CHAPTER 1: INTRODUCTION

1.1 Introduction

The researcher in this study has been working as a social worker in an alcohol and drug rehabilitation centre for the past 13 years. During this period clients presented with an alcohol or other drug abuse problem and requested assistance in quitting the used substance. Despite the professional assistance, many of these clients seem to continue with the very same behaviour that they requested assistance for. This links with what Donald A. Bloch says in the foreword to The Process of Change by Peggy Papp (1983: p.x): "Over its history, psychotherapy has struggled with certain ambiguities:

1 People seem to cling to the very behaviour that incapacitates them and makes them miserable.
2 People do things that do not seem to make sense; assistance is sought from highly trained and expensive professionals so as to change these behaviours, yet the clients seem intent on actively frustrating their efforts."

Papp (and others) worked towards finding ways to use this tendency to stay the same in the service of change. Papp does not only address change, but acknowledges and includes the client's wish to remain the same. This approach therefore addresses two concepts in interventions with clients, namely: stability and change. Stability and change are seen as cybernetic complementarities, but they could also be viewed in other ways. Cybernetics could be defined as the study of patterns and organisation. On the one hand change and stability are different, but on the other hand they are strongly related. You cannot consider the one without the other (Keeney, B. P., 1983: 6, 10).

The study of the cybernetic epistemology thus introduced the researcher to another way of viewing change, to see change as a coin with two complementary sides: stability and change. From this the question arose as to how this way of viewing change could be applied to working with clients presenting with alcohol and drug abuse. This then brings the researcher to the aim of this research.

1.2 Aim of the study

The aim of this research is to investigate how both stability and change could manifest in cybernetic practice with a client who shows symptoms of drug abuse.

1.3 Objectives of the research

1.3.1 to describe the concepts of stability and change as part of the cybernetic epistemology

1.3.2 to illustrate how the concepts of stability and change could manifest in practice, using key events from a case study with one client

1.3.3 to indicate what emerged from this research that could be useful to the social work practice.

1.4 Research design

Research designs can generally be classified under quantitative and qualitative categories.

Quantitative research aims to measure the social world objectively, to test hypotheses and to predict and control human behaviour. The researcher's role is that of the objective observer. The research design is standardised and can be replicated. Data is obtained systematically and in a standardised manner. The unit of analysis is variables that are elements that form part of the whole. Results appear in numeric forms and are eventually reported in statistical language (De Vos, Strydom, Fouché & Delport, 2002: 79-81).

Qualitative research is holistic and aims mainly to understand social life and the meaning that people attach to everyday life. The type of data that is gathered is typically unstructured. The researcher plays an active role in the research process and his/her subjectivity is acknowledged. This links with second order cybernetics where the observer becomes part of that which is observed (Becvar & Becvar, 2000: 78). The research design is flexible and unique and evolves during the research process. Patton

and Ruckdeschel (in Anastas & MacDonald, 1994: 59) use an alternative term for qualitative research and that is flexible method research. There are no fixed steps that should be followed and the design cannot be exactly replicated. Qualitative research elicits participant accounts of meaning, experience or perceptions and produces descriptive data in the participant's own written or spoken words. The unit of analysis is holistic and concentrates on the relationships between elements. The whole is always more than the sum of the parts (De Vos, Strydom, Fouché & Delport, 2002: 79-81).

From the above it is clear to the researcher that each of the two approaches has a different set of assumptions and therefore different goals in terms of research. Quantitative research is interested in answering the "why" question, while qualitative research focuses on the "how" question. However, neither of the two approaches is necessarily more or less appropriate than the other. The use of an approach will depend on the question being asked and for what reason. The major strength of quantitative research lies with its emphasis on analysing large amounts of data in a clear, mathematical manner. The major strength of qualitative research is the emphasis that it place on processes (Denzin & Lincoln and Mertens in Gladding, 2000: 490).

For the purpose of the current research a qualitative research design will be utilised as the study is interested in describing how the complementary concepts of stability and change could manifest in practice. This research is therefore interested in the "how" and not the "why" question.

1.4.1 Case study

The research design that will be used in the current research is a case study. A case study is predominantly qualitative research, looking at one social system, which could be an individual, family, group, community or organisation to understand its behaviour or the outcome of its behaviour (Yin, 1989). The case being studied can also refer to a process, activity, event, programme or period of time (Babbie in De Vos et al., 2002: 275).

1.4.2 Unit of analysis, data collection and data presentation

In this study the unit of analysis is a transcription of six therapeutic sessions that were held with one client at Unisa (*Appendix 1*). The data consists of a direct transcript of the spoken words used by the client and the therapist. The data was videotaped during the therapeutic sessions. Permission was obtained to videotape the sessions and use the material for this study. From the transcript key events will be used to describe how the cybernetic complementarity of stability and change could manifest in practice.

For the purpose of this study the researcher fulfilled the dual role of researcher as well as therapist.

1.5 Limitations of the research

1.5.1 A description of only one client is used in this research and only six sessions are described. This limits the value of the research.

1.5.2 As the research is of a qualitative nature, the description and interpretation of the data will necessarily reflect the personal views of the researcher. The implication is therefore that the reader might have different interpretations and descriptions.

1.6 Presentation of content of the study

The purpose of chapter one is to explain the aim and objectives of the research, the research design as well as the limitations of the research.

Chapter two consists of a literature review on the systemic/cybernetic epistemology. This chapter also includes a brief description of the symptom of dependency from a lineal as well as a non-lineal (systemic) perspective.

Chapter three focus on the aesthetics and pragmatics of stability and change as a cybernetic complementarity. This chapter is based on the strategic model that is grounded in the systemic/cybernetic theory.

In chapter four the researcher, from her frame of reference, describes and illustrates how stability and change could manifest in the case study utilised for this purpose.

Chapter five provides a metaview on the relevance and usefulness of addressing both stability and change during the therapeutic process. It also contains recommendations for social work practice.

CHAPTER 2: SYSTEMIC/CYBERNETIC EPISTEMOLOGY

2.1 Introduction

According to Becvar and Becvar (2000:16) Norbert Wiener is usually given credit for naming the science of cybernetics. The term cybernetics is taken from the Greek word, kybernetes, meaning steersman. From the same Greek word, through the Latin corruption gubernator, came the term governor, which had been used for a long time to indicate a certain type of control mechanism. In short, the term cybernetics was used to describe a feedback mechanism, which is especially well represented by the steering engine of a ship.

Cybernetics arose from a series of interdisciplinary conferences that began in 1940. The initial aim of these conferences was to investigate circularity and feedback not only in biological, but also in social systems. The focus then broadened to include information processing and patterns of communication. In short, cybernetics could be described as the study of self-regulation as it occurs in both natural systems such as the body and manufactured systems such as the heating system in one's home (Gurman & Kniskern, 1981: 171).

A system could be described as a unit, consisting of different parts. All these parts have different characteristics and relationships between these different parts connecting them in order to form a system. In order to have relationships, there have to be interaction between the different parts (Watzlawick, Beaven & Jackson, 1967: 120-122). Bertalanffy (Andolfi, 1979: 6) says that "every organism is a system, a dynamic ordering of parts and processes that interact reciprocally". From this perspective an individual could be regarded as a system, consisting of different parts such as his experiences, values, needs, behaviour and emotions (Du Toit, Grobler & Schenck, 1998). Bateson (1979: 19) explains that these parts are connected through patterns and form a whole, the individual. Bateson refers to these patterns that connect in an individual as first-order

connections. Also the individual is part of or connected to a larger system e.g. the family, a work environment and circle of friends. The connections between an individual and other systems such as a family would be regarded as second-order connections.

Cybernetics is rooted in constructivism, that is a philosophy of how people know and do. It is a way of thinking about people, events and problems. One of the major premises of constructivism is that we act upon the meanings we give to ourselves, to events and to the relationship between the two. According to constructivism man alone is responsible for his thinking, knowledge and for what he does with this knowledge. How we think, know and do are constructions and constructions can change. This implies that reality is not out there, but that each person creates his/her own reality and this reality is only a map, it is not reality in itself. The map is not the territory. Thus, so many people, so many realities. Constructivism thus represents a both/and position: there is not only one, but many ways of viewing reality. This way of thinking opens up a possibility of making choices (Fisher, 1991: 3-5).

Another term that seems to be used synonymously with cybernetics is systems theory. It appears as though the term cybernetics was mostly used in Europe while the United States of America was more inclined to utilise the term, systems theory. Beer in Becvar and Becvar (2000: 65) noted that there were those who regarded cybernetics and general systems theory as synonymous, while others perceived the one as a branch of the other. Regardless of this debate it appears that various researchers and practitioners agree that both cybernetics and systems theory are built on the same fundamental assumptions. For the purpose of this research study the terms systems theory and cybernetics will be used synonymously and no distinction will be made between the two terms. However, a distinction will be made between simple (first-order) cybernetics and cybernetics of cybernetics (second-order).

Some of the assumptions that underlie systems theory and cybernetics, include: circularity/recursiveness, feedback, context, wholeness and nonsummativity, boundaries/rules and equifinality. These assumptions will now be discussed in more detail, followed by a brief overview of cybernetics of cybernetics.

2.2 The fundamental assumptions of systems theory/cybernetics

2.2.1 Circularity and recursiveness

In cybernetics and systems theory people and events are seen in the context of mutual interaction and mutual influence. The focus is not on people and events in isolation, but on their relationships and how each interacts with and influences the other. For example: if we take A, B and C, we can say that A influences B and C. What happens with B and C in the process will have an influence on A and the future behaviour of A. This in turn will again influence B and C and so on. Interaction is thus circular and recursive. There is no beginning and no end. The implication of circularity and recursiveness is that there is mutual responsibility and no singular "causes" (Watzlawick P. et al. 1967: 46, Becvar & Becvar, 2000: 65,66).

2.2.2 Feedback

In terms of the concept of circularity and recursiveness, A influences B and C and what happens with B and C in the process will influence A and so on. The response of B and C to the input of A is described as feedback. Feedback is thus the process whereby A receives information about his/her past behaviours. This means that the behaviour of each person affects and is affected by the behaviour of each other person. This process of feedback takes place in a circular manner.

Feedback can be either positive or negative. This does not imply that there are value judgements involved. The "goodness" or the "badness" of the feedback can only be determined by the system in relation to a particular context. For example: a positive pregnancy test could be experienced as "good" for a lady who has been planning to become pregnant. However, in the case of an unplanned teenage pregnancy the positive test could be seen as a "bad" outcome.

Positive feedback indicates that a change has taken place and this implies a loss of stability. If there is no change, the feedback is negative, meaning that the stability or status quo of the system is being maintained.

Feedback processes serve as self-corrective mechanisms. They signal changes to the system. In order for the system to survive it will have to respond and adapt to these changes. For example: a growing and developing family may require that it should allow for changes at various points in the family's life cycle. One of the factors that a growing and evolving family has to attend to, is the need for a shift in the balance between dependence and independence between parents and children. Very young children may be more on the dependent end of the continuum, while the parents may be more nurturing. As the children grow older their need for independence seems to increase and the parents appear to become less nurturing. If parents anticipate this need and allow for increased independence when the children are ready, this would avoid the necessity for rebelliousness on the side of the children. As parents acknowledge the growing maturity on the part of their children by giving them more privileges and responsibilities, and as privileges and responsibilities are handled appropriately, positive feedback processes are operative (Watzlawick et al, 1967: 28-32, Becvar & Becvar, 2000: 66-68).

In terms of the therapeutic process, Keeney (1983: 67) views successful therapy as creating alternative forms of feedback that will provide an avenue for appropriate change.

2.2.3 Context

The cybernetic and systemic epistemologies view all phenomena, behaviour, experiences and events in context. Nothing can be explained or understood, unless the whole picture with all its different parts and the relationships between these parts is taken into account. This includes aspects such as time, place, circumstances and who is involved. For example: a student and teacher may relate in one way in the context of a classroom, but in another way when they go to a movie together. A change in context usually implies a

change in the rules of the relationship. In summary we can say that nothing has meaning unless it is seen in a particular context and in relationship with something else (Watzlawick P. et al, 1967: 20, Bateson, 1979: 24, Becvar & Becvar, 2000: 73).

2.2.4 Wholeness and nonsummativety

A system consists of different parts and these parts have to be arranged in a particular order to form a whole. For example: bicycle parts lying around are not a bicycle (a whole) until it is put together in a certain order. Every part in this system is connected and in interaction with one another. Not one of the parts can function independently from the other. All the parts are so connected with one another that a change in one part will affect all the other parts, as well as the whole system. A system thus behaves as a whole. For example: behaviour displayed by a person (system) cannot be explained in isolation. Behaviour is only one part of the system (the whole) that is also connected to other parts such as needs, emotions, values and to others. The behaviour therefore must be understood in the context of the whole system. To ignore context could result in the observer being confronted with something "mysterious" or attributing inappropriate meanings to the issue at hand. The whole system is thus more than just the behaviour. Nonsummativety is the term that Watzlawick uses to describe that a system is more than the sum of its parts (Watzlawick P., et al, 1967: 123-126, Becvar & Becvar, 2000: 75).

To add to the above, Bateson (1979: 79) refers to binocular vision in order to obtain a sense of wholeness. Bateson explains that although a person may be focussing on one specific object, the right and left eye are in the process of gathering different sets of information in order to create one integrated picture of the object that is being observed. From this explanation it seems as though one is looking through the two lenses of a set of binoculars, but only seeing one joint picture. However, this joint picture is made up of different parts that are connected and interrelated to form a whole. Bateson (1979: 146,150) and Keeney (1983: 37) also refer to "double description" as a means of viewing every side of a relationship in order to obtain a sense of the relationship as a whole.

2.2.5 Rules and boundaries

Each system operates according to a unique set of rules that is generated by the system for the system. These rules develop through repeated patterns of behaviour of a system and are mostly outside of the awareness of the system. The rules express the values of the system and are thus also an indication of what behaviour is acceptable and what not. Rules also serve to distinguish one system from another and could for this matter be referred to as boundaries (Becvar & Becvar, 2000: 69, 70). Watzlawick et al (1967: 133) view rules as a way of stabilizing a system.

2.2.6 Equifinality

Watzlawick et al (1967: 127-129) describe equifinality based on an explanation given by Bertalanffy. In a circular system outcomes or "results" are not determined by initial inputs, but rather by what the system does with the inputs. In other words, the process within the system will determine the outcome. The implication of this is that different inputs may lead to the same outcomes and the same inputs may lead to different outcomes. The system is thus responsible for the outcome and the outcome is not predictable. To the researcher equifinal literally means equal ending. Therefore the term equifinal appears to be a discrepancy when saying that different results may be produced by the same initial states.

Becvar & Becvar (2000: 71) appear to agree with Bertalanffy's description of equifinality, ie. "the tendency towards a characteristic final state from different initial states and in different ways based upon dynamic interaction in an open system attaining a steady state". Becvar and Becvar (2000: 71) explain that systems consist of patterns and that these patterns tend to repeat. So, no matter what the topic (different initial states), the way in which members of a given relationship argue, solve problems or discuss issues will generally be the same. They continue to say that these redundant patterns of interaction are the characteristic end state referred to by the term "equifinality". However, for the researcher the patterns of interaction are an indication of what the system does with the input and not what the end state is. From the perspective of the

researcher the end state or outcome would probably be something such as arguments or ignoring one another.

It appears to the researcher that equifinality only describes one part of the same coin. Becvar and Becvar (2000: 71) use the term equipotentiality to describe the other side of the coin, that different end states may be arrived at from the same initial conditions. Despite the discrepancies that the researcher experienced, the core message appears to be that it is not the input that determines the outcome of a system, but rather that the interaction within the system determines the outcome.

2.3 Cybernetic complementarities

Prior to discussing cybernetic complementarities it is necessary to understand the term epistemology. Bateson (1979: 242) describes epistemology as a branch of science combined with a branch of philosophy. As science, epistemology is the study of how organisms know, think and decide. As philosophy, epistemology is the study of the necessary limits and other characteristics of the processes of knowing, thinking and deciding. Keeney (1983: 13) agrees with Bateson by saying that "epistemology becomes a study of how people or systems of people know things and how they think they know things". Keeney (1983: 18) indicates that the creation of difference is the most basic act of epistemology. We can only know our world by distinguishing one pattern from another. Thus, knowing implies drawing distinctions.

Cybernetic epistemology proposes that when an observer draws a distinction one should acknowledge both sides of that distinction. One way of acknowledging both sides of a distinction is to view it as part of a "cybernetic complementarity" (Keeney, 1983: 92). According to Varela (Keeney, 1983: 92-94) cybernetic complementarities provide a way of viewing the relationship between apparent opposites. Apparent opposites define each other and form part of a bigger, connected whole. Complementarity demonstrates how

things are related or connected, but different at the same time, thus a both/and approach. For example: day and night. We cannot know what "day" means unless we compare it to its opposite which is "night". Together they form a whole of twenty- four hours. Another example of a cybernetic complementarity is that of stability and change. As stability and change is the focus of this study, it will be discussed in more detail in the next chapter.

2.4 Cybernetics of cybernetics (second order cybernetics)

At the level of simple (first-order) cybernetics the observer is not seen as part of the system that is being observed. The observer is placed outside of the system, observing what is happening on the inside of the system (Becvar & Becvar, 2000: 65). However, in cybernetics of cybernetics the observer is no longer a mere observer, but is seen as part of, or a participant in, that which is observed. The implication of this position is that the observer is influencing the observed but that the observer is influenced by the observed in return. At this level, Keeney (1983: 74) says, "the therapist is incapable of unilateral control and can be seen as either facilitating or blocking the necessary self-correction". This demonstrates the important implications of the observer being part or participant in that which is observed.

Since the observer is viewed as part of that which is being observed, all description is self-referential (Keeney, 1983: 77). Everything that is taking place is self-referential. Varela and Johnson (in Becvar & Bevar, 2000: 78) very accurately describe the concept of self-referential as "whatever you see reflects your properties". There is no reference to an outside environment; the boundary is unbroken and the system is closed and autonomous. Autonomy literally means control of the self and refers to the highest order of recursion or feedback processes of a system and the range of deviation or level of stability maintained is that of the organisation of the whole. At this level, systems have identity as particular unities, for example, as individuals and families (Becvar & Becvar, 2000: 78,79).

2.5 A lineal (linear) and non-lineal (non-linear/systemic) description of substance dependency

In the literature both the terms lineal and linear are utilized. From the perspective of the researcher it does not appear as though there are any significant differences between these terms. For the purpose of this study the researcher will refer to "lineal" and "non-lineal" in the forthcoming discussions.

2.5.1 A lineal description of dependency

Prior to giving a lineal description of substance dependency, some of the lineal terminology that pertains to this field will be clarified. From a constructivist perspective people created these terms and none of them constitutes the "truth". Some of these terms include: chemical substances, substance abuse and substance dependency.

2.5.1.1 Chemical substances

Barlow and Durand (1999: 338) describe a chemical substance as something that brings about changes in thoughts, emotions and behaviour. They distinguish between legal (e.g. Alcohol, nicotine and over-the-counter medication such as certain cough mixtures) and illegal drugs (e.g. Heroine and cocaine).

2.5.1.2 Substance abuse

The DSM-IV (1994: 182,183), which is a categorical classification system for mental disorders, describes substance abuse as a maladaptive pattern of substance use that leads to clinically significant impairment or distress, as manifested by one or more of the following, occurring within a 12-month period:

(1) Recurrent substance use resulting in a failure to fulfil major role obligations at work, school or home.

(2) Recurrent substance use in situations in which it is physically hazardous (e.g. driving or operating a machine when impaired by substance use).
(3) Recurrent substance-related legal problems.
(4) Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g. arguments with spouse about consequences of intoxication or physical fights).

2.5.1.3 Substance dependency

The literature refers to both "dependency" and "addiction". However, from the perspective of the researcher, there does not seem to be a clear distinction between these two terms. For the purpose of this study the term "dependency" will be utilized.

According to the DSM-IV (1994: 176-179) substance dependency is a cluster of cognitive, behavioural and physiological symptoms indicating that the individual continues use of the substance despite significant substance-related problems. There is a pattern of repeated self-administration that usually results in tolerance, withdrawal and compulsive drug-taking behaviour. Some individuals may show a pattern of compulsive use without any signs of tolerance or withdrawal.

The DSM-IV defines dependency as a cluster of three or more of the symptoms listed below occurring at any time in the same 12-month period:

(1) Tolerance is (a) a need for greatly increased amounts of the substance to achieve intoxication or the desired effect or (b) a markedly diminished effect with continued use of the same amount of the substance. The degree to which tolerance develops varies greatly across substances and people.
(2) Withdrawal is a maladaptive behavioural change, with physiological and

> cognitive concomitants, that occurs when blood or tissue concentrations of a substance decline in an individual who had maintained prolonged heavy use of the substance. After developing unpleasant withdrawal symptoms, the person is likely to take the substance to relieve or to avoid those symptoms.

The DSM-IV continues to describe compulsive substance use as the taking of the substance in larger amounts or over a larger period than was originally intended (e.g. continuing to drink until severely intoxicated despite having set a limit of only one drink). The individual may express a persistent desire to cut down or control substance use. Often, there have been many unsuccessful efforts to decrease or discontinue use. The individual may spend a great deal of time obtaining the substance, using the substance, or recovering from its effects. In some instances of substance dependence, virtually all of the person's daily activities revolve around the substance. Important social, occupational, or recreational activities may be given up or reduced because of substance use. The individual may withdraw from family activities and hobbies in order to use the substance in private or to spend more time with substance-using friends. Despite recognizing the damaging role of the substance, the person continues to use the substance.

Plug, Meyer, Louw & Gouws (1987) echo the DSM-IV's definition of substance dependency, but also make a clear distinction between psychological and physical dependency. They describe psychological dependency as an intense craving for the substance of choice, but without physical discomfort (withdrawals) when use of the substance is stopped. Physical dependency on the other hand is characterised by a psychological dependency as well as tolerance and withdrawal symptoms if intake of the substance ceases.

Lineal thinking emphasizes cause and effect. Any problem is solvable if an answer to the question "why" could be found. From this perspective, event A causes event B in a linear (unidirectional) fashion. This follows that A is responsible for B or A is blamed for causing B. The world is understood as consisting of subjects and objects. Reality is considered to be separate from us, existing outside our minds (Becvar & Becvar, 2000:

4).

There are many models, such as the medical model also referred to as the disease model, which are based on linear thinking (e.g. the DSM-IV). It is important to take note that there are also many medical models that emphasize different elements. The models differ with respect to the importance of physical, psychological and spiritual factors in the etiology of addiction (Thombs, 1994: 20). Keeney (1983: 14) describes the medical model as atomistic, reductionistic and ignoring context. He continues to say that therapists operating from a lineal epistemology attempt to dissect, correct, or exorcise bad, sick or mad elements of their clients. The therapist thus operates as the expert.

According to me. Judith Shopley, manager of the SRIC (South African National Council on Alcoholism and drug addiction Resource and Information Centre), many of the rehabilitation clinics in South Africa claim to be using the medical model as the foundation of their treatment programmes. According to Thombs (1994: 3, 4, 21, 44) the medical model views excessive consumption of alcohol or other chemical substances as the result of an underlying disease process. Dependency is often described as a "primary disease"; that is, it is not the result of another condition. Problem behaviours such as lowered work performance or marital conflict would be viewed as symptoms of the disease process. The disease process is thought to cause compulsive use. The medical model maintains that the addictive persons are victims of an illness. This follows that chemical abuse is not freely chosen, but that it is beyond the control of the sufferer and the sufferer is thus also not responsible for contracting the disease. The disease itself causes or drives the use of chemical substances. Loss of control over substance use is a chief characteristic of dependency in the disease model. It is hypothesized that once a small amount of a chemical substance has been consumed, intense cravings are triggered by unknown physiological mechanisms and these cravings lead to compulsive overuse. This mechanism is beyond the personal control of the addictive person. Yet, according to Hoskins (1989: 37) the lineal perspective views mankind as operating like a machine. The machine metaphor divides man into two major parts: mind and body. The purpose of the mind is to direct the body. The mind is the operator and the body is the machine. This is a dualistic view, ignoring the spiritual interconnected aspects of man. Hoskins

mentions that there are many features of this view, but that the following are closely tied to dependency:

3 the belief that I am a mind and a body, as opposed to the belief that I am a central organic being;
4 the belief that I can achieve happiness or pleasure at a bodily or physical level through my own direct action;
5 the belief in self-control, that the mind has the purpose of controlling the body and that such control is important;
6 that this self-control can be effective in changing undesirable feelings and behaviours on a lasting basis;
7 that people are in control of each other and we must control others in our lives in order for our needs to be met.

From the perspective of the researcher there appears to be a discrepancy within the lineal perspective. On the one hand Hoskins describes mankind as operating like a machine (mind and body) where the mind controls the body. On the other hand Thombs says that substance dependency (disease) is beyond the control of the sufferer. The question therefore arises whether one part can control another part unilaterally.

In the classic medical model, it is believed that dependency follows a "progressive course". In other words, if the dependent persons continue to abuse chemical substances, their condition will deteriorate further and further. Life becomes unmanageable (Thombs, 1994: 39).

Thombs (1994: 41, 42) also describes substance dependency as a chronic disorder which cannot be cured. However, the disease of dependency can be brought under control by abstaining from the use of the substance that the person is dependent on.

Denial is another central characteristic of the disease model. Denial is the inability to perceive an unacceptable reality of being a substance dependent. Denial is not viewed as lying, but rather a mechanism to protect the ego from the threat of inadequacy (Thombs, 1994: 42).

2.5.2 A nonlineal (systemic) description of the symptom of dependency

Nonlineal epistemology (also referred to as systemic, ecological, ecosystemic, circular, recursive or cybernetic) emphasizes ecology, relationship, context and whole systems. Human beings, events and problems are studied in terms of their relationhips with one another rather than their intrinsic characteristics. There is no specific terminology or categories to describe "dependency" as it would be regarded as labelling.

From a nonlineal epistemology problems (behaviour) such as "dependency" are viewed as a symptom and a symptom is a way that one person communicates with another. A symptom can also be viewed as an attempted solution, although usually an unsatisfactory one for the people involved (Madanes, 1981: 21).

Madanes (1984: 1, 2) describes a symptom as a metaphor for the interaction around the symptom. In exploring the interaction around the symptom, the author suggests that the following questions could be useful: if the problem is a metaphor for another behaviour, for what does it stand? Who else in the family has a similar problem? What interaction is not possible because this interaction is taking place? To what interaction does this situation lead? What is the situation that is replacing another situation? Madanes (1981: 225) argues that all human behaviour can be thought of as analogical (non-verbal) and metaphorical in different ways and at different levels (literal and metaphorical) of abstraction. Symptomatic behaviour can be considered analogical and metaphorical in the following ways:

1 a symptom may be a message about an internal state and also a metaphor for another internal state. E.g. a child's headache may be expressing more that one kind of pain.
2 A symptom may be a message about an internal state and also an analogy and a metaphor for another person's symptoms or internal states. E.g. a child who refuses to go to school may be expressing his own fears and also his mother's fears (as perceived by the child).

From a non-lineal or systemic perspective the symptom of dependency is not seen as a problem existing in an individual, but the individual is observed within his/her interactional context (e.g. family, school, neighbourhood, work, church, friends) in which his/her symptomatic behaviour has a specific meaning, communicating about the relationships between the various parts within the system. The symptom communicates about the individual and the relationship with him/herself as well as the relationships between the individual and the other parts of the system of which he/she is a part. This follows that the symptomatic behaviour evolves from the processes, interactions and relationships between the individual and his/her context. Thus, the individual and his/her problem are not viewed in isolation or as inherent in the individual, but are seen as part of a bigger interactional whole. The focus is on processes, relationships and interactions between the individual and his/her interactional context (Andolfi, 1979: 57). This interaction is noncausal and mutual influence exists between all the parts in a system. Thus, A influences B and what happens with B influences A and so forth. There is no blaming. The focus is also on the whole rather than on separate parts of a system (Becvar & Becvar, 2000:8). It follows that the symptom of substance dependency is not "caused" by someone or something else, but evolves from the client's interaction, processes and relationships within the system. The focus is therefore not exclusively on the symptom but rather on the processes, interactions and relationships around the symptom that maintains the symptom.

Andolfi (1979: 9-11) and Papp (1983: 9,10) hold the view that symptomatic behaviour usually appears during periods of changes in the life-cycle such as births, divorces, deaths, departures and changes in residence or jobs. These changes influence the relationship that exists between the self and its individual functioning as well as the functioning of the self and the bigger system (e.g. the family) of which the individual (self) forms a part. Thus, the individual as well as the system as a whole are influenced by the changes in the life-cycle. These changes require a process of adaptation in order to maintain stability and still allow its members to grow (change). If the system cannot assimilate the change, symptomatic behaviour could evolve in order to maintain the stability of the system (individual).

Keeney (1983: 163, 164) reviews Bateson's analysis of the symptom of dependency as a cybernetic way of thinking about how people aid in both maintaining (stability) and correcting problematic behaviour (change). According to Keeney, Bateson's theory claims that what is fundamentally wrong with a person who is showing the symptom of dependency is that the mind and body are separated. The person showing the symptom of dependency seems to be engaged in a constant battle between body and mind, e.g. my "will" can resist my body's "hunger" to drink. "Will" represents a part of the mind that attempts to control the body's "hunger" for alcohol. In this context the body and mind do not represent a cybernetic system with corrective feedback, but rather a symmetrical battle. From this battle another incorrect premise develops and that is the idea of "self-control", the idea that one part of a system can have unilateral control over other parts. On the one hand the challenge of self-control provides the motivation to attain sobriety, but on the other hand the achievement of sobriety destroys the very challenge that generated his sobriety. Thus, the more he tries to stay sober, the more likely he is to get drunk and vice versa.

When significant others like family members, friends and professionals reassure and console the person showing the symptom of dependency, with the emphasis on "You'll do better next time", the idea of self-control is reinforced. The person hears that he will be able to conquer his hunger for alcohol next time. This only serves to trigger the vicious pattern once again (Keeney, 1983: 164).

Andolfi (1979: 12,13) describes the traditional view of intervention (medical model) as one where change depends on the expertise of the therapist or on the miraculous effects of scientific knowledge. From a systemic view the therapist's intervention is based on a systemic analysis of the system's problems and on the activation of the system's inherent capacity to self-correction. Thus, the system takes charge of its own interactional problems. Keeney (1983: 165, 166) echoes that successful intervention should allow a system to heal itself. Therapists should encourage clients to avoid a battle with their symptoms and instead create a context for change.

Therapists who practice this systemic/cybernetic epistemology view their relationship

with clients as part of the process of change, learning and evolution (Keeney, 1983: 14). From this follows that the therapist is not attempting to be an expert and outside observer, but rather to be part of the therapeutic process (second – order cybernetics).

2.6 Summary

For the researcher it appears that the key concepts of the systems and cybernetic epistemology focus on wholeness, relationships and context. Events, behaviour and other phenomena are studied within the context in which they are occurring and the focus is on connections, interactions and relationships rather than on individual characteristics or content.

Some of the central ideas of systems and cybernetic theory are that the whole is greater than the sum of its parts. Each part of the whole can only be understood in the context of the whole. All the parts of the whole are connected to one another and therefore a change in any one part will affect every other part in the system. The whole regulates or maintains itself through a process of feedback.

From the lineal and non-lineal (systemic) description of the symptom of dependency, there appears to be many contrasting elements. The lineal perspective argues that the problem of dependency is a disease and that it exists in the individual. This follows that the individual seems to be a victim who needs an expert to assist in dealing with the problem. There is also a strong emphasis on the categorizing and labelling of problems and this implies that an expert is needed to do such classification. The non-lineal (systemic) perspective on the other hand, emphasises that the symptom of dependency evolves from the interaction between the individual and his/her interactional context. In terms of the intervention the therapist is not a change agent, but rather a facilitator of change who is part of the therapeutic process and not a mere observer (second-order cybernetics).

The following chapter focuses on a systemic/cybernetic description of stability and

change (the aesthetics) as well as how these concepts could be applied to a therapeutic context (the pragmatics).

CHAPTER 3: THE AESTHETICS AND PRAGMATICS OF STABILITY AND CHANGE

"The way out is through the door. Why is it that no one will use this exit?" Confucius (Watzlawick, 1974, p. 77)

3.1 Introduction

The aims of this chapter are to give a brief overview of the theory (aesthetics) of stability and change as well as how it could be applied to practice (pragmatics).

3.2 The aesthetics of stability and change

For the purpose of this study, stability and change will be regarded as cybernetic complementarities. On the one hand change and stability are different, but on the other hand they are both strongly related. We cannot know the one without the other. According to Keeney (1983: 70) "one cannot, in cybernetics, separate stability from change – both are complementary sides of a systemic coin. Cybernetics proposes that change cannot be found without a roof of stability over its head. Similarly, stability will always be rooted to underlying processes of change." For example: when a client comes into therapy, he/she basically comes with two requests at the same time: "change me and stabilize me" (Keeney, 1983: 176). Therefore the change has to be of such an extent that the system can accept it, but at the same time remain stable. According to Keeney (1983: 179) "effective therapy requires responding to the voices of both change and stability". If a therapist pays too much attention to the request of change, the client would probably "resist" the therapist's interventions. On the other hand, if there is too much focus on stability, the client may demand that the therapist take him/her more seriously. Keeney is thus arguing for a both/and approach in terms of therapy. Both stability and change should be addressed.

Bateson (Keeney, 1983: 69) also regards change as an effort to maintain some constancy

and that all constancy is maintained through change.

As indicated in Chapter 1, p. 1, of this study, Donald A. Bloch said "over its history, psychotherapy has struggled with certain ambiguities:

1 People seem to cling to the very behaviour that incapacitates them and makes them miserable.
2 People do things that do not seem to make sense; assistance is sought from highly trained and expensive professionals so as to change these behaviours, yet the clients seem intent on actively frustrating their efforts."

Ford and Urban (1998: 49, 50, 161, 163) confirm the above by saying: "one of the puzzling things about psychotherapy clients is that they maintain dysfunctional patterns despite the unhappiness, misery and disruptions these patterns cause in daily life". They continue to explain that efficient human functioning relies on frequently performed behaviour patterns (stability) that become automated so that they do not have to carefully rethink to deal with recurrent episodes of living. Human evolution has produced stability-maintaining processes that continuously operate to create and maintain personal unity in the face of varying and often unpredictable, disrupting influences. Ford and Urban (1998: 49, 50, 161, 163) are of the opinion that without these stability-maintaining processes it would not be possible to maintain effective living. However, these stability-maintaining processes protect both functional and painful patterns alike. Behaviour patterns persist because they are serving a function, no matter how painful they appear to others. Ford and Urban view the presenting symptoms of clients as combinations of disrupted states and ways of trying to maintain stability, often at biological, psychological and interpersonal levels. Ford and Urban thus regard the development and maintenance of stable patterns as a key to a human's adaptive success.

Ford and Urban (1998: 51, 160) view any psychotherapy intervention as an intrusion into continuously operative client processes that may be functioning to maintain stability of patterns. They continue to say that when therapists try to help a person change a pattern, they often encounter behaviours that divert or obstruct such change efforts. There appear to be powerful processes at work to maintain existing steady states (stability) and to prevent change. Therefore they propose that interventions aimed at change should be

linked to the client's stability.

Papp (and others) has worked towards finding ways in therapy to use this tendency of clients to remain the same (stability). Papp not only addresses change, but also acknowledges and includes the client's wish to remain the same (stability). Papp (1983: 11-13) does not view change as a single solution to a single problem, but as a dilemma to be resolved. A price has to be paid for change and it should be kept in mind that change implies consequences for the system as a whole. If the focus would purely be on eliminating the problem, the system would be left unbalanced or unstable, as the problem is seen as a means of keeping the system stable.

3.3 The pragmatics of stability and change

For the purpose of this study the focus will be on the techniques utilized by the strategic school in addressing stability and change. The strategic school evolved both from communication theory and from general systems theory (Becvar & Becvar, 2000: 231).

Strategic therapists are concerned with the conceptual frameworks of their clients as well as relationships within systems. The problem, as described by the metaphors and constructs of the client, provides clues about the client's conceptual framework and about solutions the client has attempted. It is a fundamental assumption of the strategic school that people will behave in a way logically consistent with their conceptual frames. A further assumption is that clients are not aware that the "map is not the territory" (Bateson, Chase and Korzybski in Becvar & Becvar, 2000: 232), or that their conceptual frame is not the way things really are. Clients are also not aware that their framework punctuates only one of an infinite number of possible explanations or meanings that could be assigned to the same experience (Becvar & Becvar, 2000: 232). Maturana (in Becvar & Becvar, 2000: 108, 109) argues that problems only occur once people name a situation a problem. Until a problem is perceived as such and punctuated as a problem, there is no such thing as a problem. A problem only exists for the person who is speaking about it. Problems could therefore be regarded as punctuations or maps that people create. It follows that maps or punctuations can be changed.

The strategic school believes that things are not the way they are. Rather, they are the way they are because that is the way we have perceived and conceptualised them. The strategic therapist therefore behaves in a manner consistent with this belief in order to move people to a different perspective on the same situation (Becvar & Becvar, 2000: 232, 233).

Meaning and perception (maps or punctuations) are created through language (Becvar and Becvar, 2000: 113). From the perspective that meaning and perception can be changed, the implied message for researcher is that language becomes the vehicle of changing meaning and perception. According to Watzlawick (in Becvar & Becvar, 2000: 220), the language of change is the analogical mode (a combination of the non-verbal mode and the context), which is a function of the right hemisphere of the brain. The therapist can gain access to the right hemisphere through the use of homonyms, synonyms, ambiguities, puns, paradoxes and reframes which block the brain's logical left hemisphere.

In order to use language as the vehicle for change it is important that the therapist must understand the client's worldview and be able to speak the language of the client. Researcher views the latter as addressing the stability of the client (system) and not going against the system, but moving in the direction of the system. Speaking the language of the client means having an awareness of the client's words, phrases and metaphors (stability of the client) as well as the ability to use the latter. For example, if we are working with a computer programmer, what we say will be more easily understood and more readily accepted if we are able to phrase it in the language of writing programmes, systems runaway and other computer terms. Thus, how we say something (the process) is more important than what we say (Becvar & Becvar, 2000: 110, 286). Metaphors are useful in the sense that they are a less threatening way of communication (addressing stability) and it could help a client to get a new and different view of the same experience and thus opens up the possibility of forming a new meaning or perception of the experience (addressing change) (Grobler, 2001: 58).

The strategic school also views problems as symptoms that communicate something about relationships within the system. Symptoms are also sometimes seen as attempted solutions that evolve (not cause) in order to maintain the stability in the system. The symptom is therefore not an isolated piece of behaviour, but part of an interactional whole (Becvar & Becvar, 2000: 234). If the symptom or presenting problem is removed (change), the system will be unstable and thus create another problem. Change therefore implies repercussions for the whole system and to ignore these repercussions is to act out of what Keeney (in Papp, 1983: 11) calls "ecological ignorance".

The family or individual's view of the symptom or presenting problem is usually that it is something outside of the system that could be changed separately. The challenge for the systems/cybernetic therapist would be to connect the symptom/presenting problem with the system in order to show that one cannot be changed without changing the other. Hoffman (1981: 318) says that no change will persist unless all parts change conjointly. The central focus of therapy then becomes one of not how to eliminate the symptom but what the repercussions will be should the symptom be eliminated. How will the family function without the symptom, what is the price for removal of the symptom, who will pay it and is it worth the price? (Papp, 1983: 12,13)

According to Watzlawick, Weakland and Fisch (Becvar & Becvar, 2000: 104) it is important to understand how problems are formed and maintained in order to understand how to bring about change. They also believe that sometimes the attempted solution becomes the problem and should therefore be the focus of change. From their perspective, change can be first-order, second-order or spontaneous (without the help of expert knowledge, sophisticated theories or concentrated effort) (Watzlawick, Weakland & Fisch, 1974: 77, 78).

First-order change occurs within the system and the change is consistent with the rules of the system. The system thus remains unchanged. First-order change can also be described as the logical, common sense or obvious solutions to a problem (Becvar & Becvar, 2000: 105). These would include direct interventions such as advice,

explanations, suggestions, interpretations, or tasks that are meant to be taken literally and followed as prescribed. Direct interventions are used when it is felt that the family/individual will respond to them (Papp P., 1983: 32). From the above it appears to researcher that first-order change focuses on change only and does not acknowledge or include stability.

Second-order change focuses on a change in the existing rules of the system and thus in the system itself. Changing the existing rules could also be regarded as an interruption of the existing patterns of the system. Change in terms of systems theory requires a change in context. A change in the rules of the system would imply a change in context. A change in the rules of a system opens up the possibility of changing perceptions of the problem and new alternatives for different behaviour then become possible in the process. Second-order change often requires a response that is illogical to the context, weird and unexpected; there is a puzzling, paradoxical element in the process of change. Watzlawick also refers to second-order change as change of change (Watzlawick, et. al, 1974: 11). Researcher views second-order change as change that takes place on a metalevel as it is not a logical or commonsense type of change. However, not all change needs to be of a second-order nature in order to be effective (Becvar & Becvar, 2000: 104).

Some of the techniques that may affect change at a second-order level include: reframing, paradoxical interventions and the Greek chorus. These techniques simultaneously address change as well as stability. Applying second-order change techniques means that the situation is dealt with in the here and now. These techniques deal with effects and not with causes. The important question is *what?* and not *why?* For example: "what is going on here?" rather that "why is this happening?" (Watzlawick et al. 1974: 83, 84). These techniques will now be discussed in more detail.

3.3.1 Techniques addressing stability and change

3.3.1.1 Reframing

Reframing is a therapeutic technique that takes a situation and lifts it out of its old context or "symptom" frame (set of rules) and places it in a new context or frame (set of rules) with an entirely new positive meaning that does not carry the implication that change is impossible. Reframing addresses stability in that the situation and the facts remain the same. Change through reframing comes about when the meaning about the situation or facts changes. *About* suggests a metalevel of thinking. A new meaning opens up the possibility of new and different responses to the same situation (Watzlawick et al, 1967: 95-97, 102; Becvar & Becvar, 2000: 107; Hoffman, 1981: 272). The philosopher Epictetus (Watzlawick et al, 1974: 95) said that it is not the things themselves which trouble us, but the opinions that we have about these things.

The new frame or meaning that is provided should be acceptable to the client in order to be effective. This becomes possible when the therapist acknowledges the language and worldview of the client as well as his/her experience of reality or conceptual framework (stability of the client) when formulating the reframe. It follows that the reframe needs to be stated in terms that make sense to and are believable by the client (Becvar & Becvar, 2000: 107). If the client accepts the new frame or meaning, which opens up possibilities for new and different responses, we could say that change has taken place. Once one perceives the situation or facts in an alternative manner it is not so easy to revert to one's former view. This is what makes reframing such an effective tool of change (Watzlawick et al, 1974: 99).

3.3.1.2. Paradoxical interventions

A paradoxical intervention operates similar to reframing as it also redefines the context, thus changing the meaning of a situation and opening up new behavioural alternatives (Becvar & Becvar, 2000). A paradox contains a double message to a family/individual

that appears to be contradictory. The one message implies that it would be possible to change and it contains an implied alternative that points toward the direction of change. The other message implies that change would not be possible and that the status quo or stability should be maintained. These two messages are delivered simultaneously and address both stability and change. It is important that the therapist should be convinced that both messages are "true" and deliver them with conviction and sincerity. Paradoxical messages are defianced based as it is hoped that the family/individual will rebel against the part of the message that keeps them from changing (Papp, 1983: 33, 35).

Papp (1983: 31) argues that paradoxical interventions could be useful when a client(s) does not respond to logical explanations or rational suggestions (first-order change). However, she also views paradoxical interventions as inappropriate in certain crisis situations such as violence, sudden grief, attempted suicide, loss of employment or unwanted pregnancy. Papp is of the opinion that in such cases a therapist needs to move in quickly to provide structure and control. Researcher is of the opinion that, as with all interventions, the use of paradoxes should be accompanied with the utmost sensitivity, care and respect.

Papp (1980: 46, 47) identifies three steps in designing and applying a systemic paradox: redefining (reframing), prescribing and restraining. The aim of redefining (reframing) is to change the client(s) perception of the symptom (problem), themselves and the process. For example: anger may be redefined (reframed) as intense love, suffering as self-sacrifice and distancing as a way of creating closeness. The therapist thus accepts what the client(s) is bringing (addressing stability) but transforms it so that it has a new meaning (addressing change).

Once the symptom has been defined positively it is then prescribed. For example, the therapist suggests not only that the client(s) should keep his depression (stability), but that he should also intensify it (change). The therapist may offer an elaborate set of reasons for making this suggestion or may offer no explanation at all. In either case the symptom has been prescribed. This prescription is illogical to the framework of the

client(s) within which depression is viewed as unacceptable and something that should be eliminated. By prescribing the symptom the therapist puts the symptom (depression) in another framework where it is acceptable (addressing stability and change) and not necessary for the client (s) to go against it (Becvar & Becvar, 2000: 234). However, whenever the client(s) shows signs of changing the therapist should restrain them by for example saying that they should not change too quickly and reminding them that it is acceptable to feel depressed (pushing stability). It is hoped that the client (s) will resist being restrained and continue to change (Papp, 1983: 37).

3.3.1.3 Greek chorus

The Greek chorus refers to a technique where a consultation group is utilised to assist a therapist in negotiating stability and change with a client (s). The group operates from behind a one-way mirror, observing the therapeutic process and regularly sending in messages that provide a running commentary on the dilemma of change and the relationship between the client and the therapist involved with them. The aim of the messages could be to support, confuse, confront, challenge or provoke the client. These messages are co-created between the consultation group and the therapist who also has the final say as to the content of the messages and what position to take in relation to them. The group is free to interrupt at any time during a therapy session or call the therapist to make suggestions. The consultation group utilizes various ways in which they operate, such as forming a therapeutic triangle, the public opinion poll, surprise and confusion (Papp, 1983: 46, 47).

In a therapeutic triangle the consultation group and the therapist are divided in terms of their opinions about the client's potential to change. The consultation group usually argues that the client should maintain the status quo (stability). The group emphasises the costs of eliminating the symptom and how this would impact on the present stability of the client. The therapist, on the other hand, argues for change and defends the client's potential to change. The client is then in the position of determining whom is right. If the client changes, he proves that the therapist is right; if the client remains unchanged, he proves that the group is right and the implied message is that the price of change was

too high. However, this admission might be unacceptable for the client and serve as an incentive to prove the group wrong and the therapist right. The group sometimes deliberately sets a high price for change. The therapist then becomes the mediator, negotiating the price of change. In these negotiations the therapist can take on different positions, such as criticizing the group for setting too high a price, proposing a compromise, or siding with the family against the group (Papp, 1983: 47, 48).
In the public opinion poll the consultation group divides in two and each group sends in a different opinion. The therapist can side either way. As the session continues, there may be a shift in opinion between the two groups (Papp, 1983: 53).

Surprise and confusion are important elements of change and the consultation group is sometimes used to produce them. The group may send in a message to arouse the client's curiosity, stir up their imagination, or provoke them into revealing hidden information. These messages are sometimes left deliberately unclear so that the client can fill in the gaps (Papp, 1983: 50).

3.4 Summary

This chapter provided an overview of how stability and change as a cybernetic complementarity could be addressed in a therapeutic context through the techniques of reframing, paradoxical interventions and the use of the Greek Chorus. The client(s) stability is utilised as the foundation to create a context for change. On the one hand the stability is acknowledged and on the other hand the therapist challenges the client(s) existing perception(s) by providing an alternative description of their stability, thereby opening up new ways of viewing the existing problem or symptom. Providing alternative descriptions links with Bateson's writings (1979: 79, 146, 150) on binocular vision and double description. He emphasises that a situation, problem or relationship can be described in many ways.

This chapter lays the foundation for the research that was undertaken in this study. In the following chapter the researcher will attempt to describe how both stability and change can manifest in cybernetic practice with a client who abuses drugs.

CHAPTER 4: CASE STUDY

4.1 Introduction

In this chapter the researcher aims to illustrate how stability and change as a cybernetic complementarity can manifest in practice. This will be done by means of a case study. The case study consists of six therapeutic sessions with an individual client. The researcher conducted these sessions. A team, consisting of a lecturer and fellow students, assisted from behind a one-way mirror. The researcher/therapist was during this period of time a student registered for the degree, Master of Arts in Social Science (Mental Health) in the Department of Social Work at the University of South Africa (UNISA).

The researcher is aware that the descriptions of stability and change in this study will reflect her personal punctuations and acknowledges that other punctuations are possible. The descriptions will indicate how stability and change manifested with the client during the therapeutic sessions. The descriptions will be guided by the metaphors and language of the client as well as the strategic school techniques of reframing, paradoxes and the Greek Chorus.

This chapter will include background information about the client, a summary of the processes and themes that developed during the course of the six sessions, a brief description of each of the six sessions as well as the interventions during each of these sessions, indicating how stability and change manifested according to the researcher.

4.2 Background information

- The client is 43 years old and a bachelor. He is a loner and has been unemployed for many years and does not make any attempts to obtain employment.
- He is the youngest child of three. He has a sister who is the eldest, followed by a brother who is approximately 13 years older than him. Both are married and have children.
- The client has been in and out of therapy for approximately 12 years with various professionals.
- The client has been addicted to cough medicine for approximately 12 years. He verbalised a need to stop the dependency as he believes that nothing else can change if the dependency does not stop first.
- He has a great interest in computers and he also worked in this field before. He enjoys reading about computers and the human brain. He wishes that people could operate like computers/machines.
- The client once worked as a journalist, but has no longer an interest in this field.
- His only significant other is his mother. She is 80 years old and lives in an old age home. She provides him with food, money, does his washing and drives him around.
- He lives in another part of town in a room free of charge and visits his mother daily.

- The client approached the researcher for assistance with quitting his dependency. The researcher discussed the option of attending therapy sessions at UNISA, to which he agreed.

4.3 Process summary of the case study

This summary gives a brief overview of the processes that emerged from the six sessions between the client, the therapist and the team.

- The client seems to be dependent not only on cough medicine, but also on his mother, the pharmacist and the therapist.

- The cough medicine helps the client to keep a very close and stable relationship with his mother. This is a complementary relationship where the mother is the caretaker and he the care-receiver. The client compares his relationship with his mother as her being his parachute and safety net. The implied message is that she is his rescuer. Without her he may die or be seriously injured. The client seems to think that his dependency on cough medicine gives purpose to his mother's life. On the other hand this is a very comfortable situation for the client and there does not really seem to be an urgency to change.

  In relation to the pharmacist, the client is dependent on the latter for provision of his cough medicine. The pharmacist thus becomes a rescuer in relationship to the client.

  In relation to the therapist, the client depends on the therapist for providing a diagnosis and solutions to his problem. Thus, hoping that the therapist too would become a rescuer in relationship to him.

- During the therapy sessions the client appeared comfortable in talking

about his dependency, his attempts at quitting the use of cough medicine and the paranoia associated with the taking of cough medicine. On the other hand the client was uncomfortable in talking about his relationship with himself and the relationship between him and his mother. He would then create distance by changing the subject and speaking on a very intellectual level.

- In relationship to the cough medicine the client compares himself to being a passenger and being on auto-pilot. The implied message seems to be that that someone or something else is in control. He does not have to take responsibility.

- The client speaks a great deal about external methods such as diagnosis, prescriptions, rehabilitation centres, etcetera, but stresses that none of these helped him to quit his dependency. Despite this, he makes continuous attempts to quit the dependency on his own, but indicated that the more he tries to quit, the more he wants to use. He has tried to cut down on the dosage of cough medicine that he has been taking; he has tried not to use cough medicine every day; he has tried to avoid the chemist; he has stopped listening to music that he associates with drugging, but none of these first-order solutions appeared to be effective. He has come to the conclusion that the only thing that would force him to stop completely, is if this particular cough medicine is removed off the shelves, which is something external once again. The client seems to have little belief in himself and his own personal strengths. He sees himself as powerless. He hopes that the therapist would have a magic wand or a diagnosis, which once again constitute external methods.

- The client appears to be a very lonely person. His contact with other people mostly involves his mother, the pharmacist and the therapist. The cough medicine seems to be the link between the client and others.

- In talking about change he experiences much anxiety just thinking about the implications of quitting. He appears to be on a see saw: On the one hand he experiences pain and pay-offs of using cough medicine and on the other hand there is pain and pay-offs of not using cough medicine as well.

- The client spends much time trying to analyse himself, talking about change and doing planning, but on the other hand he is waiting for the perfect conditions (utopia - external) before he could change. He realizes that procrastination has been preventing him from taking action in his life.

Themes that evolved from the process described above

- There is a strong theme of *dependency*. The client is not only dependent on cough medicine, but also dependent on his mother, the pharmacist, the therapist, external methods to resolve his problem and he is probably dependent on his way of life as well.
- Another strong theme that evolved is that of the client being a *victim.* He appears to be a victim in relation to the cough medicine, the chemist, the paranoia as well as incidents from his past. Being a victim constitutes powerlessness, helplessness and having no control.

4.4 Brief description of session 1

During the first session a pattern evolved where the client assumed a *dependent role*. He was not sure where to start in terms of therapy and *depended on the therapist* to provide a diagnosis, putting the therapist in the expert role. He revealed that he has been through much therapy and that he has depended on many methods, prescriptions, diagnosis and rehabilitation centres, but that none of these has been of such an extent that it pushed him to the point of quitting completely. The implied message appears to be that he has

defeated many therapists and their expertise. He also stated that he is now looking for a miracle answer. It thus seemed that the client is *dependent on external methods that have become his stability.* The client indicated that he is also *dependent on his mother for food and money*.

Another pattern that evolved during the first session was that the client would change the subject when emotional issues, such as talking about himself as well as the relationship between him and his mother, were raised. He would then create distance from the therapist by talking on a very intellectual level. He appeared to be much more comfortable when talking in this manner.

4.4.1 Interventions during session 1

When the client spoke about the various methods, prescriptions, diagnosis and rehabilitation centres *(stability of client)* the therapist reframed the preceding as external methods *(the word "external methods" addresses the stability of the client being dependent on methods, etcetera on the one hand and on the other hand it simultaneously addresses change, as the word "external methods" may open up new meanings about the same situation).* The word "external methods" fitted with the client and he indicated that he was looking for a *magic wand*. In return the therapist enquired whether it could be like a *miracle answer*? *(speaking the language of the client, thereby going with the client's stability of being dependent).* At this point of the session the team behind the one-way mirror acted as a Greek Chorus, sending in a message saying that it is important for the client to know that they are not using the methods that he is referring to. They continued to say that they do not have specifically worked out methods and that the client would find out how the team works as time goes on *(raising curiosity which is change).*

The focus of the session was then directed to the client and the relationship between him and his mother *(team introduced change by introducing the relationship with himself and the relationship between himself and his mother).* He believes that his mother sees him as *helpless and immature*. *(this could be regarded as change as the client is no longer talking about his symptom of dependency).* The therapist went along with this language

of “immature” and used similar language, describing him as *being almost like a child (going with stability).* This fitted with the client. The team, acting like a Greek Chorus, strengthened the preceding message, saying that they observed that he almost became like a child when talking about how his mother sees him as a child *(pushing the stability).* The client responded with surprise in relation to the team’s observation.

The client continued to explain how he acts as a child and how his mother takes care of him. The team *reframed* the relationship between the client and his mother, saying that *they need one another and that they have a very special relationship. They are also working hard to keep the relationship going - she the provider/caregiver and he the child/care receiver (going with the stability of the client being dependent, thus not going against their relationship).* On the other hand the team expressed their concern about the mother who is 80 years old and wondered what would happen if she is not there anymore *(introducing the idea of change).* The client indicated that he would then probably be forced to provide for himself *(client speaking about change).* He then returned to his stability of being dependent and described his mother as his *parachute.* The therapist responded with similar language, describing the mother as a *rescuer (going with the client’s stability of being dependent).* The team (Greek Chorus) raised their concern and challenged the client. What would happen if he stops his addiction? His mother supplies in terms of his addiction – she provides money, but also comes to his rescue. What would happen to the relationship between him and his mother if he quits? The client appeared unsettled and said that it did worry him, as he felt that his mother would lose her function of supporting him if he quits his dependency. The client then changed the subject and spoke about a diagnosis that a psychiatrist once made about him. The team indicated that they respected the diagnosis of the psychiatrist *(addressing stability),* but that they are concerned that him and his mother would lose each other if he quits his addiction. They were also wondering if there are other children in the family. *(team introduces change, by enquiring about other family relationships).* The client shared about his sister and brother and how he, being 13 years younger than his brother, was *treated differently* than him as well as their older sister. He also shared about his parents. *(speaking about these relationships could be regarded as change as the client initially only spoke about his symptom of dependency. There is also movement in the sense that*

the client freely shared information about his parents). He mentioned that his parents had more time for him. The therapist reframed this caring by the parents as *receiving "special treatment" (addressing the stability of the client about the caring of his parents but also giving the relationship between him and his parents a new meaning, thus introducing change).* This reframe fitted with the client. The team (Greek Chorus) strengthened this reframe, saying that they observe that he is still receiving very special treatment from his mother *(maintaining stability).*

The first session ended with giving the client the following questions for homework:

1. Observe what is going on between you and your mother *(staying with the client's stability of being dependent and making overt the covert)*
2. How old does your mother think you are? *(staying with the client's stability of being dependent, yet thinking differently about himself in relationship to his mother)*
3. Are you always the same age? *(staying with the client's stability of being dependent, yet allowing him to explore whether he acts a different age in different situations in relation to his mother).*
4. Are you ever your real age in her eyes and if so, when? *(staying with the client's stability of being dependent yet, allowing the client to explore in what situations he acts as an adult (change) in relation to his mother).*
5. The team is wondering whether you really need to change as a person. It seems to the team that you are surviving quite well *(stability)* and they are concerned that

change will entail quite a few losses *(change)* in your life. What could you possibly lose if you decide to change? *(a paradoxical message that implies that change might be possible (change) but that it might not be in the client's interest (maintaining stability of being dependent)).*

6. You need to guess how old the team thinks you are. Substantiate your answer.

4.5 Brief description of session 2

During the second session the client *continued* his *pattern of dependency* by trying to put the therapist in an expert role, providing all the answers to him.

With reference to the homework that was given at the end of the first session, the client had not written anything about the relationship between his mother and himself *(attempt to maintain stability in terms of keeping a distance from his mother during the interview).* However, the client shared that he and his mother seem to be following a set routine. He works on the computer and she provides food. He described his mother as being routine orientated and said that they do not talk much. However, he is comfortable with this routine, but he would like to change being dependent on his mother. On the other hand he expects some kind of disaster to take place if change was to take place. *(This sharing could be regarded as change on the part of the client, as his stability has been to keep a distance when the relationship between his mother and him was mentioned. On the other hand he is attempting to maintain his stability of being dependent).*

The client feels that everything seems to be uncertain and on hold. He does not know when his mother will move into frail care or when he might be miraculously cured *(maintaining stability of being dependent on external answers).*

The client continued to say that although his present situation might be comfortable, he is not in control. He sees controlling or quitting the use of the cough medicine as the starting point for recovery. He does not seem to have clear goals or even a dream.

The client developed a pattern of swaying back and forth between stability and change: on the one hand pushing for change in talking and planning but on the other hand generating reasons to maintain his old stability of being dependent.

4.5.1 Interventions during session 2

The client initially spoke about computers and the therapist linked this talking to himself *(introducing change by stimulating client to think about himself).*

The client described the relationship between his mother and himself as routine orientated with no real talking. The team reframed the relationship between him and his mother as a very stable one *(addressing the stability of their relationship, but simultaneously giving it a new meaning (change).* The team asked whether the client would like to see this relationship different and if so how *(introducing change).* The client responded that he would like to keep the everyday routine, but would like to change being dependent on his mother. However, he also expects disaster if change was to take place. He mentioned that it would be so easy to get into the computer and set up an account with a medical aid in order to obtain cough medicine *(client attempting to maintain his stability of being dependent).* The team confirmed that the client was working very hard to keep things the way they are and that getting into a medical aid would be part of maintaining things the way they are. *(using reframing to address his stability of being dependent, but giving it a new meaning by saying that it is a task that he is working very hard at).*

The client introduced a metaphor of him being a passenger. He described himself as a passenger being controlled by the cough medicine. The team used the client's metaphor of being a passenger and developed it into him being a passenger on an addiction bus and this bus being a safe haven as he knows where he is going. *(maintaining stability through the use of the client's language of being a passenger).* Changes would mean getting onto another bus. The team wondered whether it would be such a good idea to change *(paradoxical message. Change may be possible but maybe it would not be in the client's*

interest (maintaining stability of being dependent)). The team pushed it even further: if the client continued his addiction he would eventually land up in an institution, which is another safe haven *(stability of being dependent maintained, but also change, as an institution would constitute a new type of safe haven)*. The client was very upset at this thought. The team then asked what had to happen to get onto another bus *(pushing for change).* The client elaborated on controlling or stopping the use of the cough medicine as the only way of getting onto another bus. The client shared how his work performance would be affected through the use of cough medicine. *(change – client introduces another area of his life).* The team acted as a Greek Chorus, sending in two opposing messages. One person in the team is very concerned about the addiction *(addressing the client's stability of believing that the addiction is the major problem)* while the rest of the team are very concerned about many other areas in the client's life that he would like to control *(pushing for change).* The client chose to stick with his belief that controlling or quitting the addiction is the starting point *(maintaining stability).* The team supported the latter, saying that they get the feeling that he finds it difficult to deal with life without the medicine. Stopping would mean facing reality and that is scary *(maintaining the client's stability of being dependent).*

The team continued and said that the client is working very hard to keep the present bus going *(reframing his present functioning (stability) as hard work, thereby giving it a new meaning which is change).* The team requested the client to take a few minutes to think how his life and his mother's position would be different without the medicine *(change).* The client was able to generate a couple of changes that he appeared excited about. These changes include being responsible, having goals, employment and to do what he wants to do.

Homework

The client was requested to keep a diary with detailed notes on the following:

- Observe yourself in terms of your age: how old are you in different situations? *(addressing stability of the client being dependent)*

- What do you do to stay addicted or how do you manage to keep the addiction alive? *(addressing stability of the client being dependent)*
- What could you do to enhance a life without addiction? *(introducing change)*

4.6 Brief description of session 3

The client revealed that his addiction interfered with the completion of the homework. In his attempts to do the homework he came to the realization of what the addiction is doing to him (*change).*

The client discussed some very personal issues about his past. He revealed how he as a seven year old, he tried to protect his mother against his father and how he as a fourteen year old was the victim of a young man who tried to rape him *(talking about these personal issues could be regarded as change as the client at first had a pattern of keeping a distance when personal issues were raised).*

The client finds it difficult to relate to people in general. He is more comfortable with other drug addicts and a few people who are working in the computer field who are not addicted to drugs. He feels that he is more in control of what is happening when he works on the computer *(stability).*

In terms of age the client sees himself as intellectually being 43 years old and also when he is in the company of people that work in the computer field who are not addicted to drugs. In relation to his mother he behaves like a child or teenager.

During the third session the client continued the pattern of creating distance by intellectual discussions when he felt threatened.

4.6.1 Interventions during session 3

The client elaborated on the difficulty he experienced in doing the homework assignment. He observed that the dependency has greatly interfered with completing the task. There were many things that he could not recall *(client experienced this as change as he never realised to what extent the cough medicine affects him).* The team supported this observation of the client, saying that it seems as though he has been observing himself as sort of standing outside of himself, looking down onto himself and what is happening and actually learning a different part of him, learning who he is *(reframing his observation (stability) and giving it a new meaning (change)).*

The client revealed that in trying to protect his mother against his father, he experienced that "*I could not stop him*". During the attempted rape the client felt "*I was trapped* in a room". In both these instances the client spoke in a language that portrayed helplessness. The team responded to this, saying that they wondered whether he feels like a *victim* of circumstances *(addressing the stability of the client as being helpless but simultaneously introducing a new metaphor (change)).* This metaphor of being a victim fitted with the client.

The client indicated that he finds it difficult to relate to people. He feels that he is in control when he is working on the computer *(maintaining his stability of keeping a distance when there is possible threat).* The therapist responded saying "you can sort of control the machine and you can switch it off whenever it pleases you?" *(addressing stability through the use of similar language, in this case, computer language).* The team supported the client saying that it seems quite difficult to trust people and maybe fear that one might get hurt when you get involved with people *(reframing, using the client's difficulty to relate to people (stability) and giving it a new meaning (change)).*

The client returned to the homework issue and was very hard on himself for not being able to do it in an acceptable manner. The therapist reframed this as follows: "I think the team has taken note of the fact that it has been a difficult two weeks for you and I think we have also taken note of the fact that you have also discovered something about yourself. Although you may not have met your own expectations in terms of what you thought should be in the diary, you have learnt something about yourself." *(addressing*

the client's stability of not having met his own expectations, but giving it a new meaning (change). Change is also observed in that the client is talking about himself, which is very different compared to the first session). The therapist enquired whether he wanted to please the team in terms of the diary. The client reacted that he was not there to please other people *(this could be regarded as change. During the first interview the client still wanted to please others).*

The client mentioned that people seem to live their lives according to a certain script. The team responded, saying that they wondered if his addiction is maybe the script of his life? *(addressing the stability of the client using his metaphor of a script, but connecting it to him, thereby giving it a new meaning (change)).*

The client elaborated on the drug culture, different groups of addicts and how they operate differently. The team responded by saying that it seems as though the client belongs to a very special group and that in this group he is a special kind of person *(reframed his stability of being dependent on drugs, giving it a new meaning (change) where he is special).* The client shared information about relationships that he has with people that are not involved in the drug culture *(this could be regarded as change, as the client offers information about his relationships with people other than his family members).*

The client talked consistently and intensely about himself. *(This could be seen as the client's new stability, thus change).*

The client seems to think that he is a strange human being. The team *reframed* him as not being strange *(stability),* but rather as operating differently than other people *(change). This reframe thus gives a new meaning*. The team also asked what would happen if he would start seeing himself as a normal person? *(change)* The client felt that he needed time to think about it and it was given to him as homework.

4.7 Brief description of session 4

The client once again started the session sharing about his efforts in trying to quit his use of cough medicine as well as how he had difficulty in dealing with the paranoia that accompanies the use of the medicine *(stability)*. He explained that he has tried many ways of quitting, but without any lasting effects. He appears to be a victim without any choice in relation to the cough medicine. There has also been no urgency to quit.

Time was spent on evaluating the sessions. The client indicated that the sessions have been direct and penetrating. He was also convinced that he has made the decision to finally quit his addiction. However, another pattern that became obvious from this session as well as previous sessions, was that the client puts much effort into planning things, such as how to control or quit using the cough medicine or how he would go about writing up his diary, but it seems that he finds it difficult to follow through with any of the planning. The client seems to be caught between the pain and benefits of the cough medicine on the one hand and the pain and benefits of not using cough medicine on the other hand.

The homework was discussed and once again the client was very critical of how he had done this.

Time was spent on discussing how the client keeps his addiction bus going. He initially tried to avoid the subject by getting very intellectual. The therapist consistently brought the focus back to how the client keeps the addiction bus going. He eventually revealed that he saw himself as a victim without any choices. Getting onto the addiction bus seems to be involuntary. He mentioned that he has tried many external ways to avoid the bus, such as avoiding chemists and not listening to rock music, but to no avail.

The therapist requested the client to pretend that his addiction has stopped and to describe a day without drugs. The client's description of a drugging day in comparison to a drug free day revealed many similarities. A major difference was that when he is using drugs he is on auto-pilot, but when he is drug free he needs to make choices and take responsibility.

4.7.1 Interventions during session 4

The client shared about his attempts to quit his addiction as well as the difficulty he experienced with the paranoia that accompanies the use of the cough medicine *(client attempting to maintain his stability of being dependent).* The therapist *reframed* the preceding as "normal difficulties that he is experiencing, nothing out of the ordinary" *(stability is addressed in using the given situation and giving it a new meaning (change)).* The client agreed with this reframe.

Whilst evaluating the sessions, the client indicated that he has really decided to stop his addiction and that it is no longer an abstract idea. He said that he actually wanted to stop for particular reasons *(client pushing for change).* The therapist responded by saying that it seems as though he wants to get off the addiction bus *(addressing stability by using a metaphor previously used by the client).* The team took note of his plan of getting off the bus, but also expressed their concern about him getting off the bus, because "on this addiction bus you are not the driver. You are just a passenger. Being on this bus, you sort of know where you are going, but getting off this bus, that is going to imply quite a lot of things and the team just wants to let you know that they are a bit concerned about you wanting to get off this bus so quickly" *(pushing stability of the client by restraining him).* The client responded by saying that he would stop gradually.

With reference to his diary the client became very critical of himself. In his description of his diary he said "it is *unstructured*. I think it is difficult to get information out of it. It is *sort of* waffling." The therapist replied "you *sort of* would like to have a set *structure* of, this is point 1, 2, 3" *(addressing the client's stability by using similar language).*

The client feels that there is a lack of structure in his life. He described it as "there is a difference between having *carrots, peas and broccoli* on your plate and having it all *smashed* on your plate". The therapist responded "so that's the part you would like to recall, whether you've actually eaten *potatoes, peas and carrots*, but now it all seems *smashed* and you cannot differentiate what is going on?" *(addressing the client's*

stability by using similar language)

The client experienced that the diary which he has been keeping, has given him a different perspective on himself and how he is functioning. He feels more stable and secure. He also experiences that he has cut back on procrastination *(change).* The therapist *reframed* the preceding as *feeling more in control and feeling empowered (stability and change. "Control and empowered" gives a new meaning to the client's experience).* The client responded, saying that it also means anxiety *(attempting to maintain stability of being dependent),* as control and empowerment imply taking responsibility *(change – initially client attempted to shift responsibility to the therapist).* The therapist replied, "I think you know that is also what makes the team concerned at this stage, getting off the addiction bus. I mean, there is a lot of pay-offs being on this bus. As you've said, not taking responsibility, being able to blame others if things go wrong. There is a lot of comfort in being on this bus" *(pushing the client's stability of being dependent).* The client agreed.

The client fears failure. He believes that if he fails he will relapse. However, now he thinks that he should "start making projections of what I'm going to do. I've got to start setting up ways of measuring, because I know if I start failing at something, I might get locked into the immediate sort of perception of the failure. Instead of looking at it a bit objectively, you know, thinking that, okay, it was a failure, but it wasn't a complete failure, it could've been worse". The therapist *reframed* the previous as "*you could maybe see it as a way of learning if you do make mistakes*" *(stability and change – giving failure a new meaning).*

The team intervened saying "it seems as though there is a bit of a disagreement in the team at this stage. The one part of the team feels that you know exactly what steps you should take to make changes in your life *(change).* You are actually a very good planner. The other part of the team feels that you have done such a lot of planning in your life, working out steps, but it seems as though there hasn't been any action *(stability). The team acts as a Greek Chorus sending in two different messages, the one message addresses stability and the other change.* The client agreed with both messages.

The client referred to a song called “getting away with it all” and said “the lyrics are that they were able to succeed even though they have been stoned out of their heads all the time. They’ve been able to achieve objective success, financial success *(client attempting to maintain his stability of being dependent. The implied message is “why should I stop if others can use drugs and still achieve success?”*

The client described himself as a victim in relation to the cough medicine. He said “I can’t see any way of practising to avoid it *(client attempting to maintain his stability of being dependent).* The therapist’s reply was “it seems as though there isn’t much space for getting off this addiction bus” *(pushing the client’s stability of being dependent).* The client agreed but said he had to stop *(client pushing for change).*

The client described a day without cough medicine as “a lot less fun. It will be routine” (*client attempting to maintain his stability of being dependent).* The therapist’s reply was “I now seem to wonder if it is such a good idea for you to get onto another bus *(pushing the stability of the client being dependent).* The team agreed, “the addiction bus still has a lot of pay-offs for you and we don’t know if you are ready to get onto another bus *(pushing the client’s stability of being dependent).*

Homework

The team wrote a letter to the client and requested that he reads it once he had left the therapy room. The letter reads as follows:

Dear Sir,

The team wants to congratulate you on all the hard work you have done so far. Yet,

irrespective of that we still have a picture of you that we cannot get out of our minds. During the last two sessions we would also like to work on/discuss this picture.

The picture looks as follows:

- We see a person who can be very mature and at the same time very intellectual.
- Yet this person became (over a long period of time) a young boy hiding in a bottle of cough medicine.
- It is at the same time very comfortable and painful in this bottle. The 43 year person you are, sometimes scream to be let out – yet the young boy dictates what happens in your life – the young boy (teenager) has the usual anti-establishment words – the teenager can also be dependent and often a victim.
- Is there any need to get out of this bottle – to become a grown up person? Why should you (after so many years) change the script of your own biography? *(pushing the client's stability of being dependent).* What would Stephan King write about you if he could?
- For the next two weeks the team feels that you don't need to work on changing anything – perhaps that's the problem or part of it – that you are trying to change what has been working for a long time *(pushing the client's stability of being dependent).*

The team.

4.8 Brief description of session 5

As usual, the client reported how he has been managing his addiction to cough medicine *(stability).*

The client also mentioned that he has come to the conclusion that he needs more people in his life as he feels this might stabilize him *(talking about change).*

The therapist moved on, enquiring about the letter that the team had written and given to him at the end of the previous session. The client agreed that the letter was a fairly accurate description of him being two people trapped in a bottle of cough medicine. He expressed his concern about growing up. He is afraid that growing up might be a normative thing that provides more for society than for him *(client attempting to maintain his stability of being dependent).* The team responded by saying that he seems to be very much influenced by what other people do and say. He seems to have a picture in his mind of what an adult should be like and that one should conform to certain standards and norms. The team continued to link his present situation to conforming to a certain culture where you have to follow certain standards in order to be an addict. The client agreed, but continued to explain that the drug culture has had many good effects for general society *(attempting to maintain his stability of being dependent).*

The client experienced himself as being stuck in a place where he cannot get rid of the drugs and does not know what to change in order to quit. He said "superficial changes like not listening to rock music and that kind of stuff doesn't work for me at all" *(attempting to maintain stability of being dependent).*

The client hopes for a miracle to happen in his life. He has very little belief in himself and his own personal strength in terms of change.

4.8.1 Interventions during session 5

The client expressed concern that growing up might mean that he will simply conform with the norms and standards of society and not be a person in his own right *(client attempting to maintain his stability of being dependent).* The team linked his concern

with his present situation, saying that in terms of the drug culture he is already conforming to certain standards and ways of doing in order to be a drug addict *(reframing the client's concern by giving it a new meaning).* The client responded saying that the drug culture has had many good effects *(client attempting to maintain his stability of being dependent).*

The therapist observed that in his diary the client often refers to the paranoia and how this affects and dictates his life. The therapist then wondered whether the client has really experienced enough pain to want to change, as it appears from the diary that he continues with reading and working on the computer despite the paranoia. He still survives and things are not so bad that he has to stop using the cough medicine completely. From the diary it was also clear that the pay-offs of using cough medicine are great *(pushing the client's stability of being dependent – why should he change if he is still surviving?).* The team added "it seems to the team that you are waiting for some miracle to happen, the perfect conditions. In your diary you also mentioned that you cannot make that choice on your own. You have to wait for conditions outside of yourself, before you will get moving *(pushing the stability of the client being dependent).* The client agreed with this observation of the team. The therapist also reintroduced the idea of him being a victim, "you cannot make things happen. You have to wait for inspiration. You have to wait for things to be better before you can do something" *(pushing stability of client being dependent).* The team *pushed the stability of the client being dependent* even further, "the team thinks that you have become an expert in waiting for miracles to happen, for the perfect conditions before you can make a move. The team also feels that you have also been coping very well with this waiting. You have been surviving in an excellent way and to us as outsiders it seems like a wonderful life to have. We do not have to get up at 6h00 in the morning. We can get up whenever we want to, do whatever we want to, we do not have to go to a job. The team also thinks that you seem quite capable of waiting for another ten years". The client responded that he has to get up at 6h00 in the morning if he wants to get work done on the computer. However, this appears to be good intentions that do not materialise as the effects of the cough medicine prevent it. The client then quickly changed the subject to characters in books that he read. The team showed interest and invited him to tell them about a few of these characters in books that

he identifies with *(goes with the stability of the client wanting to talk about characters in the books that he has read).*

The team made the following observation about the client, "we see you as a person with a lot of emptiness within yourself and that you are constantly looking at other people, books, machines and things outside yourself to fill that emptiness. It seems as though there is nothing that you can fill yourself with on your own" *(pushing the client's stability of being dependent).* The client disagreed, saying that he is trying to find a *bridge* as he is finding it difficult to relate to society who he is. The team responded, "we can see that you are working very hard in trying to build *bridges* to affect change. It also links with what you said earlier on in the session, that you've been thinking of bringing more people into your life. That is maybe also part of building *bridges*" *(using the language of the client, thus going with the stability of the client).*

The therapist and team returned to the client's reference to characters from books that he refers to. The client was asked to think of himself as one of the characters in Steven King's books and pretend that Steven King has planted a microchip into his brain and that the microchip is controlling his whole life *(the team goes with the stability of the client talking about characters from books and also with his computer language. The idea of a microchip in his brain, controlling his life, could be seen as a metaphor for the cough medicine that he experiences as controlling his life).* The client's initial response was to make plans to get rid of the microchip *(client pushing for change),* but if that was not possible, he would learn how to live with it as comfortably as possible *(attempting to maintain his stability of being dependent).*

The therapist and the team *reframed* the client's addiction as him not being addicted to cough medicine, but being addicted to his way of life. The cough medicine is rather viewed as his link with people such as the staff at the chemist, his mother and his therapist *(the team uses the stability of being addicted, but gives it a new meaning (change)).* The client agreed, but maintained that he is addicted to cough medicine as well *(attempting to maintain his stability of being dependent).*

Homework

1. Think about things that could force you to change your life style *(introducing change by requesting thinking about change, but not to change yet).*
2. You said that you feel you need to bring people into your life. We have observed that you have very strong ideas about people in general. In the process of opening yourself up to other people, test the ideas that you have about people *(change).*
3. "Normal people" in "normal life" get paranoid without taking cough medicine. What are your views on this statement?

4.9 Brief description of session 6

As usual, the client reported on his attempts to quit his addiction *(stability).* He experienced that he is taking more cough medicine once he has decided to quit using. He also once again elaborated on the paranoia that he is experiencing and his difficulty in coping with it. He mentioned that it actually drives him to use more cough medicine *(attempting to maintain his stability of being dependent).*

The client seems to think that he will only be able to quit his dependency if the cough medicine is removed off the shelves in the chemist *(attempting to maintain stability of being dependent and relying on external methods. The possibility that the cough medicine would be removed off the shelves is probably zero).*

During this session the team took a stance of hopelessness in terms of the possibility of change. The client was fairly upset with this feedback and acted almost like a teenager.

The idea of having a dream was introduced. The client's dream is to be able to be in a computer sphere and functioning without drugs.

4.9.1 Interventions during session 6

The client almost immediately moved into discussing the homework. *(this could be*

regarded as change. Previously the therapist had to introduce the homework).

One of the questions for homework was, "what would force the client to quit using cough medicine?" His reply to this was "I can only think of one thing that will actually force me to stop and that is if the stuff gets taken off the shelves" *(client attempting to maintain his stability of being dependent).* The team responded saying "we actually see you as a complete victim of this cough medicine. There is just no way that this medicine will be taken off the shelves" *(pushing the client's stability of being dependent).* The therapist asked the client "to think about the possibility of us teaching you how to live with the problem, because you have been working so hard in trying to combat this problem, but as you say, the harder you try the more you want to use" *(pushing the stability of the client of being dependent by asking him to keep the problem, but to learn to live with it which is change).* The therapist left the room to consult with the team.

On return, the therapist delivered the following message to the client. "the team is torn in two at this stage. The team says that even if you remove this cough medicine off the shelves as you have suggested, there will always be an alternative to use. At this stage the team really feels hopeless with your situation after all these sessions and I actually felt quite bad when I heard that. To a certain extent there is one part of me that agrees that the situation is hopeless, but there is also a little part in me that says that there is still hope. Seeing that the team is feeling so hopeless at this stage, they were wondering if there is anything or any reason that they should be hopeful about you?" *(Greek Chorus – therapeutic triangle. Pushing the client's stability of being dependent and introducing change).* The client appeared upset about the team's input, but said "there must be some kind of techniques". The team *pushed his stability of being dependent* even further "we also feel that you've been coping fairly well and there is actually no reason why you cannot carry on this way for another ten years". The client resisted this idea.

The therapist asked the client what he would be like if he is not using cough medicine *(introducing the idea that maybe he is a different person in relation to cough medicine compared to not using the cough medicine).* The client could not visualise what he would be like at all. He continued to say that "you go to all the trouble of getting straight

and when you get there, it seems as though there is no reason to be straight" *(attempting to maintain stability of being dependent).* The team once again expressed their feeling of hopelessness about the client being able to change *(pushing the client's stability of being dependent).*

The session was terminated and the team gave the client a card with a picture of a key on the front. On the inside there were a few questions:

- Where is the key?
- Who has the key?
- Who can unlock the door?

The agreement was made that the client would attend further sessions with the therapist at an organisation in the town where he lives.

4.10 Conclusion

During the therapy sessions the processes, interactions, context and relationships around the symptom of dependency were explored i.e. the relationship with himself, the relationship with his mother, siblings, the drug culture and other people not using drugs. It was also explored how the client coped with and without cough medicine. The sessions revealed that there was pain as well as benefits in the use of the cough medicine. It follows that therapy did not focus on the symptom of dependency in isolation.

The client initially spoke intensively about his symptom of dependency and his need for a miracle to quit the use of cough medicine. This gradually changed and the client talked freely and intensively about himself, thus finding a new stability. During the fourth session the client reintroduced the discussion on his symptom of dependency and how he would like to quit. However, when called for action, the client is afraid to take action. He feels threatened in terms of a life and identity without cough medicine. He again was looking for a miracle answer and does not believe that he has the resources to take action.

The researcher thus comes to the conclusion that the client showed change in terms of his willingness to explore the processes, interactions and relationships around his symptom of dependency, but that he is not ready yet for a life and identity without cough medicine. During the last two sessions it showed that the client reverted back to his old stability that revolved around the benefits of the symptom of dependency. At this point researcher is of the opinion that more attention should be given to the stability message that the client is giving. Researcher also recommends that involving the client's mother should be discussed with the client in future sessions, as it is clear that this relationship contributes greatly to the maintenance of the symptom of dependency.

CHAPTER 5: CONCLUSIONS

5.1 Introduction

This chapter reflects on the relevance and usefulness of addressing both stability and change in the therapeutic process. Recommendations are made for future research.

5.2 The usefulness and relevance of stability and change as a cybernetic complementarity

From the systems/cybernetic perspective all events or phenomena exist in relationship to one another and can thus not be seen in isolation. No event or phenomenon can have meaning in itself, but only in relationship to its logical complement and in a particular context. This follows that all events or phenomena constitute a double description as well as a both/and perspective. Thus, stability and change can only be known in relation to one another. Stability and change continuously evolve from the interaction and wholeness of the system and the system is autonomous. It follows that stability and change are not a given, but constantly change. Thus, what may be stability today, may not be stability tomorrow and may be replaced by a new stability.

The researcher is of the opinion that it could be the stability of social workers to punctuate changing of the symptom only, thus viewing the symptom in isolation and in doing so neglecting the interactional whole of the system. Watzlawick et al (1967: 123) described it as follows: "a system behaves not as a simple composite of independent elements but coherently and as an inseparable whole." Punctuating only changing of the symptom constitutes an either/or (lineal) distinction that limits what could be known. The systems/cybernetic perspective avoids and transcends such limitations through the use of a both/and approach. By addressing both stability and change in the therapeutic process a more wholistic understanding of the client is facilitated. Stability and change do not focus on the symptom in isolation, but on the processes, interactions and relationships around the symptom that maintains it. Thus, a both/and approach is followed. For example in this study the symptom of dependency and the processes,

interactions and relationships around the symptom are the stability of the client and not the symptom alone. It is also necessary to emphasise that the symptom of dependency is recursively connected to all the parts in the system, e.g. the client is not only dependent in relation to cough medicine, but also dependent in relation to his mother, the pharmacist, his way of life and identity as well as to the therapist. Likewise the client is anxious of independence (change) in relation not only to cough medicine, but also in relation to his mother and a new way of life. Also we cannot know dependence without knowing independence. These two concepts are recursively connected. This manner of describing concepts in relation to other concepts stimulates a more encompassing and wholistic way of thinking about problems (symptoms) and the processes, interactions and relationships around the symptoms.

Researcher is of the opinion that clients and therapists could unconsciously be more inclined to focus on changing the symptom only. In social work practice social workers may also be expected by other systems such as the justice system, employers and family members to focus on changing the symptom. The client who was the subject of this study confirmed that the harder he was trying to quit taking cough medicine (changing the symptom only) the more he was inclined to take cough medicine (attempt to maintain his stability). From a systems/cybernetic perspective change is not viewed as the mere removal or ceasing of the symptom. A change in any part of a system e.g. the processes, interactions and relationships around the symptom, will affect all the other parts of the system, including the symptom. Change is more than the removal of the symptom. Change also requires a change in the processes, interactions and relationships that maintain the symptom.

In social work practise it is important that both stability and change should be addressed during therapeutic interventions. If the social worker experiences that the symptom continues and the client shows resistance, this could be viewed as feedback to the social worker that the client's request for stability has not been addressed appropriately yet or that the client does not feel understood yet. Resistance and continuation of the symptom can thus be seen as a useful indication as to the extent that the social worker has addressed the client's need for stability. Resistance and continuation of the symptom

could also be an indication of what the client believes about himself and about himself in interaction with others and in relation to the symptom. If the symptom persists it could be viewed as the client's attempt to maintain his/her stability and to be autonomous even though the symptom may be painful as discussed in this study on p. 24. In the case of the symptom of dependency the stability of the client could be addressed by focussing on the processes, interactions and relationships around the symptom that maintain the symptom. Thus, addressing the stability of a client showing the symptom of dependency does not mean giving the client permission to continue the use of his/her chemical substance, but rather to see the symptom in a wider context. On the other hand it is also important that the social worker should attend to the client's request for change. According to Keeney (1983: 179) "effective therapy requires responding to the voices of both change and stability". See p. 23 of this study.

In reflecting on the case study the researcher also became aware of how stability and change provided a complementary view that highlights the recursive interaction between the client, the therapist and the team. The researcher observed that when the team and therapist pushed for stability the client would push for change and vice versa. It is almost as though pushing for stability could become a technique or a skill to facilitate change.

When stability and change are addressed simultaneously a metaprocess evolves where the therapist:

- experiences no pressure to change the problem (symptom) and/or the client presenting with the problem (symptom), but rather to explore with the client the processes, interactions and relationships around the problem (symptom), thus being a facilitator and not a change agent or expert
- remains neutral and allows the client/system to correct itself. The client/system determines the outcome of therapeutic interventions. Thus the outcome of therapy is equifinal.

Although this study was a limited exploration of stability and change with one client, the researcher is if of the opinion that it may stimulate social workers to think more

wholisticly about the therapeutic process and stimulate a greater awareness of the need to address both stability and change in social work practice.

5.3 Recommendations

As already indicated, the purpose of this study was to describe how stability and change could manifest in cybernetic practice with one client who shows a symptom of dependency. The researcher is aware of the fact that this is a very limited exploration and therefore it is recommended that further studies should consider including the family system and a larger sample in order to generate richer data.

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