

**AN ECOSYSTEMIC VISION OF VISUALLY DISABLED THERAPISTS**

by

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## SUMMARY

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The purpose of this study is to explore the experiences (both professional and personal) of the therapist who is visually impaired or blind.

This is a post-modernist dissertation contextualised within the ecosystemic-hermeneutical epistemology. These paradigms are two sides of the same coin and emphasize a social constructionist worldview. A descriptive methodology within the domain of language and narrative discourse is utilised in accordance with this worldview.

The narratives of two research participants were recounted through the researcher's lens within particular 'dimensions of understanding'. These 'dimensions of understanding' were interpreted, deconstructed and co-constructed (with the research participants). Thus this dissertation operates simultaneously on a number of different levels which emphasises the social constructionist worldview. This also allowed for the hermeneutic-ecosystemic analysis of these 'dimensions of understanding' as method of data analysis.

There are also emerging 'dimensions of understanding' from the researcher's own perspective and personal experience as a visually impaired therapist in training.

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## **KEYWORDS**

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Epistemology, ecosystemics cybernetics, hermeneutics; social constructionism; narrative; visually impaired; blind; therapists; context; self referentiality; qualitative research; social support relationships.

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## CHAPTER 1

### INTRODUCTION

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#### 1.1 ON BEING BLIND

The experiences of persons who are blind/visually impaired are under-explored and seldom heard. It seems the attention which visual impairment/blindness attracts from society is one of social stigma and stereotypes. Words such as incompetent, dysfunctional, inadequate, dependant and different, amongst others, mark the reality of the visually impaired/blind person. The physical difference from “normal” people is something perceived by the sighted world as over and above all the other characteristics of the visually impaired/blind person.

It would be superficial, if not naive, to think of blindness as a blow to the eyes only, it is a blow to one’s self-image and one’s very being. Blindness/visual impairment can thus in some way be seen as a death of sight, which allows for the birth of an alternative way of being, a death of sight into an alternative sight.

It is not intended to discuss the causes of blindness/visual impairment to any extent in this dissertation, as this matter is dealt with fully in medical literature. Beaty (1992) offers the following definition of blindness/visual impairment; he perceives it as the loss of psychological security, physical limitedness, a loss of reality contact, loss of visual background, loss of ease of written communication, amongst a myriad of other losses he expresses.

Ceconi and Urdang (1994) reflected on disability in terms of its “likeness” and “difference”. They provided meaningful insights into multiple perceptions of disability in discussing notions such as marginalisation, normalisation, integration, participation, objectification, liberating empowerment, minority group

orientation, generalisation, etc. Very important is their explanation of the de-humanising languaging regarding this loss, namely as a deficiency.

The text that follows investigates these and other lived experiences of visually impaired/blind therapists and outlines the journey of this dissertation, a journey that involved myself (the researcher) and others as participants in the exploration of this research topic. The ideas presented in this paper form a perspective which is only one of a myriad of ways in which this dissertation could have been constructed, and is by no means exhaustive. The meanings of this perspective have been formed by incorporating certain texts, and not others, and by having conversations with certain people, and not others. In addition, it is assumed that each time readers engage with this text, its meaning will be reconstructed within the context of their own worlds.

In this text some assumptions are made about what the reader knows and understands, with regard to the definitions and meanings of some words. It is also acknowledged that words inform meanings, and that different people attach different meanings to the same words. Ideas and concepts are not as clear-cut as the words that are used to describe them, and this can sometimes create confusion between what is thought, what is written and what is read.

The ideas behind this research evolved from my own experience as a person who is visually impaired. I wanted to make heard the untold experiences of visually impaired persons, which occur within particular social contexts and relationships. I sought to promote a relationship between myself and the research participants I interviewed, that was based on non-hierarchical positioning. The hope was that the research participants and myself would share our stories, coming together in a co-construction of meaning, where these individuals become co-researchers. This emphasises the importance of relationships in the social world and that every person is in fact connected in certain ways to others. The implication is that a person is affected by and at the same time affects those with whom he/she is in a relationship (Moore, 1984). In

this study, participants are viewed as relational beings existing within their social worlds. Relationships are regarded as important and form the context of both disability and the social perceptions of it.

## 1.2 REASON AND RELEVANCE

I myself experienced my life contexts as unsupportive and minimising. The context of myself as a trainee clinical psychologist was experienced as one where I felt powerless, inadequate, incompetent and insecure causing me to reflect deeply on my own able-ness.

The double-binds that I found myself in were those of being 'expected' (or so I believed) to be independent, competent in all levels of therapy, and not in need. Yet the double-bind being that, by virtue of being disabled, these very qualities were what I experienced myself as not being most of the time.

I was therefore curious about whether other therapists who were visually impaired/blind had similar or different experiences of therapy. This prompted me to examine the issue more closely by choosing it as the topic of this dissertation. Thus, I for the purpose of this dissertation, explored through narrative means the experiences of other therapists and their experiences of therapy.

## 1.3 PURPOSE OF THE STUDY

My interest in this particular topic emerged through the desire to find a voice to story my own experiences, as well as the personal and professional experiences of other visually impaired/blind therapists. I became curious about how other therapists who are visually impaired or blind:

- story their experiences, as well as themselves; through these experiences of being blind or visually impaired;

- deconstruct dominant discourses which construct their experiences as therapists who are blind or visually impaired; and
- story their 'not-yet-said' (Anderson & Goolishian, 1988) therapists' experiences.

The overall aim of the study can therefore be described as a process which would facilitate the telling of stories about their personal and professional lived experiences by therapists who are visually disabled and/or blind, to listen to these stories and to deconstruct and co-construct reconstructed new and alternative narratives of understanding.

In view of this general goal, I would also like to achieve the more particular objective of therapists questioning the reproduction and maintenance of socially constructed discourses and stereotypes of visually impaired/blind persons/therapists. The process of deconstructing these discourses can empower these therapists to confront and interrogate these discourses, enabling them to find a voice for their unheard narratives and to re-story their stories.

There is a further need by myself to have these stories told and heard, as well as an understanding conveyed to an, at times, ignorant sighted world. If one asserts that people live by stories, then therapy is about stories, that is, therapy is about language and the necessity becomes one of giving a voice to a marginalised discourse (Botha, 1998).

#### **1.4 META-THEORY AND METHODOLOGY**

Different models use different means to explain and "treat" disability. For example psychodynamic theorists focus on intra-psychic factors, behaviourists stress situational factors and cognitive theorists focus on a person's cognitions. The many theories' approaches to disability reflect diverse ways of explaining aspects of disabled individuals. The more traditional approaches tend to view

disability as if it existed in an objective sense. A post-modern interpretive framework is proposed by Hoffman (1990) as a means through which therapeutic texts can be co-constructed. This is in alignment with the qualitative research design adopted by myself. Hoffman says: " In therapy we listen to a story and then we collaborate with the persons we are seeing to invent other stories or other meanings of the stories that are told" (Hoffman, 1990, p.11). According to the social-constructionist approach followed in this study, a subjective stance is assumed. What is seen from within the system itself is described and the focus is on the way that a person creates his/her own reality within his/her social or cultural context.

With the advent of family dynamics research and family therapy, therapy shifted from the individual to the system. The systemic approach views the individual, his/her family and group contexts (Rober, 1999). This sets the stage for the ecosystemic and hermeneutic approaches, which I adopt in Chapters 2 and 3, and which are based on general systems theory, cybernetics, ecology and written and languaged texts. These approaches focus on the individual within his/her context and includes the therapist or researcher, in the description of the system.

Against this background, the methodological process that I employ in Chapters 3 and 4 is based on Anne Lamott's (in Muller, Van Deventer & Human, 2001) formula for fiction writing, namely the ABDCE: Action, Background, Development, Climax and Ending. The Action would include the exploration of the aforementioned study and study field, namely the visually impaired/blind therapists in their current personal and professional contexts. The Background consists of the descriptive, historical and systemic associations and connotations of the past and present of these therapists. This then leads into the Development which included the labour intensive qualitative process whereby stories are constructed, deconstructed and reconstructed. Within the development the relevant literature was also explored and made applicable. The Climax then, is the 'place' where one has explored all one can explore and some kind of pinnacle

is reached where there is an extrapolating and saturation of dimensions and sub-dimensions of understanding. Inevitably there always needs to be an Ending and this would be where I would reflect on the research and dissertation writing process in Chapter 5.

### *1.5 REPORTING OF RESEARCH*

By means of an ongoing collaboration with the participants, in order to confirm my interpretation of what has been said, the dimensions and sub-dimensions of understanding were co-constructed with the participants. Each participant had an opportunity to view parts of and/or the whole of the draft of the report as well as to comment on it.

### *1.6 OUTLINE OF THE DISSERTATION*

The four chapters that follow have been constructed by looking at the research topic from different perspectives. Although these chapters are presented in a linear, progressive manner, their construction occurred in a recursive and non-linear manner. Even after a chapter had been completed, I returned to it a number of times, to add and link aspects of it to the other chapter which I was writing.

Chapter 2 outlines the concept of meta-theory and presents the epistemological underpinnings of this dissertation, both theoretical and personal. The theoretical includes the post-modernist premises which I follow, through qualitative research. The ecosystemic is the epistemology which I fit. This epistemology looks both at systems, and the written and languaged texts, with which they are interpreted. I follow a social-constructionist approach within this epistemology and feel that narrative research is the most effective vehicle to convey this reality in practice.

Flowing from this, Chapter 3 focuses on the hermeneutical dimensions of ecosystemic epistemology and particularly on the related methodology applied in this dissertation. The methodology utilised is the fiction writing formula of Anne Lammott, namely the ABDCE Action, Background, Development, Climax and Ending .

Chapter 4 reveals the untold stories of the visually impaired/blind therapists and their experiences of therapy. It attends to how interviews were conducted and to the processes which unfolded. The relevant literature is made applicable to the various dimensions and sub-dimensions of understanding which were interpreted from these narratives and which were co-constructed with the research participants through a process of recursive feedback loops. This allowed for the deconstruction and reconstruction of new narratives and meanings.

Chapter 5 reflects on the aforementioned chapters as well as the processes that unfolded through this exploration. Various strengths and limitations are made explicit and recommendations for further study are made.

## **1.7 CONCLUSION**

Very little attention has been given to the lived experiences of people who are visually impaired or blind. In particular even less exploration has been made of the experiences of therapists who are visually impaired/blind. This study will therefore reveal the untold stories of two such therapists in an attempt to give a voice to these unheard experiences. In the next chapter I will first explore meta-theoretical dimensions related to epistemological and methodological approaches in order to position myself and the dissertation within a particular paradigmatic point of departure.

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## CHAPTER 2

### *META-THEORETICAL POSITIONING*

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#### **2.1 INTRODUCTION**

As explained in Chapter 1, the field of this study embodies therapists who are partially sighted or non-sighted and their respective experiences of therapy with their clients. In this chapter the meta-theoretical discussion will centre on concepts such as paradigm and epistemology, ecosystemic thought and language, constructivism and social-constructionism and meaning construction through language and narrative. Additionally, a discussion regarding the assumptions underlying an ecosystemic epistemology is included. This is because the field of study is to be described in terms of an ecosystemic epistemology, which affords a holistic perspective. Furthermore, those tenets that reflect my personal experience as a trainee therapist will be explored. The author's transparency impacts on the construction of the research process and is in keeping with the post-modern notion of subjective integrity. Moreover, both therapists who have been interviewed in this study subscribe to an ecosystemic paradigm.

#### **2.2 EPISTEMOLOGY OR PARADIGM**

Bateson (1979) defined epistemology as:

“A branch of science combined with a branch of philosophy. As science, epistemology is the study of how particular organisms or aggregates of organisms know, think and decide. As philosophy, epistemology is the study of necessary limits and other characteristics of the processes of knowing, thinking and deciding” (p.242).



Keeney (1983), on the other hand, refers to the term 'paradigm' as 'epistemology'. He describes the term and the purpose of studying epistemology as follows:

"I use the term epistemology to indicate the basic premises underlying action and cognition. Examination of our epistemological assumptions will enable us to more fully understand how a clinician perceives, thinks and acts in the course of therapy" (p.7).

The meaning of the words 'epistemology' and 'paradigm' are, however, fundamentally different (Dell, 1982). Auerswald (1985, p.1) refers to the paradigm as "a subset of rules that define a particular segment of reality". Epistemology is for the South African Pocket Oxford Dictionary (Branford, 1987, p.308): "the theory or science of the method or ground of knowledge". According to Auerswald (1985) epistemology means a paradigm of paradigms or a meta-paradigm, which is a theory of knowledge. McLeod (1997, p.9) refers to epistemology as, "how we know what we know".

Epistemology thus allows for an understanding of how we understand our experiences, and therefore functions on a meta-level (Keeney, 1983). Lincoln and Guba (1985, p.14) refer to the relationship between "the knower and the knowable" – which refers to epistemology as being on a continuum between subjectivism and objectivism.

Lincoln and Guba (1985) further identify and name three epistemological stages as follows:

- (i) Pre-positivism - identifies the observer's descriptions as value free and the observer as separate from the observed.

- (ii) Positivism defined by Reese (1980, p.450) as “a family of philosophies characterised by an extremely positive evaluation of science and scientific method.”
- (iii) Post-positivism - which appears to be somewhere in between on the continuum, where the observer is conceptualised as not separate from the observed, and cannot be entirely objective.

Post-positivists view the world holistically, and assert that reality is constructed by the observer (Lincoln & Guba, 1985). This results in a subjective reality where the observer and the observed are regarded as inseparable. What we observe relates to the manner in which we construct our reality. Thus, many different realities exist simultaneously, as each person creates these through his or her individual perceptions, senses and cognitions. The post-positivists maintain that every observation is subjective (Lincoln & Guba, 1985). According to Parker (1998), the subjectivist or “relativist” position sees reality as relational and contextual. No objective reality exists outside of each person’s constructions of that reality.

Epistemology goes beyond simply being an integration of different theories into some frame of understanding. Rather, it is an integration of personal experience and relevant theory to explain the process of how we understand what we understand about our experiences in the world. One should also realise that through reflection the researcher affects what knowledge is constructed. Therefore, one needs to be aware of one’s own epistemological basis of knowing the world.

In order to try to understand someone’s epistemology, we need to understand how that person makes distinctions and punctuates experiences. “An observer observes by *drawing distinctions*. In other words, what we perceive always flows from an act of making a distinction” (Keeney, 1983, p.24). Therefore, it is

important to explain the epistemology of myself as researcher in order to understand the basis on which the research evolved and the assumptions that were made, as well as why some aspects were explored and others not.

The topic of this research was chosen through the process of my own experience of being partially sighted. Experiences prior to becoming a therapist, as well as those during the process of becoming a therapist, will be included in this study. In addition, the theories that find an appropriate fit with these various life experiences will now be expounded. The theories discussed are also understood by the research subjects, namely the therapists who are respectively blind and partially sighted themselves.

These theories are: post-modernism, ecosystemic theory, social constructionism and a narrative approach. The perspectives that this dissertation adopts, integrates both theory and personal experience into a coherent whole.

### **2.3 A POST-MODERN, ECOSYSTEMIC EPISTEMOLOGY**

Unlike Newtonian-Positivism, which speaks a language of rules, the author tends towards a more intuitive framework which seems well suited to the post-modernist paradigm. According to Anderson (1997), our society is no longer a closed and traditional one with the same strongly held belief system of modernist societies. We now live in a new and complex world where there are multiple 'truths'. This 'new post-modern paradigm' asserts the idea that truth is made and not found. There is a universe out there, but the beliefs and facts regarding it are a result of the interaction between the universe and human minds (Anderson, 1997).

Fourie and Lifchitz (1985) note that in traditional psychology problems are seen as residing within the individual. This approach typifies the medical model's conceptualisation of psychological problems. In contrast to this, the ecosystemic

model views problems as being situated in language. Efran and Lukens (1985, p.28) state: “problems are in language. Until ‘language’ a problem does not exist”. This holds true in a therapeutic context and has important implications in therapy. Anderson and Goolishian (1988) propose that the problem should be seen as creating the system, rather than viewing the system as containing or creating the problem. Thus, the decision as to who to include in the therapeutic session is determined by those who are included in the language reporting about the problem rather than by the system - which is often defined by social organisation, for example, the family.

Ecosystemic theory cannot, therefore, be considered to refer to family therapy or individual therapy in the traditional sense, as it may encompass individuals, families, or anyone in the broader system (such as referring agents, teachers, psychiatrists) depending on who is conceptualising or speaking about the problem. Boscolo, Cecchin, Hoffman and Penn (1987) speak of the “significant system” which “includes all those units (persons or institutions) that are activated in the attempt to alleviate problems brought to professionals for a solution” (p. 23). In ecosystemic therapy, therefore, the problem is seen in terms of the ideas about the difficulty rather than in terms of behaviours located inside persons or families that are thought to be dysfunctional (Boscolo et al., 1987).

An ecosystemic view is thus adopted where holism and the notion of synergy is taken into account. That is, not only is the whole considered to be greater than the sum of its parts, but the relationship within and between different elements and levels of systems is given emphasis, as all are perceived to work together towards achieving a common aim. Thus, an ecosystemic approach to the study of therapists who are partially or non-sighted and their experiences of therapy aims at discovering these therapists’ experiences in their existential contexts, in which such experiences unfold and are language.

Furthermore, using an ecosystemic epistemology, the context of relationships becomes central and individuals are seen to affect each other's behaviour in a circular and reciprocal manner. Ecosystemic theory describes the processes that give meaning to the context. Subjectivity is therefore inevitable, as the observer becomes a part of the reality he/she is constructing from each person's individual perceptions, understanding and experiences (Becvar & Becvar, 1996).

In this sense, ecosystemic theory is similar to post-modern social constructionism in that it focuses on language as informing the construction of meaning. A system is no longer merely a group of people, but an "ecology of ideas" formed through linguistic processes between people (Coale, 1994). The idea of linear causality is replaced in the ecosystemic approach by concepts of feedback and pattern, and of recursion and complementarity.

The ecosystemic model includes that all-important cybernetic principle of feedback. Keeney (1983) notes that a cybernetic epistemology proposes that we see both sides of any distinction drawn by the observer. For example, where one may distinguish between the therapist and the client as separate entities, a cybernetic view looks for patterns (which may be redundant sequences of behaviour) between the two, which connect them. The cybernetic view is one which focuses on such recursive sequences of interaction or 'pattern' and the way in which such patterns form the basis of organisation in systems, rather than on the parts which constitute them (Keeney, 1983).

Behaviour in a system is controlled by feedback mechanisms. Wiener (in Keeney, 1983) states that: "Feedback is a method of controlling a system by reinserting into it the results of its past performance" (p.66). Keeney (1983) says that what may appear to be linear cause-effect interactions may in fact be seen as parts of a larger area of recursivity that occurs in all systems. Sluzki (1985) speaks of "first-order cybernetics" which is concerned with the principles of regulation in living systems, or, the noting of feedback in such systems.

Understanding feedback mechanisms enables one to grasp how living systems maintain their organisation (through negative feedback) and how they undergo change (through positive feedback).

A further development in cybernetics has been referred to as the 'new cybernetic' or 'second-order cybernetics'. In this framework the feedback of feedback was recognised (Sluzki, 1985). The 'observer's' role in 'observing' the system is fed back into the system to become part of the very system which is under observation (Sluzki, 1985). Thus, a second-order cybernetic view sees therapy as consisting of both the observer and the observed (Boscolo et al., 1987). The observer can no longer be thought of as controlling the system from the outside, as was the thinking associated with a first-order cybernetic view. Rather, the observer can only perturb the system of which he/she is a part; the system will then react according to its own structure (Varela, 1989). Relating this back to the therapist's experience of the lack of physical sight within the therapeutic context, it is important to emphasise that therapeutic change occurs through the feedback of feedback in the therapeutic system (comprising the client/s and the therapist) and represents a higher order of feedback to that which occurs in the system on its own. Recognising both first- and second-order cybernetic principles of feedback and pattern are essential to an ecosystemic model of therapy.

Exponents such as Paré (1995) lean towards a third-order cybernetics with an emphasis on communal observation and interpretation of the communally observed and interpreted multiple realities within families as "storying cultures" and "interpreting communities" (Paré, 1995, p.2,13). Therefore, one can understand that the 'stories' of clients are considered important in ecosystemic therapy. Therapists listen to dominant discourses (often problem-saturated) that can be deconstructed through a co-creation of alternative stories which could facilitate change. This change process was seen to occur through the transformation of meaning in the client's world (White in Coale, 1994), the aim being to bring non-dominant stories that clients hold about themselves to the

surface. These non-dominant discourses were seen to contain the possibility of empowering clients and amplifying their ability to solve their own problems. Therapy thus becomes a dialogue that facilitates the accommodation of the needs and desires of all participants (Becvar & Becvar, 1996). In other words, therapy is co-constructed between the therapist and the client. That is to say, the therapist's reality and the client's reality create a reality which is mutually influenced. The therapist is not merely a 'blank screen' on which the client's reality is projected. The therapist also brings his/her construction of his/her experience of reality.

It is important at this point to draw a distinction between constructivism and social constructionism. The former sees all stories or interpretations as having equal validity whereas the latter regards some stories as having greater validity than others (Rapmund, 2000).

## **2.4 CONSTRUCTIVISM**

A constructivist view of the world maintains that the world that we think we see is only a view, a description of the world (Keeney, 1983). According to constructivists, the process of perception is the act of drawing a distinction – separating the foreground from the background (Keeney, 1983). Bateson (1979) refers to it as 'punctuating'.

Constructivism does not aim at knowing reality but seeks to understand the way in which we construct multiple and diverse realities (Simon, Stierlin & Wynne, 1985). Hence, there is a shift from the 'observed system' to the 'observing system', with the notion being that we can only know our construction of reality, not reality itself (Hoffman, 1988). Constructivism shifts from searching for reality to looking at our construction of reality, thereby implying that there are multiple realities. They assert that as each of us lives in and creates reality in a different manner, each of our realities is equally true. From this perspective, we can no

longer talk of a universe, but rather of a multiverse of many equally valid observer-dependent realities (Becvar & Becvar, 1996).

In the process of observing, we construct our reality and thus it becomes important to understand the assumptions according to which we construct this reality. For constructivists, “the entire therapeutic venture is fundamentally an exercise in ethics – it involves the intervening, shaping and reformulating of codes for living together” (Efran & Lukens, 1985, p.270). Therefore, the notion of ‘observed systems’ is replaced by the notion of ‘observing systems’ (Keeney, 1983). This leads to a ‘consciousness of construction’ which implies continuous reflectivity. Self-referentiality is intrinsic to our experience of reality and implies that the observer is part of the observed. If a description of what is observed tells us more about the observer than about the observed, knowledge cannot be viewed as ‘value-free’ and ‘reality’ is thus seen as a construction. This entails ‘knowing about one’s knowing’ and this is a recursive process (Keeney, 1983).

Speed (1991) criticises constructivists for going too far in suggesting that reality has no relevance at all to what we know. She proposes an epistemological view called co-constructivism, which takes the view that reality is constructed according to the ideas generated co-operatively by individuals or groups. According to Speed, our ideas determine what we see, and ‘reality’ partially determines what we know. Speed points out that, just because we filter reality through our perceptions, does not mean that reality does not exist. Co-constructivism thus adopts the view that what we know, happens in the relationship between the knower and the known (Speed, 1991).

Constructivism, on the other hand, attempts to understand how realities and interpretations of realities are constructed, rather than search for the existence of a fixed reality itself (Simon et al, 1985). Constructivism assumes that we only know our construction of reality (Hoffman, 1990b). We cannot know anything about reality other than our construction of it. We construct our realities through



our senses, cognitions and perceptions. We are not always aware of these constructions and so reality seems to be separate from us, 'out there' in the world (Von Glasersfeld, 1988).

When referring to the notion of how an individual views the world and constructs his/her reality, Von Glasersfeld (1988) uses the word *fit*, and explains it by referring to a key fitting into a lock. As a lock may be opened by numerous keys, so too a variety of constructions will fit a given set of experiences. One construction may be chosen because it fits the way we see or have already constructed the world.

We can therefore see how constructivism does not see reality as objectively observed, but as a construction by the observer, as taking place within the observer. Constructivism does not take the role of social interactions into account in this construction of reality into the account. We will now focus on how social constructionism differs from constructivism.

## **2.5 SOCIAL CONSTRUCTIONISM**

Hoffman (1990a) states that social constructionists place an emphasis on social interpretation and the intersubjective influence of language, family and culture. Meanings thus emerge from "a flow of constantly changing narratives" (p.2-3). However, social constructionism is unlike constructivism in that it sees the creation of knowledge not as an internal process, but as an inter-subjective social process where perceptions co-evolve within a network of communication (Fraser, 1992).

Constructivism assumes that all constructed realities have equal validity, whereas social constructionism proposes that some realities are regarded and construed as more valid than others. Constructivism does not take into account

the role of language in the process of creating meaning, nor the possibility that broader social networks contribute to this process.

Social constructionism understands reality as a construction that functions in relation to the belief system we bring into a particular situation and according to which we operate. The context in which we create meaning thus becomes a crucial component. This post-modern stance understands that the self is not isolated but is constructed in relationships (Becvar & Becvar, 1996). Social constructionism maintains that knowledge, including scientific fact, is a construction of the mind in the social domain (Goolishian & Winderman, 1988).

Social constructionism focuses specifically on the normative narratives, or social discourses, which both inform and are informed by the meanings people attach to their reality (Doan, 1997). Social discourses often subjugate, deny and pathologise people's personal realities by the dominant discourses found within society. When this occurs, people who are pathologised then begin to perceive themselves as problem saturated and compare themselves to idealised roles within society.

Therefore, social constructionism and post-modernism challenge the idealised role of the 'expert' in therapy. Instead, client and therapist are seen as co-creating a shared reality. Nooman (1999) states that therapists, like their clients, bring their own way of relating, affective needs and personality into the therapy situation. Thus therapy, as seen by social constructionists, is a co-creation of meaning wherein all parties participate in the interactive exchange.

Hoffman (1988) observes that therapy is a mutual system of influence, which creates space for change in the therapist's construction of reality. The inclusion of the therapist into the wider system generates a need for self-reflection. Therefore, the therapist must be aware of how his/her construction of reality affects the construction of the reality of the client. This study thus endeavours to

understand the multiple realities which therapists who are blind or visually-disabled bring into the therapeutic context and as such, form part of the co-construction of meaning in terms of the client's construction of his/her multiple realities.

Dell (1982) understands that "speaking about experience or reporting experience can only be a reflection upon or a representation of experience" (p.57). Dell notes that there are differences between our experience, our description of that experience and our explanation of the description and the experience. Thus, there is no objective reality and our awareness of the value-based nature of human activity as a personal responsibility (Keeney, 1983). The implication behind this is that therapists should take responsibility for exploring and understanding the implication of their epistemology on the process of therapy. The therapist thus assumes the responsibility for facilitating a social-constructionist context which will open spaces for the expansion of multiple realities and generate new meanings. Therapy is a process of expanding and saying the 'unsaid', thus the resources lie in the "circle of the unexpressed" (Anderson & Goolishian, 1988, p.38).

Meanings are thus formed in interactions through the medium of language. Social constructionism asserts that knowledge is generated interactively through the vehicle of language within a context that has certain characteristics (Gergen, 1985). These aspects influence the practice and understanding of how therapy follows, as well as how this process impacts on the aim of therapy and the role of the therapist. Social constructionism shares these two premises with post-modernism, namely, that language is important in the process of meaning-making and that the central focus is on relationships.

Erickson (1980, in Freedman & Combs, 1996) contends that a therapist's job is to understand the beliefs and experience of those people who come to consult him/her. The therapist's beliefs are not to be inflicted on clients.

He stated:

“... Psychotherapy is not standardised procedures... of mere application of truths and principles... it is unique... and requires creative effort by both therapist and patient... What is needed is the development of a therapeutic situation permitting the patient to use his/her own thinking... understanding... emotions, in a way that best fits him/her in his/her scheme of life” (Erickson, 1980, in Freedman & Combs, 1996, p.223).

In this a belief is encountered that people can continually and actively re-author their lives (Freedman & Combs, 1996).

Erickson (1980, in Freedman & Combs, 1996) also utilises the principle of alternative experiential realities with the conviction that one need not be limited by the belief system that one is born into. He adds, that all psychotherapists should read and know anthropology, because different ethnic groups have different ways of thinking about things. Our experiential realities are constituted through our language. Language can lead to altered states of consciousness and thus it is important to choose appropriate language, especially when suggesting a more workable reality to a client in therapy (Freedman & Combs, 1996).

White and Epston (1990) examine the narrative metaphor and find use in the ‘interpretive method’ introduced by Gregory Bateson’s work. Bateson (1979) used the notion that there is no objective reality, based on the idea first introduced by Korzybski, that the map is not the territory and the thing is not the thing named. In all thought, perception or communication about perception, there is a transformation, a coding between the “thing” and the “thing named” (Bateson, 1979, p.205). The process of perception is a subjectively created experience and a process of transformation where reality is constructed. The metaphor of ‘maps’ implies that our knowledge of the world is formed in mental ‘maps’ of ‘external’ or

'objective' reality... each map having a different interpretation of 'reality'. Bateson also reminds us of how important time is, demonstrating how the mapping of events through time is essential for the perception of difference, for the detection of change (White & Epston, 1990).

White and Epston (1990) propose that the narrative metaphor consists of various stories concerning different maps that can extend through time, thus combining both of Bateson's concepts, namely 'maps' and 'time'. As people begin to inhabit and live out these alternative stories, they are freed to live out new self-images, new possibilities for relationships and new futures (Freedman & Combs, 1996).

When we use both narrative and social constructionism frameworks in developing metaphors for therapeutic work, we see how the stories that circulate in society constitute our lives and those of the people with whom we work. Kathy Weingarten (1991) writes:

"In social constructionism, the experience of self exists in the ongoing interchange with others... the self continually creates itself through narratives that include other people who are reciprocally woven into those narratives" (p.289).

Similarly, narrative therapy is based on Paré's 'third world' view (Freedman & Combs, 1996). Paré (1995) asserts that there are three beliefs that exist:

- (i) Reality is knowable – its elements can be discovered, described and used by people.
- (ii) We are trapped by our own perceptions – in attempting to describe reality, we learn more about the individual doing the prescribing (the therapist) rather than that of reality.

- (iii) Knowledge arises within communities of knowers – the realities we inhabit are those we negotiate with one another.

Paré (1995) states that there has been a gradual – and as yet, incomplete – evolution from the first to the third views over the course of a century. One can distinguish an approximate relationship between Paré's three views and the first-order cybernetic, second-order cybernetic and narrative/social constructionist worldview.

Freedman and Combs (1996) developed the narrative social constructionist approach even further, positioning it within what we referred to earlier on in this chapter as 'third- order cybernetics'. They emphasise the following four ideas:

*(i) Realities are socially constructed:*

The social construction of reality describes how ideas, practices, beliefs and the like come to have reality status in a given social group. Hoffman (1990a) favours ideas relating to social constructionism since, instead of seeing individuals as stuck in 'biological isolation groups', which she conceives as having an evolving set of meanings that emerge from interactions between people. These meanings may not exist in an individual mind as such – they are part of a general flow of constantly changing narratives (Freedman & Combs, 1996).

*(ii) Realities are constituted through language:*

In agreeing on the meaning of a particular word or gesture, we agree on a description. This description shapes subsequent descriptions, as well as direct our perceptions towards making still other descriptions. Our language tells us how to see our world as well as what to see within it. Language does not mirror nature, but rather creates the natures that we know (Freedman & Combs, 1996).

(iii) *Realities are organised and maintained through stories:*

Languages are essentially shared activities. They begin when one challenges the concept of knowledge as mental representation. Knowledge can be seen as that which is represented in linguistic propositions, rather than something that people possess in their heads (Freedman & Combs, 1996).

(iv) *There are no essential truths:*

In the narrative worldview, all we can do is interpret experience. There are many possibilities for how any given experience may be interpreted, but no one interpretation is 'true' (Freedman & Combs, 1996). Different selves emerge in different contexts, and no one self is truer than the other (Freedman & Combs, 1996).

## **2.6 MEANING CONSTRUCTION THROUGH LANGUAGE AND NARRATIVE**

In both post-modernism and social constructionism, language plays an active role in fulfilling social functions by helping to contrast individuals and social realities (Gergen & Davis, 1985).

Language is the medium through which understanding is both formed and shifted. We cannot understand or conceptualise anything for which we have no words or language. It is through language that new meanings are generated, which result in different ways of perceiving, acting and understanding. Language is seen as the means whereby we create meaning out of our experiences and make sense out of our lives; it is seen not as a representation of the world, but rather as constructing that world (Oosthuizen, 2002).

Our understanding and experiences of ourselves, as well as of the world, are informed by the position we take in relation to one another (Frankenburg, 1993). In the context of therapists who are visually-impaired, the meanings attached to being a visually-impaired therapist are co-dependent on the meanings attached

to being a client receiving therapy from a therapist who is visually-impaired. Furthermore, the meanings pertaining to being a therapist who is visually-impaired are informed by the meanings of what a visually-impaired therapist is not. This can be linked to Bateson's ideas of 'difference', which proposes that a thing is only known and understood because it is different from another. Thus, our sense of identity is formed by comparing how we differ from others, which in turn informs and is informed by socially constructed meanings and which affects and is affected by our experiences of ourselves and of the world (Keeney, 1983). Bateson (1979) discusses how the combination of diverse viewpoints provides depth, relevance and greater understanding - this he calls, 'double description'. The concept of 'context' allows us to achieve a holistic understanding and seems to link with 'meaning'. Without context, words and actions have no meaning at all (Bateson, 1979, p.24). Relationships are therefore reciprocally influenced by the meanings created through language (Anderson, 1997).

This dissertation attempts to focus on how visually-impaired therapists experience and understand themselves in therapy. It also attempts to focus on how the positions adopted by these therapists in relation to their clients influence the meanings and understanding of the experience. The approach which is adopted is social constructionist under the umbrella of the ecosystemic model, as this approach forms part of my training and fits with my constructions of reality. Ecosystemic theory sees the therapist as a "collegial co-creator of new stories – a neutral guide in the exploration of possibilities" (Hoffman in Coale, 1994, p.7). The meanings that the therapist brings are not seen as separate from those of the system encountered in therapy, but rather as an integral part of it (Coale, 1994). Story telling and narratives are used as a means of meaning-making to understand the experience of the therapy for therapists who are visually-impaired.

McLeod (1997) states that communication, through story telling, is a basic human activity. Narratives tend to transmit a sense of identity and values, some



functional, some dysfunctional. We need to take time to listen to other people's life experiences and to their stories. For myself it seems imperative to know our own story and to tell it, and to listen to the stories of others and to remember that the world we call, the 'real' world, is made up of such stories. According to Bateson (1979) language stresses only one side of any interaction and it is through language that we transform reality in order to construct explanations.

Narratives look at the social nature of human conduct. Human activity is filled with meaning, therefore stories, rather than with logical argument and theoretical formulations, as the carrier of that communicated meaning (Sarbin, 1986). Keeney (1983) influenced by Bateson, postulated seeing patterns of relationships rather than objects and things, and seeing the whole relationship in which the parts are embedded rather than dividing the world into dualisms. This involves a shift from focusing on substance to seeing form and using metaphors of pattern, information and organisation (Bateson, 1979). People organise and communicate the meaning of events and experiences through stories (McLeod, 1997). Clients may also change or discard certain narratives as these may be experienced as dysfunctional in their circumstances. It is through these stories that lived experiences are interpreted and we attain a sense of lives changing.

Meaning is constructed by the continuous actualising of our story / narrative plot. In this way self-knowledge is performed and maintained through narrative as an identity. According to Mair (1989), we act out our given and unrecognised parts in stories, which live us more than we live them. Stories are full of bias and uniqueness that mix fact with meaning. The meaning we may draw may not be the meaning someone intended. Facts bring us to knowledge, but stories lead us to wisdom (Hurre, Komulainen & Aro, 1999).

In telling our stories one may experience an awareness that was not previously there. This may lead one towards a process of emancipation. However, it should not be ignored that stories, which are not helpful or which keep one stuck,

can be constructed, yet there may be secondary gains of emancipation. In the case of therapists who are visually-impaired, these gains may come in the forms of merely having their stories heard. The untold stories of the marginalised section of the community (namely, non-sighted and partially sighted persons) will be explored further on in this dissertation. The area of study is unique, as there is little research in this field.

Through telling our stories we are able to re-invent ourselves with others (Penn & Frankfurt, 1994). Each time our story is re-constructed, we are able to re-experience our story, developing a more complex narrative through that telling (Penn & Frankfurt, 1994).

This implies that the telling of and listening to stories occurs by means of socially constructed language and meaning and the deconstruction and reconstruction thereof. These are thus interactive processes whereby new and alternative narratives are co-constructed. The aim of this construction of an alternative discourse is to create a different understanding for both therapist and client, of the experience of being a therapist who is visually-impaired.

## **2.7 CONCLUSION**

My personal epistemology is important in influencing the premises, design and method of this research and is highlighted in the beginning of the chapter. Through personal experience and theoretical foundations, I have formed my own epistemology which has also been explored. Thus, post-modernism, ecosystemics, constructivism and social constructionism have been elaborated on. It is acknowledged that a post-modern, ecosystemic and social constructionist stance has been adopted.

As I operate within the framework of such an epistemology, there is an awareness that the process of this dissertation has been a critically reflexive and

at times, emancipative one. There has also been an attempt to remain sensitive to the changing nature of meanings through language and context. Thus, an effort is made not to take for granted the 'language' and meanings of the words used in this text.

In the following chapter attention will be paid to the appropriation of a relevant methodology within the context of this chapter's meta-theoretical positioning. The shift from empirical towards hermeneutical interpretation will be indicated and by means of a discussion of contemporary hermeneutical insights relevant to this study an applicable social constructionist methodology will be outlined.

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## CHAPTER 3

### FROM META-THEORY TO METHODOLOGY

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#### 3.1 INTRODUCTION

In the previous chapter I positioned myself within an ecosystemic epistemology and social constructionist approach, stating very briefly that this point of departure will, for the purposes of this study, be appropriated by means of a narrative methodology. In this chapter the meta-theoretical positioning of Chapter 2 will be maintained in indicating the shift that has taken place in qualitative research away from empiricism towards hermeneutical interpretation. In view of this, a discussion on contemporary hermeneutical insights applicable to the approach at hand follows. I will then attend to a theoretical outline of the social constructionist narrative methodology utilised in my research.

Bateson (1979) expresses the notion of the self-referentiality of description and explanation, the inclusion of the observer in the observed, and the idea that reality is the product of active, subjective constructions existing in the domain of language. The importance of context is acknowledged, as well as the idea that meanings and descriptions are uncertain and constantly evolving. Bateson (1979) talks about drawing distinctions, referring to the observer first distinguishing and then describing. Any distinction can be drawn by an observer.

I thus make a deliberate choice of applying a particular method of analysis, namely a hermeneutical interpretation of the evolving meanings and descriptions of the human and written texts, which are understood in an ecosystemic context. In order to distinguish this approach, this chapter will explore the origins and nature of hermeneutics, the application thereof in various ways and the specific methodology applied in this dissertation. This will include describing

hermeneutics in general with an emphasis on contemporary or new hermeneutics as it applies to an ecosystemic epistemology in particular and social constructionist narrative methodology as an application of the afore-mentioned. I do not negate my alliance to my ecosystemic epistemology. As long as I continue to maintain the both- and stance (that is with the 'openness' and 'all-inclusiveness') I am not contradicting myself and am still being true to my epistemology. The de-construction of the descriptions (namely the narrative texts) of this dissertation, are applied through a structured, descriptive methodology.

### **3.2 FROM EMPIRICAL TOWARDS HERMENEUTICAL INTERPRETATION**

Babbie and Mouton (2001) distinguish between quantitative and qualitative research in terms of the meta-theories these two approaches represent. Quantitative research emanates from a positivistic point of departure, while qualitative research is imbedded in phenomenology.

However, within qualitative research there has been a dynamic development particularly during the past half-century. In general the shift can be described as one away from empiricism towards hermeneutical interpretation. For instance, case studies and grounded theory were initially considered to be predominantly qualitative methods, but later viewed as being orientated towards structuralism and statistical positivism, e.g. the codification for the analysis of collected data. Qualitative research however, moved towards interpretation and more recently a interpretative-hermeneutical approach, as well as into the realm of critical reflection (Alvesson & Sköldbberg, 2002). Within the framework of an ecosystemic epistemology such a critical hermeneutical pronouncement is not only congruent with my meta-theoretical positioning, but also paves the way for an appropriate methodology for the purposes of this study and topic.

### **3.2.1 The origins of hermeneutics**

Hermeneutics finds its roots in Biblical and theological interpretation and these origins still underpin the basic concerns of contemporary hermeneutics (Gadamer, 1989). Hermeneutics also looks at social and cultural understanding in terms of the 'technical' and 'psychological' methods of grasping a text's meaning, both in terms of its formal structure as well as an expression of the author's intentionality.

Rather tellingly in the context of this particular study, the German word for perceive is *wahrnehmen*, to take or perceive as true. Hermeneutic thought proposes that certain truths can only be experienced subjectively, but this does not render them subjective (Husserl, 1913). What we come to perceive depends on historical and cultural ideas which may transcend the subjective and which concurrently achieve subjective personal perception within aesthetic experience. How this relates to blind or visually impaired therapists is that hermeneutics seeks to illuminate the philosophical and existential determinants that shape these persons and perceptions which they and others have about them and their professional work and 'life world' (Gadamer, 1989).

### **3.2.2 Ecosystemic epistemology and contemporary hermeneutics**

Husserl's (1913) insights contributed much to alternative descriptions of concepts such as 'experience', 'perceptions' and 'subjectivity', as well as to the appropriation of historical and cultural dimensions in the processes of understanding our 'life world'. As indicated earlier, these are indeed useful in the context of this study. However, it must be borne in mind that his formulations are predominantly imbedded in phenomenology and that it was the later and more contemporary developments in the field of hermeneutics which provide more relevant instruments of interpretation applicable to an ecosystemic epistemology.

Wilhelm Dilthey (1977) is the father of contemporary hermeneutics. His 'Descriptive and Analytic Psychology' begins with an examination of the totality of life experience. Life experience presents itself as a lived reality that precedes distinctions between mind and body, and self and world. It is only with this background of lived experiences that we are able to perceive and comprehend things, including ourselves. This lived experience includes the totality of historical and socio-cultural practices and contexts (Dilthey, in Martin & Sugarman, 1999).

Dilthey further argues that hermeneutics is the method more appropriate for understanding 'recorded experiences of human experience' (Dilthey, 1977). It is, in other words, the art and practice of interpretation that is most likely to reveal the meaning of a particular human text. It is precisely such human texts of lived experiences which the author explores in this study and indeed, following Dilthey, within the broadest possible ecosystemic context.

Alongside Dilthey, Martin Heidegger (1962) and Hans-Georg Gadamer (1989) continued the development of hermeneutics (Martin & Sugarman, 1999). Heidegger's existential hermeneutics and Gadamer's philosophical hermeneutics insisted that hermeneutics is not a matter of interpreting the pre-given. Understanding is not what we aim at, it is what we do (Guba & Lincoln, 1989). Its categories define what we are: creatures who have a sense of who and what we are because of what we understand (Kotze & Kotze, 2001).

Heidegger gave priority to ontological issues, asking what the mode of being is, of the entity who understands. For Heidegger, human existence is a hermeneutic structure, and humans are self-interpreting beings who care about their own lives. Through our care about our lives, things around us can be disclosed as meaningful (Heidegger, 1962).

For Heidegger, understanding (the categories of our being) is the precondition of interpretation. He states:

“In interpretation, understanding does not become something different. It becomes itself... Nor is interpretation the acquiring of information about what is understood: it is rather, the working out of possibilities projected in understanding” (Heidegger, 1962, p.237).

Heidegger’s thinking of hermeneutics moves from an analysis of the objectivities of existence (facts) through to how we subjectively respond to our being in the world (Heidegger, 1962). In other words, through interpreting and understanding we create existential and contextual meaning. By applying these aspects of Heidegger’s hermeneutics I will seek to make meaning of human motives, ideas and actions through a critical examination of texts – the narratives represented in the interviews (with the therapists who are visually impaired or blind) and to interpret these understandings in depth in order to try and comprehend their ‘being’ in the world of therapy.

Gadamer (1989) develops Heidegger’s concepts and notions further and speaks of “belonging” over and against “being in the world” and, in doing so, he emphasises the role of pre-understanding very strongly. Gadamer states:

“All self knowledge arises from what is historically pre-given, with what we call (with Hegel) ‘substance’ because substance underlies all subjective intentions and actions...this almost defines the aim of philosophical hermeneutics... to discover in all that is subjective the substantiality that determines it” (Gadamer, 1989, p.254).

The above explains Gadamer’s approach to the role of our prejudgements or prejudices (that is our backgrounds which give us pre-understanding) in creating our understandings and in which all of our understandings and interpretations



inevitably are nested. In Gadamer's view, interpretation and reflection are always guided by this background, understood as a frame of reference drawn from the shared understandings which are available in our historical culture. It is from this background that we identify things, pose questions and know what kinds of answers make sense. Having such a horizon of intelligibility is what makes it possible for us to think and act. All of our thinking and acting is made possible by our historically mediated pre-understandings (Gadamer, in Martin & Sugarman, 2001).

Gadamer therefore argues for the value of the hermeneutic circle in terms of a dialogical relationship. The circle is traditionally understood as a movement from part to whole, to part again and so on. For example, in understanding a part of a story or event, one is able to move to a fuller application, which in turn modifies and enriches the part. Gadamer argues that understanding happens dialogically between the self and the other.

Dialogue assumes openness to the other as well as allowing personal pre-understandings to be modified by the matter at issue. For Gadamer hermeneutics is to let what is alienated through historical or cultural distance speak again, and it needs to be brought near in such a way that it speaks again with a new voice (Gadamer, in Martin & Sugarman, 2001).

This means that the traditional "part-whole-part-" construct of the hermeneutical circle needs to be augmented by the additional dynamics of pre-understanding and understanding and that the cyclical continuum of "part-pre-understanding-whole-understanding-part-" is maintained dialogically. As such, interpretations and sub-interpretations of people's existential and contextual meaning-generation and their sense of belonging are made possible (Gadamer, in Martin & Sugarman, 2001).

The African philosopher Setiloane (even earlier than Gadamer) writes: "I am because I belong" (Setiloane, 1986, p.48-49). This emphasises that we should never lose sight of the fact that all people are human beings belonging to one common humanity. Setiloane's accentuation of the concept of 'belonging' from an African perspective, contributes much to an effort of moving towards an ecosystemic understanding of hermeneutics (Setiloane, in Muller & Van Deventer, 1998).

For Setiloane (1986) there is sufficient consensus about the fact that the African life and world view can be described as an integrated whole which binds together all corresponding and even apparently contradictory aspects of universal life into an open and ever expanding spiral of unity, harmony, equilibrium and continuity (Setiloane, in Muller & Van Deventer, 1998, p.44-101; p.262-266). A person's being is thus determined by this concept of totality by means of which all internal and external, observable and unobservable dimensions of his/her existence (spirituality, religion, economy, judicial systems, politics, kinship, language, education, play, art, science, etc.) are fused into 'purpose relations' and 'purpose relationships' between the divine, the person and nature – the divine and the person, the divine and nature, the person and the divine, person and person, person and nature, nature and the divine, nature and person, nature and nature - and which results in the entirety and fullness of being human (Myburgh, 1981).

A person is therefore, according to the well-known African expression, a person through other persons, but, in view of other proverbs and idioms from our continent, for example amongst the Xhosas, a person is also a person through the divine, through his/her land, crops and cattle, through his/her house and home, through his/her labour, through health, through wisdom, etc and in particular through his/her family (Van Deventer, 1989). A person's cosmological existence extends beyond space and time and therefore transcends the grave

and as such, family relations and relationships are just as important in death as they are in life (Setiloane, 1986).

In view of the preceding discussion on Dilney, Heidegger, Gadamer and Setiloane, we can, for the purposes of this study, describe hermeneutics as the theoretical reflection on the processes of comprehension of human and written text within dialogical or even multilogical relationships between these texts and their contexts, between pre-understanding and understanding, between interpretations and sub-interpretations and, in so doing, explore the meaning of being in and belonging to the world in all its internal and external, observable and unobservable divine, human and natural dimensions, in and beyond time and space. This, for me, is what ecosystemic hermeneutics entails and therefore it requires an appropriate research method which is congruent with the stated epistemology in chapter two. As Barthes (1975) reminds us, the reader has to become an active producer of the text and bridge the gaps in meaning through direct participation in the creative process.

### **3.3 SOCIAL CONSTRUCTIONIST NARRATIVE METHODOLOGY**

There is consensus among numerous scholars from various disciplines that the narrative is one of the primary forms by means of which human experience is imbued with meaning. The impulse to narrate is so natural that it almost certainly reflects a very central aspect of culture (White, in Mitchell, 1981). Barthes (1975) asserts that narrative is simply there like life itself international, trans-historical, trans-cultural”.

A number of psychologists also regard the story schema as a ‘natural psychological unit’ (Rayfield, 1970, p.1085) which is as much an inherent part of the human mind as the capacity to learn as well as to use language and grammar. Gee (1990) asserts that the ability to understand and tell stories develops early and rapidly in children – without specific instruction or training.

The literary critic Jameson (1984, p.13) refers to the “all informing process of narrative” which he regards as the central function of the human mind. Macintyre (1981, p.197), who is a moral philosopher, claims that “It is because we all live out narratives in our lives and because we understand our own lives in terms of the narratives we live out that the form of narratives is appropriate for understanding the actions of others”. He further asserts that, “we don’t live our stories in as much as they live us” (MacIntyre, 1981, p.197). Narrating tells primarily of our lived experiences. Narrative forms a link between perception and the construction of meaning and communication. Therefore the interpretation between our perceptual apparatus and language is such that our expression and understanding of our personal experiences are never a one-to-one correspondence with that of an external reality. The inherent characteristics of language and narratives determine how we organise, select and attribute meaning to our experiences.

“Stories provide a way of building double descriptions and enabling higher order patterns to be described” (Keeney, 1983, p.196). Bateson (1979) suggests that a story is, “a complex of that species of connectedness which we call relevance. By transferring our stories from situation to situation, we create contexts that provide meaning and structure for what we do” (p.197). Stories reveal how people punctuate their world and therefore provide “a clue for discovering their epistemological premises” (Keeney, 1983, p.197).

Crites (1966, p.32) applied yet a different angle: “Even if we grant that we may experience something in the utter absence of language, still, if an experienced present is not simply a disassociated ‘now’ but contains at least a vestige of memory and a leaning into anticipation, then an incident narrative form will be implicit in it, of which narrative language is the irreducible expression”.

It is possible to add other similar statements to this discussion, but these should serve as a sufficient sample of the wide recognition that prevails with regard to the significant part that narrative plays, as a code through which individuals express their understanding of events and experiences.

Interestingly, whether languaged or unlanguaged, not much is written on research into how therapists who are blind or visually disabled express and understand their lived experiences concerning their personal and professional lives. It may be that this points to a large body of unstoried narratives on this topic. I therefore facilitated hermeneutical processes (through tape recordings of the narratives of the participants) which elicited the telling and interpretation of these 'unstories' as well coming to an ecosystemic understanding thereof.

According to Ricoeur (1992) it is possible to consider human actions as texts. Most texts that are interpreted using a hermeneutic approach are transcripts of interviews. There are, however, some hermeneutic studies that analyse other forms of data such as videotapes and tape recordings (Ruotasalo & Isola, 1998 in Wickland, Lindstrome & Lindstrome, 2002). However, most research interviews are, in one way or another, narratives about a particular phenomenon of interest and a hermeneutic approach is used to interpret and understand these narratives and the phenomenon that the narrative is about. When interviewing, data is gathered orally and then transcribed as text. During the interview a narrative is co-created between the participant and the researcher. The mode in which the narrative is created therefore becomes important during the analysis (Wickland, et al., 2002).

A narrative is not an objective reconstruction of life, but rather of how it is perceived. As such, it is based on the participant's life experiences and entails particular parts of his or her life that have been selected. According to Stern (1990), narrating is pivotal for the person's sense of self, and it takes us further than merely describing the world. To be able to narrate we must be capable of

interpreting the world of human activities. Thus, narrating is the person's means to create meaning and also shapes identity (Wickland et al., 2002).

The narrative is a hermeneutic project in itself because it is by narration that we structure our interpretations of the world. Narration is therefore seen as the core of understanding – this was the first interest of hermeneutics (Wickland et al., 2002).

According to Ricoeur (in Wickland et al., 2002) interpreting a text is not to realise or understand the intentions of the uttered (the narrator's meaning), but rather to understand the perceived meaning of the text itself (the narration's meaning). The narration is the direction of the thoughts that are opened up by the text's referential function. What is opened up, or appropriated, is the disclosure of possible ways of being in the world. To understand the narrative (the text) is to follow its movement from what the text says to what it talks about (i.e. human conditions). When following the text beyond the situation and the intentions of myself, and beyond the reader's situation, the text discloses the possible modes of being in the world that can be appropriated. Appropriation means 'to make one's own what was initially alien' – this is the aim of hermeneutics. To interpret is 'to appropriate here and now' the intention of the text (Ricoeur, in Wickland et al., 2002).

In other words, a narrated lived experience (e.g. that of therapists who are visually impaired or blind) is his/her perceived part of the perceived whole of the story. To me, though visually disabled myself, such partial and referential narratives are alien and to make it my own in terms of comprehending and interpreting the narrated story, it is important to relate reciprocally the part and the perceived whole as well as to be acutely aware of my own pre-understandings. In this study it was therefore necessary for me to facilitate a multi-logical interaction between verbalised and written texts of the two participants, their various contexts, my pre-given perceptions and biases

emanating from my own lived experiences as well as the corresponding and differing interpretations and sub-interpretations of the co-researchers' own texts and that of each other's texts. To this end I applied what I consider to be an appropriate narrative methodology which has specifically been developed to give practicable meaning to ecosystemic hermeneutics (Dilney, 1977; Gadamer, 1975; Heidegger, 1962; Sitiloane, 1986).

Ecosystemic hermeneutic inquiry depends on our ability to recognise that our 'truths' are made possible by a shared background of life into which we are initiated, and to which we contribute through our dialogues and interactions with others (texts, cultures and interlocutors) (Paré, 1995). Therefore, the methodology which was employed is that of interacting and reflecting as co-researcher with the respective participants who are visually impaired. At the same time, this links up with Paré's (1995) notion of multiple realities, where even in the knowing position, there is a not-knowing. As mentioned in Chapter 2 where Lincoln and Guba (1985) speak of the relationship between the 'knower' and the 'knowable' references will be made to our experiences, which are constantly vacillating between subjective and objective. I am aware that even though I may know a lot about the topic (due to my own disability), I am also critical about what I know. Paré (1995) argues that in narrative hermeneutics the essential path of departure is in not knowing. 'Not knowing' means being critical of what I know and also finding out what another knows. Ecosystemic hermeneutics therefore also implies critical reflection (Habermas, 1972). Alvesson and Sköldberg (2002) develop Habermas's approach into what they term 'reflexive methodology' as an application of 'quadri-hermeneutics' (Alvesson & Sköldberg, 2002, p.248). These concepts will be elaborated upon in the methodological discussion below.

Babbie and Mouton (2001) describe a means of research whereby the research participants become co-researchers through recursive feedback processes and I myself am concurrently a participant as well as a researcher. I seek to position

myself within the approaches of those researchers in the fields of quantitative, qualitative and participatory action research who follow similar means of research. As a result, I find my own research identity within the meta-theoretical context of an ecosystemic epistemology with the emphasis on a social-constructionist narrative approach. In order to apply this in an orderly and systematic way, while acknowledging the existence of other narrative approaches, I have decided to base my methodological process on the work of Müller, Van Deventer and Human (2001). They developed a research process based upon the metaphor of fiction writing and used Anne Lammott's (1995, p.62) formula for fiction writing, namely A, B, D, C, E: Action, Background, Development, Climax and Ending (Müller et al., 2001). This is no linear process, but rather reflects an emergent design which is focused, but nevertheless flexible, iterative and continuous and therefore gives this research the character of an evolving spiral (Berg, 1998).

I would like to be part of the 'revolution', taking place in the current patterns of research, in order to deconstruct the sometimes damaging research techniques which "pathologise or victimise their narrators" (Grobbelaar 2001). The narrators are therefore referred to as research participants or co-researchers as opposed to research objects. It is significant to me that my research should be of value for those narrating their stories as much as for myself.

The aim of this research is not to bring about change, but to listen to the stories and to be drawn into those stories. The narrative researcher has subjective integrity in mind and strives for participatory interaction between myself and the co-researchers. This position is not the same as the so-called "insider" position of the researcher, which is opposite to the "outsider" position of previous models. It is rather for the researcher to embody the dialectics between the insider and outsider perspective. The point in my narrative approach (for *participatory interaction*) is to accommodate this paradox or dialectic, which is a pre-requisite for research with integrity (Berg 1998).



On this research journey all the research companions travel together in the scientific vehicle of social-constructionism, which (Setiloane 1986) summarises well by explaining that “in Africa we do things together through stories”.

### **3.3.1 Action**

The *action* in mind is the action of the story and the story of the action. This moves beyond the so-called “action research” model into a narrative approach where the focus of research is not on acts, or actions as such, but on the stories that are told about the action.

The action part includes the ‘problem’, but it is more than that, it is about the ‘now’ of the story. The researcher must learn to stay in the now - “not the last now, not the next now, *this now*” (Lamott in Muller et al., 2001, p.48). According to Lamott (in Muller et al., 2001, p.48) the question to be asked is: “what holds the ectoplasm together - what are the person’s routines, beliefs?” She states that she uses the following passage by Andre Dubus to talk to her students about character:

“I love short stories because I believe they are the way we live. They are what our friends tell us, in their pain and joy, their passion and rage, their yearning and their cry against injustice. We can sit all night with our friend while he talks about the end of his marriage and what we finally get is a collection of stories about passion, tenderness, misunderstanding, sorrow, money; those hours and days and moments when he was absolutely married, whether he and his wife were screaming at each other, or sulking around the house, or making love. While his marriage was dying, he was also working; spending evenings with friends, rearing children; but those are other stories. Which is why, days after hearing a painful story by a friend, we see him and say: How are you? We know that by now he may

have another story to tell, or he may be in the middle of one, and we hope it is joyful” (Lamott in Muller et al., 2001, p.48).

The ‘now’ is never fixed and it never acts as a given. In the narrative approach the ‘now’ is the action and therefore dynamic in nature. To take the action seriously and to have it told is to open up a possibility, to create a new ‘now’ for tomorrow. This “now” may be described as the very first step of narrative research. The researcher firstly attempts to take an empirical look, at people and the action in which they are involved, to describe the “now” of the action. Not the past, or what should be, but the “now”.

Staying in the “now” can be described by using the metaphor of “tracking”. When one follows the trail of another person or an animal in the bush, it is important to focus on the trail right in front of you, if you want to track down the other person or animal. Focusing on the trail behind you will bring you nowhere and looking 100 meters ahead will result in one losing the trail right in front of you. It is of utmost importance to focus on the trail right in front of you. When losing the trail in the bush, the tracker has to immediately stop, move a few steps back on the trail and then do a 360° circle so as to pick up the trail again. When moving away from the “now” during the research process, it is important that the researcher and the co-researcher’s find their way back from the past or the future and focus on the “now”(Lamott in Muller et al., 2001).

To allow the stories of people and communities to be fully told the narrative researcher attempts to be in a “not-knowing” position. The “not-knowing” position allows the researcher to ask questions to the co-researchers’, which are not “informed by method and do not demand scientific answers” (Anderson & Goolishian, 1992, p.28). The “not-knowing” position allows the co-researcher’s to tell their stories as they live them in everyday life and as they have been constructed within a lived social reality.

This brings us to the second form of action involved and that is the *interaction* of the researcher with the action that is researched. The action of research consists of an interaction with people and their actions (their narratives). I understand research as a social-constructionist process and through interaction with the action I become part of the action. Additionally, I am aware that I also have my own action (namely a history of visual impairment) which is closely aligned with that of the participants and it is therefore important for me to state my interests in this research clearly. I have attempted to be aware of my own interests and I intend to be as transparent as possible (Lamott in Muller et al., 2001).

I need to be attentive to actions (visually impaired/blind therapists) and action fields (their experiences of therapy and lived experiences), which might appeal to me; I then have to decide on the action that I am going to focus on and research; and then decide on the modus of interaction with the action (namely recursive narrations and feedback on the dimensions of meaning interpreted from these narrations). The 'now' of this participatory interaction is decided on during this early stages of the research process.

Various methods can be used by the researcher in order to hear / interact with the stories of the action such as: reading applicable literature, exploring the social community in which these visually impaired / blind persons were / are integrated; talking to people (such as general persons, friends, colleagues, spouses and the authors supervisor) and tape recording the stories of the co-researchers through structured, half-structured and unstructured conversations. The social community's discourses are significant, as they add to the meanings people have constructed, to make sense of their being-ness in the world and could lead to a very wide spectrum of perspectives which add to the limitations and boundaries of this study (Lamott in Muller et al., 2001).

### 3.3.2 Background

“Background is where you let us see and know who these people are, how they’ve come to be together, what was going on before the opening of the story” (Lamott in Muller et al., 2001, p.62).

Lamott (1995) uses the image of the designer for a play or a movie or story:

“It may help you to know what ‘the room’ (or ship, or the office, or the meadow) looks like where the action will take place. You want to know its feel, its temperature, and its colours. Just as everyone is a walking advertisement for who he or she is, so every room is a little showcase of its occupants’ values and personalities. Every room is about memory. Every room is about layers of information about our past and present and who we are, our shrines and quirks and hopes and sorrows, our attempts to prove that we exist and are more or less okay. You can see, in our rooms, how much light we need - how many light bulbs, candles, or skylights we have - and in how we keep things lit .You can see how we try to comfort ourselves. The ‘mix’ in our rooms is so touching: the clutter and the cracks in the wall be-lie bleakness or brokenness in our lives, while photos and a few rare objects show our pride and our rare shining moments. Every room is about memory” (Lamott in Muller et al., 2001, p.74).

When we invite people to tell us not only about the ‘now’, but to revisit the rooms and places of their past, we are working on the design of the set. We help them place the action against a certain background. The action in the ‘now’ is played within a background that must be pictured, but this background is alive with associations and connotations of the past. Therefore working on the design often means revisiting previous situations.

The first movement of this process (action) and this second one (background) together, can be compared to Browning's (1991) first, second and third movements namely: descriptive, historical, and systematic movement. Browning describes his first movement as horizon analysis. "...it attempts to analyse the horizon of cultural and religious meanings that surround our religious and secular practices." He uses the term "thick description" and emphasises the necessity to interpret the action that is being researched against the backdrop of different perspectives such as: Sociology, psychology, economy, etc. After this thick description, and as part of it, the background should also be extended to the historical perspective and the systematic concepts already developed, concerning the specific or related actions (Browning, 1991, p.47).

During this phase of the research process the "now" of the story is set against the current socio-political and economic background in which the researcher and co-researcher's are busy writing their own life stories.

### 3.3.3 Development

Talking about writing, Lamott (in Muller et al., 2001, p.62) says: "Then you develop these people, so that we learn what they care most about. The plot - the drama, the actions, the tensions - will grow out of that".

Muller et al. (2001) found the metaphor of the **Polaroid**, used by Anne Lamott very useful. She says writing a first draft, (and doing research, I would add),

"...is very much like watching a Polaroid develop. You can't - and, in fact, you're not supposed to - know exactly what the picture is going to look like until it has finished developing. First you just point at what has your attention and take the picture...maybe *your* Polaroid was supposed to be a picture of that boy standing against the fence, and you didn't notice until the last minute that a family was standing a few feet away from him...Then the film emerges from the camera with a grayish green murkiness that

gradually becomes clearer and clearer, and finally you see the husband and wife holding their baby with two children standing beside them. And at first it all seems very sweet, but then the shadows begin to appear....” (Lamott in Muller et al., 2001, p.39).

Doing research is, in the first instance, to have a good, long look at the “Polaroid”. As a narrative researcher I am patient, interested and curious. I don’t know beforehand what the outcomes will, or should be, but waits for the research plot to develop. This “development” process consists of the waiting for the slow revealing of the picture as it unfolds (Lamott, in Muller et al., 2001).

This approach of patient waiting does not mean being passive, lacking realism and a withdrawal from interpretation, as researcher. The approach favoured in this article is a social-constructionist approach, which involves both the researcher and the ‘characters’ in an active process of story development. Therefore, it is not a withdrawal from interpretation, but definitely a withdrawal from a one sided interpretation.

I have often found myself, as researcher, in situations where it seems as though I have all the paints and paintbrushes, but no canvas. The things are all there, but they are lying around, without a plot that binds them together. This can lead to despair because the ‘characters’ (the visually impaired / blind therapists) are there, but the plot seems to ‘avoid’ me, or I it. I then grapple with questions like: What is their secret? How do they function the way they do? What is the glue that keeps them together? Where is the canvas for the painting?

Lamott gives an interesting insight:

“...I would stay with the characters, caring for them, getting to know them better and better, suiting up each morning and working as hard as I could, and somehow, mysteriously, I would come to know what their story was.

Over and over I feel as if my characters know who they are, and what happens to them, and where they have been and where they will go, and what they are capable of doing, but they need me to write it down for them because their handwriting is so bad.” (Lamott, in Muller, et al., 2001, p.60).

Research is not merely about an action, but about people (characters) in action. These characters are participants and not objects. They are the co-researchers and should be allowed to be part of the development process. The contribution of the researcher is to reflect and facilitate and wait until the plot emerges. It's more than just to be a scribe. It's like being the assistant for someone who is writing an autobiography. In order to do that, you need to listen to your 'characters' and you need to have compassion for them. The better you get to know them, the better you will be able to see things from their perspective.

The research process is not only about story telling, but also about story-development. The narrative researcher is looking and waiting for stories to develop and has an interest in emancipation. Gergen says: “...in the hands of these scholars, the data dramatically succeeded in bringing provocative ideas about human interaction to life, thus generating debate and dialogue” (Gergen, 1999, p.5).

### **3.3.4 Climax**

“You move them along until everything comes together in the climax, after which things are different for the main characters, different in some real way” (Lamot, in Muller et al., 2001, p.62).

Lamott has also written a part from the perspective of the reader and says:

“When you write about your characters, we want to know all about their lives and colours and growth. But we also want to know who they are

when stripped of the surface show. So if you want to get to know your characters, you have to hang out with them long enough to see beyond all the things they aren't. You may try to get them to do something because it would be convenient plot-wise, or you might want to pigeonhole them so you can maintain control. But with luck their tendrils will sneak out the sides of the box you've put them in, and you will finally have to admit that who they are isn't who you thought they were" (Lamot, in Muller et al., 2001, p.82-89).

This brings me back to concept of the necessity for curiosity and patience, of the researcher, setting the scene in motion and waiting for the climax to develop. My thoughts are that, when 'understanding' comes too quickly, it may not be 'understanding' at all. You may perhaps just envision a temporary destination, but there should also be an allowance for the 'characters' to develop from there in their own way.

Lamott uses a wonderful metaphor to describe how the writer should allow the plot to develop into its own climax. She suggests, "If you are lost in the forest, let the horse find way home. *You* have to stop directing because you will only get in the way" (Lamott in Muller et al., 2001, p.114).

The way towards the climax is not an easy one. Research, like writing, is seeing people suffer and finding meaning therein. Lamott adds, "I think in order to be a writer; you have to learn to be reverent. If not, why are you writing? Why are you here?" (Lamott, in Muller et al., 2001, p.99). Like writing, research is more than mere technique; it is about reverence and awe. Writing (and research) always includes a moral responsibility. "To be a good writer, you not only have to write a great deal but you have to care. You do not have to have a complicated moral philosophy. But a writer always tries, I think, to be part of the outcome, the ending, to understand a little more about life and to pass this on" (Lamott, in Muller et al., 2001, p.107).



### 3.3.5 Ending

“And then there is the ending: what is our sense of who these people are now, what are they left with, what happened, and what did it mean?” (Lamott, in Muller et al., 2001, p.62).

It seems easy for the researcher to become discouraged towards the end of the research encounter. Asking questions like, did I achieve anything? Was all this work worth the effort? Things felt hopeless, or at least bleak at times, and the author did not feel organised or interpretative enough to bash her way through to a clearer view, let alone some interesting conclusion.

To be a researcher, like being a writer, is to be able to dream for and with people. Lamott says:

“You are lucky to be one of those people who wish to build sand castles with words, which are willing to create a place where your imagination can wonder. We build this place with sand of memories; these castles are our memories and inventiveness made tangible. So part of us believes that when the tide starts coming in, we won't really have lost anything, because actually only a symbol of it was there in the sand. Another part of us thinks we'll figure out a way to divert the ocean. This is what separates artists from ordinary people: the belief, deep in our hearts, that if we build our castles well enough, somehow the ocean won't wash them away. I think this is a wonderful kind of person to be” (Lamott, in Muller et al., 2001, p.62).

This research dissertation is similar to the writing of a story. It involves many of the stories of those involved. The research process is not only a mere reflection on those stories it is also a new writing. Research creates its own story with new

possibilities. Therefore, narrative research doesn't end with a conclusion, but with an open ending, which hopefully would stimulate a new story and new research. To speak of a beginning and an end is in a sense ironic. Nothing is original and nothing has a beginning, only an origin or history. In the same way there is no ending. Each text is the preface to next.

Research thus sets off with the 'action' of some sort. In the description of the action, and in interaction with the action, the need arises to have the 'background'. With the background and interaction, you have characters, and with characters it is inevitable to have 'development.' With development there is 'dynamic' and one can then expect to move to some sort of a 'climax.' Research, like any other story, is bound to have an ending somewhere.

### **3.4 CONCLUSION**

With the context of ecosystemic epistemology as was discussed in Chapter 2, this chapter emphasised the importance of a hermeneutical interpretation as method of analysis. Relevant features from particularly exponents of contemporary or new hermeneutics have been applied in order to move toward an ecosystemic hermeneutical understanding of the human and written texts related to the topic of this study. This resulted in a choice for a particular social constructionist narrative methodological metaphor namely Lamott's writing formula of ABDCE.

In the next chapter the methodological theory described here will be elaborated upon in more practical research terms, after which the Action, Background and Development will be integrated into dimensions and sub-dimensions of understanding as derived from the reflexive and spiralling processes of interpretation of all of the interlinking narratives concerned. Chapter 5 will endeavour to move toward a Climax by means of a meta-theoretical reflection on the research and dissertation writing processes, utilising Alvesson and

Sköldberg's reflexive methodological metaphor of quadri-hermeneutics (Alvesson & Sköldberg, 2002).

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**CHAPTER 4**

**THE MOVE INTO THE NEW DIMENSIONS OF UNDERSTANDING  
AND LITERATURE**

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#### 4.1 INTRODUCTION

Having dealt with the theory concerning the means of collecting the research material in Chapter 3, this chapter will make explicit the application of the ABDCE approach. This process includes a dynamic dialogue between the narrative language and the non-structured, conceptual language of reflexive hermeneutical analysis, which are founded in the ecosystemic and social constructionist epistemology.

**Such an Interpretative approach allows one to explore the ‘background’ pre- reflective structures that lie beneath our experiences, in a manner such that the experience of the situation as described belongs to the subject, but the meaning transcends the subject and is available to others once it has been expressed. The ability to access such implicit dimensions and sub-dimensions of understanding will hopefully become more apparent in the explication of the research material.**

**In this chapter the term ‘dimensions of understanding’ will be taken to mean the highlighted themes that were interpreted from the narratives of the therapists who are blind/visually impaired.**

#### ***The ABDCE approach***

The previous chapter provided an extensive overview of the research method applied in this study, namely the ABDCE. The first three phases of this method move from obtaining the narrative descriptions, reflected in the specific life

context of the narrators, to eliciting interpretations (by both the author and the co-researchers) of dimensions of understanding from these texts. These interpretations came to the fore also through the author's (and the co-researcher's) pre-understandings and understandings. It was therefore not taken for granted that the dimensions of understanding interpreted were representative and/or generalisable ones. These 'dimensions of understanding' should also not be understood as independent, distinguishable entities, but are all interconnected by means of overlaps and contradictions.

The last two phases of the ABDCE approach delve into unsaturated thoughts and reflections that emerged through this endeavour. This having been said, the method is reflexive in nature and intent, therefore allowing fellow researchers and narrators to make a critical interpretation, possible re-evaluation and evaluation of their perceptions of the visually impaired and blind persons working in therapeutic contexts.

### ***The use of literature***

When I began reading the literature on persons who are non-sighted or visually impaired and their experiences, I was surprised to discover that there was not much research directed toward identifying attitudes that people hold towards therapists who are partially or non-sighted and their perceived efficacy in therapy. More importantly, there appeared to be virtually no research on how therapists who are partially or non-sighted perceive themselves as therapists.

There are, however, a number of findings which indicate that some clients may feel that these therapists are "not intelligent" enough to provide meaningful insights, as disability is seen as indicating an inferior level of intelligence. Some sighted individuals tend to have negative attitudes and stigmas towards people who are blind and partially sighted (Harsh, 1993).

Historically blindness has been one of the most stigmatized and feared disabilities (Harsh, 1993). In their relationships with sighted individuals, persons who are non-sighted or partially sighted have to contend with negative stereotyping and stigmas of them by sighted individuals. I thus embarked on an exploration of the narratives of two therapists who are visually impaired and their experiences of their therapeutic contexts and simultaneously reviewed relevant literature that may be applied to the dimensions and sub-dimensions of understanding taken from the aforementioned narratives of the therapists who are visually impaired or blind. However, the practical application of the ABDCE theory outlined in the previous chapter will first be addressed, after which the interface between dimensions and sub-dimensions of understanding and the relevant literature will be discussed.

## 4.2 THE APPLICATION OF ABDCE

### 4.2.1 Action

The action (that is the experiences of visually disabled/blind therapists) and action field (that is, these same experiences in their therapeutic and personal contexts) of therapists who are blind or visually impaired as well as my own experience of this action and action field appealed to and impressed itself upon me to such an extent that I chose to interact with this specific action and action field in order to listen to, experience and understand more of how other people perceive their own experiences of being visually challenged in relation to their therapeutic work (Muller et al., 2001).

The research project was, however, not only or even in the first place about the action, the action field and the related stories, but about the people involved in these actions, action fields and stories. The establishment of relational partnerships as interactive co-researchers and the negotiation and contracting of all the terms of the research process (title, research gap and question, aim,

relevance, content, confidentiality, voluntary participation, conversational questions, ways of interpretation and dissemination, etc) were therefore the keys to the relevant purposive sampling and selecting of research associates below (Grobbelaar, 2001, Ramphela, 1990; Ruben & Ruben, 1995).

The participants chosen were two therapists who are visually impaired and blind respectively. The first is a blind psychologist who is called by the pseudonym, "Kay". I made telephonic contact with Kay and introduced myself, explained the nature of my call and motives regarding the intended research. These motives were namely to make heard the untold stories of a marginalised sect of society, specifically the stories of blind and visually impaired therapists.

It was further explained that these interviews would be tape recorded, and sent to the participant and back to the researcher and back again and so on, allowing for a circular process of feedback and explanation to unfold. The interviews would be informal and took on a story telling of life experiences as well as the experience of therapy as a blind therapist. It was kept in mind that it was these very same life experiences that constructed part of the reality experienced and constructed in the therapy context of the blind psychologist.

The second therapist was a visually impaired Pastoral therapist who will be called by the pseudonym "Visser". Telephonic contact was made with Visser, and the motive of the call as well as the nature of the research was explained. Visser was immediately enthusiastic and interested as his field of specialty also includes research and research supervision. Visser stated that he had no problem with his name being disclosed, but respected my use of a pseudonym for him (Visser). The same process of tape recorded interviews was embarked upon as was used with Kay.

The initial interview took on a similar non-structured style whereby his life story was told, revealing the experiences that constructed his reality as a person as well as that of a therapist.

In this way the social-constructionist character of the research took shape from the outset. Follow-up free-ranging and in-depth conversational interviews with the relevant individuals further enhanced the narrative nature of the project. Such narrative conversations required three basic points of departure (Paré, 1995:1-19):

- (i) The non-expert-not-knowing position, where myself as the researcher is deconstructively self-critical of my own knowledge, discovers what I do not know through a participatory mode of consciousness.
- (ii) Responsive-active listening, which is Paré's use of the Rogerian client centred approach applied to narrative therapy and research.
- (iii) Conversational questions, which are utilised in the narrative approach and move away from formalised interviews, to interviews guided by particular types of questions which elicit the telling of stories rather than the mere gathering of information.

#### **4.2.2 Background**

Browning (1991) uses the term "thick description" which emphasizes the necessity to interpret the action that is being researched against the backdrop of different perspectives. Such background involves mostly literature studies, and therefore existing literature on the themes of therapists who are blind or visually disabled will be integrated and reviewed later in this chapter.



Within the interaction between the action and background stories of therapists who are visually impaired, the participatory involvement of all research partners broadened and deepened. As such, they jointly brought forth collective understanding, meaning, nuances of meaning, ideas, discourses, etc, which in turn lead me on to the relevant literature studies. In other words, the initial verbalized texts of action narratives which were obtained through the tape recorded interviews with “Kay” and “Visser” concerning their action fields of therapy were extended into the whole of their contexts by means of the background stories, thus also augmenting and challenging my pre-understanding of my own lived experiences as a person who is visually disabled.

I was, however, surprised to find very little research literature on blind or visually impaired therapists. I therefore chose not to write a separate chapter reviewing the literature but instead to apply the literature here in Chapter 4, where the actual interviews, emanating themes, underlying discourses, interpretations, sub-interpretations and relevant literature will be integrated by means of a critical reflexive process of understanding. With this interaction between all co-researchers, the action and background stories and the literature narratives, the process of developing socially constructed new stories started taking place, paving the way for the climax formulated towards the end of this chapter.

### **4.2.3 Development**

The research process was not only about story telling and listening, but also about story-development. The author, as narrative researcher, therefore waited for the research plot to grow, not knowing beforehand what the outcomes may be. As stated earlier, this study was not in the first instance about an action, but about people (characters) in action. These characters were participants and not objects. They were the co-researchers and were thus partakers in the evolving process (Gergen, 1999).

At this juncture the social-constructionist approach integrated “Action”, “Background” and “Development” and it is here where I made use of triangular reflexivity, deconstruction and reconstruction together with the individual research partners (Feuerstein, 1992; Hall, 1996). As such an attempt was made to bring all the narratives (those of the co-researchers, my own story and literature narratives) into conversation with each other, with the distinct aim of ensuring that optimal coherence and mutual insights exist amongst us, on the way towards emancipative re-storying (Freedman & Combs, 1996).

My self-reflection on the research process and on all related narratives, grand narratives, human texts, verbalised texts, written texts, contexts, pre-understandings and post-understanding was shared with the co-researchers, two peer reviewers who are both clinical psychologists and with the supervisor. Their reflexive feed-back formed part of the construction of understanding and meaning of the whole (McTaggart, 1997). Such continuous reflexive interaction took place via follow-up individual conversations, e-mails, submission of provisional sections of the written report and/or the whole of the preliminary dissertation to these research partners and the supervisor. In this manner, effect was given to Alvesson and Sköldberg’s (2002) notion of ‘quadri-hermeneutics’ by means of which they integrate single hermeneutics (Husserl, 1913), double hermeneutics (Heidegger, 1962), triple hermeneutics (Habermas 1972) into an ecosystemic hermeneutical whole which consists of a spiralling (not merely linear or cyclical) pattern of multilogical interaction between the interpretation of data, interpretation by and of all the subjects of interpretation and the interpretations themselves, a critical reflection on all these interpretations and the meta-interpretation of the process as a whole. This was practically done as follows:

1. The initial interviews and tape recordings were listened to and transcriptions were made of both the Visser and Kay narratives.

2. These notes were read thoroughly by me. The tape recordings were then listened to a second and third time and the notes re-read from top to bottom.
3. Dimensions of understanding (themes) were then identified from both life stories of Visser and Kay.
4. These dimensions of understanding were then organized. This was done by finding common themes between Visser and Kay's stories.
5. An effort was then made to try and grasp the discourses underpinning the themes and meanings, as well as the contexts from which Visser and Kay come.
6. At this juncture I shared my preliminary interpretations as described from 1-5 above with Visser and Kay in order to facilitate co-reflection on the themes, my understanding of their meaning and my insights in the discourses with the purpose of integrating the conversational partner's feedback into these pre-understandings.
7. Writing up the integrated co-reflections and corresponding and conflicting thematic patterns of understanding and meaning and sharing the respective chapters of the dissertation with my supervisor and obtaining his critical inputs.
8. Only at this point was I ready to allow myself to be led by the ultimate themes and discourses to the relevant literature from various disciplines.
9. Eventually, all the themes, discourses, literature, my own story and reflections were brought into conversation with each other - their

corresponding features, differences, variants and their reflection of multiple realities.

10. The conclusions were then formulated within the climax and are presented later in this chapter under 4.4.

#### **4.2.4 Climax**

In this research project I tried not to manipulate the climax, but to allow it to unfold through the process of “Action-Background-Development”. All the research participants and methods mentioned before co-created a denouement, which culminated in alternative narratives of understanding the experiences of therapists who are blind or visually disabled.

I informed myself about research analysis procedures, e.g. content and discourse interpretation and thematisation (Babbie & Mouton, 2001; Cheek, 2000). I included these critically in the analysis of the story-data, but concentrated on socially constructed outcomes through a process of social verification and subjective integrity. The latter implies that this kind of research is difficult and does not claim to be representative and/or generally applicable. In the first and last instance, I needed to do justice to the researched action, and the related stories, but specifically to my co-researchers (Smaling, 1989).

#### **4.2.5 Ending**

This research started off with action. In the description of the action, and in interaction with the action, the need arose to have the background. And with background and interaction there were researchers, and with such interacting persons it was inevitable to have development. With development there was dynamic evolution and therefore there was an expectation to move to some sort of finality.

Ultimately, like any other story, this narrative research also has an ending. From the outset the ending was unpredictable, but it was hoped that there will be an end that would be different from the beginning. In Chapter 5 I will reflect on the processes and integrate the insights conveyed by the transformed dimensions of understanding and arrive at an organised summary in the ending.

### **4.3 DIMENSIONS OF UNDERSTANDING**

#### **4.3.1 Difference and distance: 'Us and Them'**

"We are different." "They see us as being different." "We see ourselves as being different."

The voices of the blind/visually impaired persons echo the view of myself and the research participants, that is, the blind/visually impaired can "see" themselves as disabled and part of the disabled world; as being marginalised as blind/visually impaired persons in a sighted world that rejects them; or, as striving to find the commonalities between blind/visually impaired and sighted worlds- being part of both non/partially sighted and sighted worlds (Beaty, 1992). This account of both non/partially sighted and sighted persons also seems to reflect a level at which the blind/visually disabled and sighted are "culturally" different in their thinking and interaction with the world. Perceptions of difference also appear to be underpinned by a dominant medical-pathological perception of the blind/visually impaired as dependant, defensive and emotionally and intellectually limited (Beaty, 1992).

Visser feels that dependence for him is a form of disempowerment. He elaborates by stating, "... not seeing is like an oppression ... similar to the oppression of black people in the old South Africa, thus the essence of the struggle becomes about disempowerment ...". He adds that people have the

idea that if one is limited in one area then one is probably limited in all areas, which reinforces one's sense of disempowerment.

For Kay there is a belief that she does not deserve any concessions due to her difference and thus she seldom puts forward her "difference". Kay recounts how in her honours year there was a lecturer who was shocked that she was selected, as they did not realise she could not see. This lecturer felt she should not be there and she would never make it. This lecturer also insisted that no concessions whatsoever be made for Kay. She was expected to function as a sighted person. There were times in her therapies where Kay wondered if she was the "kind" of therapist her clients wanted her to be. For the author this feeling that Kay speaks of, "being the kind of therapist that clients want you to be", seems to punctuate the differences the author felt in her personal life as well. That is, the awareness of having to be "the right kind of student"; "the effective kind of therapist" and "the integrated kind of person", so as to seem less limited and not to be perceived as a failure.

### ***Fitting with the map***

Ceconi and Urdang (1994) suggest that, in terms of the dominant medical pathological perceptions of visual disability, society believes that in order to be successful, visually disabled people must become full members of the sighted world, adhering to sighted attitudes, behaviours, world views and communication styles -in contrast to the deficit stereotypes of blindness/visual disability.

The notion is thus being one where the visually disabled should adapt to society, not that society should make allowances for the visually disabled. This raises feelings of frustration, anger, restriction and a fear of being perceived as incompetent.

For Visser, the anger he often experienced was directed at himself and his frustration with himself. He adds that, "...when you feel disempowered, you use power... anger becomes a way of regaining power ... but can also become self-destructive..."

Kay remembers how she was, "not allowed to look blind", and that "although she had to be functioning as if she were sighted, she was in a constant double-bind of needing assistance – which left her feeling perceived as incompetent and excluded.

### ***Seeking a map of sameness***

The visually impaired/blind seem to be seeking 'sameness' in the shared threads that promote inclusion, on the grounds of that which we have in common as human beings, and which are reactions to the medical-pathological perspective of disability (Ceconi & Urdang, 1994).

Perceptions of disability appear to serve both to limit interactions between individuals as well as to provide a basis for perceived commonality, which can forge bridges linking visually disabled and sighted experiences. It is also possible that contact with blind/ visually impaired persons reminds the sighted of their own deficit narratives.

Kay used to work from the point of view that it was "not okay" to be visually disabled. Yet now she works with her "inner woundedness" and functions from a context of personal development. She states that she has had to (and is still) to confront her own wounds to develop her relationship with herself and "the relationship" for her is the heart of therapy.

One is almost forced to look internally at oneself when faced with your differences and limitedness. This is where Visser speaks of "an active self

acceptance, this for him involves purposive introspection as opposed to self indulgent introspection whereby one needs to internalise the truth of a new mind set, as apposed to reframing it (setting up a new mind frame). This he felt let him to a greater sense of autonomy and an ability to “see” with more than just his eyes.

Dimensions of meaning from the narratives of the blind/visually impaired therapists therefore seemed to move from a dependence, difference, reliance and restriction to interdependence, greater autonomy and equality. It seemed that, through a process of self-reflection, there emerged a shift from the predominantly ‘them/us’ perception, to a ‘we’ perception of diverse people sharing the human experience.

This also seems to involve an acknowledgment that the blind/visually impaired are also guilty of not reaching out to sighted individuals who do try to communicate and share experiences with them. The question must then also be asked: does this not then re-iterate the messages that affect the social narrative metaphor, for how the blind/visually impaired perceive and interact with the world? In the same sense, sight should then become more than something seen or not seen, but rather as a sight taking place through experiential gestalts.

#### 4.3.2 Losing the map we never had

Bateson (1979) proposes that if one wants to understand some phenomena or appearance, one must consider that phenomenon within the context of all circuits that are relevant to it.

This suggests holism and ecology, particularly the recursive, reciprocal interactions that constitute whole systems and relational forms, the assumption being that ‘mind’ not only exists in the brain of the individual, but also in the social domain of language, conversation and context.



Keeney (1983, p45) describes our perceptions and observations of our experiences as connected to an internalised symbolic system (such as language). The language we use prescribes the way we will encounter the world through our senses, so that there is no pure sensory experience or objective reality 'out there'. What we encounter are "maps of maps". That is, our perceptions are constructed through the perceptions of the systems (e.g. our families) in which we interact, who in turn have their own perceptions from other perceptions, and which are communicated through the medium of language. We experience the world by "...engaging in a dialectic between the abstract systems [we] create and the way [our] sense organs rub against the world" (Keeney, 1983, p45).

Over many years there has been some disagreement about the effect of sensory impairments on self-perception. There is a prevalent notion that visually impaired individuals display a variety of psychological 'problems' that often result in a pattern of social dysfunction (Beaty, 1992). Tuttle (1984 in Beaty, 1992) described this concept of self as being cumulatively moulded and shaped by an individual's perception that he/she has about their personal traits and characteristics.

### ***The landmarks become the map?***

Jernigan's article (1982, p 7), which deals with the question of whether blindness is a handicap or a characteristic, raises a valid point: "Are we going to assume," says this blind professor, "that all blind people are so wonderful in all other areas that they easily make up for any limitations imposed by loss of sight?" " He goes on to question as to why should it be the particular characteristic of blindness that is singled out? Another characteristic may very well be selected. For example, if a person has an IQ of less than 125 can it be assumed that all these lesser IQ individuals make up for their lack of intelligence, and are particularly strong in

these other areas? It is not possible to make such an assumption - this can be the case, but it is not always so (Jernigan, 1982).

Visser elaborates on this by speaking of the comments that he often receives from the sighted. He states that he would often encounter people who are amazed at his achievements- as a Doctor in Pastoral therapy and with a current positioning at two universities as a supervisor/researcher - considering that he cannot see. Similarly for myself (A clinical psychologist intern, who has Stargadts disease) and for Kay (the clinical psychologist who is blind) the contemplation remains that in a sighted world these achievements are perceived as such considering that you are disabled, not because they are great achievements irrespective of your disability. These constant assumptions by others impact on the visually impaired/blind person, to the point where one may begin to feel only adequate enough when considering your disability.

A social shift in mind set thus needs to be considered. That is, visual impairment or blindness naturally impacts on our abilities and achievements as people and therapists, disability does not necessarily dictate our abilities and what we achieve. This reframe does not minimise that there is an experience of limitedness. Perhaps more to the point is that other factors (such as family context) are equally, if not more, significant in the forming of character and adaptation in the world.

### ***The family map***

Family reactions and feelings are significant; reactions may occur such as the tendency for the sighted members of the family to reduce the blinded/visually disabled person to a helpless, dependent invalid. The point here is that the family's possible inability to deal with helplessness or dependence may have been a pre-patterned characteristic of the family, which impacts on all the family members, and for the visually impaired/blind family member may be exacerbated

by his/her disability. Just as the emotional state of the blind individual (or any individual) is in constant transition, the thoughts and feelings of those around him/her may continually become compounded and reinforce their “maps” of dealing with their lived experience (Moore, 1984).

Kay explains how her family had always found it “hard to deal with my emotions”. She recalls, “My parents could not handle me to be a nuisance... the implied message was to not be too ‘needy’ or a ‘burden’ or ‘dependant’... If I was not too much, I was accepted as a ‘good girl’...” Kay adds that this was the way her family would have reacted whether she were blind or not. She therefore felt that she had been given a “map” by her parents that had a layout of ineffective means to deal with life and more importantly with her disability. The map which her family had was that of needing to be socially acceptable. There is also an acknowledgement that this was the script they felt was the best means for Kay to ‘fit’ into society as well as (for Kay) to ‘fit’ into society with her blindness. The confirmation for her is that Kay’s blindness compounded the characteristics of her family’s influence on her “map”. That is, she feels she would in any case have been dictated by her family pattern which is one of wanting to fit in to society and seem functional. Thus her blindness just intensified their need to get her to ‘fit’ in.

### ***Landmarks of loss***

Visser, on the other hand, speaks of a “pattern of loss” in his social contexts, which led to his feelings of inadequacy and of being a burden. This expression also implies that the losses he experienced were confounded by his disability.

Visser goes on to explain how there was a pattern of loss in terms of, “... the loss of vision, the loss of his mother at birth, having to go to foster parents and losing his dad, then losing his foster parents when he went back to his dad (after his dad had remarried), then the loss of his stepmother who died, then the loss of his

home when his father moved him to Worcester School for the Blind (boarding school) and then the progressive loss of his vision...”

Loss and particularly the loss of vision can be an impact-full blow to the personality and is not necessarily easily overcome. Not only is the loss of sight a perceptual inhibition but the psychological meanings of loss impact on the ability to deal with life (Harsh, 1998).

Visual impairment/blindness is one element among others that can lead to inner conflict and self-doubt. In opposition to popular belief, blindness is neither all-encompassing nor is it trivial. The condition of blindness has to be considered in a broader human context, and the social interactions involving blind/visually impaired people should be evaluated as such (Cholden, 1953).

### **4.3.3 The terrain of family and loss**

The family serves as a major source of interpersonal influence that affects what blindness or visual impairment comes to mean to the affected person, and what he/she does with it and the eventual outcomes of family plans made jointly with the individual. When blindness/visual impairment occurs the entire family begins an adaptive struggle to regain equilibrium. The visual disability of one may alter the lifestyles of other family members as much as or even more than that of the disabled individual. The visually disabled individual develops new capabilities that depend on the personal resources that he/she possesses prior to, or in spite of the onset of blindness/visual impairment. The family's attitude towards the blind or visually impaired person may determine that person's motivation and ability to tolerate emotionally painful, irrevocable loss, and to accept major changes in lifestyle (Moore, 1984).

Versluys (1980) indicates that families who react ineffectively may impede readjustment success. On the other hand, families who communicate attitudes of

essential worth of readjustment may in the ideal situation help to stabilise the individual's self-concept, foster a positive attitude toward the future and maintain readjustment gains. Featherstone (1980) attributes much of the personal and vocational success of adjustment to visual loss and blindness to parental support, encouragement, positive reinforcement and a positive attitude on the part of the family. These attitudes also depend on the way the family deals with problems, as was stated.

A major problem is the unwillingness of one or both parents, particularly in newly blinded adolescents, to accept their child's blindness. This interferes with the adolescent's acceptance of the fact and may show up in his/her adjustment to it (Moore, 1984). The question may then not be one of whether there is an inability to adjust to visual loss, but whether there may be feelings of being unacceptant of loss (of vision) and not being adequate that impede on the ability to adjust.

Adjusting to the loss of vision can be a profoundly difficult experience. Everyday activities become increasingly difficult and at times impossible to do without some kind of assistance. This is especially true regarding tasks which include reading and driving (Moore, 1984).

The experience of loss of vision often results in depression, decreased morale, lowered self-esteem and feelings of excessive dependence (Moore, 1984). Reinhardt (2001) recognises a number of characteristics anticipated in a newly blinded or visually disabled person. These may include grief and despair over the loss of visual function, feelings of depression, excessive dependence, a great loss of self-esteem, insecurity in new situations, the need for human contact and interaction, a marked loss of autonomy, and perhaps guilt for being a burden to family and friends.

I mentioned earlier how similar feelings to these initiated my exploration of the experience of blindness/visual impairment. I myself had to grapple with a family

context where it was unacceptable to be needy in any way. My life map was one of instability, paradoxes and continual uncertainty, which exacerbated my inability to cope with a progressively deteriorating eye disease. This also compounded my attempts to 'get the love I needed', by being emotionally available to all. Through this process of self-compromise and manoeuvres for care I was left in the very spaces I was trying to avoid, that is namely the spaces of being perceived by others as being 'needy', manipulative, and over-emotional and overly sensitive'.

My feelings of lowered self-morale, depression and increased dependencies led me to the emancipative processes I found myself in through the 'utterances' within this dissertation. There were many times I felt I had grown into a young woman physically, although emotionally and intellectually, I felt like I was in quicksand. Visser also confirmed that the characteristics mentioned by Moore (2001) are not merely applicable to newly blinded persons, but remain life-long realities which were again emphasised by his involvement in this study which, on the other hand, served as a renewed process of liberation and growth.

### ***The family's footprints***

The story that Kay recounts is that of being a child who "...must not look blind..." according to her parents; it was a stigma to look blind. The sense that Kay has of this is that a stigma is a weakness and in society you are only given affirmation if you have strength. She speaks of the notion of "the survival of the fittest", where the sighted are perceived as strong, and where she feels being visually disabled is "patronised" seen as weak and "people have a need to be charitable".

Due to her family's inability to cope emotionally with life issues, Kay protected her family from her hardship. In order to "belong" in her family Kay made her blindness insignificant. So for her, her blindness compounded her need to belong at that point in time. It seems that for the visually impaired or blind

person, being able to continue to provide affective (emotional) and/or instrumental support to one's family or friends may be especially important for their mental health as they adjust to their own increasing needs for assistance from network members (George, 1986). The visually impaired or blind person may not want to utilise support if he/she feels he/she they cannot repay it. Thus, a person who is visually impaired who receives increased instrumental support, but who cannot provide that same instrumental support to network members, may instead provide emotional support as a means of being able to return the favour (George, 1986).

When it comes to therapy, being instrumental in the support of the client is central to both of the therapists and the author. The life scripts of needing to be strong and self-sufficient appear to influence the desire to support. For Kay, "...the heart of therapy is in the relationship... and who you are and what you give... the disability is less significant, but not insignificant".

Kay adds that bringing her disability into the therapy is a necessity but not a priority. She feels that it is not an "issue" and thus does not make an "issue" out of it. Being blind, for Kay, is "contextual", she says. That is, what is important for her is the "emotional side" which relates to a shift from the intellect of therapy and the "maps" which characterised her feelings of efficacy; to a "consciousness" and "healing emotion". Thus she feels her "disabledness fits into the emotional context" of her therapy with clients.

This resonates with Visser's sentiments, where he relates to his therapy, with the notion that he feels he "... does not have to be there as a super-perfect problem-less therapist, but as an equal and a co-partner in the sharing of therapy..."

For Visser, being honest with clients about his disability is at the forefront of his therapy. He makes a point of making his visual disability explicit at the beginning of a session. This allows for clients firstly to make an informed decision about

whether they choose to continue with therapy, and secondly, it makes a client more comfortable as there is the possibility of discomfort when a client feels the therapist is looking past him/her.

Visser also considers the underlying dimensions of loss that may arise during therapy. Clients often feel they are “losing out”, for example, in their marriage or “losing out in what other people experience”, amongst others. This emphasises that the loss of sight should be considered in a broad human context, and in social interactions (Deshen & Deshen, 1989).

The life script of myself opened up an approach in my therapy that I feel strongly about today, namely to acknowledge where the client is and to confirm his/her reality. This came through the following process in the experience of my visual disability. The nature of my eye disease is that it is rare; it could thus not be detected by an optometrist at the times my parents took me for testing. It was in fact discovered years later that only an ophthalmologist is trained to detect Stargadts disease .The ‘diagnosis’ thus made, at that time, was one of a ‘psychosomatic’ problem. It was believed that I was ‘looking for attention’ (due to very traumatic life events I had experienced in my earlier years) and unconsciously my mind had developed a psychosomatic ‘eye problem’ to get attention and acknowledgement. This diagnosis was probably more traumatic than any other life event I had experienced. It left me feeling helpless, as if I was going ‘mad’ (because I could really not see well), dismissed, and more importantly I questioned my own reality and felt unheard because if I spoke about it , it was pathologised.

As mentioned, I realised that this was my family script where you could not be ‘needy’ in any way, and you had to cope and ‘not have issues’ and if you did, it was expected not to let them get you down (i.e. to not talk about them, or only to talk about them in a positive manner i.e., ”Ill get over it, life is tough for



everyone.” Thus the need to be heard was exacerbated by having an eye disease.

I therefore went through a process, which allowed for a deep appreciation of really being able to hear where my client is at and acknowledging their reality. I thus fit with the approach of Rogers (1951) who values unconditional acceptance, positive regard, warmth and empathy. This value came about due to a realisation that, to feel unheard and have your reality negated, minimised or ignored, can have a destructive impact on a client's being.

From a narrative perspective, psychotherapy can be defined as a linguistic activity in which new meaning about a problem is developed through conversation. Although many factors such as the theoretical orientation of the therapist and the techniques which he/she employs are of importance for psychotherapy, the focus here is on the belief that it is what the therapist is in him/herself that is of as much, if not more, importance for the purposes of therapy. It is the therapist's character and personal actions that help his/her clients. It is for this reason that an important area of psychotherapy has been the identification of therapist qualities which appear to be central for the successful practice of therapy (Goolishian & Winderman, 1988 & Rober, 1999).

#### **4.3.4 The bystander, the traveller and the horizon**

We then come full circle to the question, to what extent is the disability of blindness or visual impairment a handicap? That depends on the respondent's conceptions about the relationship of visual problems to bodily disease, psychological problems, motor co-ordination, cognitive abilities and social stigma (Goldin, 1984). There are those who refer to blindness as an 'inconvenience', a disability that makes certain tasks more difficult for the blind than for the sighted (Goldin, 1984). It is perceived as a 'nuisance' not to be able to read print, not to be able to drive, and so forth. People also perceive healthy blind or visually

impaired individuals (those with 'good training') as 'independent' people who have successfully overcome these inconveniences. The 'problem' of blindness or visual impairment may thus not be the disease or the disability per se; it may well not merely be medical but social, economic and legal factors, it may well lie on the attitude of the sighted (Goldin, 1984).

### ***Maps of inner woundedness***

Through the journey of exploring and interpreting the narratives of visually disabled therapists there seemed to not only be similarities but obvious differences in the dimension of understanding. This confirms the aforementioned dimensions of understanding whereby the emphasis was on life circumstances, social context and the family script as an influence on the "map" that one is given on how to "deal" with life and that each person's life script and context differs. The emphasis thus being on the context and socially constructed reality as a contributing factor to character development, as well as the reality created for an individual and that our characteristics may have developed similarly due to our social context and that these characteristics are magnified by needing to cope with a disability.

Visually impaired or blind therapists are not a homogenous group; they have become disabled in different ways and at different times of their lives. The adaptations to these conditions vary from one individual to another. In addition, each individual has a unique personality, with unique life experiences. Asch and Rousso (1985) in their discussion of disabled therapists, observe that therapists who are disabled have many other characteristics and facets which will emerge as significant factors in analytic work. Disability is not the only noteworthy characteristic of the therapist (Ceconi & Urdang, 1994). Each type of disability can have a unique impact on both the individual and those non-disabled people interacting with each other. Pity can be one of the strongest reactions of sighted

people and can blind them to seeing the other's unique characteristics (Ceconi & Urdang, 1994).

### ***The deaf leading the blind***

Like all other human beings, therapists are vulnerable to the effects and changes that result from illness, disability and ageing. For the most part therapists experiencing these events in the past have had to cope with their reactions and responses as individuals – often in isolation and in relative secrecy. This has been true even though the effects have a profound impact on both the client and the therapist (Dewald, 1994). Socio-cultural manifestations of disability have been the sociology of stigma. The physical conditions of these individuals are often stigmatised and disabled people are relegated to social inferiority, and they have to cope with the stigma of being considered subordinate (Dewald, 1994).

These feelings, as well as that of being “unheard”, seems to be a wounding with which most people can connect. Visser expressed how he experienced his needs as being dismissed and sidelined (much like his disability) which at that time in his life, pushed him into resignation to life and existence. This resulted in opening up a process of growth for him, where he then reformulated his text, to come to an “active acceptance” of his disability. What this meant for him is that he is a person and that his disability is a disability and he is not just a “disabled person”. This in turn gave him the capacity to influence his disability.

Visser speaks openly of his feelings of inadequacy. He states that the more his vision deteriorates the more limited he feels on all levels. The constant confrontation of this limitedness has been an eroding one and leaves a sense of increasing “de-humanisation” for him.

In applying this to therapy, Visser contemplates whether therapists are essentially dealing with people – who not only come with “problems” and their

possible incapacibilities to deal with these problems – but who also feel de-humanised. Visser wonders whether the essential role of therapy is not (perhaps) to facilitate a process, of “re-humanising” our de-humanised” clients, so that they can capacitate themselves and reformulate their life stories. The allowance for the process of rehumanisation also opens up a process of difficulty and realness with one’s self.

The therapist should find ways to be him/herself in therapy in a responsible manner. In doing so, the therapist shares the notion that he/she considers it the individual’s right as well as responsibility to labour along his/her pathway towards growth (Garfield, 1987). The invitation for the client to know him/her as a person, as well as therapist, and to participate with him/her in her/his own struggles, provides a powerful reciprocal incentive for the client to make her/himself available, to risk his/her own vulnerability in order to change him/herself (Garfield, 1987). The client is not the only one who undergoes change and the growth is twofold for both client and therapist.

The process of therapeutic change involves many factors. One of these factors concerns the psychological and emotional process that the therapist undergoes while working with clients. One of the most challenging aspects of therapy is the necessity for the therapist to understand how his or her own psychological and emotional dynamics – including personal values, beliefs, theories and commitments – influence the therapeutic approach with clients. It has been suggested by Mitchell (1997) that psychotherapy is a unique, powerful process which is personally transformative for both parties. According to this perspective, meaningful and lasting therapeutic change requires new understandings and transformations of the client’s old relational patterns as well as those of the therapist. Thus, therapists must not only facilitate a client’s growth, but a key element of therapy requires that therapists must allow themselves to be changed in significant ways over the course of the therapeutic process. The dual role of the therapist as an agent as well as subject of change was first suggested by

Sullivan's (in Zeddies, 1999) notion of the 'participant-observer', which refers to the therapist as an ongoing and inseparable element of the therapeutic field while at the same time being responsible for observing and facilitating that field (Zeddies, 1999). This view is very different from the "untouchable therapist", of traditional schools of thought, where the therapist is seen as expert.

The "allowance for change" does not only occur within the therapeutic context, here particularly, it seems to occur during the ongoing process of development as person and therapist.

### ***The wondering pilgrim***

Burlingham (1979) states that independence by the blind or visually impaired individual is hard to achieve, and is continually thwarted by their needs for help, guidance and protection. However, this does not indicate that independence is less desired in any way. Through the developing use of functions which are still intact, a visually impaired or blind person gains a new understanding of the world -through their experiences acquired by touch as well as through their intellectual functions of reason, judgement and memory. Alongside this development, a blind or visually impaired individual will also begin to realise that there are tasks beyond the capability of the sighted – they too have limitations and are not infallible. Sighted people can make mistakes and what they say and do cannot always be relied upon- which can leave the blind /visually impaired person's trust in them shattered (the paradox being that being disabled forces a reliance on them) (Burlingham, 1979). There seems to be a continuous effort on the part of blind or visually impaired people to avoid expressing any signs of aggression toward the sighted. The fear of being a burden to, or abandoned by, the caring sighted individual results in the blind or visually impaired person's wish to keep that individual's positive attitude towards him/her. This emphasises the perception that blind/visually impaired people are seen as manipulative. The

blind/visually impaired person holds the belief that annoyance may affect the 'helpers' wishing to assist the disabled person (Burlingham, 1979).

Visser recounts the need to ask others for lifts to get to important meetings or to get to work. When you ask for a lift you should be grateful that someone is willing to help you (as you are putting them out) so if that person is ten minutes late, which makes you late, you are not in a position to be upset or expect anything more as you rely on people's help and you 'should be' grateful for the help you get. This is the reality that many blind/visually impaired people live with (Burlingham, 1979).

The concept of dependency appears to be a difficulty for Kay, as she experiences herself as a very independent person, who is curtailed by her unavoidable dependence. Although she often encounters people who experience her as "marvellous" in the way she copes, she tends to dismiss these comments. Kay states that it is not a question of feeling undeserving, but more a feeling of not knowing how to encounter people on that level, as she feels she can't respond to a comment like that - so there is no conversation or interaction allowed by a comment like that. Kay feels this kind of comment shuts off communication, because people seem to dismiss the feelings in an apparent effort to try and protect themselves from what they view as a difficulty which they perceive as impossible to deal with.

The experience of the impact of this on her therapy is that Kay finds herself being more sensitive to encountering people at the level of their pain and helping them confront their own hurt. She emphasises that as a therapist you have to be able to be comfortable with your own pain and experience some degree of healing, to be able to encounter people effectively. For her, being blind doesn't mean you inevitably encounter people at their own anguish. She states, "... you have to have worked through your stuff...". Through this process the blind /visually

impaired person gradually learns to rely on own values, decisions and opinions (Burlingham, 1979).

### ***The limited footpath***

Kay expresses how the issues of being a burden and feelings of inadequacy are for her closely aligned with “limitedness”. The understanding she has of inadequacy is that it ties into the self-concept and self-esteem. For Kay the feelings of inner woundedness relate strongly to her “inner wounded child” where her feelings of limitedness seem to find their roots.

Translating this into her therapies, Kay describes how she has had to review the “map” she was given as a child on how to deal with her disability. Kay feels that reviewing her map means for her to be “more open”, which means being “upfront” with her clients. She allows her disability more significance at this time in her life.

For Kay there is more a feeling of “integratedness” and being able to adjust better than most visually impaired people. She adds that, “We all strive for acceptance and recognition, being adjusted and effective... and having need fulfilment. Yet I don’t want to be so open that it is at the expense of being effective socially in a sighted world”.

Where Kay does, however, feel her limitedness in therapy is with children. She therefore does not work with children. She admits that she feels completely “cut-off” from children and feels it is important to acknowledge your limits, especially in therapy. Visual observation is a particularly important aspect of work when children are involved. This is because drawings, play as well as activity level are important indicators of meaning as well as affect. There are of course other ways in which clients can be observed by the therapist. For example, people’s affect can be observed by their tone of voice, the auditory observations of body

movement and the expressed mood of the client (Ceconi & Urdang, 1994). Yet this has a deeper impact on Kay and her need to be adequate and effective because she is in a professional world and is “competing” with many other female psychologists who happen to be sighted.

Acknowledging the nature as well as the extent of one’s disability to others may expose one’s limitations or weaknesses. The effects of such knowledge may have an adverse effect on the therapist’s professional role and reputation. Visual disability also reminds the therapist of his or her mortality and humanness (Dewald, 1994).

At this point of writing my dissertation, I am aware that I touch on what seems to be the “right way “to be as person/ therapist. The sense, for me, is at times one of not being able to express the negative side of disability and simultaneously wanting to challenge the discourses that continue to situate visually impaired/blind people as being in some way psychologically unsound. I therefore realise that there needs to be other conversations which are not just about the visually disabled/blind persons/ therapist’s separateness.

#### 4.3.5 A foreigner in my own land

Burlingham (1979) expresses that the blind or visually impaired person’s attraction to the sighted world is not so much the advantage of vision, but rather a certain ambience that surrounds the sighted who are active and spontaneous. A sighted individual is able to move unhindered from place to place and is able to get what he/she wants without the restrictions that control the life of a blind or visually impaired individual (Burlingham, 1979).

“Sometimes I feel cut off or “separate” in social settings, like a foreigner in my own land” states Kay. She continues that she is alive in this world and in her spaces, her home, her country, where we speak the same language – yet she



feels dramatically and significantly different. Kay says she experiences this in her personal life, yet in her relationships with clients she does not feel it as much. For Kay therapy becomes a place where this “difference” can be seen as the unique way in which she helps people/clients-much like other therapists who have their own unique ways of facilitating therapy.

For Kay, there is mainly an emphasis on her limitedness in therapy, and this just adds to her feelings of inadequacy as opposed to creating them. This limitedness refers to her not being able to experience the “nice-ities” in life, such as playing sport with her children ,or seeing their faces and what they look like. There is also the issue of limited energy which she experiences as bothersome. This may relate to the added effort it takes to fulfil daily tasks.

Kay differentiates her inadequacy from her functionality. Her sense of ‘inadequacy’ is a human experience which she feels she would have, even if she was sighted (due to her social context) and her ‘functioning’ is something that is limited. Thus her functioning is not directly the cause of her feelings of inadequacy. Kay further acknowledges the connection between the two, however, her sense of inadequacy is a deeper personal experience, rather than a “functional thing”.

The heart of the journey for her would probably be to reach a place of self acceptance where this may have less of an impact and where the need to prove herself or be “up there” is not that important, adds Kay. There would rather be a desire to be respected as someone “able”. There is a need on the part of the blind individual to communicate the desire to be treated as a competent equal rather than as a “non-person” (Harrell & Strauss, 1986).

### ***The land of the locals is foreign***

“As a person who is losing sight there is also a “losing out” “states Visser, “that is the losing out of what other people experience”. He adds that visual experiences don’t exist for us.”

The difficulties Visser describes, are having to adapt to physical contexts and social contexts, where one is always adapting to or having to ‘prove’ yourself. He explains that one is not considered a Doctor in pastoral therapy, or a therapist or a person even, but rather a visually disabled person. The implied message is that there is a difference, that the person is not adequate or “up to standard”. He senses that people feel they can’t take one at face value – people seem to have to “check you out first” to assess whether you can be who you say you are.

Within his therapy context, Visser puts forward his disability openly and sometimes wonders if clients feel that if one is disabled in one area, one may be disabled in others. There is a possibility that there may be a feeling amongst the profession that disability can only be a disadvantage. Many disabled therapists have done battle with disability for a number of years. The battle to overcome disability demands patience, persistence and flexibility as well as courage. Of course, like all people, a disabled person is not able to display these qualities continuously – the disabled therapist can experience despair and regression, and has to climb out of black pits. However, might not all of this be an asset in the work of the therapist, might it not give the therapist strength and possibly enhance the ability to empathise – just as people who are not physically disabled will have had other experiences that help them in their work?

### ***The road of the wounded healer***

The subject of the ‘wounded healer’ has been discussed repeatedly in relation to psychotherapists. The history of the psychotherapist has been traced back to the

Shaman. It is in the tradition of the shaman that only a person who has healed him/herself can be regarded as a practitioner - the reason for this is that only such a person truly knows the dark secrets of the psyche (Ceconi & Urdang, 1994). Sussman (1992 in Ceconi & Urdang, 1994) observes that the existence of emotional problems in psychotherapists raises the ironic possibility that this may be a prerequisite for success in this particular field.

When faced with the question of her adjustment as a blind person, Kay relates to the stigma she had as a child, where she, “must not look blind”. This relates to her sense of not being adequate and effective. She explains how she feels she needs to be “looked after” and this dependence leaves her not feeling “fully adult”. She found that this affected the relationships she had which were based on what she could do (her achievements) – namely her family – and not on who she was (her spiritual being). Being a burden impacts on her deeply as she must accept who she is and believe that others care for her for who she is.

Kay acknowledges that “once you are disabled you are marginalised and it is hard”. She describes a sense of being taken less seriously due to her disability, which she links with her own inner woundedness. Her parents were not the type to give much attention and thus when Kay lost her sight she was even more disregarded and in society she was considered one of the “lesser folk”. This intensified her inner woundedness, she adds.

Kay expresses the sentiment that most therapists are “wounded healers”. Her sense is that the more able one is to confront and heal from your own wounds the more effective one becomes as a “healer”. She feels that healing from your own pain also allows for a process of integration of self and self healing. The reactions to the limitations of blindness or visual impairment, feelings of isolation and fear when lost, reactions to the necessary dependences resulting from blindness, feelings during periods of silences in groups, the effect of childhood

experiences on present reactions; and methods of dissipating anger are all influencing factors for blind and visually impaired individuals (Cholden, 1953).

#### **4.3.6 The road less travelled**

As was mentioned earlier in this chapter, affective support initially seems to reduce the effects of depressive symptoms in the visually disabled. However, a study by Krause (1962) demonstrated that increased affective support over a period of time actually increased psychological distress. Over time, vision loss due to eye disease tends to worsen (Moore, 1984). Thus, an increased need for instrumental support may occur and have a significant effect on well-being. This may be positive in having an impact on needs fulfilment or negative in terms of increasing levels of disability. The eternal paradox is that a person who is visually impaired wants to be independent, but has no other option but to be dependent (Reinhardt, 2001).

Visser explains how such continuous and even increasing struggle can be one of perseverance and growth. However, when the struggle becomes a plight (or a “ge-sukkel” as he puts it) it may then be eroding and destructive. He adds that the older one gets and the more responsibilities one has in the world, the more the plight of the struggle gets to one.

In therapy he uses this in a constructive manner, where he also encourages clients to struggle with their problems. He adds though that this is not a “pathological” grappling with problems or indulgence in one’s self or one’s problems, but rather a struggling in the sense that it can generate growth and perseverance. In therapy Visser is acutely alert and sensitive to the client’s struggle. He becomes more aware of how clients have struggled, experienced perseverance, growth and development, but have reached a point when the ongoing struggle is now a plight (or a “gesukkel”). This is where, Visser states, the plight has gone beyond the boundaries of being constructive.

In view of this, for myself, it seems that a certain amount of discomfort is necessary for epistemological shifting as it allows for possible constructive growth and development. The deepest kind of change that humans are capable of demonstrating is epistemological change, which Bateson (in Keeney, 1983) refers to as Learning III. A change in epistemology means transforming one's way of experiencing the world. The dilemma of the client and therapist is that such change seldom occurs in a straightforward way. Sometimes change and a shift in experience involves an ample supply of illogical and confusing experience (Keeney, 1983).

My own soul-searching opened up many painful and unresolved wounds. Goldberg (1986) argues that the notion of the "Wounded Healer" relates closely to the use of self in therapy and it may be a significant factor contributing to the healing of the client. What this also means is that we as therapists need to be ready to entertain alternative meanings and let go of old meanings, just as we expect our clients to do, in this process we ourselves experience change of self as person and professional.

### ***The journey of being-ness***

The self is a controversial concept. Postmodernist as well as social constructionist authors are critical of the modernist concept of self as a stable, singular and autonomous essence of a person. These authors propose a narrative view of the self, which is an ongoing autobiography. "The self is an ever-changing expression of our narratives, a being-and-becoming through language and storytelling as we continually attempt to make sense of our world and of ourselves" (Anderson, 1997).

As Kay has already stated, the heart of the one journey for her is self-acceptance. She adds that one's "being" is more relevant than one's adequacy.

How we relate and “how we are” are equally relevant for her. For Kay her ability to experience self-acceptance helps her feel more adequate and she moves further away from the superficiality which the world presents as relevant.

The experience for her is that in therapy disability is not central and loses some of its relevance. Kay states that for her, it is not the ‘window dressing’ – how you present – it is the inside of the house that matters. If one remains in the superficial, one remains in the inadequate, she adds. The more she has reviewed her map the more upfront she is able to be with people and clients about her disability.

Visser admits that he has always functioned from an ecosystemic mind set. For him that was how he grew up as he had two mothers and two fathers and was thus part of two families, culminating in one huge extended family. This allowed for a true lived practice of the ecosystemic gestalt for him. It also gave him an ability to depend on other people for assistance.

Kay on the other hand, feels that she, “...should not show much insecurity or be too vulnerable ... namely with clients...” She feels that therapy should be a comfortable, holding environment and one cannot, “... need your client’s assistance...” This ability to hold, ties up with her family’s inability to hold her.

Confirming this about Kay, Visser speaks of how the need for assistance presents a smaller, limited world smaller and limited when you are visually disabled. Yet for him his spiritual, emotional and mental worlds broadened through this. He adds that this is not on a tangible level but more on the level of meta-experience.

Therefore for Visser his “beingness” is not only one of body soul and mind but also being one with yourself and with one’s vision. This is not just seeing with one’s eyes, but vision in the same holistic sense of “beingness”. That is, Visser

speaks of being able to see through touching, tasting, feeling and hearing, through thinking and particularly through intuition. “That also includes seeing through one’s historical being, past narrative experiences, associations, wisdom, insight and one’s memory”, states Visser.

### ***The self in the journey***

In the literature on therapy, the use of the ‘self’ of the therapist does not only refer to the modernist conception of the self as the permanent, true core of a person, nor only to the post-modern notion of the self as an ever-changing history. The self refers also to the experiencing process of the therapist, such as his/her feelings, fears and intuitions. In this sense, the self signifies the personal responses of the therapist in the form of images, moods and symbols in initiating and developing the therapeutic process (Rober, 1999).

Visser states that when he interacts in therapy the visual contact is a very relative dimension of what is taking place. It is connecting with our ‘holistic beingness’ which takes precedence for him. Therefore, it is also not just about listening to what the client says, but so much more related to the experience within this connectedness between client and therapist. There are not only two bodies, minds and souls, but also two ‘being-ness’s in the wider perspective on what it means to “be” and also what it means “not to be”. He goes even further by saying that one could call this an ecosystemic approach, but for him, it is more and gleans a thicker description in the therapeutic conversation.

Kay builds on these thoughts, stating that therapy is essentially about the “emotion” and “feeling” that is in the room. The connection she has with her clients is encapsulated in this as this becomes the human spirit. Feeling and dealing with her vulnerability in her personal life, it sharpened her awareness of how clients’ stories could trigger her vulnerability, and increased her capacity to deal with that (Weisman, 1993). Sharing these processes with her husband, her

personal therapist, her colleagues and with Visser was an endless practice in creating a context for change and a discovery of beingness. Dealing with the emotional parts of herself unblocked her empathy for clients who struggle with the same problem. A big shift for myself has been my ability to be silent, and when the process gets stuck to detect which parts of myself are maintaining the difficulty, without getting defensive and jumping to interpretations.

What has become important to me is to trust my own meanings and to be flexible in sharing meanings with those around me. I feel more able to live with complexity, have diverse beliefs and behaviours and emotions which can shift and change so they are juxtaposed and balanced. This means being able to hold differences, complexities and contradictions in our minds all at once. In that way I do not 'pretend' to know where I am going, in this unending process of growth and discovery of self, as that would imply that I had been there already and would mean that I would end up exactly where I came from.

#### **4.3.7 The land of the therapeutic journey**

On the journey to wherever it is we are going, the self is indefinite and its source appears to be located outwardly in the discursive interaction with people and does not exist separately from our relationships with others. The self is influenced by a multitude of factors that exist outside our own skins (Oosthuizen, 2001).

Vision is vitally important in forming a sense of self, and in developing relationships. Its role in therapy has been discussed in many contexts, with the emphasis on relating and observing. Blindness or visual impairment in a therapist is indeed a condition which presents certain inherent limitations: you cannot observe body language, you can't see the fleeting expressions crossing clients' faces, and you cannot recognise clients in the waiting room. However, certain compensatory features can develop in the wake of blindness, for



example; other sensory capacities can be heightened and certain unanticipated opportunities may emerge through this (Ceconi & Urdang, 1994). As humans (and particularly therapists) we all have our limitations and thus may need to compensate for these limits in some way, hence no one is devoid of limitations.

Eye contact is an important (but not the sole) aspect of the establishment of the therapeutic relationship. However, it has been noted that a blind therapist can provide an anonymity that allows clients to feel more secure. It can allow people to open up faster and discuss embarrassing material more readily, when they might hesitate otherwise. Wright (1999), when speaking about shame, asserts that it is “originally grounded in the experience of being looked at by the other and in the realisation that the other can see things about oneself that are not available to one’s own vision”.

Two crucial processes mould the relationship between the blind/visually impaired therapist and the sighted client: the client learning the nature of blindness and the therapist learning the nature of sightedness. Therapists may use their clients to serve them as a guide in the therapeutic context (Deshen & Deshen, 1989). Hearing does for the blind or visually impaired person, at least in part, what vision does for the sighted. The blind or visually disabled person begins to register what is going on around him/her through hearing to understand feelings (Burlingham, 1979).

The anger, fear and protectiveness which are sometimes felt by clients may open the way to rich material. On the other hand, clients may have other things to think about, factors which are more important to them than the fact that their therapist is visually impaired; the client will often see the therapist as they choose to see him or her. Timing and awareness of the patient’s needs are as important in the use of disability as they are in the use of any other facet of one’s being. This encounter is a point of growth for both therapist and client. In a sense, in ‘being there’, the therapist struggles to survive as a therapist, while the client

struggles to survive as a person. Thus, the therapist acknowledges the equal worth of the client (Rober, 1999).

### ***A holistic and intuitive map***

Kay describes how she works with the exploration of 'feeling' in the room to get a sense of where her client is. She adds that therapy for her is about going with what is happening in the room and the sense that she gets of the emotion the client emanates. For Kay the practicalities are more bothersome than not seeing. She thus tries to position her chair near the door etc, so as to not fumble when she needs to open the door when the session has ended.

Other practicalities include her use of the direction of a person's voice to get a sense of whether he/she are looking away or distracted or emotional. Her therapy context is a place where she feels quite capable and she makes use of her intuition and skill in therapy.

Visser adds that he feels that clients are at times relieved that he cannot see, as it allows for them to focus on the problem they are bringing, due to the sense of anonymity. He states that he experiences the client at he/she pain and has a deeply developed sense of intuition which allows for an open and upfront exploration with his clients. He emphasises that he is not distracted by the visual and is thus able to focus solely on the feelings, tones and beingness of his client in the therapy.

Both therapists speak of an ability to be more focused and in tune with the inner beingness and emotions that are felt and explored. They also speak of being more open with clients as there is a need for the client to explain a feeling that may be picked up visually by a sighted person. This exploration can be beneficial as the therapist gets a thicker description of the underlying emotion of the client.

In the case of myself there is a similar feeling. I am more able to trust those intuitions and to be more explorative with clients in terms of ambiguities in therapy. What has also confirmed this reality is that I worked as a telephone clinician for a counselling line. This system acknowledged the reality of not needing to see the client to do effective therapy. What it does encourage, is more of an explanation and description by clients of their emotional state and beingness in the world.

The ideas and intuitions of the therapist that are used as therapeutic tools to help the client doesn't mean that in a therapeutic session the therapist should say whatever comes to mind. Hence, a therapist should listen to him/herself, but shouldn't act unless his self fits with the context of the session (Rober, 1999). The self can generate information and images, but the therapist needs to decide whether and how to make use of this information. It is during the therapeutic conversation that the therapist is engaged in an inner conversation about the ways in which he/she could use his/her self in therapy in order to facilitate the conversation. This inner conversation can be expressed as a dialogical process of negotiation between the self and the role of the actions the therapist should take in the outer conversation (Rober, 1999). It seems that only in moments of deliberate self-searching or introspection that some individuals turn their attention inwards, to a 'deeper', or at least 'older', kind of 'knowing' other than that of the linear logic of the reasoning mind.

#### **4.4 DIMENSIONS OF UNDERSTANDING RELATING TO THERAPY**

##### **4.4.1 An alternative horizon**

Within this exploration of unstoried experiences this chapter featured a main component, namely a deeper understanding of the therapist who is visually impaired or blind. In addition it gives a possible understanding of the blind or

visually disabled client. This would hopefully leave a better understanding of these clients for therapeutic benefit.

Dimensions of meaning relating to therapy seem to highlight the use, by the blind or visually impaired therapist, of other forms of “sight” in the therapeutic context. Aside from what Kay and Visser describe, in terms of the use of other senses and a “holistic seeing” of beingness, there is also the use of the client as a co-partner in the exploration of therapy. This also gives the client an opportunity to find a “fit” within an ecosystemic approach to therapy. Both therapists indicate a missing out, in terms of the non-verbal and particularly in terms of the client’s emotions, which leaves them to their fine tuned sense of “feeling” within the room. Therapy thus becomes more client- centred and integrated.

This does not mean that there is a negation of responsibility. A therapist should also display clear boundaries and self disclosure should be relative and applicable. As both visually impaired/blind therapists have stated, as much as the environment needs to be a comfortable one, it also needs to be a safe one.

These therapists believe in being open with clients, but that this should not be self-indulgent or therapeutically detrimental. There seems to be an acute awareness of how their disability impacts on the therapy. Interestingly, these therapists perceived their disabledness as heightening their ableness in a therapeutic context.

#### **4.4.2 A therapeutic stance**

Adopting a “not knowing” position seems to be similar to the notion of play. Both require that the “therapist” adopts a non-threatening, non-competitive, non-hierarchical, non-directive position towards the client and the “problem”. In “play” we give up any attempt to control and allow ourselves, our clients and our problems simply to be. “Play” brings with it newness, a different way of relating

(to others, objects and ourselves). It brings creativity and the energy we need to deal with the debilitating (Obiakor & Stile, 1989). “Play” allows us to be simultaneously reverent and irreverent. “Play” allows us to dance/ roll with our pain and perceptions, to process them differently, create different stories and explore other possibilities of being and relating (Hurre, Komulaien & Aro, 1999).

The term “therapeutic” is used by professional therapists and lay people alike. We use it knowingly as though everyone knows exactly what it means. But do we? It seems that psychotherapy cannot be defined with any precision.

Hoffman (1990b) suggests that most definitions support a pathological or deficit discourse that depicts psychotherapy as a quasi-medical activity in which the therapist is seen as an expert detective looking for pathology. She questions this perspective that promotes the perception of “problems” as pathological and proposes a non-hierarchical model that focuses on setting a context for change in which the client and therapist can collaborate in order to allow for change without specifying what that change must be.

Individuals develop their sense of social agency from their socially derived self narratives which permit or inhibit a personal perception of freedom and/or competency: “Problems” that the client presents are seen as arising out of social narratives and self definitions that define the individual as not having the agency needed to accomplish the tasks emerging from the socially derived self narrative (Anderson & Goolishian, 1992). This was clearly exemplified in the narratives of the two therapists and myself, where personal capacity had been socially constructed to create the perceptions within these dimensions of meaning.

Therapy provides the opportunity to develop different narratives that allow the individual to perceive her/his agencies differently (Anderson & Goolishian, 1992). To allow for the opening of a conversational space, the therapist adopts a non-expert, not-knowing position in which he/she and the client mutually explore the

client's experiences and meanings in a collaborative process in which he/she constantly seeks to understand the client. This again elaborates on how the visually impaired / blind therapist allows the client to enter into a "co-partnership" in the exploration of therapeutic understanding.

By allowing for the evolution of new meanings, new agencies and new possibilities, the nature of a therapeutic process is also potentially on-going and continuous with no beginning and no end, but rather a life-time of engagement and discovery (Gergen, 2002).

"Therapy can be anything that allows the possibility for that which is not yet to become" (Gergen, 2002).

#### **4.4.3 The family narrative**

As mentioned numerous times in this text, our being and relatedness is constructed through a social reality of which a part is the family system.

That is, what one perceives is a consequence of how one participates in perceiving, which, in turn, is a consequence of one's social context. As Bateson (1979) states, the combination of diverse pieces of information defines a way of approaching what he called "patterns which connect" (p.68).

Thus, in understanding how the family system impacts on the "patterns that connect", and the perceptions of one's beingness therein, it is revealed that experience is structured in terms of pairs, dualities, or distinctions and that "any pattern, value, ideal, or behavioural tendency is always present at any time, along with its polar opposite" (Bateson, 1979, p.182). Similarly, in changing one family member's perceptions of his/her experience it inevitably changes (stabilises) other family members, as they are seen as connected. One cannot

speak of change without implying stability, autonomy without interdependence, parts without wholes, competition without co-operation

When any differentiation is made, two ways of talking about its sides are always present, that is: we may speak of their distinction (much like the visually impaired/blind person, who is perceived as different), or of their connection.

We can thus “see”, through exploration within the experiences of the visually impaired / blind therapist, that a system may come to therapy to alter the manner in which it changes - in order to stabilise. This “change of change” requires meaning where a new structure may be punctuated. Families themselves bring these communications to therapy.

It is assumed that all problems provide both negative and positive consequences for all connected within the system. After the family dynamics are defined in relation to the problem, its connectedness is given a systematic interpretation, story, or hypothesis of how the presenting problem provides a “pattern that connects” the whole family (Keeney, 1983).

#### **4.4.4 The integrated narrative**

As Gregory Bateson puts it, the bottom line is that mind and nature are one and the same, this is through the pattern which connects. Bateson noted that “the processes and structures found in human beings were also to be found in the rest of nature, and that the organizing relations within both were the same stuff as stories” (Plas, 1986, p.79). For Bateson (1979, in Plas, 1986, p.461), both redwood forests and sea anemones have minds that are part of a universal mind: “There is a larger mind of which the individual mind is only a subsystem . . . in the total interconnected social system and planetary ecology”. Further, we must think in terms of stories that are shared by all minds. Such stories establish the connections between parts, “the very root of what it is to be alive” (Bateson,

1979, p.14). The concept of mind and nature as one is simple, and yet it is profound in its implications for our experience of self, of other humans, and of our relationships with other creatures and things in our world.

To speak of stories rather than of reality means that truth, in the tradition of logical positivism, is no longer available to us. According to the notion of a storied reality, the form of our relationships with self, others, creatures and things takes the form of the way we story ourselves and others. If we story the personality as residing solely within the person, we describe a relationship with a person who is independent of our participation. If we story the biblical “dominion over” rather than “stewardship of” nature, we create a very different relationship with the other creatures and things in the world. If we story a “survival of the fittest” concept of evolution, then we story a social Darwinism in which some cultures/creatures are superior to others. If we story either/or rather than both/and, we establish polarities. If we create distinctions in our story - for example, between predator and prey - we can lose the more encompassing system that frames it. Indeed, to “take the side of either predator or prey is to risk breaking a larger pattern of interaction,” or ecosystem/species interaction, which “keeps the whole ecosystem in balance” (Keeney, 1985, p.48).

For Visser the description that fits with what he feels to be expressive of his beingness, is the *Imago Dei*, which he encountered in his theological studies:

“...the notion that humanity is made in the image of God has tended to mean that it is the mind or soul which is in God’s image, since the bodily (corporeal or physical) aspect of human nature can hardly represent the incorporeal, spiritual reality of the transcendent God... the perceived kinship between our minds and God’s mind (or Logos)... and the embodiment of the (immortal) soul/mind in the human person, encouraged a predominantly intellectual interpretation of how human beings are made in the image of God.



This tendency may at times have permitted the positive acceptance of intelligent persons with physical disabilities: e.g., Didymus the Blind (4<sup>th</sup> century) was nicknamed Didymus the See-er because he saw more profoundly than those with physical sight. It has also encouraged a positive (if somewhat patronising) response to persons with profound and multiple disabilities on the grounds that “you can see the soul peeping out through their eyes”. But this understanding of human nature is both inherently elitist and dualist. It ultimately tends to exclude those whose mental or physical incapacities profoundly affect their entire personality and existence” (Browning 1991)

Visser therefore understands his beingness as an integrated Imago Dei (image of God) whereby his total humanness (including his visual disability) is in ecosystemic balance with the whole of mind and nature. This in turn informs his therapeutic self and therapeutic processes.

#### **4.5 CONCLUSION**

This chapter reflected on the dimensions of meaning that were interpreted from the narratives of the blind/visually impaired therapists and their experiences of themselves within their therapeutic contexts. In addition, relevant literature was applied appropriately to substantiate and elaborate on views and perceptions that the non/partially sighted and sighted may have around blindness/visual impairment. My own narrative text, in which the interpretations are embedded, was also considered in a critically reflexive manner. This allowed for a true co-construction of the interpretations within the dimensions and sub-dimensions of understanding.

In summary, the collation of these interpretations were related specifically to the therapeutic context of the blind/visually impaired therapists and their experiences of their therapies.

The following chapter will be moving toward the ending of this dissertation. It will reflect on the reflections of the research process that has unfolded here in and explore further insights, limits and recommendations.

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## CHAPTER 5

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### NOW AND BEYOND - REFLECTIONS ON THE JOURNEY

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#### 5.1 AN OVERVIEW

In order to reflect on the research and dissertation writing process, a brief overview of the chapters that led to these reflections is necessary. Chapter 1 provided a short introduction to the topic and explained the researcher's motivation to do the research. Chapter 2 described the worldviews of modernism, postmodernism and the epistemologies emanating from these, e.g. positivism (or logical empiricism) ecosystemics, constructivism and in particular, social-constructionism and the related narrative approach.

Chapter 3 outlined the process of enquiry of the research. The metaphor of myself as a traveller using conversational interviews and a hermeneutical method of interpretation was discussed and appropriated by means of the theory of the ABDCE approach and applied practically in Chapter 4. The rest of Chapter 4 provided insight in to the "lived experience" of the blind and visually impaired therapists respectively. Dimensions and sub-dimensions of understanding were interpreted from the narrated experiences of these therapists and brought into critical dialogue with the existing literature on the blind and visually impaired. .

In this chapter, the title, meta-theoretical and methodological points of departure, dimensions and sub-dimensions of understanding, the participation of the two research partners and the impact of the research process on myself are reflected on by means of a meta-reflexive approach.

## 5.2 THE TITLE

The title “AN ECOSYSTEMIC VISION OF THE VISUALLY IMPAIRED THERAPIST”, evolved along with the unfolding of the research and dissertation writing processes. Other options were considered, but the eventual title captures the essence of what this study is all about.

The concept “ecosystemic” reflects my personal and professional epistemology and its positioning at the beginning of the title is therefore not merely a matter of symantics but communicates my existential and academic point of departure. The use of the indirect article “an” reveals my conviction that ecosystemic epistemology is a broad and multi-dimensional theory of which I have but only grasped a segment. The focus of this study has, however, not been on presenting an exhaustive thesis on ecosystemics, but rather to explain my meta-theoretical positioning which determined the methodology applied during the research process and also influenced the way in which the dissertation was written.

The concept “vision” is of great significance to this study. It is indeed being used in its bio-physical sense of the word, namely “the act or faculty of seeing” or “sight”. It should however also be understood as “a supernatural or prophetic apparition”, “imaginative insight”, “foresight”, and “sagacity” (Fowler & Fowler, 1980, p. 1300), but at the same time implies meanings such as “perspective”, “view”, “wisdom”, etc. “An ecosystemic vision...” therefore reflects an integrated and all-encompassing understanding of what it means to see with one’s eyes, other senses, emotions, thought processes, memories, associations, experiences and even intuition.

The use of the word “of” indicates the notion of “by”, implying that the study reflects an ecosystemic vision through the eyes of the two co-researchers themselves as well as through my own eyes, implying ownership of the process

and particularly the dimensions and sub dimensions of understanding.. The difference between using “of” in the title rather than “on” therefore reflects an approach of subjective involvement and social verification whereby the well-known international motto amongst disabled people of “nothing about us without us” is also upheld (Rowland, 1979). This does not mean that there cannot be “an ecosystemic vision on...”, but I deliberately chose for an inclusive socially constructionist methodology of research and interpretation.

It should, however, be acknowledged that the end result in terms of content is my own understanding and that there is thus no pretence of co-authorship with an implication of total agreement on all the detail of the dissertation. I therefore take full responsibility for the final text.

“...the visually impaired therapist” could be interpreted as a collective and/or generic phrase, but is not intended to mean that. It primarily refers to the experiences of the three visually impaired therapists involved in this study (including myself) as well as the relevant literature relating to the topic. The phrase also represents a contradiction in terms in so much as it reflects one of the most profound stereotypes concerning people with disabilities, namely that their identity lies within their disability rather than in their being-ness. It should therefore have been preferable to speak of “... therapist with visual impairment”, but for the sake of a concise and focussed formulation of the title, it was decided to maintain the phrase as is.

The title of this dissertation, “an ecosystemic vision of the visually disabled therapist”, is ultimately an apt portrayal of being self-critical. It is a depiction of the need to maintain dialogue with ourselves, constantly evolving one-self and remaining with ethical dilemmas. Journeying with the constructionist lens, encouraging further inquiry, conversing with ourselves and others, participating and not closing, the title I chose here is a representation of the ideal which I cherish for myself, namely that the journey of being a researcher and therapist is

a journey about the integrated inner AND outer vision, which entails perpetual inquiry about our own conduct in the present and into the future.

### **5.3 META-THEORY AND METHODOLOGY**

The choice for an ecosystemic epistemology was motivated and my understanding thereof explained in Chapter 2. The relevant literature included studies which were done from positivistic and phenomenological perspectives. Although these meta-theoretical approaches are valid within their own right and also produced valuable insights into visual impairment, I nevertheless feel comfortable in positioning myself ecosystemically as it embodies my current personal, professional and academic disposition.

In my literature search on this topic I also did not come across any ecosystemic/social-constructionist studies. With this, I do not imply that nothing was done in this regard, but an extensive review produced no such books and/or articles. Approaching this study from an ecosystemic angle could thus also contribute towards filling an apparent gap in terms of available research reports relating to the life and work of therapists who are visually disabled.

At some stage I had difficulties in comprehending the similarities and differences between the terms “ecosystemics” and “hermeneutics”. After discussing the matter with my supervisor as well as attending a seminar on post-foundationalist research, I came to the realisation that ecosystemics and hermeneutics are two sides of the same coin and simultaneously represent a way of knowing, understanding, collecting and interpreting data for research purposes. This is therefore also the way in which the ecosystemic-hermeneutical approach in this study was applied and the content of the dissertation should be understood. I chose for a social-constructionist narrative approach.

The specific social-constructionist narrative metaphor which was employed to give effect to the practical research procedure was the ABDCE approach. I followed this route as it provides a systematic formula of collecting and interpreting data without being linear in nature. In this manner the ecosystemic epistemology and social-constructionist narrative points of departure could be appropriated meaningfully.

I initially struggled with the distinction between “Action” and “Action field”, but then realised that whereas the action is about the experiences of the particular therapists, the action field is their respective therapeutic professions. However, because the ABDCE is not a linear process, the action and action fields are inextricably interlinked, as is the interaction between personal and professional stories in this regard.

The Background enabled a thick description of the action and action field, which in turn facilitated sufficient material for in-depth interpretation, feedback, circular reflection, spiralling insight and eventually saturated understanding. These aspects of the ABDCE approach resulted in the Development being extremely labour-intensive and time consuming, even emotionally draining, but ultimately essential for achieving the Climax in terms of conclusions. At this point of the writing process I had a sense of completion and thus had difficulties with how to apply the Ending. I formulated a final chapter in which I reflected mostly on the relationship between the study and myself as well as the related reciprocal interaction. The outcome was unsatisfactory and made me aware of a need concerning a better understanding of reflexive methodology. I therefore decided on a different approach to this final chapter, resulting in its content as presented here.

I am fully aware that the subjective nature of the chosen epistemology and research approach elicits a criticism often thrown at qualitative research, namely

that it is not representative and generalisable owing to the fact that it relies on data derived from too few participants, in this case only two.

Kvale (1996), however, contends that there are other forms of generalisability that could be relevant when considering qualitative research. As such Kvale (1996), suggests that “analytical generalisation” allows the individual reading the research to consider its applicability to other situations.

In order to make research “analytically generalisable”, however, requires that the researcher must ensure that the information represented is both rich and comprehensive enough for consideration (Kvale, 1996). Applying the ABDCE approach and especially by means of facilitating constant reflexive circularity as explained in 3.3.3 and 4.2.3, I ensured thick descriptions of the dimensions of understanding in the previous chapter. The research process and interpreted content are therefore presented in such an extensive manner that transferred applicability is made possible.

However, I stated it clearly from the outset that there is no pretence of representivity or generalisability with this study. In fact, true to the nature of social-constructionist narrative research, it is blatantly subjective, but if the information is presented in an open fashion like here, it allows myself to engage with it dialogically and could stimulate the consideration of multiple possibilities relating to multiple situations. Dialogically one statement can have multiple possible meanings in multiple contexts (Gergen, 1999).

In other words, the transversality of this dissertation does not lie in positivistic empiricism which is founded in fixed foundations of proven representivity and generalisable eternal truths. Rather, it is based upon subjective integrity and social verification which is reflected in sound scientific meta-theoretical positioning which, in turn, is congruently applied by means of the interactive relation between an ecosystemic epistemology, social constructionist, narrative



research and a hermeneutic method of analysis - towards interpretation of lived and languaged experiences as understood by myself who is also imbedded in the topic, research process and dissertation.

The writing of this dissertation has therefore not only been intended for the relevant degree purposes, but has also been personally rewarding for me. If I had not involved myself in this excruciating self-exploratory writing here, how would I do it in therapy? I therefore consider the value of this dissertation to lie not only in the mere act of writing it, but also in its having engendered in me a spirit of being self-reflection. It was through the writing that I started to fully reflect on my whole process of beingness of self, of my training and therapy. The desire then, is that the transferability of this dissertation will encourage self-reflection on stereotypes, especially within the context of the blind and visually disabled, in the hope that we can have respect, humility and a deeper understanding in our engagement with these people and other colleagues and clients.

#### **5.4 UNDERSTANDING DIMENSIONS OF UNDERSTANDING**

The key themes highlighted in the literature on the experiences of the blind/visually impaired persons, were those of Loss, Social Context and Relationships. The themes emphasized the physical loss of sight as well as the emotional and psychological losses that are experienced. According to the literature the support of one's social context and relationships, especially within one's immediate family system, determines one's ability to cope with loss.

From my interactions with the research participants and from my own experience, there seems to be an emphasis on one's coping style being relative to the family system and the patterns of coping therein. The fact that one is visually impaired/blind merely exacerbates that coping style, which may be ineffective or effective.

The literature places emphasis on the point that visually impaired/blind persons are perceived as “different” by society (Beaty, 1992) and in some way need to fit into a sighted world, so as not to be a nuisance (Ceconi & Urdang, 1994). There is also a prevalent notion that visually impaired/blind persons display a variety of psychological “problems” which result in social dysfunction and an inability to “fit” into the sighted world (Beaty, 1992). Yet the question, as we reach the ending of this dissertation, still remains whether or not visual impairment/blindness will be perceived as a handicap or a characteristic.

The theme of being aware of our “Difference”, as visually impaired/blind persons, was echoed by the research participants. This “Difference” is not only physical, it is also those practical differences that leave us never “fully adult”, as Kay puts it. These include being dependent on others for transport, needing others to read, etc. This dependence then creates a perception to the sighted world of an all-round limitedness, as apposed to just a visual limitedness, and one is perceived as being limited in other areas as well.

This seems to confirm a notion that visually impaired/blind persons are incompetent, problem saturated, inferior, handicapped and not fully fitting into a sighted society. This in turn leaves the visually impaired/blind person with a sense of being “de-humanised” and feeling unheard, as Visser adds.

The de-humanisation, on another level may not always be all encompassing. As experienced through the dimensions and sub-dimensions of understanding, disability as not the only characteristic of visually impaired/blind therapists. Disability, much like the human condition, has its own unique and individual impact on a person. This may allow for a transformation into an ability for deeper understanding an “allowance for change” (Zeddies, 1999). Through being more open and allowing for the acknowledgement of one’s own limitedness, is to allow for one’s integratedness.

This also illustrates and incorporates the dimensions of understanding that highlight the desire of visually impaired/blind persons to be treated as competent and equal and not as disadvantaged, a nuisance or non-persons. This is not always realistic and does not often happen. Thus, as highlighted in the themes one needs to confront one's own limitedness, attempt to remain aware of one's impact and through insightful perseverance allow for personal growth.

This brings me back to our clients and the notion that this may be what we hope for them. That is, creating a space where the ability develops to find alternative ways of being that are constructive and more effective.

Turning to the development of one's self and one's beingness as a therapist refers to the experiencing process of one's feelings, fears and intuitions and what it means "not to be". These alternative ways of being include not only one's intuition but also the feelings and emotions experienced from others, that is the experience of the human spirit. The dimensions of understanding relating to therapy thus emphasise a "holistic seeing" and the adopting of a "not knowing stance" in therapy. As such, therapy allows for different narratives and perceptions to develop in a co-partnership between the client and the therapist.

## **5.5 THE CO-RESEARCHERS**

Reflecting on the dimensions and sub-dimensions of understanding, I realised that there were various similarities and differences in the lived experiences and related interpretations between the two research participants. This is, of course, to be expected, but my reflections made me aware of how these corresponding and varying perceptions actually brought forth multiple meanings, thus enriching the collected data and the understanding of it.

On the theme of difference and not fitting into a sighted world, both co-researchers echoed similar experiences but varying effects. Visser emphasised how his sense of difference left him feeling disempowered on many levels. This led to much anger and frustration, which was ultimately self-destructive. He adds that the reactions of the sighted world made him feel unheard, inadequate and de-humanised.

Kay adds to this notion stating that she tried to make her “difference” less prominent and she attempted to “not look blind”, so as not to be a “nuisance”. She speaks of how she often felt cut off in social settings and then used to question herself as to whether or not she was the “kind of” person /therapist she was “expected” to be. She adds how she was left with a sense of “not being okay”. This did, however, lead her to confront her blindness and her inner wounds and maps.

The inner maps Kay speaks of is her family script and how this script dictated a need to “fit into” society and to meet a certain social standard. Kay adds that her blindness seemed to exacerbate this ineffective script that she was given to deal with life. Kay felt that she was reduced to feeling like she was an invalid, a burden and not fitting in. She feels this was due to her family’s inability to deal with the emotions and social stigma, which was amplified through her blindness.

Visser’s experience was more one of encountering a pattern of loss. He had lost his mother, his family- at the point of leaving for the school for the blind, the loss of his aunt, amongst other losses and ultimately the loss of his sight. This impermanence in his life left him with a sense of not being supported, with a need to not be a burden to others and with a fear of continuous loss.

Both of the co-researchers comment on a sense of “losing out”, in terms of what people in the sighted world experience through sight. However, they also speak of moving toward a deeper sense of sight and holistic beingness.

Kay further reveals how her confronting of her inner woundedness enabled her to review the maps she had been given as a child. This led to her process of perseverance toward growth where she confronted her feelings of being marginalised to one of acknowledging her limits and her weaknesses as well as her strengths. For Kay, the heart of the journey was self-acceptance. She adds that one's "being" is far more important than one's adequacy. This allowed her to perceive her blindness as contextual and that her blindness fitted into the emotional context of therapy as well. That is, it allowed her to be a healer who had confronted her inner woundedness. Kay states that therapy for her, is about feeling and emotion and thus her sense of knowingness of herself allows her to be fully present for her clients.

Visser emphasises the need for an "active self-acceptance" which meant becoming aware of his inner plight. This opened up a dimension for him in his therapies where he could allow himself "not to be" and where he could form a co-partnership with his clients in an exploration of their inner plight. Visser speaks of how he uses other forms of sight in therapy, for him this is a holistic seeing through his intuition.

The emphasis for both therapists is on not taking the "expert" stance in therapy and also not being self-indulgent with the disclosure of one's disability. According to them, for the therapist and the client to collaborate in a co-partnership in therapy toward change, the therapist should have reached an inner space of holistic beingness and self-acceptance. Therapy can then become a place where the client/family and therapist need to find what "fits" for them and a context of constructive shifts in the patterns of the system.

## 5.6 A PERSON, WHO HAPPENS TO BE VISUALLY IMPAIRED

Many sighted people have the view that blind persons are either 'super-people' or child-like 'idiots'. Sighted people also speak about a 'bond' that blind as well as visually impaired persons have with one another, and that sighted people could never 'understand' their intense feelings on these many views (Goldin, 1984). While blind and visually disabled persons experience stereotyping individually, they share with one another the knowledge that these incidents have occurred and are likely to continue in the future (Goldin, 1984).

An awareness that was hard for me to acknowledge was that blind/visually impaired people seem to have difficulty in expressing their emotions and their relationships have a superficiality about them. Even when confronted with a situation that is emotionally-laden, many blind/visually impaired persons display this difficulty of expression. Of course, this emotional reservation is not limited to those who are blind or visually impaired but it seems that for particular reasons, a person who is unable to see, limits him/herself in terms of expression (Cholden, 1953). The reason for this may be that in order for an individual to express himself/herself comfortably, he/she must be aware of the manner in which his/her communication is received. A sighted person on the one hand, expresses his/her emotions, and he/she receives consent to proceed from facial expressions as well as body language (Cholden, 1953). Clearly, a visually impaired person is unable to respond to these visual stimuli. Consequently, a blind/visually impaired person may use other cues as a substitute for the lack of visual clues - such as the shuffling of feet or a person's rate of breathing.

I was aware of how my relationships with both therapists initially rendered little emotional involvement, although at a later stage the dynamics shifted. I found that my relationship with the blind psychologist, Kay, was a distant and professional one (which may also have to do with our physical distance). There

seemed to be a 'missing' of one another's meanings at times, and I found myself looking for more connection and relatedness with Kay.

On the other hand, I found that my relationship with the pastoral therapist, Visser, was a lot more than I had hoped for, in terms of personal and professional growth and the experience of beingness. This may have been due to the convenience of proximity as well as the fact that we (myself and Visser) share the same eye disease (Stargardt's disease) which is not common. Thus to find someone who can connect and understand on those intuitive levels is deeply valued.

Children have often been said to use intuitive thinking as they explore as well as interact with the world. In addition, young children, who are thought to have been less exposed to linear, logical thought, are more naturally inclined to intuition (Nodding & Shore, 1984). This intuition is often referred to as immature intuition. Perhaps this capacity, which is essential to experience in early years, works in a less dominant role as we acquire more concepts and routines (Nodding & Shore, 1984). An increase in knowledge structures prohibits immature intuition while enabling mature intuition (Nodding & Shore, 1984). Perhaps seeing creates a linear learning of intuition, yet being non-sighted causes a kind of 'childlike' intuition or knowing.

In referring to himself as being 'grown up', Einstein speaks of his more advanced knowledge structures. Scientific studies may require accessing mature intuition, but in some cases immature intuition may be more useful. For instance, a novice, who accesses immature intuition, may solve a puzzle requiring intuition better than an expert. A possible reason for this is that the novice does not have the advanced knowledge structures which will automatically interpret specific stimuli. The Gestalt perspective supports this notion that a person's reliance on past experience is thought to interfere with effective problem solving (Baylor, 2001).

In discussing this intuitive processing with a friend, Einstein (1929) describes mature intuition: “When I asked myself how it happened that I in particular discovered the Relativity Theory, it seemed to lie in the following circumstance. The normal adult never bothers his head about space-time problems. Everything there is to be thought about, in his opinion, has already been done in early childhood. I, on the contrary, developed so slowly that I only began to wonder about time and space when I was already grown up. Consequently, I probed deeper into the problem that an ordinary child would have done” (Koestler, 1983).

The making of meaning within this enquiry has thus operated on more than one level. To focus only on summarising the content level, understandings that have merged from this exploration, would be to omit the process level and its impact on the construction of meaning in this text. In this regard, my relationship with this text, in terms of my varied modes of self-expression and ways of being across the time of its construction, has impacted significantly on the understandings that I have formulated. This process has been depicted in various ways throughout this text, both in the voices of the Researcher and the visually disabled Reflector that emerged over time, as well as in the critical reflections on the meanings being constructed. Ultimately, however, the exact “recipe” that resulted in the production of this text cannot be neatly grasped and summarised. It remains just that bit elusive and out of grasp, as it should in order to weave its magic. Similarly, the meanings that the reader has formulated in the reading of this text would have been created with the sprinklings of an own magic, own thoughts, feelings and perceptions of what it means to be visually disabled/blind.

## **5.7 THE LIMITATIONS OF THIS STUDY**

Diverse meanings and dimensions of understandings have been articulated by me, but they are not the only dimensions that could exist. Some meanings have not been articulated by me and other meanings could well be articulated by other



readers. I am thus cognitively limited in the way that the mind tends to select data that confirm the meanings that I have identified and the way that these impressions seem to endure (Becvar & Becvar, 1993).

Qualitative research is extremely time and labour intensive. Therefore it is not feasible to use a large sample and usually only a few cases are studied intensively. In this research, only three narratives were explored intensively (including that of the author). I became closely involved with my participants, yet I could not invest a vast amount of time in the blind psychologist, Kay's company, due to physical distance. Transcribing of several interviews was a time consuming exercise. The stories were creative and enjoyable, but also a labour-intensive and emotionally draining enterprise. This type of research therefore often gains validity at the expense of generalisability (Becvar & Becvar, 1993). Today's current research contexts still seem to prefer traditionally quantitative studies which are less time-consuming and labour-intensive and do not demand the same level of personal involvement and commitment, although this is shifting with the post-modern movement (Becvar & Becvar, 1993).

This study could also be criticised for not using a traditional way of classifying a person who is blind in terms of a categorisation system such as used in the medical model. However, each one of the participants had at one time consulted an ophthalmologist or doctor. Nonetheless, the criterion for selection was therapists' perceptions of themselves as blind or visually impaired.

Another limitation is that personal data which was elicited during the interviews are often of a very intimate and sensitive nature and this raises important ethical issues (Becvar & Becvar, 1993). Therefore pseudonyms were used and details were changed to protect the anonymity of participants.

My description of another person's meaning system is a secondary account, which could be regarded as a limitation of this study. I am not able to provide the

entire transcript of each participant and because data has to be reduced it fails to “capture the full experience of a living text or live narrative” (Hoshmand, 1989, p.21). However, selected excerpts from the interview text were provided which were linked to the themes that were articulated.

## **5.8 RECOMMENDATIONS FOR FUTURE RESEARCH**

Due to the inequalities in society and taking the stereotyping around disability into consideration, future research should investigate more fully the role of relationships in blind/visually impaired persons’ experiences of their disability. Related to this, but at the same time a topic on its own, is the aspect of coping and resourcing which remains a gap in understanding the lived experiences of visually impaired people in general and therapists in particular.

The question whether visual impairment/blindness is a handicap or characteristic could not be answered exhaustively in this study and therefore also needs further attention.

The experiences of the blind/visually impaired therapists from different population groups within rural, marginalised and urban contexts could be studied to assess whether there are differences in their experiences of the roles of relationships in their worlds. Other contexts could be explored as to their impact on the lives of blind/visually impaired persons.

It would be interesting to find out whether the articulated themes of researchers from different cultural contexts would differ markedly.

The visually impaired/blind clients’ experiences of therapy could also be a focus of study in the future.

A larger sample would increase the ability to generalise the findings of a study of this same topic which is not possible with a sample of this size.

## **5.9 CONCLUSION**

This study has provided valuable information regarding the role of relationships in the world of visually impaired/blind therapists. It has reinforced the idea of the importance of context. Specific dimensions of meaning as well as recurring dimensions were articulated, and helpful processes as well as those to be avoided, were discussed. This information could prove to be valuable to those encountering the visually impaired/blind therapist or person. The qualitative research method used, proved to be an appropriate method to gain the kind of information that was sought even though it was time-consuming and labour intensive. Some important areas for future research were addressed. These included focusing on blind/visually impaired therapists within the context of our broader society, using a sample from different population and gender groups, different researchers from different cultural groups and a larger sample.

In linear, modernist terms, this would serve as a conclusion to this dissertation. However, from a social-constructionist, ecosystemic perspective, this chapter can be seen as a punctuation which does not necessarily mean the end. This text is not complete since new meaning is constructed each time it is read. This chapter may therefore be the beginning of a new line of thinking and meaning for the reader and may spark further reading and/or conversation. Different meanings may be attached to the text by the same reader each time it is read.

At one stage I had become so stuck and felt so powerless in my journey as a visually impaired person and therapist that I decided that I had to choose another way of responding to the double-binds in which I found myself. I had two choices: to continue the double-bind cycle or to comment on my experience of visual impairment. I chose to comment and this dissertation is part of that

comment. This comment has allowed me to move through my own powerlessness towards a sense of critical emancipation.

The meanings and findings presented in this dissertation were affected by my constructions of the conversations I had with visually impaired/blind therapists, what texts I read, what came out of the unstructured interviews and what dimensions of understanding I extracted from the transcribed texts. The process of this study is my own, and reflects only one view: my vision and how I was touched in the journey of being visually impaired.

As a social-constructionist and ecosystemic researcher, I must acknowledge that my interaction with this text, over time and different ways of being, has impacted on how this text has been constructed. In addition, the meaning created by this reading is informed by the wider societal discourses which inform my perceptions and the position I take in relation to others.

This text is my story of other visually impaired persons' stories. Their stories also include other people's stories. So the complex nature of that experience is being put into words. This text can function to deepen and enrich this experience, as it holds a magnifying glass to the lives of the visually impaired/blind therapist and person.

“Our experience of the world and life is determined by the way we focus our consciousness. The normal human condition is limited to and by the senses because we focus only on what they reveal.

When our senses are quiescent, as in meditation, there is still a sense of being present and experiencing, but this state is free from the limitations of the senses.

Within it we glimpse limitless and boundless possibilities which can be called the greater human potential ... This sense is dedicated to that journey inward ... the journey that liberates, so that our total way of being undergoes a transformation...”

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