrenic patients.

Having had the privilege of working with the doctors, psychiatrist and social workers prior to my training as a psychotherapist, I had adopted a certain world view which embraced specific expectations within the medical fraternity. The medical fraternity embraces the

notion of curing the sick by alleviating symptoms and pain. By implication there is a professional expert helper who has expertise and is bound by certain ethical codes to serve the vulnerable sick people. With psychotherapy as well I had assumed that it was problem solving orientated. Therefore even my expectation in training was that there are orderly followed written protocol, including rules, policies and procedures that had an ethical implication that trainers and trainees had to follow respectively. With this linear conceptualization I had a shocking experience in my very first day of training at Agape.

Following the “indoro” morning experience as trainees on our first day a client was allocated to us to talk to. I would have expected some guidelines and orientation on how to go about it before being given a client. At least I would have expected an experienced clinician (trainer) to join us in our meeting with the client, maybe listen and guide us trainees as we proceeded. All of us trainees were new in the field of psychotherapy. I had assumed that there was also some psychological jargon that we needed to use in that hour of being with the client. However, being given a task to do, I observed one trainee colleague conducting himself with confidence as he talked to the client. In this session I was still shocked and uncertain about what to do. By this experience it could be hypothesized that I would have functioned and viewed the context of being with the client differently if I had been given a structure and clear guidelines. Not having all the guidance in my disposition made me feel lost, uncertain, immobilized and voiceless.

This sense of being lost and uncertainty was echoed and reflected by the questions raised in dialogue with myself. How ethical could that act of “conducting psychotherapy” be without the presence of an experienced psychotherapists or clinician? This question itself reflected my struggle to find meaning in what I was doing or hoping to do. Later in my training as a psychotherapists thoughts about Agape kept shifting as I engaged more and more with clients and other activities within the context. I started moving away from the linear way of understanding. Before I could understand this training I had thought prior theoretical instruction and the presence of an experienced trainer had to be the guide and sufficient preparation to be able to conduct psychotherapy “ethically”. However, within this context I realized that the ethical participation with the client is in how the therapist forms connections with the client. This would be in humbleness and respect, not necessarily what the “expert” knows or would do for the client (Hoffman,

1990). Moving away from a traditional formalized way of thinking and perception of psychotherapy as for the “other” (the client) to a step where there is an emotional connection with the client. This would further emphasize the non-importance of social identity and status that prevailed in the context of Agape, contrary to what I was used in the medical profession and what I was faced with again in the HCIC. Later I learned that some of the people who came as clients at Agape were now counselors themselves.

At the time I did not imagine that one can think of a continually changing environment as continually opening up further possibilities. The change of environment from being in a formalized intervention setting to being in a non formalized training setting like Agape opened possibilities. This experience also made it possible for me to start embracing the notion of the “multiverse of realities” once I came to understand it (Becvar & Becvar, 2000). There is no single reality that exists out there that could only be captured scientifically as I had always believed. This notion is supported by Hayward that “habitats of species evolve into through their internal pressures, their curiosity and their vast richness of possibilities”(Hayward, 1984, p, 134). By starting on a different professional path, which was training as a psychotherapist that landed me at Agape I could say I had evolved further by my desire to attain knowledge.

Molefe (2001) acknowledges that activities at Agape provide an opportunity for belonging and create the space for individuals to find their voice towards the creation of a healing community. This was echoed in the one experience that transpired as I continued my training at Agape. I used to firmly believe that using the same language is likely to make people interact effectively, since they can understand one another well. At the specific therapeutic encounter with the black client, I had to team up with a white co-therapist in attending a client. Unfortunately, we encountered difficulties. I had assumed that even if I was a black therapist, my role within the context of therapy would be to demonstrate my therapeutic skills that I learnt. In this therapy session, being a black trainee therapist felt like I was automatically categorized into a role of a translator, than a therapist. This was my perception, I observed this client seeking clarification and confirmation from me. The client would then demonstrate that she understood by replying in Afrikaans. But when I engaged her by posing a question she would not

respond to me. On the other hand, with my co-therapist it was different. In this way I felt I was being given the role of a translator and interpreter. For an hour long session all the maneuvers I took to change this situation seemed unsuccessful. As a result I began to feel that the therapist was forming coalitions with the client in living me in the role of the translator. Therefore the therapy suffered as we struggled symmetrically to define our relationship and identity in relation to the client. It became apparent that the issue of language had raised the feeling of discomfort and disconnection between us as therapists. Nonetheless, later following supervision this very issue of language had helped us to connect in our work as trainee therapists.

However, prior to finding other ways to cope with this situation this experience had a huge impact on me as a trainee therapist. I felt very vulnerable because I had this feeling of not being good enough in the context of training. I began to doubt my competence as a therapist - in training when comparing myself with the white co-therapist. This experience threatened me.

In supervision as soon as we were made to reflect on our differences and discomforts in therapy, about the issue of the language, it became clear that one was caught up in a linear way of punctuating. In meeting with the co-therapist in the perceived threat by the use of language, further possibilities of being able to shift one's thinking about language were opened. From the perspective of social constructionism language is a way of punctuating and understanding the experience of the other and it can be expressed in different ways (Gergen & Davis, 1985; Hoffman, 1990; Lifschitz, 2001). If knowledge about the language is viewed as a product of social negotiation within a particular context, therefore in this particular instance between the co-therapist and myself the struggle could also have been a meta-communication about the struggles clients were experiencing, within the larger context of their everyday interactions. This could also be seen as the therapists, struggle to find validation and confirmation in the process of being and becoming therapists. Then at this level the consideration of the social function of the language and an acknowledgement of its interrelatedness to everything became necessary. The questioning of the role of being a translator or interpreter was constructed as a means to find meaning and feel in control over what appeared to be loss of control, the fight to find certainty in the context of uncertainty.

Our struggle was therefore complimentary to what seemed different, two sides of the same coin. Even more essentially, I came to an understanding that the “language” if not treated as a “thing” will grow and take a new form each time between people. To some extent it could be possible to find some level of understanding in the language through personal connections and disconnections formed between people. Therefore, we as people have to be warned that what we build in translation and interpretation is not necessarily what “is”. Hence, I concur with the view that “we need to be most cautious of those instances where we assume that we speak the same language”(Seedat, 2001, p, 127). By observing and utilizing other forms of languages, instead of only a talking language, it shows that if not treated as an absolute, language opens up for possibilities and becomes a useful therapeutic tool. I came to acknowledge the metaphorical meaning of language beyond just talking.

According to Lifschitz (2001) in dialogue with me “healing happens in the languages that bring the unspoken into conversation”. Many preconceived ideas seemed to perpetuate the delineation of rigid boundaries. Hence in the description of this experience with the client and the white co-therapist there is a clear demarcation of colour that I delineated. This would also be consistent with the traditional medical model orientation which values the importance of hierarchy and separateness (Kvale, 1996). Contrary to this, in my perception Agape came across as a place with support for all. This provoked me to realize that my issues and circumstances in living may actually be reflected and mirrored through the client. Agape provided a safe space to talk about most issues that I felt discontented to talk about. It became a place where people could gather, share and even attend other activities together beyond psychotherapy.

Language expanded as a resource in various ways. Through the training at Agape I learnt to respect, show and use the language in various ways. Examples were in forming and facilitating parent groups. In celebration I would join some of the Agape members in singing to express my other articulated voice. At different levels of interaction with people at Agape, I felt a sense of belonging using various modalities of healing. I had gained the experience and the sense of uniqueness, like other community members at Agape. Other regular community members expressed themselves in

different modalities such as painting, sculpting, drumming, cooking, dancing and singing. Therefore, the different forms of connection that could constitute a variety of languages at a different level of relating at Agape became a domain in which people co-constructed their world in social exchange with each other (Gergen, 1985). It would seem that Agape played a valuable role in offering the people who came the opportunity to be engaged differently from their accustomed way of being.

Overall, what I came to value at Agape is the lesson I discovered for myself that rigid expectations precipitated uneasiness where it was not called for. What further transpired for me at Agape was a sense of personal meaning and deep connection with the people I communed with. I started acknowledging and viewing psychotherapy with different lenses. This concurs with Baloyi (2005) that training infuses both the academic professional and the personal growth of the therapist. To date Agape still exists however, it might have changed slightly from the time I was there. Supported by Anderson (1987) is the notion that community exists when people language about it, and that it develops through a process where a shared ecology of ideas is evolved. My partial experiences about the Agape context were echoed in this writing. Training is a continuous process hence Agape captured a glimpse of my experiences in training. The second year of training discussed next will reflect on the further experiences within the Unisa context.

### 5.3.2 THE SECOND YEAR MASTERS TRAINING

The second year of training in MA clinical psychology at Unisa has several focuses. These are: group, strategic therapy, hypnosis, working at the pain clinic, facilitating workshops, attending seminars, one-way mirror family therapy clinic and neuro-psychology training. All these activities of training were important however, I would like to draw from the experience that impacted on me personally and as a trainee therapist. The one-way mirror family therapy clinic was a context where I would say the trainee therapist could be 'discovered or not discovered' in relation to psychotherapy with clients. The therapist was assisted by having other team members behind the one-way mirror observing the therapy session. These therapists would gain the meta-perspective about the therapy, which enables them to make suggestions especially when the therapy got stuck. In particular, one therapy session behind the one-way mirror referred to as

“back to the child” is discussed next.

#### 5.3.2.1 “BACK TO THE CHILD”- THE ONE WAY MIRROR

I had to discover that the aesthetic expressions of a therapist’s own struggles have many metaphors and forms of articulation. Therefore by being cast or exposed in the different activities of training opened up further possibilities. Every moment that I created a space for a dialogue between the client and myself in a therapeutic context, I learnt that I was taking a risk that could inflict more wound and probably intense pain. Paradoxically, I would find myself highly ambivalent towards training, wanting to stay away, run away, hide away or avoid feedback, yet on the other hand persisting to want to know, explore, grow, connect, live, heal and be effective. Just like when I was knocked down by the car as mentioned earlier, I had to hold on to the belief that as I rock into training to be a psychotherapist, there was a possibility of establishing a different way of being and of finding a new meaning. There is a possibility to move away from an either/or situation to that of both/and, embracing both views in exposing my vulnerabilities and allow for possibilities to occur.

In a dialogue when you think something is said by the other out of context, somehow you place less value on it. During my first year of training the trainer that was facilitating the ecosystemic theoretical input said to me “You need to draw more on your intuition and you seem to follow your intuition in most things, and that is most likely what you need to use in your therapy with clients. Using your intuition will assist you to being an effective therapist. You need not focus strictly to what the theory is telling you”. I did not connect with this comment when it was first made because I was very uncertain of training at the time. Whenever I struggled in training I was able to draw from the same words. I discovered the inner child that helped me connect to others who had the same experiences and struggles as myself. I started volunteering to see clients behind the one way mirror. In the encounter with clients in therapy I became spontaneous. I took tremendous risks to be and to expose myself without thinking of caution or consequences.

I punctuate this one session as a distinction amongst other possible versions because it had a direct impact on me. I discovered that when shadows or vulnerabilities are

expressed in the other, somehow they are uncomfortable to bear. It became clear that, at times therapists would tend to behave in characteristic ways that oppose the client when encountering those clients that presented experiences and struggles resembling their own present or past struggles (Lifschitz, 2002). On one therapeutic encounter, I was bothered by this client a teenage boy's silence my trainee colleague was seeing behind the one way mirror. All of us (facilitator and trainee therapists) were observing this interaction behind the mirror. This teenage boy had completely refrained from talking and this was the second session already. The main complaint from the mother was that he completely refused to talk to his mother, school teachers and even peers at school. Because psychotherapy is understood to be a talking cure, a therapist had to "fix" him to talk. However therapy got stuck in the same way as the therapist struggled to make him talk. Most of us were frustrated by this as we observed. It was confirmed in many ways by the comments and reflections made about this client. The supervisor (facilitator) left us in that frustration for a while. I was so frustrated by this I could hardly bear the silence feeling I had to engage myself somehow. This could be inferred as uncommon or strategic therapy (Haley, 1963)

I suggested to the team behind the one way mirror that I wanted to go in there and do something, but I had no particular plan. The supervisor agreed, so he phoned the therapist in there and told him to come out. Immediately I went in and said to the client "let us play a game. Choose a game that you would like us to play and let us play together". The client did not even know me. He just looked at me amazed and said nothing. In his non-response I started talking and playing the "play station" game by myself. I improvised for the game using any toy in the therapy room. I asked him his friends' names, he told me. I then named the toys as players and started playing. Without realizing it, the client joined me in the game. He talked, played with me, but at the same time laughed at me. The therapy became exciting for him. It seemed he could not wait to share this with his mother. Thereafter, the game ended and I excused myself and went out. Then the other therapist immediately came back pretending not to have seen anything. The client was now laughing and sharing with him what had just happened with this "swart dammetjie" (black chick).

The connection to this client in particular made me realize the impact I had on others

with my silence. Hence I was so restless and uncomfortable with this client. My encounter with this client opened up possibilities at that instant. I met my inner child. I entered the child state, felt and behaved like one, I was unaware of it, but others (supervisor and trainee colleagues) did notice. Jung took his time to study this child state. In his findings he described the child as within the collective unconscious and he wrote:

*[It is ...not surprising that so many of the mythological saviours are child gods. This agrees with experience of the psychology of the individual, which shows that the "child" paves the way for a future change of personality. In the individuation process, it anticipates the figure that comes from the synthesis of conscious and unconscious elements in the personality. It is therefore a symbol which unites the opposite, a mediator, bridger of healing, that is one archetype, a universal symbol existing who make whole. Because it has this meaning, the child motif is capable of numerous transformations. I have called this wholeness that transcends consciousness the "self". The goal of the individuation process is the synthesis of the self] (in Capacchione 1991,p,41,)*

When I received feedback from the group trainees and trainers following this session about the success of getting the client to engage with me, I experienced difficulty in accepting the success of the session. Instead I became ambivalent, more psychologically disengaged, distrustful not allowing myself to be in the reality of multiverse. Accepting my limitations, vulnerabilities and imperfections proved to be very hard, as has been the case throughout my life. I had to acknowledge that diversity of descriptions increases the alternatives and meanings the individual attaches to behaviour when interacting with others. This scenario shifted my limitation of feeling helpless and voiceless like a child to becoming a resource. As a therapist I could reach out and work with children in therapy. At times though I did feel this session reduced me to being as inadequate as a child.

Later I came to realize and accept as a distinction that limits are natural and inevitable, but that they are also wholesome and helpful. This was not how I thought of this session with that teenage boy until I reflected on it. Later I realized as noted in the journal that "I need to constantly ask myself why I acted or responded to clients in those particular

ways, by inquiring into my own personal journey and the struggles I carry.” In the ambivalence I had, I came to feel that it was acceptable to be vulnerable, thereby accepting the insecure child part of my adult person. By extending myself in therapy I realized that my weakness and my strength were complementary to each other. I had to learn to draw from my struggles and encountered emotional pains.

Self-reflexivity is not an end in itself, volumes of other data encompassing my experiences in training could have been punctuated for reflection in this dissertation. However, being informed by the ecosystems theory which allows me to draw from my experiences in a meaningful and useful manner, since there is neither beginning nor end, wrong or right, it thus suffice to end my journey of reflection at this point. Hence the chapter to follow focuses on analyzing the presented data and integrating the reflections of training as I perceive them.

## 6.1 INTRODUCTION

The current chapter examines on the content and process analysis of the hospital clinical internship and the Unisa academic training contexts. By subjectively describing personal experiences in the two training contexts, in the previous chapter the trainee researcher has drawn a distinction of the way she understand and construct her world. Keeney (1983) echoes that drawing a distinction is a way of constructing a world and to this effect knowing and constructing what is known is inseparable. Therefore in order to be aware of how we know or construct a reality of what we know, the knowledge of how we know things is necessary. This knowledge is arrived at through the process of analysis which is also discussed in the light of an informed theoretical framework as guided in Chapter 2.

Furthermore, since the main rationale for this study was for the trainee researcher to reflect on how she subjectively experienced training in the respective training contexts, the focus on this chapter builds on that. In the process of gaining some perspective about the two contexts of training - - the clinical hospital internship and the Unisa academic context - - activities that were worth comparing also emerged. Therefore a comparative analysis of the training contexts in terms of the approach to training, activities that were of focus, assessments done and the supervisory style will also be reviewed at the end of each training context in a tabulated form, after which an overall integrative analysis of the process of training will be discussed to conclude this chapter.

Social constructionism posits the idea of collaboration in wherein no one person has a final word or own singular version of reality being treated as the only reality. Social constructionists view the mutual dialogical discourse of a story of all sorts to be of importance (Hoffman 1991). Theorists believe that acknowledging stories this way is an ethic of participation which is emerging in social action and thought. In line with this study, the creative synthesis is used to arrive at the meaningful themes which emerged according to the trainee researcher's own depicted constructions. Reflections and discussions of both training contexts will follow next separately.

## 6.2 REFLECTION AND DISCUSSION

Wordsworth's inspiring words form an axis for my training in psychotherapy. He explains life thus: [Life ought to be a daring adventure, where fears are faced, and goals are continually reached and replaced with wilder dreams. Every mountain holds a riveting rock climb, while waters taunt you to tip your canoe and crashing waves dare you to step inside the barrel. When you listen to your instincts, they guide you away from the hum of traffic, to a place that will invigorate your senses and quench your spirit] (Wordsworth, 1985, p, 26)

#### 6.2.1 EXPLORING THE HOSPITAL CLINICAL INTERNSHIP CONTEXT (HCIC)

Within the HCIC, I experienced my training as disruptive, confusing, harsh, indiscreet and hurtful. I felt pushed and pulled by the consultant who was observed to be incongruent and dishonest within the initial six months of training in the HCIC. To a larger, extent I felt discriminated against, criticized and humiliated in a subtle, yet tactless and cruel manner by the head consultant of the psychology department. I felt there was no room for expressing difference of approach in making clinical assessments and presenting to the others (psychotherapists) from a personally informed theoretical frame of reference as in systems and ecosystems.

At most times I felt as though I did not have the diagnostic language and feared I would probably mess up with the patient's therapeutic relationship and encounter. To some extent I sensed the fear was I would prolong the patient's stay in the hospital. In this manner I felt bullied into submission into the language of the majority (the pathology language emphasis). I tried and struggled to submit to the linear language that was different from the discourse I used in my academic training as a psychotherapist, the discourse of the general systems theory, ecosystemic theory and social constructionism. Hence, the dictative exposure in the HCIC left me feeling like an imposter in a context to which I did not belong.

The above discussed training approach went against the training therapeutic approach that I have eventually evolved into. This training approach emphasized on being genuine in respecting the being of the client and where the client is. Contrary, in the HCIC I observed that the multidisciplinary team cornered the patients/client to fit in the

set criteria of being pathological. This would happen without considering the larger ecology within which this client/patient was functioning. This notion fitted in the epistemology of the context of cause and effect explanations. However, this way of working with clients/patients pushed a lot of emotions for me. I felt voiceless, angry, shocked, hurt, cheated, disappointed, and disillusioned, an extreme sense of inadequacy and failure. My self-esteem was completely ruined by this way of communicating and interacting.

However, Bateson reminds us that it is unavoidable to have a basic epistemology within which to understand and structure the world, and that one be aware of one's epistemology, especially in conducting research and therapy in (Dell, 1985). The importance of being aware of one's own epistemology is that one can be aware of how one comes to perceive and categorize his/her world. This awareness alerts one to the fact that these perceptions are constructed through interaction with others. My behaviour as informed by my childhood background, career history, sociocultural history of the past and present South Africa, played a role in constructing training reality in a biased manner superimposed by my blind spot.

In joining the HCIC it was apparent that the system had the language of their own- - a Newtonian epistemology, which constitutes the linear language that punctuates events in a discrete way of either/or dichotomy. This language had embraced the notion of the medical (biopsychosocial), the psycho being the cognitive/ behavioral and the psychoanalytic models, which reflect this context as a closely knit ideational system. As such, the linear language informing this context could be described as the language with which participant members were familiar as in a family context.

Fourie (1998) describes and attributes this language as linear when looking at how family members interacted with each other. Fourie observed that families had a tendency to attribute causes and effects to events, ideas, perceptions and developments. Within the HCIC, the participant members that have been together for a very long time, such as in families, were observed to hold the same presuppositions, assumptions and explanations when dealing with clients and trainees presented to them.

Looking at my situation at the time, this HCIC managed to qualify me as an identified patient (ip), a member who has a problem that needs attention for the system to continue to function in its usual way. I became the identified other/person of focus in the context. Thus at the very beginning the system had to address my “non fit” profile to the system, as I lacked the necessary and expected diagnostic linguistic skills. Over time in a relationship interactions, thoughts and feelings about interaction affect further actions and a pattern begins to develop (Bogdan,1984). My relationship with all others in the context was ruined. The more I felt excluded, the more I distanced myself and this behaviour (self-isolating style) exacerbated the symptoms I experienced. Even those who were unaware of my situation had begun to read into this behaviour. In the non verbal language they were able to see my distress as echoed by Maturana (1988) who argues that human systems are embedded in language. I could not not communicate (Haley, 1973). I therefore, found myself disillusioned, stuck and ambivalent towards this training system, until I could renegotiate my position and not think of training as a given. Therefore, the language used in this context is to be conceptualized as providing explanations for that which the system experienced, perceived and had constructed within its environment. Considering its frame of reference, the linear language is to a larger extent consistent with the bigger ecology.

Bateson (1979) mentions that the way one perceives this communication world is in terms of difference. As I compile this research and taking a meta-perspective on training, I am able to understand that from an ecosystemic perspective an individual singled out to have a problem cannot be seen to be the sole repository of a problem, nor should her family (in this case the academic side) of my training necessarily be viewed as the locus side of the trainee's problem. Instead the identified problem should be understood by also looking into the training context where it occurred.

In the ecosystems perspective, a focus on entities like pathology, inadequacy, incompetence or even incompatibility is understood to form part of a wider context (the consensual domain) within which certain values and meanings are attached to certain behaviours or actions. Several authors echoed that reality does not exist out there, but it is framed by previous thinking and conceptualization ( Becvar & Becvar, 1996, Gergen, 1985). In realizing this I began to understand this training context differently. Hence, I

started embracing the thought that my life was not going to be defined in terms of these entities. These given labels were not going to alter my goal of being a psychotherapist one day. In that way I could actually draw from my previous experiences and strengths. The perception of being “gifted” had formed an integral part of my belief system as confirmed in different areas of my academic life, therefore I had to find a way to achieve my goal of training. Consequently, I put more effort on models expected within this context-conforming to the set rules of the context.

By reflecting on my experiences it seems clear that this linear either/or language will lead to a validation of certain ideas and an invalidation of other ideas. In this context, for instance it was apparent that the medical, cognitive and psychoanalytic models of therapy are validated over the systems or ecosystems perspectives. Thus an important shift from the ecosystems perspective might be to explore how the focus on such entities/distinctions is related to a wider belief system. Observing these entities as part of an intricate network of distinctions and ideas would constitute that shift, instead of resuming to blaming the context entirely.

I have to acknowledge that as a trainee within this context at some point I did appear to be trapped by these entities and distinctions. Hence, I felt more confused with the least confidence that I could bridge that gap. This concerned me deeply, but I could not gain the meta-perspective of the situation at the time. All I could do was to be in the dance of symptomatology versus asymptomaticity. This shows the subtle power struggle to have control over a situation that seems very disturbing emotionally.

The systems theorists suggest the reciprocity of influence within a relationship. Haley (1977) believes that relationships may become psychopathological when one of the people engaged in a relationship maneuvers the other's behaviour while behaving as if he/she is not. In this way Haley refrains from seeing psychopathology as an innate thing, but as a function of a relationship. The social constructionist echoes this by emphasizing that the process of languaging enables one to complicate one's relationship with others. The experienced symptoms reflected my unexpressed emotions about being in this training context. These symptoms could be perceived as a result of social processes versus something that occurs internally (Hoffman, 1991).

This kind of behaviour indicates the important implication of using the either/or language in a context where every relationship is just as important which is the development of ambivalence amongst the participant members. Confronted with the fact that my academic achievement were suddenly redefined as worthless, I found myself questioning my self-worth, whether under such circumstances my training as a psychotherapist was ultimately void of any meaning. However, interactions in this training context needed to be understood as functioning from the complexity and the interdependency of the ecological system in which it is embedded. Therefore, this behaviour accorded with a cybernetic epistemology that stresses on focusing on both sides of any distinction needed to be explored as such.

By understanding that the HCIC functions within a logical positivist thinking mode, the distinctions of being labeled competent versus incompetent becomes logical and reasonable. The HCIC subscribe to the logical positivist principles of dualism and reductionism, in which the world can be viewed in one way only. Although it appeared as if the internship training program had caused all the difficulties I encountered in training, it needs to be acknowledged that as many factors could have had an influential bearing on the matter, and that could be achieved through understanding the cybernetic language.

The cybernetic language suggests an attempt to focus on patterns and differences rather than causes and effects. It hinges on pondering and contemplating, not on absolutizing and reducing of complexities and alternatives. Here the emphasis is on collaboration, in the sense that contributions of all participant members are valued as highly as any contributions in the system. If cybernetic complements interact together to maintain their integrity as an interaction system, then likewise the training system of this kind could be conceptualized as a system interacting through different, complementary types of behavior to maintain its stability as a system. The validation of this nature may result in what could be called both/and in cybernetic language. This means that not only were all perceptions validated, but both sides of a situation, arguments or explanation had to be continually considered.

The argument that follows is based on the fact that as much as the HCIC cannot be entirely blamed for the difficulties experienced in training, it cannot be entirely justified. The training system has a responsibility to train and polish the skills of a trainee therapist. This is supported by Snyders (1985) who describes training as a learning context in which a trainee therapist learns and develops skills which could be applied in therapeutic encounters with clients. It is therefore assumed that a trainee gets involved in training to gain a solid knowledge and skills base that will enable him/her to increase his role repertoire when encountering all kinds of clients.

It is further argued that training includes participation in some behaviour as well as practicing specific ways of handling what was learnt. In my opinion, by the merging of the systems and ecosystems approach when making patient presentations could have been handled differently by the consultants of the psychology department, since training presupposes the evaluation of and receiving of feedback on the proficiency of learned material (Baloyi, 2005). Furthermore, clinical training is viewed as continuous. To this effect I could not only be judged on the strength of the fixed ideas about what needs to be known in a linear way. Hence, what took place in this context during training can be perceived to have been an epistemological error. To support the latter opinion, later during training an effort was made by the consultants in the HCIC to rectify the mistake and was duly acknowledged.

During the next rotation, the head consultant organized object relations training for the interns every Friday morning. The turning point in my training took place when the new supervisor was allocated to me during the second half of training. Just when I thought my training to be a psychotherapist was over, the new supervisor stepped in as elaborated in the previous chapter. Although, initially this whole effort seemed meaningless to me, an ecosystemic therapist would understand that in the process of living and conservation, human system tend to absolutize meaning to the extent that the world becomes the "territory". This way the mind and behaviour become conditioned to think and act within certain limits. In my opinion, these limits were my "non fit" to this training system. I also had a different belief system about achievement, competence and adequacy which contributed to my world to be perceived as falling apart. Hence, initially I was cautious, scared, anxious, suspicious and distant from this new supervisor.

I disallowed the supervisor attempts to tamper with my fragile vulnerable self, preferring to contain my emotional pain within as opposed to sharing it with her. This soon illuminated the awareness of the opposition stance. This stance is observed to enhance resistance from the party being labeled as dysfunctional/incompetent. I felt threatened that I could lose my training, which implied losing my credibility as a person, especially before my friends, family and colleagues. The perception of being gifted had formed an integral part of my belief system. Therefore, the theme of control over my life by remaining competent and adequate was important. To a larger extent, this theme was a woven and integrated belief in my family subsystem. Therefore, disappointing and letting my family down was unacceptable to me. I had that strong sense of responsibility to uplift my family through my academic achievement. This supervisor carried me through to fulfill this role as elaborated in Chapter 5(a).

Looking at my circumstantial experiences through the lenses of the therapeutic process, I can argue that considering alternative ways of thinking about the situation usually results in slight shifts in cognition, meaning and perception. Simple cybernetics reinforce that it brings about change (Keeney, 1983). Through those lenses the supervisory-trainee relationship had evolved. This eventually helped me to feel empowered. I have to acknowledge that from the beginning this supervisor/trainee relationship was characterized with respect, understanding, care, competence, support and encouragement. There was a circular complimentary process.

In that way a non opposition stance which does not necessarily mean being agreeable, was considered to introduce what is known as the news of difference, as our trainer - trainee relationship evolved (Keeney, 1982; Bateson, 1979). Our relationship was more complimentary encompassing both/and of our behaviour. Watzlawick (1974) posits the idea that when the existing behavioural languages in interaction are such that they cannot accommodate or assimilate the event or idea about the event, and are not in a position to be discarded as meaningless, a new idea, interpretation, explanation, or activity could emerge. This new way or understanding is describable as something "uncontrollable, even incomprehensible, a quantum jump, a sudden illumination which unpredictably comes at the end of a long, often frustrating, mental and emotional labor" (Watzlawick 'et al', 1974, p, 23) .

Although I took sometime to accept this shift in our relationship, I believe the supervisory-trainee relationship had evolved to that level. This was through our mutual reciprocal influence of one another as we continued to co-create our world of understanding. This way of interacting refers to the ability to engage in various possibilities through a respectful attitude that values all participants. Translated to a therapeutic setting as a trainee therapist I would say this unconditional positive regard demonstrated by the supervisor, also known as an ethic of participating in a client - therapist relationship is a requirement when engaging with clients (Rogers, 1951). This further confirms that training and psychotherapy are inseparable. Our engagement influenced my thinking and behaviour in training, which further impacted on the larger training context. Presenting and meeting the expectations of the HCIC opened possibilities for me to fit within the system. Perceptions of the other consultants shifted. In many ways this supervisor respected where I was coming from she nurtured, emphasized and cultivated what I needed to be empowered with, which was to be an effective psychotherapist.

Without hesitating I could declare that this supervisor provided a safe context for me to learn. Although she worked within the frame of reference of the psychodynamic model, she valued different input and ideas from me and encouraged a dialogue of multiple descriptions about the client/patient's history and behaviour. That way she created a comfortable space for me to address the difficulties I experienced during my encounter with clients. By also taking the necessary step to commit myself to difference rather than finding safety in giving up or being ambivalent, I had to find an alternative way of dealing with this label of being incompetent. However, this new pattern could only emerge through attaining the complimentary balance in our relationship. Therefore, this collaborative effort paid off for me in the very context where I felt alienated. The supervisor showed interest in my personal and professional growth. This supports the notion that both/and cybernetic language can only emerge when there is a consideration of the intricate network of possibilities in an open ended manner.

Furthermore, although I finally attended psychotherapy eventually, it is important to acknowledge that already there was a shift in the pattern of interactions between myself

and the training environment. These sudden changes were reflected upon by the psychotherapist, this way:

[I choose to acknowledge the changes as part of the healing process, although psychoanalyst could have said it is resistance, in your case, it seems, it happened just when you have only started therapy, therefore there can be as many explanations to this ].

In this way she was also acknowledging the circular and complimentary relationship that existed among us myself, psychotherapist and the supervisor. It became apparent that in my relationship with her, the latter supervisor provided me a context in which I could perceive my inadequacy, incompetence as a process of engaging in further learning. The feeling of safety in supervision provided holding for both my inadequacies and incompetences. Contributing to a view that a system is able to self organize.

My psychotherapist also provided me with the safest relationship I have ever experienced in my life. Her ability to combine honesty and caring greatly facilitated my development as a person and a trainee therapist. I was allowed to look at myself in a truthful, yet non-threatening manner. By my psychotherapist offering me a broader conceptual frame of reference of my struggle, an increased positive attitude and the feeling of adequacy were established. I came to accept my sense of inadequacy and failure as a necessary part of learning and success. I refrained from the fear of being evaluated, since it was part of training and it is life in general. The psychotherapist and I also co-evolved to a place of acceptable sharing, wherein I began to acknowledge my vulnerable feelings. Hence, I came to value myself, accept my strengths, weaknesses, recognize my self-worth and to trust my own opinions, instead of relying on those of authority figures who often misuse their positions of power.

The reader/co-author is made aware that we are in constant permanent instabilities. As such the meanings attached to this incident must not be treated as fixed entities, but rather as a context for a series of alternatives to evolve. Individuals therefore are invited to create alternative constructions for representing their understanding of this text. I must however mention that at this stage this is in retrospect, that I am able to indicate the recursive pattern of my interactions, as I take one step out. The place where I am the observer describing the observed as part of the observing system. Suffice to say

that my journey as a psychotherapist in a clinical setting has indeed made a profound difference to my orientation to a clinical understanding and action of psychotherapy.

In conclusion about the HCIC I acknowledge the writings by Auerswald (1987). In his writings he refers to a poker/bridge problem in which players are unable to play cards since they each want to play a different game that they cannot agree on the rules - - that is a game without an end. It is an option that an individual has to choose in the available alternatives of either playing or not. Whilst the player is uncertain and confused, but chooses to play, the question will be 'does one continue to play a game with the previously known rules or compromise and learn the new rules which allows continuity of the game? (Auerswald, 1987). The challenge is to acknowledge that, without the mind set into playing, it is futile to attempt and be in the game. It is obvious that within the HCIC I felt stuck and confused. By continuing to resist the use of the pathology language, I attempted the game with old rules. Hence, I failed in the process because I had no intention of learning the new rules of playing the pathological language game. Evolving in the game includes incorporating the rules of both sides so that it may become an interesting new game only. Then I could refer my presence in the system as ecosystemic. At this point the construct of adequacy/inadequacy, competence/incompetence, fit/unfit came to have less value. It was a process of creative unfolding more than anything else. Having reflected on the essential experiences I had on the HCIC I participated in, I present the comparison. This is to be placed in perspective with the Unisa academic context as follows.

- ❖ Training approach: embraces the professional atmosphere that is problem focused, directive, formal, highly structured, with a clear hierarchy
- ❖ Activities: from the multidisciplinary team the focus is towards individual patient, diagnostic, directive, and more technical and skill based
- ❖ Assessment: linear punctuation is adhered to, patients are assessed in terms of symptoms which need to be correctly diagnosed with the DSM IV criteria and use of psychometric tests and treated accordingly.
- ❖ Trainer style or Supervision: the supervisor 1 (first six months) was strictly about patients, very instructive, critical, dishonest and controlling. However, supervisor 2 (last six months) also focused strictly on patients, but also facilitated, was

- collaborative, respectful, provided assistance and tolerant.
- ❖ Trainee response: overall:-oppositional, discomfort, uncertain, fearful, hurting, pervasive tentative and vulnerable.

#### 6.2.2 EXPLORING THE UNISA ACADEMIC CONTEXT

The behaviour of an individual is heavily influenced by the effects of the other. What transpired in my description when we had group, was that I struggled to conceptualize my circumstances. Little did I understand that, the process of a “hot seat” was actually part of training. Hence, I felt critical towards the trainer facilitator in group. Whilst that experience was a necessity for trainees to evolve into different ways of thinking about the actions and behaviour of the others in order to enable trainees to describe different patterns of interaction in relationships. The experience was however provoking and frustrating. In my understanding, therefore, a shift in the perception and conceptualization came about very slowly, since initially I was rendered passive and voiceless because of the fear of being exposed and criticized by the facilitator.

The voicelessness and hesitancy to participate in front of the others in group irrespective of the comments made by the facilitator might have been exacerbated by the fact that I had a medical background as a nurse. This had influenced my way of thinking. As such, in my perception, you were either ill or well, in good or bad behaviour. This way of thinking was embraced by the traditional scientific linear medical frame of reference in and it influenced my interaction with other people. To a greater extent this thinking is also endorsed by the historical cultural norms of our society. Therefore, this view of my trainee colleagues and the trainer facilitator in group as good or bad was actually consistent with this frame of reference. To this effect the experience of a “hot seat” in group might have been beneficial, but a lot of tension and frustration was created within the group. To a larger extent, as we went our separate ways to do internship, some relationships with the group members were immediately lost. However, other important relationships were retained with a few others as we continue to communicate and dialogue about training and our future as psychotherapists.

It is evident that training at Unisa entailed the recursive interrelationship between the trainers and trainees. Together we had to co-construct meanings and ideas about

training ( Anderson & Goolishan, 1987). Hence, even within the Unisa training program, I had different understanding of different contexts of training, not necessarily that I viewed one context to be better than the other. Group seemed more provoking, frustrating and challenging as opposed to the Agape context which seemed more accepting, open, holding and supportive. Agape was also viewed in terms of its interconnection with a broader society. At Agape the theme of interconnectedness was evolved in the midst of my uncertainty about training. This allowed me and many others to get a sense of belonging in the world chosen for few that of psychotherapy.

Following this it appears that through training and partaking in these training activities within the Unisa context further ideas about training and their possible meanings continued to co-evolve. Hence, my initial understanding of psychotherapy as cure as influenced by my medical background had shifted during the course of training in this academic context. However, this understanding was also achieved by encountering difficulties and challenging circumstances within the training context. The challenges faced were very frustrating, creating huge conflict's amongst trainees and trainers. After all understanding the world through the ecosystemic and social constructionist lens was a new idea to many of us. Although it sounded simple to comprehend, it was difficult to accurately put to practice. Hence, even in behaviour and action I was still weaving between first order cybernetics and second order cybernetics which are described in Chapter 2.

Engaging in different training activities at Unisa such as group, the Agape context, neuropsychology and family therapy did not include training as having one singular meaning of training, but that training is diverse and collaborative. The use of an ecosystemic approach by the Unisa context allowed for a different description of the trainee researcher's experience of training to emerge differently as opposed to the HCIC training described previously. Following the ecosystemic epistemology it shows that views, ideas and behaviour are not to be treated as separate and unrelated, however that a recursive impact on the relationship is to be focused upon. Understanding this impact allows an individual to understand how and what rules are maintained and confirmed in relationships. This understanding would further be achieved by focusing on the existing sociocultural context, the ecology of ideas of an individual and the patterns

of interaction within that relationship.

The trainee's poor performance, feeling of inadequacy and incompetence for instance will not be viewed as one isolated character an individual has. This perception will be connected to the ecology of ideas of the larger system within which an individual functions. Hence, trainers were able to identify key areas through my therapeutic encounter with clients and others, that which as an individual I could focus upon to be an effective therapist in the future. Having reflected about the Unisa academic context this way, I therefore present the following in comparison with the clinical internship context.

- ❖ Training approach: was mostly informal. Formal to specific areas, but was mostly unstructured. The sense of structure was not easily identifiable; there was no clear hierarchy of trainer, trainee, and co-trainers as they influence one another in a reciprocal, empathic and human way.
- ❖ Activities: were a more collaborative effort, reciprocal influence and healing, training for the trainees, clients, as well as trainers, as they co-create and co-construct their reality. More self-reflexive model, wherein trainers see themselves as part of the training process and do not regard trainees and clients as something independent of themselves and separate.
- ❖ Assessment: circular, people were assessed in terms of relationships that people had with each other. Within their immediate environment, difficulties were mostly conceptualized to be subjective and contextual.
- ❖ Trainer style or Supervision: facilitative, collaborative, appreciative, respectful, creative, tolerant and permissive
- ❖ Trainee response: confidence, motivation, enthusiasm, gradual risk-taking, spontaneity, responsibility, confidence and belonging.

Having highlighted the experiences of my training and made the comparison of how I view each context in terms of the above responses. I now summarize the essential themes that I could arrive at as follows:

- ❖ Throughout my training I identified myself with the struggles my clients were battling with. I felt the connection to those in need, just like I was in need.

- ❖ I needed my trainers to train me, if they perturb, to hold as well, when they obliged I felt enabled to continue as a therapist.
- ❖ Much of the difficulties which characterized my training experience could be attributed to my feeling inadequate and fearful of confrontation, criticism and failure and the need to be in control over my life.

### 6.3 INTEGRATIVE ANALYSIS

It is impossible to think anything (or at least to know precisely what we are thinking) unless we can put that into words or some actions. The communicative patterns of our language in most instances place limits on the kinds of thought we can have. Our thinking are punctuated in terms of the communicative networks and the world of meanings, understandings and narratives we have with each other (Gergen,1985). Consequently, any group of people within a society can be identified by the taste, knowledge, and beliefs shared by its members. By following on these identifications, an individual may move comfortably within a given group or he/she can be utterly miserable trying to fit in a group he/she simply thinks he/she does not belong to (Roth and Scroggins,1970).

Hence, the theme that struck me in my training experiences is that of belonging. The loyalty to continue with training and the fear of criticism and failure implied a desperate need to belong in my part, which in turn explained to want to be in the caring health profession, and identify with the suffering of others. This way of punctuating events helped me to appreciate the difficult moment I encountered in my training as a psychotherapist. My life experience in the training context has been marked by this exceptional theme of belonging, which also allowed me to evolve in the experiences I had. These experiences as a trainee prompted a host of doubts and serious questions about my belonging in the context of training as a psychotherapist. For me, this journey was loaded with doubts, failures and fears. However, at other times it appeared to be filled with hope. In the interim it is still unclear if I the trainee have been able to overcome completely the pain in the struggle to belong and to grow, both personally and professionally. I have to acknowledge that I had a tough time right from the start of my training as a psychotherapist.

I am aware though that this journey of training as a therapist has opened pathways in various ways that helped to harness my pain. In this way it has proven to be amongst the most cherished gifts. I came to realize that an individual is at least pulled in two directions at once. The one part is to be part of a group, to belong, to need and be needed by others, yet the other part is to be an individual, very unique, separate and independent at the same time.

Not being the first I acknowledge that woundedness has been a powerful image from generation to generation in expressing suffering and displacement in our society. Therefore, on some subtle and yet profound level, the expression of wounds reveals where the barrier between the world and us breaks down; where the pain of differences and separateness (separation - difference dialectic) can be recognized and grieved (Lifschitz, 2000). Being forced to travel the path of training, which I felt would have been better if I never attempted to travel, I am able to recognize and grieve my woundedness and further find some connection with others. However, caring supervisors could obviously have sheltered and nested me during the training process, but that in itself could never have been sufficient to prepare me for the journey of being the therapist. As supported by Vanier (1998) belonging is a rock on which we stand. It fosters emotional security and cohesion, as it exposes an individual to learn a lot about him/herself learning about own fears, blockages, capacity to give to others, to share, to grow, to live and work together. Metaphorically, I believe we rock from our insecurities and stumble to find a balance, at the same time the instability of the rock and the stumbles in our part help us to find new ways to balance or be still.

Despite the significance of this journey so far traveled, it would be dishonest to claim that I do not continue to ask myself whether the intense pain so far felt which preceded in the training process was a necessary condition for me to grow as a therapist or not. Part of me is convinced that it was, I have once witnessed my grandmother's healing potential in relation to the clients who came to seek for that healing after undergoing difficulties in her training to be a healer. Another part of me is not, yet convinced since my grandmother died in 1982, whilst I was still eager to learn and witness some more of that healing potential. This does not imply that she had unilateral powers to do anything for

the client, but that through her suffering she was able to touch the lives of many, including the outcasts of the society (mentally incapacitated). Reviewing the presented data, it is clear that this journey entailed different reactions the negative and positive to different individual trainers and the contexts within which I found myself. Belonging in the clinical psychology training context brought aspiration as my clients, trainees and trainers became companion towards my journey to self acceptance, because of the unique way in which everyone of them had touched me.

I therefore, acknowledge that when I set out on the journey to reflect on my training experiences on this research project, my intention was to put blame for my difficulties at the doorstep of the training program. Nevertheless, I have again found it difficult to attribute blame to the clinical training context that I view to be oppressive. I have since realized that the presuppositions and assumptions held in the context could not fail to influence, as individual persons are also uniquely informed by the social constructions that surround their living. Hence, in the same context I experienced the holding and the non holding. In addition, focusing on the recursive process of the larger context reflects the ecosystemic epistemology which informs this study. Bateson (1979) also reinforces the thought of not giving up as he opines that creative thinking must always contain a random component. Bateson believes that mental progress can be achieved through endless trial and error especially when embarking upon pathways randomly presented. To some extent, when these ways are tried are somehow selected for something like survival.

This chapter was aimed at explicating some themes in the training experiences of the trainee researcher through discussion, reflection and analysis, scrutinizing the different ways of thinking and meanings attached to those thinking within the different training contexts. The next chapter seeks to bring closure to this study by summarizing the conclusion, limitation of the study and making future recommendations.

## Chapter 7

### DISCUSSION AND CONCLUSION

The study was aimed to reflect on my experiences in training and the meanings co-created within the different training contexts. It was pointed out in the study how these experiences in training as a therapist informed my subsequent behaviour even outside the training context. Prior to training I viewed psychotherapy in general with different lenses and how that had shifted during training was explored. I highlighted that the ecosystem and social constructionist epistemologies would be used interchangeably to guide the study. To gain the understanding of these epistemologies they were juxtaposed with the biopsychosocial model, the psychoanalytic and the psychodynamic views. The constructed and reflected experiences during my training were viewed in terms of their connection with the larger societal beliefs. My judgement of training was mostly influenced and consistent with the dominant world view of measuring success, competence, adequacy and achievements.

According to one of the aims this study was conducted following the issue of concern triggered by my experience in training. This concern arose from my perception of being “non fit” to the context, which adheres to the linear scientific endeavour( the biopsychosocial model). The ecosystem’s perspective that encompasses all other perspectives emphasized in this study that the biopsychosocial model be viewed as yet another reality that is context specific and not otherwise. *This is achieved by looking beyond the boundaries imposed by this model in the HCIC to consider the network of meanings and intersubjective process that organizes its importance and value within the training system.* Nel explains that “there is no single way to describe a phenomenon of psychotherapy training” (Nel, 1992, p, 88). Every training context and trainee’s experiences can never be described or reflected upon in the same way. If I were to repeat the experiences I chose to reflect upon, in a different context and at a different time, the results would not be the same. However an attempt was made to create lenses of training and reflections of my own experiences in training.

#### 7.1 IMPLICATIONS FOR THE TRAINEE RESEARCHER

Through juxtaposing the different epistemologies followed in the different training contexts within this study I was able to provide contextualized understanding and meanings I created around training. Themes that emerged during training were explored and the study has shown how they were intersubjectively created. Reflecting on my

experiences gave voice articulated and unarticulated to the spoken and unspoken, expressed and unexpressed emotions during training. I believe that the last two chapters followed by this one allowed me in and out of my helplessness. In that way I became adept to being objective as the traditional logical positivistic methodology would have expected in a study. Again I was not completely subjective either, as that would have made my thinking to be encapsulated as if there is a single reality out there about training. In the course of this study my thinking was allowed to co-evolve as I co-constructed my reality differently. This was through reading, writing and reflecting. In this way the study evolved to be intersubjective. The sociocultural and historical factors, the theoretical premise and the hands-on psychotherapy practices played an important role in shaping my perceptions and views of the different training contexts cognitively and emotionally.

Reflecting on training about training made me aware of the extent of my feelings and attitude towards training and training processes. I was moved to re-negotiate my beliefs about myself and psychotherapy training. Amongst those other beliefs are the expectations that psychotherapy training should be the same in different training contexts at different times. Yet, psychotherapy is context based. I had to learn that I have to engage and separate in a flexible way within different contexts that I may find myself in the future.

Finding a way to express and articulate the encountered emotions was intentional. However, the meanings of the experiences that came out of this study evolved unintentional. Through other voices from literature, theory, supervision with trainers and the personal psychotherapy, I was compelled to take a meta-perspective. In writing this text I was allowed the possibility of articulating the ecosystems perspective. I learnt to respect other theoretical epistemologies and understand their richness in their respective contexts. In that way although still hurtful my training experiences are validated rather than negated as I anticipated. Throughout my involvement in training as a psychotherapist the training remained uncertain and unpredictable. This also reminded me that my behaviour and experiences within the training contexts carried a significant value in the process of training, since I cannot not learn. I believe that this experience will constantly remind me to allow the process of therapy to unfold on its own without

feeling that I have the obligation to do something for the client.

I have realized that diversity and difference are necessary. This study has opened new possibilities and meanings that I ascribe to training. My way of perceiving, thinking and describing have broadened as I acknowledge the view of the “multiverse of realities” (Becvar & Becvar, 2000).

## 7.2 LIMITATIONS OF THE STUDY

Limitations in this study seem to lie within the subjective self-referential nature of the discussion. In that way it becomes difficult to distance myself from the training experiences and take a complete meta-perspective in training. This is partly due to the motivation for this study which had a persecutory connotation within. The fact that this study is imbued by the personal experiences of the trainee researcher, carries with it the blind spots and biases of the researcher, which contributes further to its limitation.

The self referential nature of the study also suggests that experiences reflected upon are informed by my epistemological premises and maps. Therefore the study cannot be generalized across time and context. An in-depth study will have to be conducted whereby the sample size would be increased. The participants from different training context would also be invited to reflect on their experiences in training from their frame of reference. It is only then that the study of this nature can be generalized. Furthermore the study accommodated the exclusion and inclusion of certain selected materials that could have been used. This could have been biased since the material derived from the one subject (participant and researcher). However, the view in the qualitative research that reality is multiverse allows the study to be limited by being context specific and context based. It was highlighted that this view is consistent with the perspective adopted by the ecosystemic epistemology which guided this discussion.

Using information from the multiple data sources as elaborated in Chapter 3 may yield as validity. However in this study the availability of the data sources is to a larger extent from the perspective of the trainee researcher, the subject in the study. This subjects the whole discussion into a single reality view. From the traditional quantitative

methodology this would be perceived as compromising the validity of this study. However, this study is about the researcher's subjective reality which is not measurable, therefore, it is valid in that way. Moreover the informal discussions held with trainee colleagues only served to reify the version of the training presented here.

Being the main source and instrument in the study I could not manage to keep caution of my biases and prejudices. Seeing that the nature of the study was infused personally, I could have validated some claims and invalidated others that appeared to be inconsistent with my belief system.

### 7.3 IMPLICATIONS FOR THE TRAINERS AND FUTURE TRAINING CONTEXTS

I acknowledge that trainers in the training contexts also wished to reveal their thinking, styles, assumptions, values and philosophy about training and psychotherapy in general. However it is also important for trainers to acknowledge that trainees need to be adequately prepared to meet the challenges of training beyond the academic fabric of training. The pragmatic practices of psychotherapy in institutionalized clinical mental health settings also have their routinized protocols, procedures, assumptions and values about training. It is apparent in this study that anyone who wishes to work in the similar mental setting needs to be fully orientated about these expectations. Failure to do so makes training come across as threatening and harmful. As echoed by Lifschitz (2000), other rituals like training do have the potential to both heal and harm.

### 7.4 FINAL REMARKS

I the trainee researcher influenced the choice of this study by choosing the topic, however the context of training also influenced me to choose the topic for this study which is reflection on training. Conceptualizing this way refrains from the linear cause-effect of punctuating to that of circular reciprocal interactive processes, where there is neither beginning nor end, but a complete recursive loop. Viewing the beginning and the end to be arbitrary punctuations suggests that the end of my training experience had evolved to suggest the beginning of another training experience. My experiences at school and in the undergraduate studies entailed the beginning of another training experience. As I enter the Clinical Masters Psychology training, this further entailed the

beginning and the end of another training experience. Again as I got involved with the HCIC, another experience within the training context was evolved. Lastly, as I do a write-up of this research which also forms part of training I am aware of the beginning and the end of another training experience which will be taken further in my therapeutic encounter with clients. Training thus emerges as an ongoing process that will continue to unfold in my future encounter with clients, individuals, families, groups, trainers, trainees and so on.

It is of interest to me to acknowledge that In the future as I read about the works of other researchers who may have undertaken a similar type of study or elaborated on this one, the view that training is not static but evolves differently at different contexts would have been supported. In this way “the therapist’s story (experiences) may never be final or concluded” (Nel, 1992 p, 98). Therefore as I begin my future career as a qualified psychotherapist in encounter with clients I would have begun to explore new experiences that would enable me to expand my role repertoire as a psychotherapist.

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