

CHANGING THE ASSUMPTIONS OF A TRAINING THERAPIST

- AN AUTO-ETHNOGRAPHIC STUDY

by

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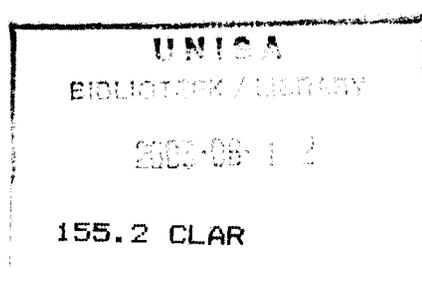
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DECLARATION

I, Sheree Lyn Clarke, hereby declare that this dissertation of limited scope, entitled: "Changing the Assumptions of a Training Therapist – An Auto-ethnographic Study" is my own work and that all the sources I have used (or quoted) have been indicated and acknowledged by means of complete referencing.



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ABSTRACT

This auto-ethnographic study (i.e. an autobiographical genre of writing and research, written in the first-person voice, where the workings of self are expressed both cognitively and emotionally) qualitatively explores the changing assumptions of a training therapist. It shows how various therapies were negotiated during the training period, and explores how meaning was constructed according to basic, underlying epistemological assumptions. Significant experiences and therapies are presented, showing how the therapist's most basic, linear assumptions, were directly challenged by eco-systemic training. The study produces an in-depth, thick description of both the emotional and the cognitive journey of a training therapist, and traces the therapist's movement away from the stability and certainty of a linear epistemological 'way of knowing' to the instability and uncertainty characteristic of an eco-systemic 'way of knowing'. Conclusions are idiosyncratic and are not intended for generalization.

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CHAPTER 1

INTRODUCTION

1.1. CONTEXTUALIZING THE STUDY

My personal journey towards becoming a clinical psychologist has not been an easy one. I knew when I started my training that I would probably be confronted with moments of extreme sadness and heartache and that I would probably feel some helplessness and uncertainty, but emotional turmoil was both expected and anticipated. What I did not expect (or anticipate) was the idea that I would be confronted with what Keeney (1979, p. 122) calls an “epistemological shift”. He writes that what one perceives and knows is largely due to the distinctions that one draws and that such distinctions are made one way and not another, because of the specific assumptions inherent in one’s basic epistemology.

Hoffman (1985, p. 324) defines an epistemology as “the study of how we know our knowing” and Bateson (1972) and Keeney (1979) both emphasize the importance of an underlying epistemology. Keeney defines it as those basic premises that underlie all action and cognition, claiming that it is impossible for one not to have an epistemology, because there are always assumptions or presuppositions inherent in the way that one thinks and understands. Auerswald (1985, p.1) offers another definition of an epistemology. He calls it “... a set of immanent rules used in thought by large groups of people to define reality”.

Eco-Systemic training introduced a totally new way of thinking about reality for me. My core assumptions about the world, and the rules I used for defining reality, were directly challenged, accompanied by much inner turmoil, conflict and uncertainty on cognitive, spiritual and emotional levels. Dell comments that: “A

epistemological assumptions can be either shattering or freeing” (1984, p. 44). I am of the opinion that my own training experience involved an epistemological shift, which was initially shattering, but also significantly freeing in terms of my own journey towards becoming a competent therapist.

1.2. THE PURPOSE OF THIS STUDY

It is the purpose of this study to auto-ethnographically explore and share the intricacies of my own changing assumptions while training to become a clinical psychologist. Auto-ethnography is defined as “an autobiographical genre of writing and research that displays multiple layers of consciousness... It is usually written in the first person voice where the workings of the self are expressed both cognitively and emotionally” (Ellis, 1998, p. 10).

The broad goal of this study is, therefore, to present an auto-ethnographic account of my own training experience. I will show how I negotiated various therapies, explain what took place, and indicate how I constructed meaning according to my epistemological assumptions. I will also share my thoughts on these experiences, commenting on how I coped emotionally with the uncertainties of the training experience, by candidly portraying some of the events that took place and bringing the reader into what it felt like, to go through this training experience. Academic comment will also be provided, focussing mainly on the basic underlying assumptions of (1) a linear (2) a systemic and (3) an ecosystemic epistemology, because my training at UNISA moved me from linear thinking into systemic thinking and finally into ecosystemic thinking.

1.3. HOW I DECIDED ON THIS TOPIC:

I struggled to find research that focussed exclusively on the changing assumptions of the training therapist. Since my own training experience was extremely significant to me in terms of changed basic underlying assumptions, and since my entire epistemology or “way of knowing” (Keeney, 1979, p. 119) shifted, my reasons for choosing this topic were threefold:

Personal. The topic had direct relevance to me and afforded me the opportunity to explore my own changing assumptions (a valuable experience for any psychologist interested in human processes and change).

Theoretical. Since I struggled to find previous research in my chosen field, I felt that my research could provide a starting point for further studies, thus expanding knowledge and understanding, and providing further insight into the training experience.

Practical. Since this was a dissertation ‘of limited scope’, I chose a topic that was feasible.

1.4. AN OVERVIEW OF THIS STUDY:

The present chapter serves as an introduction and contextualizes my research topic. In chapter two, both my research design and my chosen methodology, auto-ethnography, are discussed. In chapter three, my auto-ethnographic account begins. The theory (related to concepts which I feel best illustrate the basic assumptions of a linear perspective of therapy, a systemic and an eco-systemic perspective, has not been formalised into an ‘academic’ chapter (or formal ‘literature review’), but has rather been integrated and woven into each chapter of my story. This study exposes the complexity of my emotions, my thoughts and my coping strategies as I moved

further and further away from the stability and certainty of linear assumptions and into the instability and uncertainty of eco-systemic assumptions. The conclusions reached are based on my own experiences. They are personal and are not intended for generalization.

CHAPTER 2

RESEARCH DESIGN AND METHODOLOGY

2.1. QUALITATIVE RESEARCH

Strauss and Juliet (1990) view qualitative research as any kind of research which produces findings not arrived at by means of quantification. The aim of embarking on qualitative research, is, according to Maso (1989), usually not 'generalization', but rather to provide insight into social phenomena. Maso (1994) also comments that the purpose of qualitative research is to try to define, experience and constitute the world of the subjects, as the subjects themselves define, experience and constitute their own world.

In this qualitative study my aim is to produce an in-depth "thick description" of the life-world as experienced by the training therapist.

A thick description does more than record what a person is doing. It goes beyond mere fact and surface appearances. It presents detail, context, emotion and the webs of social relationships that join persons to one another. A *thick description* evokes emotionality and self-feeling. It inserts history into experience. It establishes the significance of an experience, or the sequence of events, for the person, or persons in question. In *thick descriptions*, the voices, feelings, actions and the meanings of interacting individuals are heard (Denzin & Lincoln, 1994, p. 83).

2.2. NOMOTHEIC VERSUS IDIOGRAPHIC METHODOLOGY

Research methodologies can be either *nomothetic* or *idiographic*.

- (a) They can entail collecting data from a large group of people in order to generalize the results, with some degree of confidence, to an even larger population, i.e. a *nomothetic methodology*, or
- (b) They can entail capturing the richness and complexity of the phenomenon under investigation, with the risk of basing conclusions on one or two atypical cases, i.e. an *idiographic methodology* (David Uzzel in Breakwell, Hammond and Fife, 1995).

I have chosen an *idiographic* methodology, in the hope that I will be able to capture some of the richness and complexity of my own training experience in this study.

2.3. AUTO-ETHNOGRAPHY AS A RESEARCH METHOD

2.3.1. What is auto-ethnography?

The word “auto-ethnography” is made up of three important components:

- 1) auto (meaning the *self*);
- 2) ethnos (meaning *culture*) and
- 3) graphy (meaning *research*).

Auto-ethnography is “... writing and research which is connected to the study of ‘meaning-making’ and ‘emotional life experiences’ which literally makes the researcher’s own experience a topic of investigation in it’s own right” (Ellis, 1998, p. 49). It is also, “connecting the ethnographic impulse, or cultural ‘gaze outwards’

to the auto-biographical impulse, or the 'gaze inwards' for a *story of self*" (Neumann, 1996, p.73). Carolyn Ellis calls it "An exploration of one's own world, paying attention to emotional and bodily feelings in addition to cognition; using systematic introspection and emotional recall to try to understand the emotional experience one has lived through - and writing all of this as a story" (1991, p.7).

Auto-ethnography not only blurs the distinction between social science and literature, the personal and the social, the individual and culture, the self and other, it also blurs the distinction between researcher and subject.

"Here, authors occupy dual interactive roles of researcher and research - participant. Auto-ethnography emphasizes what is heard and felt as much as what is seen. The focus is on emotional and bodily knowledge, as well as cognitive perception; knowledge comes through direct participation as well as observation. Recognition involves the interplay between observer and observed, and understanding requires a reflection inward as well as observation outward" (Jackson, 1989, pp. 6-7).

Auto-ethnographic stories are, therefore, in essence, first-person accounts, which use the personal experience of the researcher as the starting point. In this orientation, the inner workings of the self are investigated through a process of systematic introspection (Ellis, 1991) and presented in the form of concrete thoughts and feelings within a story.

2.3.2 Contextualizing auto-ethnography historically.

The term 'auto-ethnography' has been in circulation for more than two decades, but David Hayano (1979) is usually acknowledged as being the 'originator' of this term. Auto-ethnography was (for him) limited to:

“Cultural research by anthropologists of their own people, in which the researcher is a *full insider* by virtue of being *native*; acquiring an *intimate familiarity* with the group, or achieving full membership in the group being studied” (Hayano, 1979, p.100).

Over the years, however, the meanings and the applications of the term ‘auto-ethnography’ have evolved and changed. With the swing towards postmodernism, ‘narrative’, and ‘writing about the self’ became very popular: “Scholars in several disciplines inaugurated new journals and promoted the narrative study of lives. Storied versions of interpersonal events were encouraged and extensive books were published reflecting the shift from analytic to narrative modes of investigating personal life” (Bochner & Ellis, 1997, p. 308).

Researchers and authors also started writing in the first-person voice. It had already been established by Toulman (1969) and Rorty (1982), among others, that the ‘facts’ scientists saw were inextricably linked to the ‘vocabulary’ they used to express or represent them. If it was impossible to eliminate the influence of the observer on the observed, then no theories or research findings could ever be free of human values, because the investigator (researcher) would always be implicated in the product.

In light of this reasoning, Carlyn Ellis and Arthur Bochner argue in favour of an auto-ethnographic approach: “So why not observe the observer; and focus on turning one’s observations back on oneself; and why not write more directly from the source of one’s own experience? Narratively, poetically and evocatively” (in Denzin & Lincoln, 1989, p25).

According to Ellis (1994) auto-ethnography has mushroomed as a popular medium for research and writing, and Bochner (1997) confirms that the turn towards a narrative mode of research and writing was promoted by two developments:

- The turn away from orthodox scientific approaches to 'representation' and
- The turn toward 'interpretive perspectives' that focus on human 'sense-making' (1997, p. 308).

Ellis (1995) explains that the term 'auto-ethnography' has been used interchangeably with countless other research and writing methods, such as:

- Personal Narratives,
- Self-Stories,
- Personal Experience Narratives,
- Lived Experiences,
- Narratives of the self,
- Personal Ethnography,
- Evocative narratives,
- Personal writing and
- First-person accounts, among many others.

2.3.3 The defining characteristics of auto-ethnography

There are five distinguishing features of auto-ethnography, according to Ellis (1994, p. 44):

1. The author usually writes in the first person, making himself / herself the object of research, thus breaching the conventional separation of researcher and subject.

2. The narrative text usually breaches the traditional focus on generalization across cases by focussing within a single case, extended over time.
3. The text is presented as a story, akin to writing associated with the novel or biography and thus fractures the boundaries that traditionally separate social science from literature.
4. The story often discloses hidden details of private life and highlights emotional experience.
5. The ebb and flow of relationship experience is depicted in an episodic form that dramatises the motion of connected lives across the curve of time and thus resists the standard practise of portraying a relationship as a snapshot.

2.3.4. The advantages of auto-ethnography:

2.3.4.1. The complexity of subjective, emotional experience can be explored

Auto-ethnographic research is not about ‘quantifying’ or ‘generalizing’. In fact, the proponents of auto-ethnographic research and writing argue that auto-ethnography itself, developed out of an *awareness of the deficiencies* of traditional social science research for dealing with the day-to-day realities of *emotional* experience. Emotion, by its very nature, is subjective – not an objective ‘thing’ which can be easily quantified. Ellis (1991) argues that as researchers, we need to try to be true to the lived particulars of what happens in epiphanies, rather than to the traditional social science research practices that ‘categorize’, ‘generalize’ and ‘abstract’ the emotional experiences of people.

While the proponents of auto-ethnography acknowledge that there can be no 'objective' truth when writing a first-person account; they also believe that, more importantly, auto-ethnography is a methodology which allows one to be true to feelings, while remaining committed to writing as truthful an account as possible.

Rosenwald (1992, p.285) argues that, "The trick is to make the story (or study) both:

- (a) horizontally coherent (i.e. to make sure that the events are cohesive enough to warrant their meaningfulness) and
- (b) vertically coherent (i.e. that they are warranted by an honest depiction of the feelings and thoughts at the time)".

2.3.4.2. It is a medium of self-reflection and discovery

I concur with Carolyn Ellis who states that: "A text that functions as an agent of self-discovery, or self-creation (for the author as well as for those who read and engage in the text) is only threatening under a narrow definition of social enquiry. Why should caring and empathy be secondary to controlling and knowing? Why must academics be conditioned to believe that a text is only important to the extent that it moves beyond the personal? Why should we be ashamed if our work has therapeutic or personal value?" (1994, p. 24).

I believe that, specifically, in the field of psychology, great insights can be gained through a serious reflection on texts that explore the raw, personal experiences of individuals. Also, auto-ethnography is one of the few qualitative methodologies, which makes allowance for both an emotional and a cognitive exploration of self. "The goal is also to write meaningfully and evocatively about topics that matter, to

include emotional experience, and to write from an ethic of care and concern” (Bochner & Ellis, 1997, p.24).

2.4. COMMON CRITISIMS OF AUTO-ETHNOGRAPHY AND COUNTER-ARGUMENTS

2.4.1. Generalizability:

It is true that the traditional conventions of social science research are violated when one makes oneself the object of one’s own research. It is also true that when one focusses on ‘one person only’, the traditional idea of ‘generalizability across cases’ is no longer possible, but Geertz (1973) makes a strong argument for moving away from generalization ‘across cases’ and focussing instead on generalization ‘within a case’ as a research alternative.

2.4.2. ‘Objective truth’ versus Fiction

Some critics argue that ‘stories’ give life a structure that it does not have, and can thus ‘fictionalize’ life (Mink, 1968, Shotter 1987), but Rosenwald and Ochberg (1992) argue that as social beings we will always live storied lives. Schafer (1981) further argues that our identities – who we are and what we do – originate in the tales passed down to us, and in the stories we take on as our own. In this sense, it has been argued that ‘stories’ constitute ‘our medium of being’ (Schafer, 1981).

Storytelling is both a method of knowing – a social practise - and a way of telling about our lives (Richardson, 1990). By framing our experiences in the form of stories, we are able to investigate what theses stories mean to us - and we make what we understand about our experiences accessible to others by telling them our stories. As Stone (1988, p.244) argues: “our ‘meanings’ are almost inseparable from our stories, in all realms of life”. Bochner (1997) also argues that it is not the

'facts' themselves that one tries to redeem through story-telling, but rather an articulation of the *significance* and *meaning* of one's experiences.

2.4.3. Reliability

There is no such thing as orthodox 'reliability' in auto-ethnographic research and according to Bochner (1997) a story's 'generalizability' can only be tested by readers as they determine if it speaks to them about their own experiences. He comments that, the 'reliability' (not in the traditional sense of the word) of an auto-ethnographic account can be tested by answering some questions: Does the author take measure of him/herself, his/her limitations, his/her confusion, ambivalence and mixed feelings? Does the reader gain a sense of 'emotional' reliability?

"Auto-ethnography is not a science. It's not a philosophy. It's an existential struggle for honesty and expansion in an uncertain world. It is an argument for self-conscious reflexivity. The reliability in an auto-ethnographic study is about asking how one can position oneself within a research project to reveal aspects of one's own tacit world; challenge one's own assumptions, locate oneself through the eyes of another and observe oneself observing?" (Bochner, 1997, p28).

2.5. DATA COLLECTION

I used two main sources for data collection and information in this study:

- a) My own diary, (a record of information in relation to the passage of time) and
- b) The process notes that I kept on various therapies throughout my training period.

2.5.1. The advantages of using a diary:

Breakwell et al (1995, pp. 296-297) mention the following advantages of using a diary:

- It yields information, which is temporally ordered.
- It provides access to intimate information.
- It engenders self-revelation and honesty.
- Information is readily accessible.
- It offers a cost-effective sampling of information and
- It provides immediate access to thoughts and feelings.

2.5.2. The disadvantage of using a diary:

- Complex human processes are simplified, because only selected information is written down, and only limited information is therefore available for scrutiny.

2.6. ETHICAL CONSIDERATIONS

2.6.1. Maintaining anonymity

The names of all clients or patients seen in therapy and mentioned in this study have been changed to maintain anonymity, because the focus of this study lies in exploring the changing assumptions of a training therapist, not in the exploration of various patient's or client's lives.

CHAPTER 3

AN AUTO-ETHNOGRAPHICAL ACCOUNT

3.1. INTRODUCTION

In the present chapter, I begin my story with some background information on my life. I start the chapter by explaining my family context. This information ‘sets the scene’ and clearly establishes the linear epistemological base, from which I lived my life, prior to eco-systemic training. The theory related to concepts that I feel best illustrate the most basic assumptions of a linear epistemology, is woven into this chapter, as well as into the next chapter. Since there is no single chapter devoted to a ‘literature review’ in this study, the theory of various ‘assumptions’ is presented ‘as’ and ‘when’ I feel it is appropriate to the telling of my story. I begin this auto-ethnographical account by telling of my birth family, and explaining the kinds of values that were instilled in my formative years.

3.2. FAMILY BACKGROUND

I was born into a conservative, religious, Mormon family. My mother and my father are what I conceptualise as principled, righteous-living people; i.e. they live according to strict rules of what they consider to be ‘right’ and they consciously avoid things that they consider ‘wrong’ or ‘bad’. Growing up in this family context meant that, for me, things like alcohol or cigarettes were completely banned, because engaging in smoking or drinking behaviour is considered ‘wrong’. Fornication and adultery, for example, are also considered serious sins in a Mormon context (‘sins’ that may even mean losing one’s membership in the church). My background is, therefore, best described as ultra-conservative and fundamentalist.

On a spiritual level, I was taught (from an early age) about the reality of God and I never questioned this reality. I was also taught to be true to values and principles and I never doubted the truth of my convictions. My parents gave me clear guidelines for living. The boundaries of 'acceptable' versus 'unacceptable' behaviour, in our family context, were very clearly defined, and this meant that I grew up feeling secure and safe. I knew my boundaries, seldom overstepped them, and was certain about my beliefs.

An epistemology is defined as "a set of immanent rules used in thought by large groups of people to define reality" (Auerswald, 1985, p.1). My childhood reality, in line with classical Newtonian, linear thought processes, was fixed and absolute, offering me a sense of security and certainty. Atwood (1995, p. 10) explains that "... the social world that one is born into; is usually experienced by the child as the sole reality. The basic rules of this world are non-problematic. They require no explanation, and they are usually neither challenged nor doubted".

Sluzki (1983) comments that a linear epistemology encompasses a reality which is 'intrinsically valid' and 'out there'. Capra (1983) calls this linear epistemology, or "way of knowing" (Keeney, 1979, p. 119) a Cartesian-Newtonian worldview because it has its roots in the western, scientific tradition, or in the work of Descartes in philosophy and Newton in the natural sciences. I believe that the foundation of my Cartesian-Newtonian epistemology rested firmly on the principle of certainty. There was only one reality for me. Auerswald refers to "the rule of a Single Reality" (1987, p. 31) and Sluzki refers to "the rule of Certainty" (1983, p. 472) in relation to an underlying linear or a Cartesian-Newtonian epistemology.

3.3. A COUNSELLING BACKGROUND

Prior to starting my formal training at UNISA, I worked as the president of the Centurion Relief Society, a religious organization, established to offer relief to

women over the age of eighteen, who are struggling physically, emotionally or spiritually. My religious background offered a solid foundation for work in this context, because 'service' and 'compassion' had been instilled (from my youth) as essential guidelines for 'righteous living'. The work was unpaid, but worth it, because it offered me a tremendous sense of accomplishment. I worked from the premise that most problems could usually be solved if I could simply find their 'cause' (i.e. if I could trace the underlying reason for the problem itself). It was then, simply a matter of 'fixing' whatever was 'wrong'.

In the Relief Society context, I felt like I could really make a difference in the lives of others. For example, an unhappy woman whose sadness could be traced to suffering abuse at the hands of her husband (i.e. the 'cause' of her problem could be traced to 'him') could be removed from her home and put into a place of safety. The implication, personally, was that I always felt that I was making a positive difference in the lives of those around me, and I was content with being sincerely engaged in going about 'righting' the many 'wrongs' in the lives of others. My working days were mostly spent looking for the underlying 'causes' of problems and then, going about 'fixing' them, which led to me feeling really good about myself, both emotionally and spiritually.

3.4. THE LINEAR PERSPECTIVE OF HUMAN BEHAVIOUR

The 'linear' or the 'Cartesian-Newtonian perspective' (Capra, 1983) of human behaviour rests on the following assumptions, according to Becvar and Becvar (1996, pp. 4 - 6):

Reality is 'something' which is quantifiable. It is something that can be objectively discovered.

In the Relief Society context, I could objectively go about looking for (or trying to discover) the underlying reasons for various women's sadness. For example, their sadness (their 'reality') could often be traced to objective causes like (a) not being able pay their rent, (b) an abusive partner or (c) substance abuse etc.

Reality is assumed as existing independent of the therapist's mind.

As a Relief Society counsellor, I believed that when a woman was 'depressed', for example, it had absolutely nothing to do with me, personally. She was, simply 'depressed' and possibly needed help with things like washing, cleaning or with the transporting of children (things that I was only too willing to do, because through 'service' and 'compassion' I felt that I could really make a positive contribution to her life).

Linear cause-and-effect is assumed, implying that any problem can be solved if the therapist simply finds the answer to the question of "why".

In the Relief Society context, for example, I felt that a mother struggling to cope with a rebellious teenager could be helped by addressing the reason for her discomfort (i.e. I could intervene to assist in 'changing the behaviour of the child').

The world is understood as deterministic and operating according to law-like principles (the discovery of which, are assumed to reveal absolute truths about reality).

In line with my religious upbringing, I believed in a deterministic world, a world that worked according to law-like principles. For example, I believed that 'incorrect' choices led to 'unpleasant consequences'. I also believed that making the 'correct' choices led to happiness and contentment. This line of reasoning had major implications for me, because it meant that I was usually not surprised that so many

women struggled emotionally, because I could often trace their unhappiness to 'incorrect' or 'unrighteous' choices. It also meant that I was very 'judgemental' and often 'blaming' in my approach.

3.4.5. The emphasis is on the individual and on the past.

I believed that a thorough understanding of any of these women's 'problems' meant looking at their lives in detail and including a thorough exploration of their past decisions and experiences.

3.5. APPLICATION FOR A MASTER'S DEGREE

While most of the time, I felt that I was making a positive contribution in the Relief Society context, there was also a growing, uncomfortable awareness that I possessed very limited expertise. Some problems simply kept coming back (and no matter how much I read about these 'conditions' or 'psychological problems', I still felt helpless, because they were simply never resolved), no matter how much 'service' and 'compassion' was offered. These problems remained 'unfixable', leaving me feeling increasingly frustrated.

Out of desperation, I made application for a Master's degree in psychology at both RAU and UNISA, but was not selected for training at either university that year. This was emotionally devastating. I felt rejected and inadequate. It felt like my entire world had fallen apart. My hopes and dreams to really make a significant contribution to the lives of others had been crushed. I remember lying on my bed in the foetal position and sobbing uncontrollably for hours and hours, after hearing that I would not be studying further. The helplessness was extreme. Being selected for training was something that I simply had no control over. I had studied hard at Honours level and my marks were excellent, but a few selectors had decided my fate, and studying at Master's level was not to be.

How could God do this to me? I felt responsible for the welfare of so many women. I really wanted to make a difference and knew that I needed further expertise, but God had not afforded me the opportunity to expand my knowledge base or develop the necessary skills I needed, to be effective in bringing about positive change in the lives of others. I honestly believed that God could have made it happen for me (if it had been His will), so I started blaming Him for my unhappiness and my general disillusionment. Where was He? Why had He not heard my sincere prayers? What was His purpose in this? Why was this happening? I was bitter and angry! There was irony in the fact that while I truly believed 'Psychology' was about empowering people, I simultaneously saw 'Psychology' as responsible for my own feelings of disempowerment and helplessness at that time.

Later, I became more introspective. What was this need within me to 'help others'? Why was this so important to me? Why study psychology? Why 'right' the 'wrongs' in the lives of others? Why couldn't I settle for another field of study? Could my desperate need to study psychology be related to my upbringing (my need to do 'right'?) and could it also be related to my years of struggling to conceive a child and my overwhelming need to nurture?

3.6. THE PROSPECT OF TRAINING

The following year, after keeping myself busy lecturing part-time (as well as continuing to work in the Relief Society) I made application to every university in the province of Gauteng for Master's level training. Time after time, I would get through to the final round of the selection process, and then *not* be one of the few actually selected for training, but I kept on applying, because it was so important to me. Eventually, what I call 'emotional numbness' set in, and ironically, when I finally didn't care if I was selected or not, I was selected for training at UNISA.

As the months passed I felt more and more excitement, anticipation and thrill at the prospect of training. I had always been fascinated by people and had marvelled at the miracles that could be wrought in the lives of others, particularly in the field of psychotherapy. It really fascinated me, but 'how' did it all work? How did the miracles happen and was it possible for me to learn the art of psychotherapy too? I asked many questions and learned from other therapists that training to become a clinical psychologist would entail very hard work and would be both challenging and confrontational, but I was excited to learn. Little did I know, that my training would shake the very core of my underlying epistemology, that it would challenge my entire 'way of knowing', that it would involve an epistemological shift away from the simple, linear assumptions that had afforded me stability, security and certainty throughout my life.

CHAPTER 4

EXPLORING LINEAR ASSUMPTIONS

4.1 INTRODUCTION

This chapter begins with a cognitive exploration of my very first therapy, showing how linear assumptions guided my approach. This is followed by clear, theoretical explanations of some core linear assumptions. Definitions of these assumptions are presented and the implications for therapies guided by these linear assumptions, are also briefly discussed. The aim of this chapter is to theoretically explore my growing cognitive awareness of my underlying linear epistemology.

4.2. MY FIRST THERAPY: A LINEAR APPROACH

In February 2000, I began my official training to become a psycho-therapist. I was placed at a community clinic called Agape, in Mamelodi, Pretoria. As a trainee therapist, I was nervous about how to handle my first case and really wanted to 'make a difference'. I had completed my Honours degree and had been taught in the Psychopathology course how to diagnose using DSM-IV criteria. I was placed in a team with a co-therapist.

In our first interview, we collected biographical information and spoke around *why* Ben (a pseudonym) had come for therapy. We adopted the stance of *outside experts* who could diagnose and treat his 'problem' *in a linear fashion* if we could simply find the answer to the question of *why* he felt the way he did.

* Footnote: *Italics highlight the linear assumptions guiding this therapy*

Ben, referred to us by his medical doctor, had a letter which indicated that he '*had a stress condition*' that had *caused* poor concentration. This, his doctor wrote, interfered with his ability to work as a driver and ensure safety for his passengers.

At the time, Ben was unemployed. We *discovered* that he had attempted suicide three times. The first time he had overdosed on sleeping tablets, the second time he had swallowed rat poison and the third time, he had thrown himself in front of a moving train (which had stopped just in time to save his life).

While Ben was talking, I found myself squarely in the realm of Classical-Newtonian thought processes. I believed that a thorough understanding of Ben's life could only be reached if I could *discover* what was wrong. In so doing, I *investigated* his life story to find out (*through a reductionistic process*) what was going on. I found myself asking questions to *discover* if he was "depressed" or not, and through *empirical quantitative methodology*, I *discovered* that he was depressed, because I could count the symptoms of "depression" he exhibited.

According to *objective* DSM-IV criteria, he exhibited all of the following symptoms:

- depressed mood
- lack of interest
- sleep difficulties
- fatigue
- feelings of worthlessness
- the inability to concentrate
- and recurring thoughts of death.

Also, these symptoms had been present for more than two weeks and definitely represented a change from his previous level of functioning. Having satisfied the *objective, scientific criteria*, of *discovering* "depression" in this *patient*, we went

about trying to establish a *linear cause* for the depression, assuming that the depression was *something real* and that it could be treated in a linear fashion.

We *discovered* that his ex-lover, Maria (a pseudonym), had found a new lover and this had left Ben feeling inadequate and sad. Also, there were a number of subsequent ‘forced’ moves, which had left him homeless and had contributed to his feelings of loneliness and isolation.

Based on our presuppositions, we acted in a “*helping fashion*”. Over and above the official diagnosis, we also arranged with one of the community members to put Ben in touch with the local feeding scheme and to find him shelter. As outside *experts* we felt that we had *made a difference*. Ben left with a letter addressed to his doctor (that would assist him in receiving medication for his depression) and we set up more appointments to *treat* him and help him deal with his situation.

My thinking, at this stage of the training was completely Newtonian, (i.e. linear and reductionistic). The ‘symptom’ was assumed as residing ‘within’ the patient who had a ‘real’ problem that needed to be ‘treated’. We felt content that we had done a great deal in addressing and taking care of Ben’s ‘problem’. We had assumed the role of ‘outside experts’ who could offer ‘help’ and ‘treatment’. We felt secure, happy and confident in our approach, but Ben never came back for further therapy.

4.3. SOME CORE LINEAR ASSUMPTIONS

4.3.1. REDUCTIONISM

‘Reductionism’ refers to the Cartesian-Newtonian assumption that an understanding of the whole can only be attained through an analysis of the whole’s component parts, or:

“ the belief that if we reduce sequences of reality into their smallest possible components, we can then discover the laws according to which the world operates” (Becvar & Becvar, 1996, p. 4) .

Bopp and Weeks explain: “the Newtonian scientist attempts to reduce an intregal whole to its fundamental building blocks so that reality can be understood in terms of these basic elements” (1984, p. 50).

4.3.1.1.Implication for therapy

The therapist embracing a linear epistemology sets out to ‘discover’ the ‘cause’ of the problem, by ‘reducing’ the problem to its smallest possible components. This is exactly what I had been doing for the past few years in the Relief Society context, and it was exactly my approach with Ben, as explained above.

4.3.2. LINEAL CAUSALITY

‘Lineal causality’ is a concept, which describes the process whereby one event causes another in a linear fashion. “Only event A causes event B, and therefore, no reciprocal influence or circularity exists, but only a linear formula that is based on sequential logic in which A must lead to B and B must lead to C etc.” (Auerswald, 1985, p.17). We hypothesized that one of the reasons for Ben being depressed was because he was homeless, i.e. his homelessness (event A) was responsible for directly causing the depression (event B). The implication of this line of reasoning was that that we felt responsible to find him a place to stay, which we hoped would take care of his problem.

Duncan and Parks (1988) explain lineal causality as follows: “A behaviour is explained in terms of its relationship to ongoing sequences and antecedents and

consequences”. In other words, the assumption is made that behaviour can always be explained in terms of what comes before and what comes after. For example, if Ben’s depression had disappeared after finding him a home, we could have concluded that our direct, practical intervention had worked effectively.

4.3.2.1. Implication for therapy

The assumption is made that one individual (the therapist) can unilaterally control another, the patient, i.e. Ben had come to us for ‘help’ and we had felt that we had a responsibility to help him. The therapist also has deliberate aims for the therapy and treats the patient from the position of ‘expert’, knowing what to do and what the outcome of therapy will be. X (the therapist) acts on Y (the patient) in a way that closely resembles Bateson’s billiard-ball model of ‘input’ culminating in direct and predictable ‘outcome’ (Bateson, 1972).

Typically, when working from a linear epistemology, the therapist uses labels such as ‘patient’, which explicitly implies ‘illness’ and the need for ‘expert intervention’ in order for the ‘patient’ to ‘heal’. The therapist therefore occupies a ‘one-up position’ and the ‘patient’ a ‘one-down’ position (as was the case with Ben).

4.3.3. DUALISM AND OBJECTS

A linear perspective of therapy, or a ‘Cartesian-Newtonian perspective’ (Capra, 1982) assumes a dualistic view of the universe, where objects are seen as mutually exclusive, meaning that this is an ‘either-or’ approach. Another way to explain this is to imagine the world as consisting of dualisms (subjects and objects), i.e. X (the subject) can act on Y (the object); or X (the therapist) acts on Y (the patient).

The notion of ‘mind-body dualism’ (which assumes that mind and reality exist independently of one another) also has profound implications. Reality is considered

as external to the observer or to exist outside the observer's mind - i.e. "we recognize order, rather than create it" (Becvar and Becvar, 1996, p. 4).

4.3.3.1. Implication for Therapy

The therapist (seen as separate to the patient) sets out to discover truth. In my case, it was to establish whether Ben was depressed or not (i.e. an 'either-or' approach - either he was depressed or he was not). From this epistemological base: "...what is 'true' or 'real' is what can be seen or measured. In fact, 'real' comes from the Latin root *res* which means 'thing'. Thus, the term 'real' actually means 'thing-like' " (Dell 1980, p. 124). Since we could objectively count the number of symptoms he displayed, we concluded that he was really depressed. Similarly, we concluded that depression was *something* that could be treated.

4.3.4. ABSOLUTE OBJECTIVITY

The Cartesian-Newtonian (or linear) perspective of therapy upholds the principle of an absolute, objective 'truth' which exists 'out there', which can be observed and analysed by an outside observer in much the same way that a scientist would discover truth in a laboratory. The appropriate scientific methodology is quantitative and empirical, and knowledge (according to this tradition) is gained through empirical observation and experimentation.

4.3.4.1. Implication for therapy

The assumption is made that observation can take place without interference or even interaction by the therapist. "This stance of a neutral outside observer is thought to allow for objective observation, and the revelation of the 'truth of reality'" (Capra, 1983).

In our case, our 'reality' was that Ben was depressed. It had nothing to do with us and there was no doubt in our minds. The truth of his underlying 'depression' had been objectively revealed.

These, and other core linear assumptions, formed the basis of my 'way of knowing' or the basis of my underlying linear epistemology. It was only when I was confronted with another, alternative 'way of knowing' that I developed a cognitive awareness of exactly how much my underlying assumptions were guiding the therapeutic process.

CHAPTER 5

FROM LINEAR ASSUMPTIONS TO SYSTEMIC ONES

5.1. INITIAL FEELINGS OF CERTAINTY AND SECURITY

At the beginning of my training, most of my therapies were approached in the same way that I had approached my first therapy with Ben. It was also the way that I had been traditionally working in the Relief Society context. My basic assumptions were clearly (initially) Classical-Newtonian assumptions, in line with Modernist thinking. “Modernist assumptions embrace a position of certainty and traditional psychological approaches adhere to modernist assumptions that objectivity is assumed, that there is a singular truth and that if we dig deeply enough we can discover it” (Atwood, 1995, p. 1).

When I started my journey towards becoming a clinical psychologist, I really thought that my psychotherapeutic training would teach me how to ‘diagnose’ and discover ‘mental illness’. I thought that I would be taught skills and techniques, which I could then use to bring about predictable changes. I thought, like other Classical Newtonian thinkers that “If we tinker long enough; we will get it ‘right’ - adopting the position of the enduring and unshakeable power of certainty so characteristic of a Cartesian-Newtonian worldview or epistemology” (Amundson, 1994, p. 86). From this epistemological point of view “the therapist is assumed to be a rational, objective expert who discovers facts and prescribes corrective measures, and if the client does not agree with the therapist’s view; then it has nothing to do with the therapist” (Atwood, 1995, p. 1-2).

I thought at the beginning of my training, in line with linear, Classical-Newtonian assumptions, that the trained therapist would be taught to gather assessment

information and I assumed that detailed information about the problem, its cause, its history and its frequency would lead to solutions. I assumed that psychological qualities actually 'exist' as 'measurable entities' and that there are normative standards and criteria for determining mental health.

"Therapists operating from modernist assumptions take a position of certainty where truth is knowable, normality is identifiable and both can be discovered" (Atwood, 1995, p. 2). These were my expectations for training, but I was in for a surprise, because UNISA's eco-systemic training worked from a completely different epistemological base, one which was not based on 'absolutes' or 'certainty' or any other linear, Classical Newtonian assumption for that matter.

5.2. HISTORICAL OVERVIEW OF AN ALTERNATIVE EPISTEMOLOGY

5.2.1. The movement from Linear to Systemic thinking

Systemic (or family) therapists were the first psychologists to make fundamental moves away from the basic assumptions of a linear, Newtonian epistemology or way of knowing. Instead of adopting an 'atomistic' or 'reductionistic' approach (which concentrated solely on the 'individual'), systemic (or family therapists) were pioneers in focussing on 'relationships'. They worked with whole families (rather than individuals) and started observing 'patterns of interaction', rather than isolated behaviour in individuals. They also initially operated from the premise that they could remain outside of the family system, i.e. watch from a position of being removed so that their field of study was considered separate to the observing mind (Auerswald, 1985). Becvar and Becvar call this "placing of oneself outside of a system, as an observer of what is going on inside the system, operating on the level of simple cybernetics" (1996, p. 63).

5.3. LINEAR AND SYSTEMIC ASSUMPTIONS CONTRASTED

The core assumptions of a linear epistemology are contrasted to those of a systemic epistemology in Table 5.1. (below). According to this table, it is clear that the question of 'why' (which implies an underlying 'cause' in the 'past') is replaced with the question of 'what' when one moves from a linear epistemology to a systemic one. Instead of asking "why" things happened in the *past*, one asks "what" is going on in the *present tense*. Instead of assuming a *linear-cause-and-effect* relationship, *reciprocal causality* is assumed, and *subjectivity* replaces *objectivity*. Instead of an *individual* focus (typical of a linear epistemology), a systemic epistemology focusses on *relationships*. The *law-like, deterministic* world is replaced by a world characterized by '*freedom-of-choice*'. Also, *reductionism* and the quest for *absolutes* (so typical of a linear epistemology) are replaced with a more *wholistic* and *contextual* focus.

Table 5.1. Contrasting a linear and a systemic epistemology

<u>A Linear Epistemology</u>	<u>A Systemic Epistemology</u>
Asks "Why?"	Asks "What?"
Linear Cause-and-effect is assumed	Reciprocal Causality is assumed
Subject / Object Dualism is assumed	Wholism is assumed
Objectivity is assumed	Subjectivity is assumed
Determinism operates	Freedom of choice operates
A Law-like external reality exists	A Dialectical Approach is favoured
There is an Historical Focus	There is a 'Here-and-now' Focus
It is individualistic	It is relational
It is reductionistic	It is wholistic
It is absolutistic	It is contextual

Source: Becvar & Becvar (1996, pp7-8)

5.4. A SYSTEMIC THERAPY

The first 'family' I was assigned to work with at our clinic at UNISA, provoked much anxiety in me. I was used to working with individuals (where my approach had been reductionistic and simplistic), but in our family clinic I was confronted with much more complexity. Here, there would be more people to deal with (each with their own views and opinions). How would I handle their differences? Could I handle their differences? Would I be able to contain the family's crisis? Would I be able to manage their emotion effectively? What would I do if they started fighting with each other? Would I be able to remain neutral and not take sides? I felt overwhelmed, inexperienced, uncertain and inadequate.

I was acutely aware that I would need to conduct this therapy in front of my colleagues, who would be sitting behind a one-way-mirror. For me, this was huge, because I struggle with performance anxiety. They would be watching carefully and forming impressions of the family (as well as analyzing my every move). What would be going on in their minds? What would they be thinking? How would I handle their input and comments? I had so many unanswered questions going on in my mind, and I wondered about how effective I could be, with so little experience on my side. Self-doubt was paramount.

While I had been taught the theory of the basic principles behind working systemically, I was also very aware of the sharply contrasting basic assumptions of a linear epistemology versus those of a systemic epistemology. Would I be able to incorporate these new assumptions into my therapeutic approach? Most of these assumptions were new to me. While I was excited about this first opportunity for 'practical application' of the systemic principles and assumptions I had been taught, I was also nervous and terrified that I would make mistakes. What would happen if I did more damage than good? I certainly did not want to impact the family negatively, but I was so inexperienced. How was it possible that I, who knew so

little about family therapy, could make a positive contribution? To cope with my anxiety, I read as much as I could on various 'family therapy' approaches. I spent hours and hours in the library reading about strategic therapy, structural therapy and the Milan approach.

At the time, I felt most comfortable with Minuchin's Structural therapy (an easy-to-follow, highly structured, first-order cybernetic approach, which allows the therapist to act as an outside expert in 'restructuring' family relationships). Minuchin's (1974) model also fitted with my way of thinking at the time, because it offered very clear guidelines for restructuring family relationships (which were either 'right' or 'wrong'). The model also fitted with my need for 'absolutes' and my need for 'certainty' at a time when I felt like I was floundering.

5.5. MY FIRST FAMILY THERAPY: A SYSTEMIC APPROACH

5.5.1. Context:

My first family consisted of a mother, a father and three children. Their twelve-year-old son was identified as 'the problem'. The mother was concerned, because her son was mixing with the wrong crowd, failing at school and stealing. She said that he was aggressive and angry and she reported that he had recently stolen the neighbour's motorbike.

5.5.2. Cognitive Processes

Rather than adopting a linear approach by 'zoning in' on one person (the boy) and asking him 'why?' he would do such a thing (my natural instinct), I wondered *what* this behaviour signified in the context of this family's relatedness. Rather than trying to find an *underlying reason* for his behaviour (assuming a lineal cause), I wondered '*what*' *the function of his behaviour in the context of their family*

relationships was (assuming ‘reciprocal causality’, rather than ‘lineal causality’, within the family). Rather than separating the boy from the rest of the family, and ‘blaming’ or ‘labelling’ him the ‘identified patient’ and ‘treating him in isolation’, I wondered about how the rest of the family *supported* or *facilitated* his so-called ‘problem’ behaviour. Rather than digging into the *past*, I wondered what his behaviour signified in the *present*. Rather than excluding him from his ‘relatedness’ to the rest of the family system, I tried to visualize a more *holistic* picture of his life *in his whole family context*.

5.5.3. A Structural Analysis

This extract (from my process notes) clearly reveals the way I conceptualized the family at the time:

“The ‘*Spousal subsystem*’ seems to be characterized by conflict signifying ‘*rigid boundaries*’. There also seem to be unresolved issues between father and mother (and their relationship is reported as ‘*distant*’). This seems to have had an impact on the ‘*Parental Subsystem*’ (which, at present, is reported to be under enormous strain, i.e. the boy’s father has not worked for more than a year, which has led to the mother needing to work full-time to support the family, financially). The boy expresses many feelings of insecurity.

The *Sibling Subsystem* seems to be characterized by conflict between the boy and his older sister. One could conceptualize this relationship as *distant*. The boy also reports feeling exceptionally close to his youngest sister, where the relationship seems to be more *enmeshed*. Step-father and son are reported as having a ‘disastrous’ relationship (characterized by extremely *rigid boundaries*, which seems to have resulted in *distance* rather than *closeness*.)”.

5.5.4. My role in therapy

From a structural point of view (Minuchin, 1974) 'symptomatic behaviour' is always viewed as a function of the structure of the family (i.e. it is a logical response in the family, given its structure). My interventions therefore, focussed on making 'structural' adjustments in terms of the family's relatedness. For example, homework tasks were given to bring mother and father closer to each other. Father and son were also encouraged to do things together (i.e. go fishing and camping etc.). In other words, *distant* 'relationships' were consciously manipulated to facilitate *closeness* and gradually, the family's patterns of relatedness changed for the better (in my opinion). The problem behaviour disappeared and then therapy was terminated.

I was proud of myself. I had managed to handle this therapy from the position of an expert. I had remained neutral. I had adopted the position of an outsider and had remained relatively uninvolved and I had been instrumental in facilitating positive change. I had not blamed the boy or contributed to further labelling of the 'identified patient'. I had simply worked on restructuring dysfunctional relationships. I felt happy and secure. Finally, I felt that I knew what I was doing. I liked the role of 'expert' and Minuchin's guidelines had been easy to follow. Also, I felt good about the outcome of this therapy. My confidence was restored and self-doubt was beginning to disappear. These feelings were exactly what I had envisioned for my future as a psychologist, when I had initially embarked on the journey of therapeutic training. Little did I know, that the security I felt in this therapy, would not last long. There would be little time to enjoy working from a first-order cybernetic stance, because I would soon be introduced to the world of second-order cybernetics, i.e. a world in which I would not be expert, a world in which I would not be able to remain uninvolved in the therapy, a world in which I would become acutely aware of my influence as participant in therapy. The eco-systemic world of uncertainty and relativity was waiting for me.

CHAPTER 6

FROM SYSTEMIC TO ECO-SYSTEMIC

ASSUMPTIONS

“The first act of a teacher is to introduce the idea that the world we think we see - is only a view, a description of the world. Every effort of a teacher is geared to prove this point to his apprentice; but accepting it seems to be one of the hardest things one can do. We are complacently caught in a particular view of the world; which compels us to feel and act as if we can know everything about the world. A teacher from the very first act he performs, aims at stopping that view. Sorcerers call it stopping the internal dialogue, and they are convinced that it is the single most important technique that an apprentice can learn”.

(Casteneda, 1974, p. 231)

6.1. THE HISTORICAL CONTEXT OF ECO-SYSTEMIC THINKING

Max Planck’s development of Quantum Theory literally overturned the security of Newtonian science. Planck found that, contrary to Newtonian physics, particles at the subatomic level were not ‘things’, but abstract concepts (having *no absolute qualities*). He also discovered that these particles could appear to look like either waves or particles, *depending on how they were measured*. This, combined with Einstein’s theory of *relativity*, resulted in a dramatic shift in how science was perceived at the time and the scientific world had to rethink their basic assumptions,

in line with the 'new physics'. This then resulted in a new epistemology or way of knowing, called an eco-systemic epistemology.

According to Keeney (1983) the eco-systemic 'way of knowing' not only takes into account, that what people see depends very much on their on their *human consciousness and how they measure*, but also the concept that man and the environment are *connected*. Also, objects like subatomic particles, are not '*things*' at all, but rather *interconnections between things*! Thus, a radically new way of perceiving came into existence.

In the field of psychotherapy, the major shift from 'systemic' to 'eco-systemic' thinking came about with the realisation that what is real to an observer is always *the result of the observer's own constructed perceptions*. More importantly, the shift came about with the realization that *the observer cannot be separated from that which is observed*.

6.2. ECO-SYSTEMIC TRAINING

6.2.1. Initial Discomfort

I soon discovered that most of the rules I had previously learned and most of my basic assumptions about how things worked, had no place in the world of eco-systemic thinking. Here, nothing was 'certain', nothing was 'absolute', nothing was 'real' and ... everything was 'confusing'. Each trainer had his or her own idea about 'how' therapy happened; and often the trainers themselves were not in agreement.

"What do *you* think?" - was the question I was consistently confronted with, when I asked about how therapy worked. I was frustrated. I was looking for answers and all I was getting were more unanswered questions! What was going on? Why would the trainers not give us the 'answers'? Why would they not tell us about 'tried' and

'tested' techniques that worked? I really wanted to 'discover' the secrets to successful therapy, but no 'recipes' or 'quick-fix' techniques were taught. Instead the focus was on the 'self' and this made me feel increasingly vulnerable, exposed and uncomfortable. Surely therapeutic training was about making a difference in the lives of 'others' and not about 'me'!

6.2.2. The idea of a 'created reality'

An eco-systemic epistemology (or way of knowing) embraces the idea that reality is not 'discovered', it is 'created' and what is 'real' to the observer is always the result of *his/her own constructed perceptions*. No wonder my opinion was so valued, but at the time, I had a need to learn from the experts. Due to inexperience, I simply did not trust myself in formulating my own opinions.

The assumption of a 'created reality' really challenged my entire way of thinking. Did this mean that everyone lived his or her own 'constructed' reality? What was the implication of this line of reasoning on my spiritual life? Did this mean that God was simply a 'construction' in my mind? Did this mean that He was not real? These ideas were unthinkable! I did regular reality checks with my friends and family, who didn't have to try very hard to convince me that 'reality' really is 'discovered' and is not 'created'. According to them it was absurd to think any differently. Of course, all my family and friends ascribed to a linear epistemology, and I was being trained in another 'way of knowing'. I was being trained in an eco-systemic epistemology. I convinced myself that family and friends could not possibly all be wrong in their thinking. I was used to, and was most comfortable with an 'either-or' approach (a 'right way' and a 'wrong way'), but no such distinctions were being made in my training.

6.2.3. Discovered ‘truth’ versus a created ‘truth’

For me, simple ‘agreement’ among my trainers would have signified that the ‘truth’ had been ‘discovered’, but none of our trainers were ever in agreement. Also, fellow students all saw different (and even opposing) things sitting behind a one-way mirror, observing families. This was extremely challenging – who was ‘right’? My traditional, linear epistemology or ‘way of knowing’ simply did not make allowance for opposing alternatives, and more often than not, there would be no agreement among observers on exactly what was transpiring behind the one-way mirror.

6.2.4 A multiple, constantly evolving reality

Extreme discomfort started to set in, because, from an eco-systemic perspective, reality is not singular and absolute, but is rather multiple and constantly evolving. In Bateson’s words, here “...the ‘map’ is not the ‘territory’ and the ‘name’ is not the ‘named’” (1972, p. 205). Did I understand this correctly? What were my trainers trying to tell me? Were they saying that according to eco-systemic thinking, ‘reality’ can constantly evolve and change all the time? Was this possible? How could this be? I felt insecure and disillusioned with my training. I was beginning to doubt if there were any secrets to doing therapy effectively. Were there important techniques to learn? If so, I still had a desperate need to discover them.

Keeney comments that from an eco-systemic perspective “any position, perspective, idea or frame of reference is merely a partial embodiment of a whole that can never be completely grasped” (1983, p. 24). With these ideas being taught, I soon realized that I was exposing myself to training in which I would probably never ‘discover’ the ultimate secrets to therapy. Capra writes that “... the theories used to describe nature are limited ... the best we can hope to achieve are only approximate descriptions of reality” (1983, p. 48). Approximate descriptions were not what I had hoped for, or dreamed about. I wanted absolutes, but “from an eco-systemic

perspective, the ultimate foolishness would be to claim that we know the truth. That is not to say that there is no truth. The truths we encounter, however, are confined to the reality edit in which they have emerged” (Auerswald 1985, p. 15).

6.2.5. Uncertainty

Eco-systemic thinking left me feeling ‘uncertain’ (i.e. anchorless, powerless, rudderless and helpless) because “eco-systemic assumptions are based on the fact that there are no facts, no claims to truth, only interpretations and evolving sets of meanings that continually evolve from social interactions”(Atwood, 1995, p.10).

Our training provided no handbook and no step-by-step guide to therapy. We were simply placed in the ‘deep end’ with clients right from the start. While plenty of encouragement and support was offered, the overall expectation seemed to be that, we would need to work things out for ourselves and trust our intuition, without the security of ‘knowing’ all the answers to therapy.

‘Uncertainty’ was my constant companion as I engaged in more and more therapies. I discovered that “... in real-world practise, problems do not present themselves as givens. They must be constructed from the materials of problematic situations, which are puzzling, troubling and uncertain. The practitioner must do some work, he must make sense of an uncertain situation that initially makes no sense. A novice practitioner is, of course, at a loss of where to start, but must be willing to enter into new confusions and uncertainties” (Mc Cleary, 1992, p.7). While I was willing to enter into initial uncertainty with clients, I was unwilling to remain uncertain throughout our therapeutic encounters. What help could I be to confused clients, if I, myself was confused and could offer no real direction?

6.2.6. Ambiguity and Vulnerability

While I was very excited to learn how to think eco-systemically, I was also totally unprepared for the intensity of the feelings that would be evoked by the ambiguities so characteristic of eco-systemic thinking. Zeddies (1999) proposes that training therapists need to learn to be comfortable with ambiguity and learn to tolerate the vulnerability and exposure that is inherent in the therapeutic process. He says that they need to be open to change, the unknown and the unfamiliar as they encounter them in therapy. He specifically mentions the value of “not knowing” in helping students shift their attention away from what they ‘know’ toward the uncertain, unknown and unpredictable, which in his view, are inescapable features of the therapeutic process. How true his words were. There was no escape from the uncertainty, the unknown or the unpredictable in my training.

For me, it was a real struggle to learn to live with the ambiguity, vulnerability and exposure that was constantly evoked in the therapeutic situation. I found myself frantically reading and searching all available literature for ‘answers’. McCleary states that “It is terrifying, but essential to face uncertainty head-on. Theory is a seductive buffer and salve to our anxiety; but we are initially better off without it” (McCleary, 1992, p.9).

Perhaps this was the reasoning behind ‘experiential’ training taking priority over ‘academic’ or ‘theoretical’ training initially (i.e. for the first few months of training) at UNISA. When I look back now, I understand and readily acknowledge how important experiential learning was, but personally, being able to understand theoretical concepts and being able to engage in plenty of academic, background reading, provided me with much needed stability. Theory was my salve to anxiety. It provided security and sanity for me, as I moved further and further away from absolutes, into the relativistic world of eco-systemic thinking.

6.2.7. Intense emotions

I was experiencing very intense emotions. I fought hard against 'uncertainty', because it made me feel so vulnerable, exposed and powerless. For example, what could I say to the mother whose only child committed suicide the previous day? What could I say to the child whose parents were senselessly murdered for a cell-phone? Loved ones can never be brought back from the dead. The powerlessness, vulnerability and helplessness in such cases are tangible, and impacted on me in an extremely, powerful manner.

I often felt 'out-of-control' and 'insecure' - much like clients who come for therapy must feel. According to Watson : "It takes practise to learn to give up 'certainty' and 'knowing'... but recognizing one's own limitations, and 'not knowing', can be very helpful in accepting the struggles of others" (2000, p.1074). This was a foreign idea to me, but experience showed me how true this statement could be. For example, when I met Tom (a pseudonym), he was paralyzed from the neck down after a serious accident (in which he had been the driver of the vehicle). His daughter was struggling to stay alive in I.C.U. and his grand-daughter had been killed in the accident. Neither therapist nor patient was the expert that day. I simply *did not know* what the future had in store for that family struggling together in such dire circumstances. Acknowledging my limitations and acknowledging his uncertainty as well as my sense of powerlessness, made allowance for a deeply empathetic, therapeutic conversation that day and I learned that often, all one can do, is listen, and feel, and be with another human being, in their time of extremity. I also developed a deep understanding of what clients possibly feel in terms of the vulnerability and uncertainty that seemed to be inherent in the therapeutic process.

6.2.8. Introspection and self-evaluation

Personally, there were many hours of serious introspection and many tears of frustration shed, as I started engaging in more and more therapeutic conversations with clients. I became acutely aware that in most circumstances it was impossible to accurately 'know' or 'predict' the exact course that the therapeutic encounter would follow. It also did not take me long to realize that the confident, self-assured 'me' (that just a few months ago had been so certain about most things) simply no longer existed. Prior to my training, I had felt largely 'in-control' of my destiny. I would make decisions, focus on my goals and usually achieve them. Now, I was no longer sure of anything. Instead of being able to answer questions directly and with conviction, I was constantly unsure of myself. Friends who traditionally leaned on me for guidance, no longer asked for advice, because my answers would always be tentative ones. I also found myself increasingly dependent on my loved ones, especially my husband and my close friends.

My thought processes and my assumptions were changing; but I didn't like the uncertainty that was simultaneously evoked. "Change always implies some risk and uncertainty ... and individuals often manage this risk and uncertainty by creating barriers to change or to self-evaluation" (Leahy, 1999, p.275). In my case, particularly in the first year of training, I remember often wishing that I could run away from the therapeutic encounter. I hated the 'uncertainty' and the 'not knowing' which was all-encompassing and overwhelming. At the time, I felt tired-tired of the constant introspection and confrontation that the therapeutic encounter had to offer. Self-evaluation simply never stopped; and instead of feeling more and more certain about 'doing therapy'; I felt increasingly uncertain over time. The more I learnt, the more I knew there was to learn; and the more 'expert knowledge' (or theoretical input) that was offered, the more 'alternatives' there were to choose from. A single, fixed reality simply no longer existed for me and I felt myself longing for the Classical-Newtonian social world that I was born into - "where the

rules are non-problematic, they require no explanation and they are neither challenged, nor doubted” (Atwood, 1995, p.10).

6.2.9. The impact of training on relationships

All of my close relationships were impacted, but my marriage of fourteen years took the most strain during my training period, probably because I was changing so dramatically. I was no longer confident and self-assured. In fact, I was no longer sure of anything and I was questioning everything, including my core beliefs. Did God even exist, I asked myself. I was becoming cynical and disillusioned.

I had become increasingly dependent on my husband for support, and this was something that he was not used to. I had always been confidently independent, but I found myself needing him more than I had ever needed him before. I wasn't used to feeling needy and he wasn't used to having to support a needy, vulnerable and emotional wife. Even simple things would trigger huge arguments. For example, I remember one incident. I had been in therapy with an abused woman that day. I was exhausted. He came home, sat down and promptly demanded a cup of tea. This was not an unusual request, but that day I was tired and ultra-sensitive to cues that might suggest his taking advantage of me. It wasn't *what* he said, but *how* he had asked that made me angry. Our marriage had become a roller-coaster ride of ups and downs. Three months into my internship year, he gave me an ultimatum. I needed to make a choice. It was either psychology, or him. I was devastated. How could I choose between the two things that meant the most to me? How could my stable and happy marriage of fourteen years be in jeopardy? I loved him and I knew that he loved me, but I had changed so dramatically that our relationship was in trouble. We made a pact that we would make a decision about our future, once I had finished my first rotation at the hospital. Luckily, some stability had returned by then, and we are still together now.

Many of my friends (who traditionally came to me for support) became a burden to me. I was struggling to cope personally with the extreme emotion characteristic of therapeutic encounters, and simply did not have the energy to invest in 'needy' friendships. The friendships that survived my Master's training, were friendships of a reciprocal nature, i.e. they were friends who turned to me for support, but more importantly, they were friends to whom I could also turn for support, when I needed it most.

My need for a retreat (a safe place to reflect on each therapy) became paramount and so my home, which had traditionally been the extended families' social place to mingle, became increasingly 'out-of-bounds' to my brothers, my sister and their children. They gave me constant feedback on how much I had changed, and it became increasingly clear to me, that not one person, who was close to me, thought that these changes were for the better. My son even commented that I had become a sad person and that I no longer laughed. He couldn't understand why I chose to listen to other people's problems, if it made me so sad.

CHAPTER 7

A MAJOR SHIFT IN THINKING

7.1. INTRODUCTION

In this chapter, I explain how I negotiated one of my most difficult therapies while training to become a clinical psychologist. I explain what took place and share my thoughts and feelings on this significant learning experience. I chose to present this specific therapy, because it captures the essence of my internal cognitive battle and the essence of my emotional struggle when I was confronted with a moral, ethical and spiritual crisis.

7.2. A SIGNIFICANT THERAPY

7.2.1. Background information

I met Z (a 24 year-old male) towards the beginning of my second year of training. He arrived at our clinic at UNISA to talk about his 'dysfunctional family'. In our first session, he came across as extremely angry and bitter, and his anger was directed mainly at his father (a commander in the Police Force). He told me that his mother was a domestic worker and he reported that he was busy completing his final year towards securing a degree at the time.

7.2.2 Clinical Impressions

Z came across as a likeable, confident, mature, intelligent, young man who seemed to be in control of his life, yet he also seemed to be carrying a huge emotional burden. In many ways, he mirrored me. I was also completing my degree and

seemed on the surface, to be in control of my life, but I was carrying the emotional intensity of many therapeutic encounters. Z was well groomed and presentable (like me). He expressed rage and bitterness towards his father and overtly expressed his fear that “he might do something stupid to his father” and that “he was thinking about killing him”.

7.2.3. My conceptualization of the therapy

An extract from my process notes (i.e. from my interactional analysis), illustrates how I conceptualized this therapy on a cognitive level:

“The therapeutic relationship was defined as *complimentary* with the therapist in the *one-up position* and the client *one-down*. There was *appropriate distance* between therapist and client. Throughout our first session, the client consistently *maneuvered for*:

- sympathy (it is so difficult),
- acceptance, (I’ve come a long way, I’ve changed my ways),
- understanding (you know what I mean?),
- support (it’s so hard coming from a dysfunctional family),
- direction (I don’t know, I just don’t know...) and
- acknowledgement (I’m working and studying and I’m caught in the middle of a family conflict. It’s not easy, but I’m managing).

At the time, I felt the need to maintain appropriate distance, because I really liked this man.

Consistent with his *one-down position*, he talked about his problems in an *overwhelmed* and *emotionally burdened manner*, provoking me into a ‘*one-up*’ (or *helping, guiding, supportive role*).

This was a role that I was familiar with, the role I had adopted in the Relief Society context, the role I had adopted in my first few therapies, and it was also the role that I adopted at home. In summary, I was comfortable in this role.

His speech was both *expressive* and *emotive*; and his style was very '*blaming*'.

7.2.4. My Hypothesis

Z presented himself as confident, mature, intelligent and 'in-control', which I hypothesized possibly had the effect of provoking those around him into believing that he was 'self-sufficient'. This was an interactional style that I could relate to. I understood it, because my husband and my close friends have a similar response to my own interactional style, i.e. I generally provoke others into believing that I am 'in-control' and self-sufficient', even when I feel 'needy'.

Z's overall style of relating in therapy (i.e. his maneuvers for support, acknowledgement, sympathy, acceptance and help) all seemed to point in the direction of 'need' and 'vulnerability' beneath his outward appearance of 'independence' and 'self-sufficiency'.

7.2.5. Possible Interventions

I decided to stay with this client's emotions and explore his vulnerability and neediness by adopting a 'client-centred' approach, which would hopefully create a safe place for the expression of his intense emotions and his generally unacknowledged 'neediness'."

At this stage of my training, I felt that I had successfully managed to maintain what I thought was a 'neutral', 'outsider', 'objective' perspective, in line with my 'systemic' assumptions. While my focus had changed from concentrating on

'individuals in isolation' and while I was starting to look more closely at mutual interactions and was more sensitized to reciprocal causality, I still consistently adopted the role of 'outside expert' and was still managing to keep myself generally, emotionally uninvolved. Z was the first significant client that radically changed this for me.

7.2.6. A shocking revelation

In our fifth session together, he told me that he had been a paid 'hit-man' and that he had previously accepted large amounts of money for killing people! How could this be? This was unbelievable! I was shocked and I almost fell out of my chair. What was he saying? Could this be true? As he slowly started unravelling his past, I started feeling increasingly repulsed, nauseated and sick. I was desperate to leave the room, but was too numb to act on this feeling. The emotional intensity of his revelation seemed to force me down into my chair, and I just sat and listened, dumb-struck.

7.2.7. Ethical and moral questions

Questions and more questions consumed my thoughts. Was it possible that someone so likeable, friendly and presentable could do things that were so 'immoral'? What was it like to murder someone else? Why was he telling me these things? I certainly had no concept of what it must feel like to take the life of another. What I did know, for sure, is that what he had done was undoubtedly 'morally wrong'! I was in crisis. I sat in therapy, wishing that he hadn't told me the terrible truth, yet somehow flattered that he trusted me enough to share these secrets.

Ethical questions consumed my thoughts. What right did he have to decide on another's fate? Who did he think he was? Since these things had happened in the past, what guarantee did I have that this was not happening right now? Would his

past criminal acts need to be reported to the authorities, and how did our confidentiality agreement apply in such circumstances?

I had always imagined that criminals would present as vile, repulsive beings, yet Z was none of these. My primary motivation for studying psychology had been to 'right' the 'wrongs' in the lives of others, and I guess I had always imagined myself in the position of assisting the victims of crime, not the perpetrators! How could I even conceive of continuing therapy with this obvious 'sinner'?

Yet, I really liked Z. In spite of his reputation for aggression and his seeming blatant disregard for life itself – our sessions together were warm, gentle and heartfelt, and they signified a turning point for both of us. How could his sense of reality be so different to mine? Were we really so different? I knew that I would do anything for my family. Was he really so different. It seemed that he would do the same for his 'family' (the gang). Did his immoral 'acts', make him an immoral being? Was it possible that my sense of 'wrong', could also be his sense of 'right'?

The very clear and absolute distinctions that I was used to making, became very blurred and as the therapy progressed, a profound and lingering understanding began to develop in conversation between us. We had already explored many facets of his life in the previous few sessions together. He was a 'father' who adored his child. He was also a 'son' who was dearly loved by his religious mother. He was without doubt 'a man of his word' and was highly respected in his social circles... but he was also a 'killer'!

7.2.8. Reflections

This therapy challenged everything I stood for. My values, my principles and the very core of my religious being were all thrown into upheaval. I spent every waking minute in serious contemplation. How could this client's sense of reality be so

different to mine? Was it possible that my sense of 'wrong' (taking the life of another) could also be his sense of 'right'? (i.e. 'keeping his word'). "Therapy provides a space in which often very confusing experiences can be thought about... It is literally a journey through a war zone" (Hindle, 1994, p. 345). I was on a battlefield and the bullets were metaphorically flying. Here, in conversation, I was confronted with two very different versions of the 'truth'. I was touched by what Lyn Hoffman wrote and recorded it in my journal at the time. She wrote:

"You don't realize that a 'fact' is merely an 'opinion' until you are shocked by the discovery of another 'fact'; equally persuasive and exactly contradictory to the first one. The pair of 'facts' then presents you with a larger frame that allows you to alternate or choose, i.e. ... You are faced with an enlarged sense of choice where one interpretation is only *one* among *many* possible versions."

(Hoffman 1990, 4).

Yes, Z had been a murderer, but there were other factors that needed consideration. Z had been kicked out of his home at age 10. A local gang had adopted him as it's own. By age 12 he had witnessed the death of at least three of his friends and by age fifteen he had shot and killed someone (who had threatened the life of his friend).

A deeper understanding of Z's background was slowly forming, and his motivations for doing what he had done, were becoming clear. Thus, it transpired that Z and I became a therapeutic system, and my description of this complicated man, became only one of many other possible descriptions. How could my single description take precedence over any other description? Was my initial assessment of him as a criminal, the only 'correct' assessment of him. I learned that within the ecosystemic frame-work, therapy is not necessarily a place where expert advice could be offered. It was starting to become a context which allowed for the co-evolution

of various therapeutic realities. “There was no single objective reality to be discovered in this case. In contrast, I discovered a multitude of realities, each valid in it’s own right, none of which existed independent of me, the observer. Thus, my eco-systemic thought processes were born and the birthing process, while miraculous and amazing, was also messy, repulsive, confusing and painful.

CHAPTER 8

A COGNITIVE EXPLORATION OF ALTERNATIVE ASSUMPTIONS

8.1. INTRODUCTION

This chapter begins with a cognitive exploration of another therapy, which over time, clearly illustrates some of my shifting assumptions. Then some core systemic and eco-systemic assumptions are defined and discussed, and these are contrasted to linear assumptions. While this chapter does have a theoretical base, this theory is both informed by, and balanced by, the sharing of significant personal experiences and therapies, which I feel, formed the experiential basis of my epistemological shifts. Thus, the story of my training experience continues.

8.2. MOVING FROM A FIRST-ORDER CYBERNETIC STANCE TO A SECOND-ORDER CYBERNETIC STANCE

The following therapy clearly illustrates how my thought processes were changing, i.e. how my underlying assumptions were moving from linear, to first-order cybernetic assumptions and then to second-order cybernetic assumptions, (and back and forth between these) directing both my perceptions and actions in therapy. After all: “an epistemology is what guides the therapists view of their clients and directs their approach to therapy” (Dell, 1980, p.46).

8.2.1. Session 1 (A linear and first-order cybernetic perspective)

On 19 April 2000, Maggie (a pseudonym) presented for therapy. She brought her son, K (aged 12) with her, but requested to talk alone in the first session. She spoke about the problems she was having with both her sons. T (her eldest son) had left home after a violent fight with his stepfather. He was, according to his mother, 'living on the streets' while K (her youngest son) was experiencing problems at school. She told us that the school had labelled K a 'juvenile delinquent'. She spoke with overwhelming concern for both her children and also spoke in detail about the strained relationship she had with John, her husband (also a pseudonym) and about her decision to divorce him.

At the time, I was still reading books on Structural therapy (Minuchin, 1981) and my thought processes still revolved around concepts like: 'boundaries', 'coalitions' and 'subsystems'. With my underlying assumptions moving from linear ones to those of first-order cybernetics (a "black-box" approach which places the therapist outside of the family system as an observer of what is going on inside the system), I found myself describing the family in terms of their *interactional patterns* and *relationships*. For example, I described this family as follows:

- Martha appears to have *enmeshed* relationships with both her sons,
- A *rigid boundary* seems to exist between her and her husband,
- She and her son (T) appear to be in a *coalition* against John (her husband) and
- The parental "subsystem" seems unable to function effectively as an *executive system*, because of the strained relationship between the parents (John and Maggie).

At the time, I was proud of myself for *not* limiting my view to one "identified patient" on *not* being as 'reductionistic' as I had been in my therapy with Ben. Also,

I was proud of myself for taking into consideration the *whole family system* and their *interactions*; and on *not* pathologizing one individual (i.e. not labelling Maggie as 'depressed' or K as 'delinquent'). However, thinking back, I realize that my linear epistemological assumptions were still guiding me - i.e.:

- I assumed that I could remain outside of the system (as an expert) and *objectively* and *scientifically* give an explanation of what was '*really*' going on in the family (in terms of structure).
- I was applying the concept of *reductionism* (i.e. complex family relationships were reduced to a description of boundaries, subsystems and coalitions) and
- I assumed that an absolute, objective family "truth" could be discovered, by simply observing the structural organization of the family relationships.

Perhaps, I wasn't changing as much as I thought I was.

8.2.2. Session 2: Moving towards a more holistic, ecosystemic perspective

Holism

As the therapy progressed, I realized that this family system was much more complex than initially anticipated (i.e. it was much more than the sum of its parts) and while it was possible to 'reduce' these relationships into more manageable units of description (which offered the pragmatic advantage of designing 'interventions' to address these), there was also a nagging awareness that whether I chose structural descriptions, strategic descriptions or any other descriptions, they still only

represented a 'partial arc' of the 'whole circuit' (Bateson 1972); or a tiny fragment of a much more complex, encompassing whole.

The next week, K came alone for therapy. His mother was working, but she felt it was necessary for him to come to talk about the pending divorce. He had been informed of his parent's decision to divorce the previous week. He appeared 'devastated' and 'heartbroken'. He wept continually and even expressed his sincere desire to go and join his brother 'on the streets', rather than go home that day.

At this point, I could have applied reductionistic reasoning and "diagnosed" K as "depressed", but an awareness of his larger ecology directed me to question him around who else could help and if there were other people, organizations or professionals who may be already involved around his problems and 'sadness'.

In the course of our conversation, it became clear that K did not live in isolation, but was already *in relationship* with many people, organizations and professionals who could possibly assist him in dealing with his problems, both at home and at school. So, why was K seeing us? Was he here to address his own needs or to fulfil his mother's needs? Was she feeling guilty about the pending divorce and simply making sure that he had yet another place to go for help so that she would not feel too guilty?

He had already seen an educational psychologist who had recommended that he be placed in a new school due to his previous behavioural problems and the failing of his standard. When he had moved to the new school at the beginning of the year, his teacher had recommended that he also see their school psychologist. This he had been doing for almost 4 months and seemed to have established a good relationship with her. We later learnt from his mother that FAMSA and a local Mamelodi psychologist had also been involved with the whole family system.

With a more holistic awareness of K's ecology, I wondered about how helpful or harmful all these external agents had been. Had they assisted K in any way, or had they done more harm than good in labelling him a "problem child"? Serious ethical questions emerged regarding what I could do; should do; or should not do; so as to avoid perpetuating the cycle in becoming just another external agent involved in maintaining the status quo. Clearly, the fragments of information that I had managed to obtain from this one isolated segment (or part) of K's complex family system could not be simply summed up to represent the whole system.

My next point of departure was to try to include as many viewpoints as possible to get a deeper understanding of the larger ecology; so I proceeded by trying to include all the family members in the therapy. I was interested in how each family member viewed the family system. Would they also label K the 'Identified patient'? Would we get the same picture from all members of the family, or totally different views from each of them?

8.2.3. Session 3 - A more eco-systemic perspective

8.2.3.1. Multiple realities

Maggie spoke of John as 'harsh' and 'intolerant' (especially towards T who was not his biological child). She spoke of home as a place of conflict and of her resentment for having to always provide for the needs of the family, while John (who earned a quarter of her salary) 'drank his money away'. The alcohol, she explained, exaggerated his abusive nature to the point where he would become violent (especially towards T, who did not deserve the wrath) and this is why she felt she should divorce her husband.

K's sense of reality was different. John (his father) was painted as a model father and a good man, whom he loved a great deal. While K was aware of the strained

relationship between his parents (they had been sleeping in separate bedrooms for years) he spoke of home as a peaceful place. He felt that his father did not drink any more than anyone else in the family, and that when his father reprimanded his brother, T, it was usually because T deserved it. He did feel, however, that his mother was overprotective.

When we met John, he presented a reality that was in direct conflict with the reality that Maggie had presented. He spoke mostly of his love for the family, of his desire to stay married, of his strict upbringing and of his genuine concern for T (whose biological father had been in prison for the last 20 years). He expressed his desire that T not turn out like his biological father. While Maggie perceived John as 'abusive', John spoke only of concern and 'strictness' based on love for his stepchild. He spoke of hitting his son only once (on the day that T had moved out), explaining that at the time, he had caught T stealing from his wallet. T was invited to join us in therapy. He promised to come, but never showed up, so I never heard his version of the family reality.

MAGGIE'S REALITY

Divorce was the answer.

Maggie saw herself as caring and protective of T and John as uncaring and abusive.

She saw herself as the provider

She saw John as the problem

JOHN'S REALITY

Staying married was the answer.

John saw himself as caring and protective of T and Maggie as uncaring

He saw himself as the provider

He saw T as the problem

* They both saw K as a problem.

Add to this, that K saw his mother as the problem; and T saw his father as the problem. So, ... who was right? Was any one individual right or were they all right? Faced with such conflicting realities, I found it useful to consider Maturana's view: "Systems theory first enabled us to recognize that all the different views presented by different family members had some validity. What I am saying is different. I am saying there is no one way which the system is; that there is no absolute, objective family. I am saying that for each member there is a different family, and that each of these, is absolutely valid" (in Becvar & Becvar, 1996, p. 82).

As a trainee therapist, I was becoming increasingly aware that all I had to work with in this family boiled down to perceptions and constructions (both my own and those of my clients) and I knew that I could co-construct a new reality through the medium of language. I had also begun to acknowledge that this family had a 'storied' reality (which could never be known in any complete or absolute way and that there were many conflicting, but also equally valid ways, both for them, and for me) to 'view', 'punctuate' and 'describe' the family.

8.2.3.2. Self-Referentiality

In supervision, I realized that the descriptions or 'distinctions' I was making in this therapy, were very much based on my own value system. For example, I found myself siding with John against Maggie in my descriptions of what I felt was going on in the family. My descriptions would go something like this :

John had been the provider for this family for almost 19 years. When he had met Maggie, she had been left alone to fend for herself and her small child (T), because her ex-lover had been sentenced to life-imprisonment. John was almost twenty years her senior. Maggie said that John represented "security" to her. He did not earn much, but was a steady provider. He worked, at the time, as a driver for a small

business. They had started a life together. However, Maggie had become a successful businesswoman, over the years, travelling abroad and earning a large salary. My impression, was that she spoke about John as if he was no longer good enough for her.

An exploration of my own value-system (in supervision), revealed that 'commitment' to marriage is very important to me. Providing security is what I believe men should do for their families (having come from a traditional / patriarchal type of family myself). Also reciprocity and fairness are (for me) essential ingredients to any marriage and according to my underlying value system, I felt that Martha should stay married - it would only be fair! At the time, my own brother was also seriously considering divorce and my overwhelming sense of helplessness as I watched his children try to cope with this major decision, certainly had an impact on the way I chose to punctuate the system, which, of course also had serious implications for how the therapy would continue.

8.2.4. Session 4: A more Second-Order Cybernetic therapeutic stance

Becoming increasingly aware of my inevitable impact on the system, I attempted to adopt an *observing system stance* that made allowance for the *inclusion of all of our own contexts* (i.e. self-referentiality was taken seriously into consideration). Instead of adopting the "expert stance" (which could have happened if I had decided to make the reason for therapy the conservation of the marriage); I adopted a *collaborative languaging approach*, which I hoped would respectfully make allowance for all the family members to share and be heard. I tried to create a "safe place" for talking (i.e. a context where it would be O.K. for everyone to talk together around the issue of the pending divorce).

Initially, the 'pull' on me (from Maggie) was to accept that she had justifiable reasons to leave John (which, of course, she did). John's 'pull' on me was to help

him conserve the marriage at all costs, but supporting one of the family member's version of the truth would mean rejecting the other. I felt like I was trapped into "either-or" thinking again and I felt the need to move beyond this. I considered Auerswald's warning, i.e.: "We must become acutely aware of the thought rules that trap us and prevent us from encountering and releasing great new creative ideas" (Auerswald 1985, 19).

I decided on a "*both-and*" approach, and tried to *guard against being too instrumental* (or 'helpful') in this therapy. I took the position of uncertainty in that I considered the family to be the experts on their own system. By providing a safe place (i.e. a *suitable context for change*) I was not only freed from the 'pull' to be the "expert" and make decisions for the family, but also freed from the "pull" to specify change. There was no longer a need to say 'yes' or 'no' to the divorce question. Rather, with humility, I engaged in a respectful conversation with the family, in a non-judgemental way, which I hoped would make allowance for their multiple realities and my own biases.

8.3. ECO-SYSTEMIC ASSUMPTIONS

8.3.1. Holism or wholeness

"Holism implies that when entities are brought into relationship, the result of their interaction is much more than the sum of the parts" (Bopp and Weeks, 1984, p. 51). Holism also implies the principle of *non-summitivity*, i.e.: "a system cannot be taken for the sum of its parts, indeed formal analysis of artificially, isolated segments would destroy the very object of interest" (Watzlawick (1967, p 125).

While theoretical, academic definitions of these assumptions meant very little to me initially, over time, countless practical experiences relating to a more holistic approach in therapy, shifted my way of thinking and brought these theoretical

definitions alive. Gradually a holistic approach was becoming more and more important to me.

For example, I had learned that K was more than just a “juvenile delinquent” and through a tumultuous, emotional experience had learnt that Z was much more than just a ‘hit-man’. In order to understand these people thoroughly, their entire contexts would need to be taken into consideration.

I had learned that people never live alone. They live in relationship. As Becvar and Becvar (1996) explain: In human relationships $1 + 1 = 3$ (meaning that one person plus 1 person does not add up to 2 people. Rather, 1 person + 1 person = 2 people PLUS their interactional relationship).

A thorough exploration of Z’s interactions with various family members had brought complicated relationship issues to the fore. Z had reported a tumultuous and aggressive relationship with his father. He told of an extremely abusive relationship between his father and his mother, and of seeing his mother repeatedly ‘beaten to a pulp’ by his father. He also told of the extreme physical and verbal abuse he had endured as a youngster.

He explained how, in defence of his mother, he had been ‘kicked out of his home’, and he explained how the local gang had become his ‘family’ (the people who took care of him and provided him with food and shelter). Also, that his ‘criminal identity’ had become a way of challenging everything his father stood for (i.e. law and order).

Without a comprehensive, holistic understanding of his background, I fear that I may have missed out on some crucial information in learning to understand his ‘reality’, his ‘truth’, or his ‘world’. I would also have missed out on an unbelievable learning experience.

Bateson's (1970) explanation of 'binocular vision' also meant a great deal to me, at a time when I was struggling to come to terms with a more holistic 'both-and' approach, rather than a reductionistic 'either-or' approach. Bateson explains how with 'binocular vision' each eye provides a different perspective of what is seen, and only a combination or integration of the two, yields the bonus of depth perception.

For me, on an experiential level, the realization was slowly dawning, that perhaps, what a fellow student was 'seeing' (while observing the same family as I was, from behind a one-way mirror) was not necessarily 'wrong' if it contrasted with what I was seeing. Experience was teaching me that, perhaps, a combination of our views could add 'depth' to our simple descriptions. Could I even dare to think it...? Perhaps even *both* of us were 'right'? Over the course of a few months I learnt to really listen to my colleagues and to take their input seriously, because, so often, they contributed so much depth and insight to my therapeutic processes.

8.3.1.1. The implication for therapy

My experiences with a more holistic approach to therapy taught me that this approach demanded much more hard work from me, the therapist, and I had to quickly get used to living with complexity, rather than simplicity. At the same time, I was also sensitized to the dangers associated with a simple, reductionistic approach.

I had viewed many of my initial patients as *isolated beings* and I had largely ignored their *relatedness*. I had, without much thought, reduced many of them to a single label. They were either 'depressed' or 'anxious' or 'traumatized' or even 'psychotic' and while it had been easy to 'categorize' them according to 'symptoms', so much of the richness of their lives had been ignored in my quest for a simple diagnosis.

Barlow and Durand (1990) issue a warning about this. They comment that the danger of a reductionistic approach is that patients seen by such therapists are often “viewed through a lens of theory, which obscures the very patient that they wish to address, by fractionating the patient into categories of mental illness”. They further state that “such a therapist may understand everything about depression without understanding a single, depressed patient” (Barlow & Durand, 1990, p.239). I was shocked when I read this statement. Was it possible that one of the reasons that my first patient, Ben, had not come back for further therapy, was that while I had prided myself on understanding everything about the symptoms of his depression, I had largely ignored the person, the man, the human being, behind the label?

8.3.2. Circularity and feedback

I learnt about circularity and feedback when I met Julie (a pseudonym) in the Psychiatric ward of 1 Military Hospital during my internship year. She was roughly my age and had been admitted to hospital after she had locked her two children in their bedroom, and had taken a serious overdose of drugs. At the time, she reported having no reason to live, and she blamed her husband, Dave (a pseudonym), for her suicidal state. She told me that he totally ignored her, which made her increasingly desperate for his attention. She also said that she wanted me to tell him that *he* was to blame for her current situation and for her recurrent suicide attempts. According to her, *he* needed to change.

If I had met Julie two years prior to my eco-systemic training, I probably would have worked with the obvious ‘cause’ of her sadness – *him*, but at the time of our meeting, I was starting to think very differently. My cognitive processes were working overtime. I was reading many academic texts that all said similar things, like:

“From an eco-systemic perspective, linear causality does not exist. Rather, there is an emphasis on reciprocity, recursion and shared responsibility. A

and B exist in the *context of a relationship* in which each influences the other and both are *equally cause and effect* of each other's behaviour. Over time, A and B establish *patterns* characteristic of that relationship. If we wish to understand this relationship, we do not ask "why" ... or look to the *past* for a *linear* explanation, rather, we attempt to find out what is going on by looking at *patterns of interaction*. The eco-systemic perspective is *holistic*, and the focus is on the *processes* that give meaning to events, not on the events or the individuals in isolation."

(Becvar and Becvar 1996, p. 11).

8.3.2.1. The implication for therapy

When I started thinking about Julie and Dave's relationship from a more circular perspective, it was impossible to blame any one person in the marriage, without considering the contribution of the other partner to the problem. From a linear epistemological base, it made sense to me that Julie might say that: "she was suicidal because Dave ignored her", while Dave might say that: "he ignored Julie because she threatened suicide". However, the issue of 'blame' was no longer relevant to me in this therapy, because from my new eco-systemic perspective, each partner was considered equally cause-and-effect of each other's behaviour, at the same time.

The implication of this line of reasoning was that I was 'freed' from the trap of blaming one person. Seeing Julie and Dave in the context of their *mutual interaction* and *mutual influence*, meant that her behaviour was viewed as a logical complement to 'his' behaviour, and 'his' behaviour was seen as a logical complement to 'her' behaviour. Thus, the trap of taking sides was completely avoided. By adopting an approach that looked at their inter-relatedness, the linear assumption of cause-and-effect had become completely redundant. It had also meant that I was 'freed' from a rigid and judgmental, therapeutic stance.

As a therapist, I was becoming more humble. The 'expert' role was becoming less and less important (particularly after my experience with Z in which I had felt so much out-of-my-depth). The judgmental, blaming and rigid me, was slowly being replaced with a more flexible and non-judgemental me. Rather than "fixing problems", I saw my new role in therapy as facilitating a safe context which would make allowance for clients to take shared responsibility for their own lives.

8.3.3. Self-referentiality

I remember many intense and emotionally-charged therapies during my training period, but there was one particular therapy which touched me on a deeply profound level. Lyn (the mother of three children) was referred to me by one of the psychiatrists who had diagnosed her with a "major depressive disorder (recurrent)". This was after the death of her daughter, which had taken place a few years prior to our first meeting. The psychiatrist told me that Lyn (a pseudonym) really needed to resolve her grief issues.

Lyn was the fifth new patient admitted to the psychiatric ward that week. The first two patients I had seen there, had both been suicidal and were desperate to die. They had been placed in a restricted ward, because the psychiatrist was concerned that they would take their own lives. The third patient I had seen that week had tried to hang herself, and a fourth patient had been admitted to the ward, because she was threatening to kill herself and her two children. Suicide, death and dying were themes that were consuming my thoughts in therapy, the week I met Lyn.

In our first meeting, Lyn came across as overwhelmed with emotion. She was intensely sad. She told, in extremely vivid imagery, of her horror and helplessness, as she had watched her 13 year-old daughter slip from her hands (in an attempt to catch her) as she fell from their balcony to her death. She spoke about how her young daughter had hit the steps below, of how her head had 'cracked open' and she

spoke in detail of exactly how her daughter's little body had landed. She spoke of the red blood that had splattered everywhere, and of the blue lights of the ambulances. As she spoke, a clear, dramatic, visual picture of her moment of tragedy was forming in my mind.

What had led to this child falling in the first place? How had it happened that Lyn had 'almost caught' her? Was this a suicide attempt or an accident? What had led up to this situation? These questions lingered at the back of my mind, but instead of asking these questions, I just sat and listened and absorbed Lyn's emotional turmoil, as she re-lived this tragic event.

The emotional impact of her story on me was profound. It consumed me. As I listened, I felt waves of nausea, terror, horror and anguish. I was rivetted by the explicit detail of her story and her sadness was tangible. I felt her despair and helplessness as she spoke of the loss of her only daughter, but when she spoke of cradling her lifeless child in her arms, I knew that I would not be able to contain my own emotion for very much longer. It was as if a storm had been brewing inside me and it felt like the metaphoric 'thunder' and 'lightening' was only moments away. I knew at that stage, that I simply could not absorb another ounce of emotional intensity. I was struggling to breathe. When our session together finally ended and when she was gone, I collapsed in tears.

I closed my door and howled like a baby. The tears were like a flood. I just cried and cried non-stop. What was going on? Why had her story touched me so deeply? What was it about *this* therapy that was so different to others?

In excruciatingly intense supervision that day, my exploration of self, in relation to Lyn, began. What were my issues surrounding motherhood and children? Why had the helplessness in this therapy been so overwhelming? What was it about Lyn that had evoked such a powerful reaction? Why could I not stay out of this therapy?

Why had I not been able to remain a neutral outsider? In supervision, an honest reflection of my life and background, revealed some significant insights.

Nothing, besides my husband, is more important to me, than a child. I have been struggling to conceive a second child for more than ten years now. I've been through countless fertility treatments and I've even had operations to help me realize that dream, but none of the procedures have ever been successful, leaving me feeling empty and helpless. That day I could truly empathize with Lyn, because I know what it feels like to give up on the dreams that one has for the future prospects of a child. I understand helplessness, and can identify with her overwhelming love of her child.

I am a mother. Lyn was a mother. I experience a sense of fulfillment in my role as mother. Lyn's whole identity seemed to be consumed with the role of mother. Lyn was my age and her late daughter was only a year older than my only son is now. I could identify with Lyn's sense of powerlessness and with her sense of loss. I didn't even want to begin to think about how I would react if my only son died. It was an unimaginable, horrific thought.

How would I feel if I had managed to hold him, for a few seconds, in my grip, before he slipped out of my hands to his death? Would I ever be able to get that picture out of my head?

I come from a large, happy family of five children. My mother and father love each other dearly and have been married to each other for more than 40 years now. My mother has never worked outside of the home. Her priority has always been her children. She has literally devoted her whole life to us (her children) and seems to still enjoy her role as 'mother'. Because of my background, I similarly believe, that a mother should always have her children as her number one priority and I can think of nothing worse than losing a child.

My father did not have the benefit of much of a family life while growing up on a mine (where his father had worked shifts and very long hours). He, therefore, decided when he married my mother, that family would always be his priority - and we were. I grew up believing that nothing was more important than family and my religious context, supports this idea. For Mormons, the family and children (considered a heritage from the Lord) always take priority over everything else, except God.

8.3.3.1. The implications for therapy

It was my encounter with Lyn that taught me that at the level of cybernetics of cybernetics, the observer becomes part of, or a participant in the observed. I learned that everything that was going on in the therapy was entirely self-referential, i.e. “whatever you see reflects your own properties” (Varela, 1976, p.30).

I learned that at the level of cybernetics of cybernetics, systems exist only in the eye of the beholder and that what I had ‘seen’ in this therapy, was thoroughly based on the lens through which I was viewing. In supervision, I was also sensitized to the idea that other therapists would probably have ‘seen’ and worked with different things in this therapy. My focus had been the mother-child relationship, not the grief. My descriptions of what I had ‘seen’, had been very much based on my own background and personal experience. They were ‘arbitrary punctuations of reality’, or distinctions based on my own frame of reference. I was also beginning to realize that a multitude of other distinctions could also have been punctuated, depending on the background of therapist assigned to Lyn.

Keeney (1978) offers some good advice to therapists engaged in learning the kinds of lessons that I was learning: “We should never forget that the cybernetic system we discern is a consequence of the distinctions we happen to draw” (Keeney, 1978, p.55).

Was it a coincidence that more than half of my therapies, in my first year of training, involved mother-child relationships, especially since these were the very issues, I was struggling with? Was it also coincidental that eight of these ten therapies, involved children who were roughly the same age as my son? Why had I chosen to become involved in more 'couples therapies', at exactly the time I was struggling with my own marriage, or with my relationship with my husband? Why was it that I was seeing so much 'helplessness' as a theme in therapy, significantly, at a time when I felt most helpless myself?

I was learning an important lesson. I was learning that it was impossible to exclude myself totally from therapy, and at this point in my training, I was finally grateful that my UNISA training had focussed on a thorough understanding of self, rather than techniques. However, being constantly confronted with self, was challenging. Supervision brought shocking revelations. Here, I was discovering that therapy was like holding up a mirror to myself daily. Each person I saw in therapy reminded me of myself, in some way or another, and I didn't always like what I saw.

8.3.4. The relativity of truth

We had an interesting group of trainees and an even more interesting group of trainers at UNISA. My colleagues (the trainees) were all women from totally different backgrounds, and our trainers were all strikingly different in their personalities and approaches to therapy. When we were together, the combination of divergent opinions, values and personalities became the catalyst for exciting, intense, challenging and confrontational learning experiences.

Together, we were representative of a mixture of races, cultures and religions, (i.e. Christians, Jews, Muslims and Mormons, as well as Blacks, Whites, Coloureds and Indians were collectively represented). Consequently, there was seldom consensus or agreement among us. On 11 September (after the disaster at the World Trade

Centre) we had a group discussion which remains with me to this day. It was a discussion about terrorism.

For me, it was fascinating that what one person called a 'terrorist', another called a 'freedom fighter'! These emotive labels led to a major discussion on politics and in the South African context, made for a heated debate, as each person in the group tried to defend her own position in relation to 'Apartheid'. I learned that day, that 'truth' exists only as we choose to punctuate reality. While talking about exactly the same thing (Apartheid), each person had presented a completely different 'reality' (according to an individualized background or according to a personalized, earlier life experience). In our group, there was never a single, objective reality to be discovered. Instead there were multiverses of truth - each valid in its own right - none of which existed independent of the individual, or whomever was making her case, at that time.

8.3.4.1. The implication for therapy

I learned that from an eco-systemic perspective, observing or distinguishing is not a neutral occurrence and that there is no such thing as an observer-free description of human behaviour, since the observer constantly alters that which he observes by the very act of observation (Watzlawick, 1984). Also, that any system perceived by an observer is always punctuated relative to the observer's underlying epistemology, or "way of knowing" (Keeney, 1982, p.7).

My group encounters taught me that any number of arbitrary distinctions or punctuations could be drawn, each as real and as valid as the other, and that reality is not singular and absolute, but is rather multiple and constantly evolving. My new conceptualization of reality as a multiverse of meanings, created in social exchange

and language, moved me away from concerns about issues of unique truths into a multiverse that allowed for the diversity of conflicting versions of the world.

I now believe that this shift was absolutely essential to my survival as a therapist. While it was confusing initially, because there were no absolute facts to be known, and no predictable patterns or regularities to be discovered in therapy, it was also a crucial step, because by the end of my training period, my intense need for consensus and absolute answers had totally disappeared. It really didn't matter anymore, if my colleagues were doing therapy differently to me. It also didn't matter if there was disagreement among my colleagues. In fact, I started viewing disagreement as a healthy sign, meaning that I was becoming increasingly appreciative of our disputes, because it signified that there may still be exciting alternatives or possibilities to consider.

In therapy, my primary focus had moved away from *my* reality, to the *client's* perception of reality. If we differed, which was usually the case, it was no longer an issue either. I started expecting and enjoying differences of opinion. The group experience had challenged me enough, to enable me to be able to formulate my own opinions and I could then act according to these opinions, without thinking that I might possibly be 'wrong'. Other opinions, though valid, interesting and insightful, also no longer frightened me. In summary, I was making allowance for conflicting versions of reality. My sense of stability, despite differences, increased until I found myself in a position where I had enough faith in my abilities, and could trust in my own descriptions and understandings (knowing that these would probably be different to everyone else's) yet still valid.

CHAPTER 9

CONCLUSION

My personal journey towards becoming a clinical psychologist was not an easy one. Eco-systemic training literally took me out of my comfort zone and confronted me with a completely different 'way of knowing'. In many ways, for me, it was a journey from certainty to uncertainty.

Many of my core assumptions about the world were challenged, and some of these basic assumptions changed in radical ways. The most radical change probably being, that my assumption of a single truth (or one reality) has been replaced with an assumption (in line with ecosystemic thinking) that "we live in a multi-perspectival, multi-constructed universe in which each viewer creates his or her own reality; and for whom that reality is his or her own truth" (Becvar & Becvar, 1996, p.15).

I no longer believe that there is a transcendent criterion of the 'correct' in psychotherapy, and my search for the ultimate 'secrets' to therapy has ended. This does not mean that my quest for knowledge has ended; it simply means that I am no longer in search of one absolute, fixed reality or an ultimate answer.

My experiences have taught me that I need to stay humble as a therapist and guard against the seduction of too much certainty in therapy. Certainty is defined in the Collins Concise English Dictionary as 'confidence relating to the truth of something' or 'being without doubt'. For me, as a relatively new therapist, doubt and uncertainty have become my intimate companions, and in my limited experience, for any therapist to say that he or she never has 'doubts' is unimaginable.

I have learnt that my truths, though valid, can be completely different and even opposing to another's truth, and this doesn't really matter. I have also learnt that there are dangers associated with adopting too much of an 'expert' role. Similarly, there are dangers associated with 'reducing' complex human interactions into simplistic 'labels'.

At this stage of my training, I feel that I need to recognize that there are limits to what I can know about another person in therapy. Amondson (1993, p.113) explains my own line of reasoning very well. He says: "If under the temptation of certainty, specified knowledge and expertise is held fast, the selection process of what may be appropriate for the client becomes restricted. At that point, even well-intentioned therapists may find their flexibility compromised and hence their 'raid upon the random' unnecessarily restricted." What this means to me, is that, as therapist, I need to be constantly open to new ideas and guard against a rigid approach, which may be limiting for me as well as my client.

I acknowledge along with other theorists that,

"In therapy we often strive for a sense of continuity and predictability which will protect us from floundering in the precariousness of the moment. However, like any form of protection, our certainties about the world may also restrict and restrain us. Outside a given context, when unquestioned and rigidly adhered to, certainty can become a hindrance to getting things done. In therapy, certainty often emerges as expertise or privileged knowledge that claims to capture the "essence". In trying to be helpful, there can be the temptation to enact our privilege, to impose upon others "normalizing standards" or to be blinded to diversity by the "professional" certainties of our practise. (Amondson, 1993, p.111).

While I do not believe that embracing an ecosystemic epistemology involves giving up my own ideas about 'right' and 'wrong' / 'good' and 'bad' - I do believe (in line with ecosystemic assumptions) that the therapists knowledge, experience and values are no truer than the clients - nor more final (Mitchell, 1993). I also believe that (as therapists): "We are free to carve the world as we like as long as our carvings are remembered to be approximations for the more encompassing patterns from which they were demarcated" (Keeney, 1982, p.162).

In line with ecosystemic thinking, I acknowledge my uncertainty. "By communicating that the categories and constructs and concepts described by our theories are arbitrary punctuations of difference and are invented rather than discovered, we must assume a different kind of responsibility, for in so doing, we would take away the certainty that people assign to our theories. We would thus replace certainty with the certainty of uncertainty (Becvar and Becvar, 1996, p.362).

"While we may lose the security provided by the notions of a lawful universe and the possibility of an accessible absolute truth, freedom can be gained from the proactive perspective that understands men and women as co-creators of reality. We also gain a measure of control by virtue of a shared responsibility for the world we live in and the larger world community of which we are a part.

(Becvar & Becvar, 1996, p. 84)

Overall, my training experience has facilitated a radically new way of thinking (which has enabled some 'magic' to happen). It has led to new descriptions, new understandings, new meanings and even a new definition of self. I strongly identify with the developmental process of psychotherapeutic training described by Watkins (1995), which, in his view: "begins in a state of uncertainty, insecurity, anxiety and inexperience and progresses by means of *time*, *experience* and *struggle* ... until ultimately an identity is formed which results in competence" (p153). While I do believe that I have certainly become more competent and more knowledgeable as a

therapist over the last two years, *I still do not claim certainty... but rather claim uncertainty ...* Bearing in mind that: “claiming *uncertainty* is not the same as claiming *ignorance*” (Van der Ploeg, 2000, p.255).

I believe that a truly competent therapist should constantly question his / her underlying assumptions and way of ‘knowing’ and acknowledge that questioning in and of itself, often brings uncertainty and “*uncertain* professionals are interpreters, highly conscious of their limitations, highly conscious of their capacity to distort, humble in the face of their ignorance and hesitant to assert their knowledge of some-one else’s life” (Lurhman 1998, p. 467). I also strongly agree with Amundson (1993) who argues for “a process of questioning not only of the client, but also of ourselves and the certainties of our disciplines...”; and who further states that: “All significant enquiry should begin and end in questioning” (p 112).

For me “therapy should not be a journey of specified destination, but rather a continual process of departure, not only for our clients, but for ourselves (Amundson 1993, p.121) and as Popper (1968) said : “We should hold our theories tentatively and subject them to the most extensive and powerful critiques we can marshal against them” (in Martin 1995, p. 305).

My opinion also resonates in what Lyddon wrote: “The effectiveness of therapy is not measured by how well a counselor acculturates the client into a particular way of viewing the world, but rather by how well the counselor is aware of his or her own worldview and can understand and accept the worldview of the client” (1995, p.582).

“The very acceptance of possible alternatives places one’s assumptions in question. One’s point of view is transformed from *the* way of knowing into *one* way of knowing - a context where alternatives are admitted. Out of the syncretic interaction

of various positions, a fuller understanding arises. Thus, a dialectical approach to knowing requires therapists to become more aware of their own assumptions and limitations through an openness to rival epistemologies” (Downing, 2000, p.266).

“It is essential that we become aware of our worldview, because ‘One cannot claim to have no epistemology. Those who do ... have nothing but a bad epistemology’ (Bateson, 1977, p. 147). However, having an awareness of our paradigm is often uncomfortable. It is an experience of freedom of paradoxically having *no choice* except to *choose among alternatives*. That is ...

“One must live with uncertainty. There is no escape from this freedom”

(Becvar and Becvar, 1996, p. 337).

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