REFLECTIONS ON A PARADIGM SHIFT

by

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SUMMARY

This study sets out to report on the reflections of a therapist-in-[post-graduate]-training on his experiences when endeavouring to shift from [between] a positivistic to [and] a constructivistic paradigm. Reflections on some experiences associated with the positivistic epistemology that were relinquished were described; reflections on experiences associated with the constructivistic epistemology that were gained were described as well as reflections on experiences of both paradigms, that were added. These reflections were based on research data acquired during the researcher's first year of post-graduate training and exposure to the 'new' constructivistic paradigm. Transcriptions from audio-taped sessions with a client from the researcher's private practice, during this period served as the research data for this study.

A literature study attempting to distinguish between the positivistic and constructivistic paradigms is presented.

Arising out of this, the implications of a paradigm shift of this nature, is outlined.

KEY TERMS

Constructivisim, Positivism, Reflection, Paradigm, Paradigm shift, Epistemology and Epistemological change, Stability and change complementarity, Second order cybernetics.

ACKNOWLEDGEMENTS

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CHAPTER 1

BACKGROUND, SCOPE, OBJECTIVES AND METHOD OF THE STUDY

"We are, therefore, caught in a state of transition

... caught between two 'realities' ...

... wandering between two worlds ..."

Keeney (1983:16)

INTRODUCTION

In family therapy, as well as in other clinical contexts, therapists in general and post-graduate therapists-in-training in particular, have access to ample examples of literature delineating differences and similarities between positivistic and constructivistic paradigms, as for instance described by Neimeyer (1993: 221-234) and others.

Information about these paradigms may, especially during training, facilitate trainee-therapists to prepare for and evaluate their knowledge of and identification with the specific paradigms. Possible outcomes from such awareness of different modes of thinking about the world of therapy and the world of the client with a problem, could eventually influence trainees' abilities to find an ontological and epistemological fit with either or both, and even none of these paradigms.

Post-graduate training based on the same philosophical concepts as advocated in the preceding under-graduate preparation, implies in itself a substantial academic challenge.

When post-graduate training, however, is supported by a different paradigm illustrating a change in the under-graduate way of thinking about, for example, therapy and clients' problems, the possibility that the student may experience the influence of such a shift in paradigm as either perturbing or gratifying/informing or even both, is not overstating the issue.

Not many descriptions in literature, however, seem to be available from therapists-in-training who do reflect on their experiences while making a shift from a positivistic to a constructivistic paradigm.

An example of one such statement by Efran & Fauber (in Neimeyer & Mahoney 1995:275) suggests that such a specific shift may even conceal a problematic and confusing experience:

> ... a conspicuous number of practitioners who have 'bumped' into constructivist thinking have found the experience jarring rather than helpful. They have heard that conceptual treasure is buried somewhere deep in constructivist territory, but they are at a loss how to dig it out or how to make practical use of it. Some practitioners have concluded, perhaps too hastily, that constructivism is just another of those abstract, academic exercises - much ado about very little of pragmatic importance. As one therapist put it, 'It shook my confidence in my old beliefs and methods, without replacing them with anything concrete or workable'.

..Radical constructivism has indeed perturbed many, especially because it challenges the objectivist world view in which most people have grown up and that grounds their daily living.

Other examples of therapists-in-training active in the field of family therapy, reporting on their paradigm shift experiences will be examined below. It appears from these accounts that only the implications of the various paradigms are mentioned and/or a specific aspect of a particular paradigm is selected and researched without referring to the 'en route' experiences of the therapist taking on this journey.

Conradie (1993) for example, researched the ecosystemic change process in praxis and juxtaposed the positivistic and ecosystemic approaches to therapy as starting point of her study. She showed no need to report on the experiences she might have had in terms of behaviours, perceptions, needs and accompanying emotions while learning to live with the new ecosystemic process she proposes.

In the introduction to his edited collection of papers inquiring into the journeys therapists undertook from being [paradigmatically speaking] linear thinkers to becoming strategic-systemic thinkers, Efron (1986:xi) suggests that in the beginning years of developing and practising the constructivist-influenced field of the Strategic-Systemic models of therapy, such a paradigm shift also indicated struggles and harsh conflicts with the practitioners of other therapeutic models, which only abated when the 'new' models were no longer considered revolutionary.

Anderson, Goolishian, Pulliam & Winderman (in Efron 1986:119-120) reported that their paradigm shifting journeys were difficult and very challenging seeing that it seemed to force them to relinquish the use of traditionally accepted psychological and social mechanisms, structures and processes as explanatory concepts for their therapeutic work. Consequently it even seemed to cut right into the economic and political areas of their universities and professional organisations.

Zagnoev (1996) narrated the way her therapeutic self evolved from the dilemma of being caught between the theoretical mixed `realities', ranging from psychoanalysis to social constructionism and back during her training as clinical psychologist.

She fittingly titled her research "Towards `both - and' land: a journey from answers to questions about the therapeutic self". With this title she implied that her journey took her from the safe and stable `internal dialogue-islands' towards vast continents where she experienced the perturbing and changing complementarities of the new world view.

Zagnoev candidly expresses her feelings of confusion and of being disempowered and left voiceless, as she wandered through, what at times, appeared to her a no-man's land (Zanoev 1996:28-29,42).

It appears to me that the four-year period that Zagnoev spent wandering from a positivist psycho-analytical [under graduate] homeland to Strategic -, Structural -, Systemic -, Milanese and Constructivistic continents, was imperative to her believing and knowing what she `knew'. This extended period of experience was

crucial to her ability, not only to speak Batesonish, Watzlawickish or Selvinish, but to "speak with my own voice". It seems as if this period of meandering enabled her to arrive at the port leading to a never ending space journey where she could keep enjoying the liberating complementarity of the ` ... both - and...' eternity (Zagnoev 1996:123-126).

Nel (1992) researched psychotherapy training from a systemic and constructivistic point of view. Therefore he has had, seen from the perspective of this study, no actual interest or need to incorporate a context providing for circumstances where the trainee was, for example born and bred within a positivistic epistemology, before moving on to another paradigm. He nevertheless highlighted the second-order view of training, which complements and extends the positivistic training context in which trainers try directly to influence people:

> ..... it [a second-order view of training] is the provision of a context where a learning context can unfold. Thus, trainers cannot directly influence trainees, they can only influence the training context. They cannot specify change, they can only set a context for change. They can also not exclude themselves from what must change. And, finally, they cannot predict or unilaterally control the behaviour of the training system, they can only provide perturbations, which may or may not be critical to the system's organization (Nel 1992:90-91).

I find Nel's research significant in trying to understand the complex tutor / student

relationship which can be likened to the complex therapist / client relationship where the only difference seems to be that in the former, change taking place in the student [and the tutor] would imply the change from one philosophic paradigm to an *additional* [but/and useful] paradigm, while the latter would imply a change in the client [and the therapist] from one symptomatic way of living to another [less] symptomatic way of living.

From the preceding accounts it seems that little has been written about the possibility of experiencing the complementary outcome of such a paradigm shift. Therapists-in-training might readily benefit from information like this and therefore a need for research substantiating the possibility of both disturbing and enhancing experiences following, or during a paradigm change or expansion, may be indicated.

BACKGROUND OF THE RESEARCH

At the close of the first year of the researcher's post-graduate study, when a decision was to be made about a research theme in part fulfilment of the requirements for the tutored MA(SS) MENTAL HEALTH degree at UNISA, a marked c u r i o s i t y was evolving in my mind about the possible changes taking place on account of my wandering between two paradigmatic worlds. These changes were taking place, inter alia, in terms of my behaviours, needs, perceptions and emotions during the process of familiarisation with the constructivistic paradigm on both theoretical as well as practical therapeutic levels.

The UNISA course [Curriculum A: Work with individuals, couples and families] consists of, inter alia, advanced level study of person-centred theory, systems theory, constructivism and cybernetics as well as the application of various models of family therapy in working with couples and families.

In the years before undertaking this UNISA course, I have read for the BA, B Ed and BA(SW) degrees. The philosophical bases in each of these instances represented a positivistic and linear epistemology.

Within this paradigmatic context, I had been taught that all areas pertaining to, for instance, the worlds of therapy and of clients with problems, could be scientifically researched and its realities fully and objectively known. I was therefore well versed in thinking, feeling and perceiving as if I was fully comprehending the ultimate reality and absolute truth of the whole process of doing therapy as well as of the whole world of the client with problems.

In this way my curiosity about the possibility of reflecting on both losses and gains during my own experience of having a new paradigm added to an existing one, facilitated the evolving of the eventual title and purpose of this study.

THE PURPOSE OF THE STUDY

To reflect on my experience of a paradigm shift.

THE OBJECTIVES OF THE STUDY

Choosing the research theme Reflections on a Paradigm Shift implied such a wide and extensive goal that specific steps or objectives were evolved to narrow the scope of this study and thus guide and direct its purposeful achievement.

• The first objective is to reflect on the experience [at the time of the sessions taking place in 1996] of losing or giving up certain behaviours, needs, perceptions and emotions, that were formerly part and parcel of my positivistic therapeutic paradigm.

• The second objective is subsequently to reflect on the experience [at the time the sessions were held in 1996] of not only stopping, but of also of adding different behaviours [actions], needs, perceptions and emotions associated with the constructivistic paradigm, to my existing therapeutic paradigm.

These reflections are self-referential and are therefore my descriptions shaped by my perspectives and thus serve as only one out of many possible descriptions of a paradigm change experience.

As such, this study facilitates the reader's understanding of my personal constructions of, or reflections on experiences limited to a specific context [an existing positivistic paradigm being exposed to a new constructivistic paradigm], specific period of time [during the first year of post-graduate training as family therapist at UNISA] and specific data [as based on and evolving from the

transcriptions of sessions with my client `Tessa' during this period].

As such this study neither has the objective of proving or discovering the `truth' about a paradigm shift, nor of leading the reader to decide on the preferability of one paradigm above the other. It is not my intent as author to, suggest how such `truths' could be applied to the practical therapeutic benefit of other therapists-in-training or of clients.

No attempt will further be made in this research to reflect on the therapeutic outcomes of the sessions with the client in terms of the paradigm change.

SUBJECT MATTER OF THE STUDY

The research data, which formed the core for my reflections, was the transcribed version of audio-taped individual therapy sessions with one client from my private practice case load. These sessions took place during the time of my exposure to the constructivistic or cybernetic epistemology, that is, during my first year of Masters' degree study in 1996.

Basic information about my client `Tessa': She is the middle child of three children, 33 years old with brother 35 and sister 30 years respectively. She was referred by her family doctor on account of depression after her mother's tragic death, two years prior to admission as client.

Additional symptom: bulimia of 17 years standing for which she has received treatement over the years in and out of treatment centres. Her father, 65 years of

age, remarried in the same year his wife passed away.

[Extended information about the client: Addendum A on page 65].

RESEARCH DESIGN

The very nature of this study, that is, the re-thinking [reflecting on] about a change in the way of thinking: implying that a 'new' and different [constructivistic] way of thinking about the world of therapy, was added to a prior [positivistic and lineal] way of thinking, demonstrates two points:

firstly, that <u>an</u> epistemology is implied, that is, that a specific epistemology had had to be used in describing the acts of thinking and rethinking [research goal] because I, as the reflecting person, could not <u>not</u> have a frame of reference;

secondly, that it was the constructivistic epistemology that was chosen in constructing the researcher's personal observation and view of the data, with other words, part of the outcomes of that, that was reflected on, [constructivistic thought-about ways of thinking] was being applied in this research process.

I as the researcher was thus enquiring from a second-order epistemology.

The term second-order simply means:

" ... taking a position that is a step removed from the operation itself so that you can perceive it reflexively [and recursively] (Hoffman 1990:4).

Dell and Goolishian (1981:180) qualify this recursive relationship as:

" the observer's reactions to the system's 'changing' [that] will selfrecursively participate in the system's ongoing evolution".

Bearing in mind that one's epistemology leads to a particular way of arranging observed data (Keeney 1979:118) and that the complexities of recursiveness and circularity cannot effectively be explained in quantitative terms or "timeless logic" (Bateson 1979:70) a direction, pointing towards a specific research design for this study, was acquired.

The way I chose to approach the concepts, research goal and personally experienced reflections as have been stated in this study, was to conduct the research in a qualitative manner (Mouton & Marais, 1988:159-162).

According to Collins (1991) the qualitative research approach is more appropriate than quantitative research in instances where subjective experiences in social context and interpretations in therapeutic contexts, [as exemplified in this study] make up part of the research.

Collins says further, that qualitative research is "the observation of behaviour as they occur, so that the phenomenon as it exists should reveal itself and the researcher will register it" (1991:304). According to her, qualitative research suggests that the researcher and his descriptions will become part of the research process, and therefore he will not stand on the outside and look inwards as is the case in quantitative research (Collins 1991:304).

Thus, the selection of a qualitative research design for this study was determined by the nature and the subject matter of the study, as well as the epistemological

stance of the researcher.

RESEARCH METHOD

The method applied to obtain information from the research data about the status of certain experiences associated with both the positivistic and the constructivistic paradigms, was firstly to define theoretically what practices, needs, perceptions and emotions were associated with both these paradigms. This was done in terms of the distinctions that were drawn with regard to both the positivistic and constructivistic paradigms. Consequently the presence or absence of such experiences were explored in the transcriptions while also reflecting on the outcomes of such losses and gains.

The method applied to obtain information of the outcome of the first reading of the transcripts in terms of the validation or not of my therapeutic self, was to relate the experiences while reading these transcripts for the first time, and consequently to reflect on these descriptions in the concluding chapter.

Selections from these interviews were transcribed and are in my possession together with the rest of the un-transcribed tapes. I assumed that these transcriptions could best provide the research context from which the purpose and objectives of the study could be achieved.

I as researcher selected certain sections from these transcriptions as being useful and representative in terms of the objectives; these sections have been included in the text as an addendum. The client, `Tessa', provided written permission for the academic use of extracts from the sessions.

The reader needs to take note that the home language used by the client is Afrikaans; the transcriptions will necessarily be in accordance with that. I will make special effort to paraphrase all references to the research data for the benefit of the English reader.

I subjected the content of the data collected in this way, as well as the process of re-reading the transcripts to reflection. The reflections on the research data were done from a constructivistic perspective, which was the frame of reference that was superimposed on my former lineal perspective. The paradigm shift was in other words used to look at the paradigm shift.

As a whole, these reflections on a paradigm shift become interpretations in terms of losses, gains and experiences of the process of changing a paradigm. In such an instance myself as the researcher is not the respondent but the reflector - observer, looking at different ways of looking, at the world of therapy and clients with problems.

IMPLICATIONS OF THE STUDY

Although it is true that any endeavour by an individual to stop and change his or her way of thinking about him or her self and the world around them may be

difficult and painful and / or gratifying, I believe that the objective of this study was not about its applicability or the need to alleviate any hardship or difficulties for students embarking on the same venture as the researcher.

It could be argued, on account of the reported outcomes of this study, that it might be possible and profitable for the therapist-in-training [and the trainer] both emotionally and financially, to hypothesise and evaluate their envisaged preparedness and compatibility to accommodate a new and extending paradigm. The choice and freedom to stick to accustomed or more compatible paradigms is part and parcel of every person's autonomy.

The outcomes of this study could also serve the purpose of timeously familiarising the prospective therapist-in-training with:

- not only the existence of radically different theoretical therapeutic approaches,

- but also with the implications of having the choice of learning to add or not to add to his/her existing paradigms

- and also with the implications of entering into or resigning from the process of learning to apply these different and uncommon paradigms to the very core of one's own life and therapeutic practice.

SHORTCOMINGS OF THE STUDY

The subjective character of its text shows the shortcomings of this research. My responses in the conversations as well as the responses to these responses,

while transcribing and analyzing the transcripts, and further while writing this dissertation about the responses to the responses of the responses, are my subjective punctuations [constructions].

As such, the subjective nature of the research may limit [or perhaps may even enhance] the possibilities for the generalisation and application of the text by trainers and/or trainees.

Each reader's self-referential nature will determine his own construction, as just another one, along with mine, amongst many along the line (Nel 1992:97).

My punctuations as the researcher in this study, may then fit with one reader, and come to show a `new' understanding of the way a 'different' paradigmatic road may, or may not be travelled. On the other hand, these constructions may not fit that much with another reader's view, and thus be of no or little use or value.

TERMS AND CONCEPTS

The constructivistic paradigm, introduced in the frame of second order cybernetic theory, forms the organisational pattern for this study. Although the whole of chapter 2 is devoted to the theoretical contextualisations of the research, the main concepts used in this research are briefly outlined below.

Constructivism. The main assumption of constructivism is that an explicit correspondence between our descriptions and total understanding of the world is not possible. Constructivism focuses on the development of persons' realities.

This philosophy's point of departure is that every person constructs his own reality on account of experiences and then behaves accordingly. Knowledge therefore does not reflect an objective reality, but a personal experience of a specific context (Von Glaserfeld 1984:19).

Second order cybernetics concerns itself with recursive connections between systems, and the complexity of layers of cybernetic processes. From a second order perspective the observer is seen as part of that which is being observed, and also as crucially associated with co-constructing that which is being observed (Jones 1993:21).

Epistemology. This term can be defined as "the necessary limits and other characteristics of the processes of knowing, thinking and deciding" (Bateson 1979:242) or how we know about our knowing (Jones 1993:213).

Stability/Change complementarity. Change and stability represent a complementary gestalt in cybernetics. A cybernetic system is seen as constituting a recursive complementary relation between processes of change and processes of stability (Cheadle 1998:7).

Positivistic approach in therapy. This approach denotes that the therapist receives control of change and is able to evaluate change objectively. This implies that the evaluation of change can be measured by predetermined parameters (Conradie 1993:3).

<u>Punctuation</u> is used to symbolise in language one's unique and subjective experience with the purpose of making it known to others.

CHAPTER REVIEW

<u>Chapter 1</u>. The purpose of this introductory chapter was to create a formal context within which the outcomes of this study, that is, reflections on a paradigm shift could be presented.

<u>Chapter 2</u>. This chapter will consist of a literature research defining concepts that are relevant to the understanding of the theory pertaining to the two paradigms under scrutiny, as well as a revue of some researchers reporting on their experiences of a similar paradigm shift.

<u>Chapter 3</u>. In this chapter I will endeavour to share with the reader what was found [or not found] in the transcriptions in terms of experiences related to the distinctions between the positivistic and constructivistic paradigms as stated as objectives of the study.

<u>Chapter 4</u>. In chapter four the conclusions and findings of the study will be interpreted and reflected on as the punctuations of the author.

<u>Addendum</u>. The addendum contains [A] basic information about the client and her problem as well as [B] extracts from the transcribed sessions with the client.

CHAPTER 2

A CONCEPTUAL FRAME WORK FOR THE STUDY

INTRODUCTION

The first objective of this chapter evolving from a literature research, is to survey the concepts that define the title of this study, such as: `reflections',`paradigm', `paradigm shift', `epistemology' and `epistemological change'.

Another objective is to draw some distinctions enabling the reader to acquire theoretical information concerning the two epistemologies between which I journeyed.

In my endeavour to achieve these objectives, it should be born in mind that what I will be writing, will be my own particular descriptions of the surveyed literature in ways that I find useful.

It should be remembered simultaneously, that what I share with the reader about my experiences and observations, could also have been told in so many equally useful, but different ways by other observers.

Therefore what is told is not an effort to advance as closely as possible to the `truth' of the matter, but is an effort to share, what has been found useful, in the hope that the reader will eventually decide to co-evolve or not, with these ideas.

THE CONCEPTS `REFLECTION'; `PARADIGM' AND `PARADIGM SHIFT'; `EPISTEMOLOGY' AND `EPISTEMOLOGICAL CHANGE'

`Reflection' in the context of the title of this dissertation refers to my personal consideration or re-thinking of my past experiences of making a paradigm shift, based on conversations with my client within the first year of reading for this specific MA degree (Funk & Wagnalls Practical "Standard Dictionary 1964 sv "reflection").

As such, my acts of reflecting can be viewed as the drawing of distinctions or making of punctuations of sequences of experience, allowing me [by distinguishing one pattern from another] to come to know and share my world of experiencing this paradigm shift (Keeney 1983:18,24).

The word `paradigm' comes from the Greek *paradeigma* meaning `pattern' and is associated with other related ideas, such as 'conceptual scheme' and 'frame of reference' (Gouws 1990: 214).

`Paradigm' thus refers to a conceptual framework within which reality can be viewed" (Chambers 1988 sv "paradigm").

Schutz (in Schriver 1995:2) suggests that paradigms constitute cultural patterns of group life. Schriver also connects the concept `paradigm', to what we generally think of as both culture and society. He argues that paradigms shape and are shaped by values, knowledge and beliefs about the nature or view of our world (Schriver 1995:2,4).

Thus paradigms are seen as world views or philosophies that recursively shape and reflect the diverse institutions and processes shared by people in the social environment and which, as social constructs created by humans, can and have repeatedly also over time, been changed by humans (Schriver 1995: 12).

Capra (1982:xviii & 11) explains the shift to a new pattern or world view, as a change in thoughts, values and perceptions; as a shift to form a new vision of 'reality'. Needless to say, these world views, as shaped patterns as well as shaping patterns, would then also seem to be able to influence thoughts, values and perceptions of anyone brave enough to make a transition in his mind from one paradigm to another. This means, that not only could one be influenced to be thinking in one exclusive way about the world, but could also be influenced to extend the way of thinking about the world.

Auerswald connects with this idea of [a set of] rules recursively influencing or governing thought [thinking] about 'reality', when he defines the concept 'epistemology'. From the dictionary definition of 'epistemology' as "the study or a theory [rules] of the nature and ground of knowledge" [reality], he evolves another possible way of defining epistemology as "thinking about thinking" [my parenthesis] (Auerswald 1985:1).

Paradigms as influenced and influencing thoughts, but especially paradigm or epistemological changes, could then virtually be thought of as, possibly

confusing or at the most, possibly threatening experiences (Neimeyer & Mahoney 1995:275).

Gouws (1990:220) also seems to have sensed this threatening potential and, as if wanting to reassure the prospective paradigm `changer', states that paradigms need not be thought of as mysterious, "monolithic wholes" that are self defining and self-evident units, the one being more relevant, more scientific or a better way of thinking about human behaviour than the other.

He seems to be suggesting that if one does find one self possibly caught between two paradigmatic worlds, neither the one nor the other need, but both might be, profitable and useful.

Kuhn (in Schriver 1995:11) seems to have been the first of many, to metaphorically connect, what has up to now been described as an epistemological shift or a paradigm change, to the experience of travelling or making a voyage to an, as yet, unknown territory. This metaphor also seems to suggest that prospective travellers should be able to muster [up] some Columbian drive and courage before taking on their journey.

The metaphor of journeying into the unknown and simultaneously experiencing both the familiar and the unfamiliar in a new and different light, was implemented by Schriver himself, in his own journey into `other people's worlds' when he researched the significance and influence of paradigm on human behavioural, and social environmental change (Schriver 1995:12).

His experience could well have served as a possible 'sea map' [or 'space map', for that matter] for such future voyagers. He plotted the route of his journey with exemplary positive and empowering uses of the idea that a 'paradigm shift', could almost serve as a compass directing and guiding such a [perilous] journey. Nowhere in his study do endeavouring future travellers or co-explorers, however, receive a first hand reflection on his experience of such a paradigm shift (Schriver 1995:12).

Hoffman (in Jones 1993:19) likened a paradigm shift with a constant process of evolution and self-questioning.

This continual process of 'becoming' [a therapist] through self-referencing, seems very much to have been part and parcel of this researcher's wandering between two epistemological worlds (Keeney 1983:16) as will be punctuated in chapter three.

The researchers referred to in the preceding argumentation seem to infer that the experiences associated with a 'paradigm shift' and an 'epistemological change' can [only] be thought of as 'confusing' or 'threatening' (Neimeyer & Mahoney 1995:275; Gouws 1990:220) 'energy and courage consuming' (Kuhn in Schiver 1995:220) and as a 'constant stressful process of evolution and self-questioning' (Hoffman in Jones 1993:19).

The experiences associated with a 'paradigm shift' and an 'epistemological change' can however also be punctuated as including the opposite poles of these descriptions. Such experiences can then be considered to be confusing as

well as enlightening, exhausting as well as conserving, self-questioning as well as self-validating, stressful as well as exciting and maturing.

This kind of change which scans the complementary poles of experiences of transforming one's world view, is considered by Keeney to be the deepest order of change human beings are able to demonstrate (Keeney 1983:7).

Von Glaserfeld (in Atkinson & Heath 1987:9) refers to the painfulness of this process of transforming one's world view, in even more accented terms than Keeney (1983:7):

> It is not a question of merely adjusting a definition here and there, or of re arranging familiar concepts in a somewhat novel fashion. The change that is required is of a far more drastic nature. It involves the demolition of our everyday conception of reality ... it shakes the very foundations on which 19th century science and most of 20th century psychology has been built....

One possible way of undertaking or experiencing such a complex process of transforming one's world view, is to accept the notion that the world I think I see is only a view, my description of the world. Any other observer or experiencer [of the world] will again construct another personal view of the same observed world. To accept this idea can seem to be very demanding.

The difficulty appears to lie in the action of letting go of the perception that the world I see, is the objective reality for all observers; that there is only one

universal and observable world (Castaneda in Keeney 1983:7).

The demolition of the accustomed and almost captivating safety of my positivistic punctuation of my world can be very threatening.

The thrust of this punctuation seems so compelling as to let me think, feel and act as if my interpretation must be the only logical experience of reality - as if I, consequently, know everything about this world.

Castaneda (in Keeney 1983:7-8) refers to this process of letting go of, or stopping and changing a particular world view [epistemology], as "stopping the internal dialogue", and the "relinquishing of control".

The dilemma in making a paradigm shift as reflected by the mentioned authors, is resonated in Aarons' story of her own wandering between an intra psychic and ecosystemic epistemology. She observes that the dilemma, for both the therapist-in-training and the trainer, as well as for the therapist and the client, probably evolves from the situation where `stopping the internal dialogue' signifies for her, a change of such a complex order, that it is seldomly made in direct or straight forward ways (Aarons 1995:99). One example of an indirect method for bringing about change is to perturb the way, in which the client handles the changes influencing him, while simultaneously conserving the stability of the client system.

In this dissertation I intend to reflect, on my experience of changing [implying the stopping of, as well as the adding to, and/or extending of] certain behaviours, needs, perceptions and emotions associated with my past positivistic epistemology, as well as with the new constructivistic epistemology I was beginning to be exposed to, during the first year of my post-graduate studies.

I intend however, in addition to the painful, jarring, demolishing and dilemmatic punctuations made by Efran & Fauber (in Neimeyer & Mahoney 1995:275) and Von Glaserfeld (in Atkinson & Heath 1987:9) about experiencing a paradigm shift, also to reflect on the opposite, complementary poles of these distinctions.

To understand my own experience of changing from [between] positivistic to [and] constructivistic epistemologies - which implies the existence of `changed paradigms' in itself - it seems feasible to juxtapose these two philosophies, to create a meaningful difference.

DISTINCTIONS BETWEEN THE POSITIVISTIC AND CONSTRUCTIVISTIC PARADIGMS

Instead of presenting a summary of each philosophy and its implications, I am choosing to draw some distinctions enabling the reader to acquire related theoretical information concerning the two epistemologies between which I journeyed.

In drawing these distinctions, I assume the relation between the constructivistic paradigm and cybernetics; the latter being grounded in the former, as argued by Cheadle (1998:6).

The practical relevance [as I see it] of these theoretical punctuations, on my experiential journey between these epistemological continents, will be told in chapter three.

In other words, in chapter three I will consider the significance of these distinctions in terms of my experiences, that is, in terms of actions, needs, perceptions and the accompanying emotions, that might be derived from the conversations with my client.

The distinction of scientific reality and/or invented reality

Positivistic epistemology has traditionally been exalted as the sole conveyor of scientific reasoning, by which scientific reality is said to be known and manipulated (Conradie 1993:8 ; Meyer, Moore & Viljoen 1997:584). Therefore it seems as if positivists denote that anyone who has access to the reality of, for example 'facts', is necessarily right in any debate and vice versa (Maturana as quoted by Portele in Goudsmit 1989:53).

In *constructivistic* thinking the researcher or observer seems not to reflect or represent knowledge of reality, but to invent reality himself by giving meaning to what is observed. He has to construct his own world; there seems to be no

objective knowledge (Portele in Goudsmit 1989:52; Efran, Lukens & Lukens 1988).

This means that reality can never be known in the sense of any complete 'knowledge'. James (in Goudsmit 1989:140) clarifies this by explaining that if I am, for example, unaware of certain phenomena at a given point in time, I can however, name any new discovery every time it is made or when it becomes part of my experience. This act of 'naming' is, however, not creating objective knowledge or reality, but is only " ... its distinguishing into aspects".

'Objective knowledge' is thus to be thought of as 'objectivity with parenthesis' and entails, inter alia,

"... that there are as many domains of truth [ideas] as domains of existence ..." (Portele in Goudsmit 1989:53).

My construction of the concept 'scientific' refers to the co-construction of ideas within an ecology of ideas in interaction with those obtained from literature study, papers and lectures from trainers, as well as from clients and fellow students. Co-constructions in therapeutic context would then necessarily fit with the consensus of ideas that all participants in the specific system have about themselves, others, the problem as well as about the world in general.

<u>The distinction of universality and/or multi-versality</u>

According to *positivism* as a philosophic frame of reference, an universal, objective, sensory perceivable reality exists that can be discovered through

experience and reasoning (Conradie 1993:8).

According to a *constructivistic* way of thinking on the other hand, it is more a case of thinking as if a multi-versal diversity of possible meanings is being subjectively created, influenced and interpreted through the particular recursive perspective of every observer (Neimeyer 1993:221).

The distinction of observer systems and/or observing systems

Whenever a *positivist* researcher would implement scientific [quantitative] research methods and principles, he or she would supposedly arrive at an absolute, objective and 'real truth'- outcome. In such an instance objective observer systems are implied. The meaning that would be attached to any object or event by the observer, is therefor being determined by the object and the event itself. Sufficient and accurate answers are said to be supplied by researchers in this way (Conradie 1993:9; Aarons 1995:55-56).

Within the *constructivist* frame of thinking, the view that the observer be part of the observed, and can be thought of as a `observing system', is accommodated. This second order cybernetic view implies that all observation can be viewed as, or can be connected to, self-reference and that the observer "brings forth" meaning of observations by drawing distinctions of what he claims to know, to see or to experience as one amongst many other claims (Jones 1993:24; Nel 1992:90).

In that sense, the observer's description conveys as much of himself, if not more, than of what is being described (Zagnoev 1996:67) and leaves no possibility of referring to `objective' truth or reality in order to choose between descriptions and distinctions. Since it seems impossible to decide on the final declaration of the `real truth' where a variety of views and constructs come into contact with each other, Jones (1993:24) makes the following significant comment on Maturana's idea (1975) of multiple `truths':

> This idea (of multiple realities, of the "multiverse") has proved fruitful in family therapy, as it has freed therapists from the search for investigation and diagnosis in relation to clients, and - more importantly - has underscored the necessity to approach all versions of reality proffered by clients *and by the therapist* [Jones's italics] as equally valid.

The two ideas that [i] systems need not be qualified as either right or wrong, but at the most, different from each other, and [ii] that systems may simultaneously be held accountable to the `criterion of usefulness' have played a major role in my experience of being `freed' from the drudgery of adhering only to an `either\or' paradigm, as in the case of paying attention to, for example, either `content' or `process', as will be elaborated on in chapter three.

The distinction of scientific treatment and/or facilitation of a context for change

It seems almost 'scientifically speaking', easier and more achievable to 'diagnose' and therapeutically 'treat' a 'patient' according to the *positivistically* based medical view point than to create a context for change, according to the constructivistic view. The medical model refers to an understanding that 'scientifically researched' and 'universally true' and 'accountable' quantitative criteria could be implemented in an endeavour to solve the patient's problems and so to cause change.

The positivistic oriented therapist, for example, relies heavily on the outlines in the D S M IV (A P A 1994) for his diagnoses and treatment of the client. On account of his expertise in these matters he is able to offer the client advice, interpretation and instruction during the therapeutic interaction to 'produce insights' 'causing' the client to 'improve' or be 'cured'. The therapist in his expert role is enthusiastically driven by what Kelly (in Kenny 1989:124-125) termed an "overwhelming apostolic zeal" to almost compellingly, cause the client to get well.

This positivistic world view would also seem to imply that the therapist as change-agent, is causing the change (Conradie 1993:9-10); furthermore, this approach would assume that there is a real world "out there" and if the therapist is dedicated enough in his observations, he will be able to obtain an accurate and objective framework of the client's reality (Atkinson & Heath in Aarons 1995:55) and thus achieve the outcome of the scientific treatment.

Within the *constructivistic* way of thinking, it seems as if considerable courage may be demanded from a therapist to overcome the consequence of relinquishing the `safe and sound' scientific criteria and treatment outlines proposed by the positivistic view and instead facilitate a context within which the client can change.

The challenge confronting the therapist is to trust himself within his second-order cybernetic client-therapist relationship, that is, a relationship in which the therapist includes himself as part of what must change (Hoffman in Zagnoev 1996:99).

A system only changes if its domain of interactions change (Maturana 1980:11-12). Kenny, however, points out that a person cannot change his interactions. Unless he alters or changes his constructions of observations he cannot have `new' experiences and internal change cannot occur (in Goudsmit 1989:117-118). A context for change within which the client and therapist can co-construct alternative and different meanings of observations [in language] can facilitate this internal change. If an internal change occurs in the client, his domain of interactions change (Maturana 1980: 11-12).

According to Bateson it is only possible to make observations by observing special kinds of differences: that is, differences which are labelled by the observer as being different from a preceding observation. "Differences which make a difference" (Van Trommel 1989:158).

To co-create such a context for change would, inter alia, imply that the client and therapist would co-evolve different meanings about, for example, the symptom or

problem, the client himself, others, the therapist, observations and experiences. Such alternative meanings can be co-constructed by using strategies, such as, positive connotation, reframes, double descriptions, metaphores, prescribing the symptom, prescribing no change and creating confusion (Keeney 1983).

We come to know our world by making punctuations of our experiences and develop understanding by drawing distinctions. Distinctions can be patterned in terms of complete pairs by which the connection between them is holistically described and by which information [that makes a difference] is created. In this way complementary descriptions of the patterns that connect are ensured so that the circular and recursive processes that are implied, can be viewed as part of the system's complexity (Bateson 1972; 1979).

By co-creating information in this way, instead of providing scientifically `tested and measured truths' to the client, the therapist is facilitating a context within which the client can change.

Creating a context for change indicates an understanding of the principle of the stability/change complementarity.

The constructivistic thinking therapist, instead of expertly diagnosing the client and transmitting `thé truth' to him, would also rather seem to 'fit' [structurally couple] with the client-system to bring forth a context for change through languaging.

In explaining 'structural coupling' Fourie (1996b:120-121) states that the actions of a living system are determined by the structure of that system itself and not by

occurrences outside of the system (Maturana 1975).

The term 'structure' would in the above context, for example refer to the meanings a client [and the therapist, for that matter] might attribute to a host of factors such as his ideas about himself, the therapist, other people or the problem, as if forming a whole ecology of ideas. The way the client would couple with the therapeutic system is determined by this structure (Fourie 1995:304). Therefore living systems can be viewed as self-organised and autonomous, which also means that, although these systems seem to be organisationally closed for information, their structures can be perturbed by outside influences, but the reaction of the system to such perturbation is determined by the structure of that system. When two or more living systems would thus fit or "scan" together, they would couple with each other according to their mutual structures and form yet another system which in turn is autonomous in determining its own actions, as if from the inside. Structural coupling between the therapist and client takes place by the co-exchange of ideas between them in language (Anderson & Goolishian 1988).

If a system would perceive a threat to its autonomy, that means, if it might think that its actions might be determined from the outside and thus jeopardise its existence as a system, it would do everything its structure would allow to conserve its autonomy or stability as a system.

Fourie (1996a:56) develops this argumentation further by stating that, if living systems can be considered to couple through languaging [verbal and non-verbal

communication], symptoms can then be considered as the way in which systems communicate about the conservation of their stability when they perceive themselves as being threatened.

As was stated above, the constructivist therapist would then, through languaging, co-construct a context for change instead of 'therapising' the client. The challenge to the therapist could therefore be seen as to couple with the client in such a way that his [client's] stability [or the way in which he attributes meaning] is conserved or confirmed, while simultaneously disconfirming or perturbing the ecology of ideas around the problem (Fourie 1995:305) or as Kenny (1989:125) puts it:

"... provide an experimental context within which he [the client] may begin to change his way of changing to conserve his stability ..."

It needs to be added that the outcome of the above process is considered by the constructivistic thinking therapist as unpredictable (Kenny 1989:125).

The distinction of knowledge through experience and reasoning and/or knowledge through social consensus co-constructed in language

Adhering to the *positivistic* paradigm, knowledge of reality is thought of as validated by experience through the senses and through reasoning (Conradie 1993: 8; Neimeyer 1993:223).

In *constructivistic* context, reality is co-constructed in language, and knowledge is thought of as validated through consistency with existing knowledge and through consensus among observers (Neimeyer 1993:223 ; Anderson & Goolishian 1988).

The distinction of reductionism and /or totality in context

Positivistic thinking has as one of its principles, an analytic or atomistic reductionism whereby objects or phenomena are reduced to their most basic elements to be presented as quantified realities in order to understand the totality in neutral objectivity (Meyer, et al 1997).

This view would advocate that the causes of human behaviour can be reduced as to be lying within the person alone.

The therapist, in the role of an objective and value free observer, would therefore focus on labelling elements of the client's behaviour by using the lists of symptoms provided in the DSM IV. In this way the therapist would also strive to predict and control the client's future behaviour (Aarons 1995: 57).

Constructivistic thinking maintains that every part of a system is inter-related to the rest and should therefore be understood and described qualitatively and holistically in its entire relational context (Feixas 1990:7). It is seems thus that the autonomous character of systems is fully acknowledged; a perspective that is extensively subscribed by constructivistic thinkers (Meyer, et al 1997:604).

Spies 1999: 35),

The distinction of linear and/or circular causality

Positivistic thinkers accept that elements are connected to each other through a sequence of cause and effect. Thus, human behaviour is seen as independent of context and as the result of linear causes and effects (Aarons 1995: 56).

Therapists acting within such an epistemology could then easily underplay the context within which the client behaves, but fastidiously overplay the significance of content about, for example, the clients history and daily experiences. Change within the therapeutic context could therefore readily focus on eliminating or substituting behaviour that proved to cause problems.

Constructivistic thinkers, on the other hand accept that elements in living systems seem to be in circular interaction with each other and appear to influence - and to be recursively influenced, by each other (Meyer et al:1997). This would reflect that systems seem to operate in circular ways because every state in the system on its turn seems to be determined only by states <u>within</u> the system. This statement explains the self-referentiality as the only way by which structure determined systems can exist. This statement also reflects on the significance therapists using this epistemology, accredit to the information about relationships [that is, information about `process'] between, for example, people, things or situations.

Von Foerster is quoted by Portele as having postulated that only by self referentiality, that is, by recursive operations, can it be learnt to `perceive'

objects. It is as if "... circularity makes the conception of causality - seen as linear causality - to a mis-conception ..." (Portele in Goudsmit 1989:54).

The distinction of people as re-active and/or pro-active [anticipating]

According to *positivistic* thinking people are seen as reactive and inter-action occurs instructively by transmitting information from one organism to another. According to the *constructivistic* oriented philosophy, people are seen as pro-active, anticipating, purposeful and self-regulating and self-generating systems that interact with each other by means of structural coupling (Neimeyer 1993:223).

In chapter two the concepts `reflection', `paradigm', `paradigm shift', `epistemology' and `epistemological shift' were surveyed. Theoretical information pertaining to the positivistic and constructivistic epistemologies was supplied by the drawing of distinctions between these two paradigms.
Consequently, themes emerging from this process of distinguishing between the positivistic and constructivistic paradigms will be identified.

One of the predominant themes emerging from the distinctions between the positivistic and constructivistic paradigms, is the issue of `control over the therapeutic process'. Other themes that also emerged are, inter alia, `the therapist [and client] as expert'; `the therapist co-evolving with the client'; `non-lineal change by conserving stability and perturbing ways of changing'; `providing

information vs creating differences' as well as `systems closed to information'.

In chapter three I plan to use these themes as guidelines to reflect on which losses or gains in terms of actions, needs, perceptions and the emotions accompanying them, were experienced during the time that I became influenced by the constructivistic paradigm.

CHAPTER 3

WHAT WAS THE PAIN ... WHAT WAS THE GAIN?

" ... all of us are a bunch of nincompoops ...

... who can never relinquish our crummy control

voluntarily, thus we have to be tricked ... "

(Castaneda in Keeney 1983:8)

INTRODUCTION

The objective of this chapter is to utilise specific themes that emerged from the process of distinguishing between the positivistic and constructivistic paradigms to reflect on experiences like behaviours, needs, perceptions and emotions [associated with the particular therapeutic paradigms] that were either relinquished, added to and/or gained, during the period of time that I became influenced by the constructivistic epistemology.

The identified themes will not be utilised separately from each other, nor will the reflections on various experiences, be presented in a specific order.

My reflections will be based on a review of the research data, that is, on the transcriptions of the therapeutic conversations held with my client `Tessa'.

As such, the principle used to validate, for instance the experience of loss or

giving up of the `control', of certain actions or perceptions, will be based on the surmise that lack of information, or no information for that matter, about certain experiences in the transcripts, also informs (Bateson 1979). This obviously implies that references to experiences that were lacking during the sessions can understandably not be located in the transcripts.

The objectives of this chapter are being perceived as both inclusive and distinguishable and will be managed both jointly or separately in my descriptions.

EXPERIENCES WHICH WERE RELINQUISHED

In this section I plan to find possible answers to the query of what actions, needs, ways of thinking and feeling, in sum, what experience of being in control, pertaining to my former positivistic therapeutic epistemology was lacking from the therapeutic conversations with my client `Tessa', and to reflect on what was found, in chapter four.

After scrutinising the transcripts it seems as if a number of experiences common to my former positivistic ways of doing and thinking about therapy and clients with problems, was not noticeable any more.
In the following paragraphs I will be commenting on these.

It appears that I have given up the perception that, as objective observer, I could discover and understand my client's world by verifying his actions and

accompanying emotions with a set of standardised criteria. My routine procedures of expertly `diagnosing' and treating my client as a 'patient', were discontinued. Formerly the positivistically based medical model with its `scientific' and `universally researched' criteria, available in the D S M IV (APA. 1994) served as guideline for my diagnoses.

I also relinquished the idea that as a change agent I could provide accurate answers to my client's problems and in such a way be able to produce change in her immediate behaviour and simultaneously predict and control her future behaviour.

An example of one specific behavioural change method that I stopped using was for example, the Rational Emotive Therapy model where change was brought about by substituting irrational thinking patterns with universal rational ones. The conclusions about, inter alia, this relinquished experience are reflected on in chapter four.

I also stopped using and scoring numerous questionnaires and applying their interpretations as 'accurate' quantified `projections' of clients' trends and progress. Examples of these were inter alia, the R E T - Questionnaire; an Encompassing Background History Questionnaire; Gender Orientation Questionnaire; Depression Questionnaire; Crumbaugh's Logotherapeutic Analysis Questionnaire, The Heimler Scale of Social Functioning.

Before relinquishing the need to unconditionally help the client to experience relief and clarity of mind and purpose, at the end of every session, I fostered the

idea that it was my professional responsibility to offer the client my expert advice, interpretations and instructions thus causing her to develop appropriate insight and thus enabling her to transform. As I became more and more aquainted with the new epistemology, I equally became less and less inclined to over accomodate the client and estrange her from her autonomy in this manner.

The implication was that I, on principle, stopped feeling guilty for not sending home a much relieved and relaxed client with a inventory of solutions to her problems.

I also refrained from thinking and acting as if I could `cause' the client to `improve' and be `cured'.

Consequently, I forfeited my former need for satisfaction and control based on my expert view of the client's situation and my expert knowledge of the necessary solutions to her problems.

In addition I also forfeited my self-validatory need to influence the client with my enthusiasm to such an extent as almost to compel her to get well and subsequently to validate me as a professionally successful therapist.

In the preceding paragraphs, I have touched on the stopping or forfeiting of certain experiences associated with the positivistic paradigm as were lacking in the transcriptions. In the next section I will elaborate on the experiences that were added to.

EXPERIENCES WHICH WERE ADDED TO

In this section I plan to reflect on indications from the therapeutic conversations with `Tessa' of actions associated with the positivistic epistemology that were retained and extended with therapeutic behaviour associated with the constructivistic paradigm.

During the early stages of my training, I was almost exclusively paying attention to the content detail of `Tessa's' statements, allowing her, for example, to continue uninterruptedly for minutes on end providing detail about a New Year's party she attended in London. It was only later that I realised that both content and the relational processes reflected and explored by that content, complemented each other, and offered significant opportunities to co-construct meaningful differences with her.

For practical reasons, the long drawnout transcriptions of `uninterrupted' content was not included as part of the transcription addendum.

Meaningful information has, however, become apparent from the transcriptions to indicate that `Tessa's' relational patterns were explored. The recursive infringing effect her bulimic pattern had on friends and the effect that friends visiting her at night, had on her, illustrates these relational complexities. Friends could, understandibly, never realise that the reason why she never visited them at night, was because it coincided with her bulimic pattern (Addendum B:p 75 line 5). For the same reason her frustration and irritation with herself when she did pay visits

at night, became clear from the exploration of the process data in the session (Addendum B: p 74 line 52).

EXPERIENCES WHICH WERE GAINED

In this section I plan to reflect on possible indications from the therapeutic conversations with my client `Tessa', of any `new' actions, needs, ways of thinking and feeling, associated with the constructivistic therapeutic epistemology that were gained, or which were seemingly added to my existing epistemology.

After scrutinising the transcripts it seems as if a number of experiences, in terms of actions, needs, perceptions and the emotions accompanying them, associated with the constructivistic epistemological way of thinking about and doing therapy, have become noticeable.

In the next section some of these gained experiences will be explored in terms of themes that emerged from the process of distinguishing between the positivistic and constructivistic paradigms as was represented in chapter two.

One of the predominant themes emerging from distinctions between the positivistic and constructivistic paradigms, is the issue of `control over the therapeutic process'. Other emerging themes that will also be utilised in the reflection on various experiences revealed in the transcripts are, inter alia, `the therapist [and client] as expert'; `the therapist co-evolving with the client'; `non-lineal change by conserving stability and perturbing ways of changing'; `providing

information vs creating differences' as well as `systems closed to information'.

These identified themes will not be utilised separately nor will the reflections on various experiences, be presented in a specific order.

From the reading of the transcripts it appears as if, in stead of providing information and solutions to my client according to my former ways of doing, I was co-evolving with her through language to provide her the opportunity to start creating different meanings; I did this by positive reframing of some of her negative experiences.

I, inter alia, reframed her statement of `hatred of forgetting the information she accumulated through reading', with `being intelligent, supported by her inquisitive need to know all about everything' (Addendum B, page 76 lines 5-11).

By talking about Tessa's negative statement about her memory in this way, I was conserving her stability [by respecting her experience, yet abstaining from giving her short term memory developing exercises] while perturbing the meaning she chose to attribute to her `despised forgetfulness'.

I added another reframe by suggesting, that if she does not want to turn crazy because she can not remember everything, she should just remember where she wrote down the reference to it (Addendum B: page 76 lines 29-30).

I started to co-construct complementary meanings with my client about her

abundance of interests and ideals.

A consequence of this structural coupling in language was, the invention of a difference between the fortuitousness of having so many interests (Addendum B:p 76 line 35) and its complementary opposite pole of monotonous living (Addendum B:p 77 line 1-3) while a meta complementarity was added by co-creating the meaning that the gain of so many interests, subsequently may imply possible pain, stress and frustration (Addendum B:p 77 line 31) following the managing of such varied interests.

I also experienced a change in my internal dialogue about co-evolving with 'Tessa' to create a context for change.

Instead of, for example, telling her to cut down on interests and do relaxation exercises to alleviate the stress, I created a difference by initially prescribing no change in the situation followed by an escalation of the stress by suggesting that she tries to cultivate even more interests (Addendum B:p 77 lines 33-35).

The experience of prescribing the symptom, in stead of helping the client to overcome the symptom, was part of my changed experience while being exposed to a `new' epistemology. The rationale for this change in my internal dialogue was in accordance with the constructivistic practice, which upholds the idea of my conservation of 'Tessa's' stability by not censuring her bulimic behaviour.

I would, instead, prescribe an intervention in the form of a small change to the way in which she was at any rate dealing with change. The difference in the prescription should be small enough to `fit' with her. In other words, seeing that she was at any rate evolving with her surrounding [changing] circumstances through her bulimic behaviour, she could as a slight adjustment to that, plan a bulimic activity, but only on a specific day and time.

At a later stage in the course of the therapy, I repeated this intervention but slightly changed the previous change in the prescription of the symptom, by only substituting the choice of Friday night, with any afternoon, for her planned bulimic activity (Addendum B:p 75 lines 14-33).

The circumstance in which I inquired about `Tessa's' experience of `fitting' with this prescription of planning a bulimic activity at a specific time, (Addendum B, p 72:line 21) brought another `new' experience to the fore, that of creating confusion as a way of supporting `Tessa' to express these sensitive meanings about her bulimic practice more readily. I acknowledged her indications that it was difficult for her to talk about these experiences and simultaneously suggested that we concentrate only on those areas that she found easier to talk about, and consequently qualified these areas as those experiences she had had problems with symbolising, in the first instance (Addendum B, p 72:lines 12-19).

Using the preceding reference from the transcript again, I want to point out that this different way 'Tessa' and I co-invented to deal with the symptom of bulimia, also offered us an opportunity to attribute a complementary easy\difficult

meaning to this symptom. It left me also with a more flexible way of conserving her stability while reframing her difficulty to talk about her symptom, as `less painful' [for her] because she would select only to talk about the easier parts, which in fact include the difficult parts as well.

I also started creating a difference by not shying away from exploring in language, very sensitive areas in `Tessa's' experience of planning her bulimic practices on prescription, on the explicit condition that I remained professionally accountable and planned my interventions and responses, to be useful and fitting the context (Addendum B, pp 71:lines 47-48; 72:line 21; 72:lines 31-34, 36, 40, 49, 53; 73:line 46; 74:lines 4-8).

I also developed a different way of creating a context for change by giving `Tessa' feedback about the customary relational framework within which her symptom appeared to evolve recursively. Simultaneously with the second prescription of the symptom, I suggested that she bore in mind the connecting patterns that played a role in the recursive evolution of her symptomatic behaviour, when planning and executing the intervention.

These patterns, like, for example, her frustrating experiences with her father and the frustrating lack of companionship, on the one hand, appeared to be in relation with her need to get rid of her food. Her bulimic experiences on the other hand, circularly connected with her father's relationship with her, as it did with her relationship with friends. On account of this added epistemological approach, my curiosity ragarding the recursive process, over and above that regarding the

content of `Tessa's' descriptions, became noticeable (Addendum B: p 75 lines 41-53).

In the preceding paragraphs I have observed those perceptions, needs, actions and feelings which can be associated with the constructivistic epistemology that had become noticeable in my conversations with `Tessa'.

In chapter four I plan to reflect on these experiences by way of a summary about a paradigm shift.

CHAPTER 4

WHAT WAS FOUND? ... REFLECTIONS ON THE STUDY

INTRODUCTION

The objective of this chapter is to reflect on the reflections made in the preceding chapters. Stated differently, in this chapter I intend to reflect on the `consequences' or outcomes of the loss or gain of certain experiences, associated with either the positivistic or the constructivistic therapeutic paradigms, on my own evolving therapeutic epistemology. The `experiences' refer to actions, needs, perceptions and emotions which accompany them, that were either relinquished, added to or gained in the course of time that I was moving away from a positivistic to a constructivistic epistemology.

I intend particularly to reflect on the `consequences' of discontinuing certain actions and perceptions regarding therapy and the client with problems, associated with a positivistic paradigm as it became `noticeable' from its absence in the transcriptions of therapeutic conversations with `Tessa'.

I plan subsequently to particularly reflect on the `consequences' of expanding the ways of thinking about therapy and clients with problems and gaining certain behaviours in connection with, and pertaining to a constructivistic epistemology

as they became noticeable in the transcriptions of therapy with 'Tessa'.

I thus plan to reflect on the implications of these losses and gains which become noticeable from the transcriptions, and which evolved from the act of 'reflecting on a paradigm shift' as qualified in the objectives of the study.

REFLECTIONS ON THE PAIN OF LOSING EXPERIENCES

I experienced the discontinuation of the use of the Rational Emotive Therapeutic model as relinquishing a very effective way to build rapport with my clients. Clients seemed to have been impressed by, and consequently to have become involved, with the diagrams and analyses that I used to explain the effect of irrational thinking versus rational thinking on the type of feelings and consequently, kind of behaviour, they were trying to change.

The benefit of their responses to my expert explanation and demonstration of the logical basis of this model was hard to replace immediately and it seemed as if I was left with a void in my 'therapeutic toolbox'.

I experienced the discontinuation of implementing questionnaires and social functioning scales as the interference with my need to be the expert. On the one hand it did come as a welcome relief of being freed from making expert but critical, diagnostical and labelling decisions about my clients.

On the other hand, I simultaneously experienced it as a debilitating loss of expertise and at first even as a possible indication of inadequacy as a therapist.

Another level of expertise however, also evolved from all of this; in that I became an expert in empowering my client to become an expert himself in taking responsibility in his own choices and changes. My level of expertise was 'reversed' to a different level by the act of 'stepping down' and by allowing my client his right to manifest his autonomy to the extent that I could consider my therapy as successful when my client declared my support redundant.

I have found it difficult and painful to let go of my "crummy" control in the area of being in command of the therapeutic situation by finding solutions for clients. It was not so much a matter of control exercised over the client, as over what I thought was my responsibility of controlling the therapeutic situation. It was uncommon to my perspective of accountable support to a client not to tender a solution, and not to feel convinced and satisfied that the client was experiencing clarity or at least relief at the conclusion of the session.

It was only much later in my experience of the new paradigm, when I came to understand the role of a-social responses and escalation of confusion in the stability \ change complementarity, that I was ready to let go of this way of commanding control, and validating myself through my client's responses as well as through the use of objective instruments.

I had, for example, great difficulty in forfeiting the control over the therapeutic situation, with regards to what I want to call, the logistical area in therapeutic practice.

My professional autonomy was formerly very meticulously associated with `unchangeable' standards in my consulting room. When I reflect on how long I remained fastidious about, inter alia, where I seated myself, conducting no sessions outside my rooms, my responses to clients coming late or breaking appointments without notice, I now realise how difficult it was to let go of these specific stabilising and controlling measures. In fact, it was only later on when I did not only cognitively understand the significance of `difference as information', but had accepted it as part of my epistemology, inspiring far more areas of my life, than my therapeutic practice, that I also experienced liberation from this need of control.

When I refrained from thinking and acting as if I could `cause' the client to improve and to be cured, I consequently lost the satisfying and controlling feeling of, on the one hand, being able to view the client's situation clearly and objectively and to know what would be necessary to solve his problems satisfactorily.

On the other hand I lost the controlling feeling of being able to influence the client with my enthusiasm and consequently almost compel him to get well and thus prove myself as professionally successful.

Thinking back, I can recall the immense courage it demanded and the equal amount of self-doubt it involved, to relinquish what ever control I thought I had over the therapeutic process. It implied a drastic change not to trust in my `proven' competences, but to be satisfied to `go with the client's flow' and to trust the theory that although I cannot cause change, I can co-evolve with the client to create a context for change.

In this context I also recall the constant self-questioning and uncertainty about the `appropriateness' of not only letting go of accustomed practices and perceptions, but also of the correctness of the substitutes which took their place.

REFLECTIONS ON THE GAINS OF `NEW' EXPERIENCES

When thinking back about the time in which the sessions with 'Tessa' took place, I remember being excited about the intriguing implications and challenges of the constructivistic theory which I cognitively learnt bit by bit about in class discussions and supervision sessions at UNISA and from integrating the reading material on relevant topics at home. Simultaneously I distinctly also remember my apprehension about practically applying what I have learnt, seeing that the sessions with `Tessa' were conducted away from UNISA and thus away from the direct `in situ' supervision by trainers and fellow therapists-in-training.

The supervisor's detailed suggestion that I could, for instance, consider prescribing the symptom, had me intrigued but anxious and yet at the same time I knew I was surely going to do it. I recall from the reading of my post-session

reports that while I was formulating the prescription during the session, I was constantly aware of wondering whether I was doing it `right'. I also remember wondering exactly how to follow up this intervention in the next session; had I to wait for `Tessa' to breach the sensitive topic or should I take the lead in steering towards it. Having had no previous experience in, this context of managing a prescriptive intervention, I never knew what to expect. Now no one can predict what will happen. Those expectations seem like remains of need for control and practicibility.

At the same time I was also left with a dilemma of not knowing exactly how to fit my knowledge, about complementarities, symptom function, `more of the same', to `provide the client with new experiences', with their practical implications to be managed in the context of the session. It was as if the safety of doing and thinking in the customary way, which I knew I could do well, was being threatened; as if I was challenged to let it go and accept the `curious' idea that a different punctuation about the client's world could `set her off balance' and thus help her on her way to `re-balance'.

My initial observation of myself and my therapeutic functioning at the time, concerning for example, the co-creation of a difference by conversing with `Tessa' about the more sensitive and detailed aspects of eating and regurgitating her food, which she never dared to symbolise and hardly ever dared to think about, seemed to be questionable; it seemed as if my exploration and responses were wrong and insensitive at times. From a later observation of these observations it seems to illustrate a part of my paradigm shift, to have moved

[and to be moving] from being unsure and uneasy about my responses to the client[s] to being less so, and eventually to become more confident with my own paradigm, as represented in my responses and interventions, as long as I am professionally accountable and the responses and interventions comply with the criterion of being useful and fitting with the client.

In reflecting on such co-evolving with `Tessa', I realised that it was a matter of walking an un-walked road which might as well include many uncertain, be it even painful, but also daring and exhilarating steps. As such, the uncertainty was complementary to the liberty, freedom and relief with which I can now look back on what I have done and look forward to what I will be doing in future.

During the early stages of my training, I was almost exclusively paying attention to the content detail of my client's statements without realising, at the time, the importance of also exploring the implications of process, which was revealed by these statements.

As, over time, I realised the important role the analysis of process played in understanding family patterns and relationships, I simultaneously realised that it was not that easy to acquire a new habit or, for that matter, to break an old habit of exclusively paying attention only to content. I developed feelings of inadequacy when I suspected that I had allowed myself to be carried away by the thrust of my client's fervour to share at length the smallest detail with me as therapist. When I changed this approach over time, and tried a-social responses to serve as directives to the client's briefness and centredness, as well as

utilising the offered content to link to exploring the process in as many instances as I would choose to, I almost felt rude and unaccommodating of what I then thought was not giving the client the responses the process seemed to call for.

CONCLUDING REMARKS

I was trained in, and learned to function effectively within a positivistic paradigm, and within that context I developed and manifested a well validated self in widely differentiated areas, such as presenting informative and training lectures and workshops, appearing live on radio and television discussions, being an effective problem solving and change agent, playing a pastoral role as well as managing financial and marketing strategies.

I was then exposed to another and different paradigm; in this study I reflected on the implications of such a paradigm shift.

The implications of being exposed to, and endeavouring to shift towards a "new" paradigm means, amongst many things, [as was shown in this research] that the efficiency, relative ease and proficiency with which I formerly had exercised these self-validating skills, had to be forfeited, replaced, reconstructed and / or replenished, over a period of time, with other and paradigmatically different based skills and epistemological structures.

It seems that one indication of my pain in making a paradigm shift could be located in my experience of initial resistance to look into the transcriptions as my own data base.

On the one hand, this process of self-exploration seems part of my paradigm shift process, and on the other hand it also seems to play its recursive role which will allow the self another, new, re-referenced, evolving and `added' validity. The therapy sessions could almost be viewed as a chosen stage for this process.

It seems as if I needed [as part of the ever evolving process of self-validation] this standing aside and daring to look at myself, to be able to review my own road travelled and to experience the intensity embodied in the messages from, about and by myself in relation to, inter alia, myself, my lecturers, my fellow students, clients and the whole knowledge base representing the constructivistic paradigm.

Furthermore, I seem to have resisted acknowledging the role of self-validation, as part of, if not the foremost part of the process of making and allowing a paradigm shift. It seems as if it is far less painful only to look into epistemological changes than to investigate the reality of not experiencing my therapeutic self as being `right or wrong' in relationship to others.

It almost appears as if my writing of this dissertation [including every part of the research it implies] was imperative, to the process of enabling me to dare to face up to a d i f f e r e n t reality of thinking and behaving and not to evaluate other

realities as being better or worse. In this way I seem also to have co-evolved competence to identify and manage the losses and/or gains that seem to be part of the paradigm shift process.

Only now and therefore, again also tomorrow and tomorrow will I

dare to admit :

which of all the acquired paradigmatic `particularities' I like and fit best with, and which not;

what I have forfeited as well as what I have gained and to what effect;

that even to present these outcomes to others, like in this dissertation, albeit running an `un-calculable' and unpredictable risk of self-exposure, could be to the benefit of myself, others and therefore,

 that the pain and the gain can evolve usefully.

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ADDENDUM A

BASIC INFORMATION ABOUT THE CLIENT AND HER PROBLEM

- REGISTRATION AS CLIENT: March 1996; data as then.

- REFERRED BY: Family doctor of client's father, practising in Gauteng; referring doctor was known to therapist through professional connections while the latter [therapist] was in private practise in Gauteng.

1   Contextual Information

1.1   Family Organization of the client -

Father: Gerald, 65, retired attorney living [since after his wife, Maria's tragic death in 1994] about 40 km from Tessa in Mpumalanga, ; formerly practised in Gauteng; English speaking; re-married Jenifer in 1994.

Mother: Maria, Afrikaans speaking wife who passed away in 1994 in an alcohol related car accident.

Brother: Gerald (jr), 35, currently practising as attorney in Gauteng after practising in London for four years where he married Roeley, an occupational therapist, currently rearing their two pre-school sons.

Client: Tessa, 33 and unmarried; art shop manager driving 35 km bi-weekly for attending sessions. Art studies of two and a half years' duration at a Technicon in Gauteng were interrupted

and never resumed on account of her bulimic problem. Tessa, as well as the younger sister, were mainly brought up in Afrikaans at home.

<u>Sister</u>: Amelia, 30, married to Thomas, banana farmer in Mpumalanga; house wife with young son of five years; living on a farm about 40 km from Tessa in the opposite direction from Tessa's farther, Gerald.

2 <u>Information about the problem</u>

2.1 Tessa's languaging about the problem:

The presenting problem is Tessa's experience of total meaninglessness after her mother's tragic death and her intense embitterment against all other family members who according to her, never had appreciated Maria enough.

Her experience of meaninglessness is exacerbated by what seems to her, the "run away" phase of her bulimia; simultaneously, the meaninglessness seems, at the time of the presenting of her problem, critically to touch all her relationship structures: with herself, her father, her sibs, her employer, subordinates and others.

According to Tessa her problem manifested in the same year her brother left home to start his university studies, when she turned 16 [Gr 10]. After she had been hospitalised at Tara for several months, her school career was slowed down and she matriculated four years later at the age of twenty. Her sister, Amelia has since then caught up with her, and left home to work after finishing Grade twelve. In that same year, as Tessa was starting her second year arts

course, she experienced a major crisis and set back when over and above her eating disorder, she also, for the first time manifested epileptic symptoms.

Tessa experiences devastation on account of the unfairness of the beginning and unabating continuation of her illness and suspects it to be her condigned punishment for neglecting and ill-treating her body.

2.2   The client's and family members' efforts to solve the problem

In dealing with problems concerning her relationship with others [as well as with herself] Tessa was very dependent on her mother with whom she was in a unique recurrent coalition. In mother's presence she, could be "her-self", was always accepted, was made to feel at home and understood, even in an "non-verbalised" way.

Simultaneously she could offer her mother the same unique understanding, being the only one to provide comfort, when mom was disacknowledged by father, especially from the time when mother's symptom construction started to include alcohol abuse. This continued and recursive comforting pattern between mother and daughter seemed to maintain their needs to console and to be consoled and thus providing "more of the same" solutions to their problems.

2.3   Professional efforts to solve the problem

Since the first appearance of bulimic and epileptic symptoms, the client has consulted for longer and shorter periods of time, with various specialists on both in - and out patient bases.

3   Developmental context of the client

Tessa punctuates her situation as if her life seems to have been encased in a dark cocoon from her sixteenth year on, and that since then, she seems to have experienced an unfair loss of seventeen years which she does not see her way clear to recapture.

The coalition relationship with her late mother, which was ended by the latter's tragic death, was of such an enmeshed and intense interdependent character, that it seemed as if the client had at that point, not really allowed herself to enter the home leaving phase.

4   Information about interaction patterns

Over and above the interactional patterns concerning the development of the symptoms that were stated in paragraph 2.1, the following can be added.

Tessa reports the manifesting of her bulimic symptoms at times when she experiences intense aloneness or frustration with her family members.

The complementary description of her experience of both stability and change, plays a significant role in understanding the development as well as the maintenance of her symptoms.

ADDENDUM B

1	T	- jy voel sy het die dinge beter hanteer as jy ? <12>
2	C	[te sag]
3	T	sy het hierdie ding gehad waarvoor sy skaam was -
4	C	mm
5	T	wat was dit
6	C	waarvoor sy skaam was ?
7	T	ja
8	C	oor 'dit'
9	T	waarvoor ?
10	C	oor oor , oor die alkohol ?
11	T	jy't 'n ding gehad waaroor jy skaam was - wat was dit ?
12	C	'n - 'n - my probleem, bulemie
13	T	ja
14	C	dis vir my moeilik, ek beloof jou, dis nie vir my maklik om dit te sê nie - regtig
15		dit is nie -
16	T	ek dink jy't baie guts
17	C	dis vir my regtig nie -
18	T	ek dink jy't ongelooflike guts om om om dit te kan sê vir my
19		my
20	T	jy't ongelooflike guts om ook van jou ma se probleem te
21		praat en te sê dis haar alkohol probleem - maar dit is die
22		realiteit
23	C	ek het - dit het om - Pieter, ek moet praat daaroor,
24		verstaan - die ding is net, niemand sal dit verstaan –
25		niemand sal dit met soveel insig - jy weet - sien, of moet
26		'n persoon kry van buite - ek en my pa praat nie daaroor
27		nie - maar dis dinge wat na aan my hart lê
28	T	mm !
29	C	en dis hoekom ek met jou praat daaroor - ek ek weet nie of
30		dit verkeerd is omdat ek met jou praat daaroor nie - ek
31		weet nie of wat is reg of wat is verkeerd nie - of ek dit
32		mag vir jou -
33	T	jy meen dat dat die Here kwaad is as jy praat daaroor ?
34	C	ek weet nie of, ja - ek - of - ek voel beter as ek praat
35		daaroor dit is wat vir my belangrik is -
36	T	dan is dit seker reg vir jou ? –
37	C	maar ek - ja -
38	T	wie kan anders 'n sê hê daaroor ? <<14>>
39	C	wel ek kom na jou toe om my te help - verstaan dis soos ek
40		dit sien - nou - ek kom na jou toe om my te help en so aan
41		- en om hierdie ding weer ..[onduidelik] te sien en ek
42		wonder partykeer wat dink jy daarvan - maar dit is daarom,
43		besef ek ek kom na jou toe om my te help en ek kan nie met
44		e e - ek kan nie met 'n persoon daaroor - ek kan nie met
45		my pa of suster daaroor praat nie - ek kan nie - .
46	T	mm
47	C	maar e-
48	T	jy meen dat jy gestraf sal word as jy daaroor praat – of dat dit oneties is ?
49		dat dit lelik is ? dat jy ..
50	C	kyk, om professioneel - tipe van amper professioneel, praat
51		mens oor sulke goeters ? praat jy oor sulke goed, nê – ?
52	T	met wie ?
53	C	byvoorbeeld met jou, nê
54	T	in 'n professionele situasie - 'n 'n wie ?
55	C	praat mens daaroor ?
56	T	met wie kan mens anders daaroor praat ? <<15>>

1		solank ek net weet daar is vertroue, en agting, en daar is
2		respek en insig .... maar wie besluit of dit reg
3		of verkeerd is - as jy besluit dat hierdie goeters, hierdie
4		intieme feite en werklikhede en gevoelens en pynlike dinge,
5		want dit is wat jy vir my sê - dis so pynlik om te sê <16>
6	C	mm
7	T	dan dink ek jy besluit - ...... - wanneer dit vir jou reg
8		is
9		....
10	C	sy [my ma] was altyd so gespanne gewees - gespanne -<20>
11		maar - altyd - gewonder - ja - het sy behoefte aan aan
12		aan aan drank en so aan, nê - dis wat - waar gaan sy dit kry —
13		waar gaan sy dit wegsteek - vir wie - verstaan jy en ek het
14		dieselfde - dis 'n ongelooflike — — —
15	T	dis 'n geheim wat jy moet beskerm -
16	C	maar dit is sò - want jy is heel tyd gespanne - [mompel te
17		vinnig] - - - dit was altyd so toe ek nog in die huis was —
18		nou - baie verstaan - nou kan ek dit vir niemand wegsteek
19		nie - maar nou as iemand vir my kom kuier - en so aan is ek
20		altyd - 'n 'n gespanne - maar gedurende die week het dit
21		baie beter gegaan - baie, baie, baie beter - vir myself
22		byvoorbeeld, ag - net ek besef net, weet - dis vir my so
23		walglik - ek - dis nie vir my lekker om om om om om , weet,
24		'dit' te doen nie - te vomeer nie - dis nie vir my lekker
25		nie
26		- ek het byvoorbeeld gister - het ek eenvoudig my etes ge-
27		eet - en ek het net besef ja - nou eet ek my — gister<21>
28		middag - ek het ek het - hulle het hoender voorberei en rys
29		en sous daarby - toe vra ek myself af, ja - is ek regtig
30		honger ? Ja, ek is regtig honger. Toe eet, toe eet, tot —
31		wanneer [mompel] — tot wanneer nou wanneer jy versadig
32		voel nê; vra ek myself - nou ek weet nie wanneer ek
33		versadig is nie - want ek eet altyd en daarna - verloor ek
34		dit in elk geval - ek weet nie wanneer ek versadig is nie
35	T	- [lag] haai -
36	C	toe besluit ek by myself, ja sit en eet en - voel [lag] en
37		kyk wanneer - - - - is daar nou - is daar nou - is daar, jy
38		weet ——is daar 'n gevoel wat nooit van tevore gevoel het
39		of wat ookal nie - dis 'stupid' - in elk geval ek het gesit en
40		ek het die hoendertjie op ge-eet -
41		en stukkie vark aan die een kant, nê - maar ek is nog <22>
42		honger nê - [lag] ek eet die varkie en ek eet alles nê,
43		want ek is lus daarvoor - en ek het dit toe ge-eet - en ek
44		het nie gevomeer - ek het net besluit ja ek ek ek is mos
45		regtig lus daarvoor ek ek het dit ge-eet - en my middag het
46		baie goed aangegaan; ek het baie - dis asof ek baie meer
47		gedoen gekry het - en dis omdat ek was versadig gewees - en
48		dit en en en ek het nie die middag nie honger pyne begin
49		kry en so aan - en besef ja — en en toe vra ek : jy, gaan
50		ek nou nog 'n koppie koffie drink - of wat - my middag het
51		net doodeenvoudig aangegaan tot vyfuur toe - en toe vyfuur,
52		'fine' - dis vyfuur en en en en daar't ek net besef hoe
53		mens moet werk daaraan.
54	T	Tessa, is dit vir jou moontlik om vir my te sê - van <23>
55		verlede Vrydag af - is dit baie pynlik om daaroor te gesels
56		- van verlede Vrydag af - watter patroon in jou eet en
57		vomeer patroon was daar ?
58	A	in die verlede was dit nie vir my so - in die verlede was
59		dit nie vir my m m maklik gewees, verstaan, ag, in die
60		

1		verlede was dit vir my maklik gewees - ek het dingetjies
2		gaan koop - maar nou, nou sit ek baie keer - ek het, dis
3		asof ek baie meer insig het daaroor - dit is, dit is
4		haatlik om daaroor te praat maar dis asof ek meer – – –
5		die hele week as ek iets vir my wil gaan koop vra ek myself
6		af - is ek regtig waar lus daarvoor - hoekom waarvoor moet
7		ek dit afdwing in my keel in en ek is nie lus daarvoor nie
8		- waarvoor nê - maar hoekom hou ek myself nie net besig nie
9		- daar's soveel dinge waarmee ek myself kan besig hou - vat
10		'n boek, vat 'n - daar's soveel dinge nê -
11	T	Jy bedoel om nie honger, - honger te wees nie ? <<24>>
12	C	nee, nie - om
13	T	nie daaraan te dink nie ?
14	C	nee, nee, om te eet en my hele aand byvoorbeeld te spandeer
15		om te eet voor die TV - ek bedoel -
16	T	Oo ?
17	C	en en te, daarna te vomeer en wat bereik ek daardeur nê -
18	T	O K
19	C	en ek het hierdie hele week - dis, ek was so besig gewees
20		dat ek het half - [stotter] [sug] [sukkel om dit uit te
21		kry] dit is sò - kom..., ek weet nie hoe om vir jou te wy..
22		want dis so [mompel onduidelik] dis halwe ....[stotter] –
23		jy weet dis so half konflik met myself - vra myself af, nê
24		- waarom dan, hoekom, ek hou vir myself eerder besig
25		daarmee dan doen ek dit — dan hou ek myself so besig
26		daarmee - O, ek weet nie hoe om te verduidelik nie; Pieter,
27		ek probeer weg hardloop van my probleem - nie weg hardloop
28		daarvan nie - maar ek probeer nou dinge skep vir my, ek
29		dwing myself <25>
30		waar ek myself in die verlede nie gedwing het om 'n ding te
31		doen nie, dwing ek myself nou - en sê ek vir myself, doen
32		dit klaar, doen dit doodeenvoudig net - maak dit klaar –
33		dit maak dit vir myself soveel makliker - dit raak later in
34		die aand - dit raak later later in die aand sodat - dit is
35		vir my soveel makliker eintlik
36	T	ek wil net baie graag ..
37	C	ek is jammer –
38	T	nee, nee –
39	C	ek praat baie deurmekaar -
40	T	nee, ek ek hoor jy's baie intens betrokke - en ek hoor jy
41		wil eintlik baie graag hê ek moet verstaan- dis hoekom jy
42		dit op hierdie manier verduidelik
43	C	ja, ek praat dit baie deurmekaar, jammer, maar ek
44		verduidelik -
45	T	maar ek hoor jy wil baie graag hê ek moet dit verstaan
46		[soms gelyk met mekaar] - en ek waardeer dit. As jy sê ek
47		wil dit doen - ek wil dit klaar kry - bedoel jy , ek wil
48		eet en vomeer sodat jy nie meer verder 'hassles' het nie –
49		is dit wat jy sê ? <26>
50	C	dit is dit - en my werk dis hoekom ek vir jou sê dit is so
51		kompleks nê - dis asof - in die verlede het ek altyd -
52		e.. dit is vir my moeilik om daaroor te praat - regtig - jy
53		weet [lag] ek kan nie glo ek praat daaroor nie -
54	T	sjoe - ek dink as jy nou al ooit 'guts' openbaar het - dan
55		openbaar jy nou 'guts'- hoor, ek het baie hoë admirasie
56		daarvoor -
57	C	dis asof ek twee verskillende soorte mense beleef - ek
58		praat daaroor, jy kan aan die einde nie glo dat -
59	T	kan jy nie glo dis jy nie
60		

1	C	ja - ek kan nie glo nie ek hoor myself praat en ek kan nie
2		glo dis ek nie - regtig dis asof ek twee verskillende mense
3		is
4	T	sjoe !
5	C	dis asof daar iets in my pad staan, doen ek dit, sal ek vir
6		myself vra - klaar kry, kry klaar en dan kan jy aangaan –
7		dit is presies wat jy nou vir my gesê het
8	T	mm
9	C	want, want as ek dit nie doen nie - dan dan pla dit my - en
10		soos ek vir jou sê, Pieter, daar, dit het dit het baie<27>
11		beter gegaan hierdie week
12	T	nou, nou, ek ek hoor jy sê: " ..dis vir my moeilik .." –
13		ek hoor jy sê dis vir jou moeilik om, sjoe, dit in detail
14		vir my te vertel -
15	C	mm
16	T	ek hoor regtig - wat jy sê - so as dit nie vir jou 'n - as
17		dit vir jou so moeilik is, kom ons praat liewers oor daai
18		stukkies wat wel vir jou makliker is om oor te gesels, -
19		kan jy vir my miskien dan sê - 'n - van verlede Vrydag af-
20	C	mm
21	T	kon jy verlede Vrydag jou bulemie-aand beplan ?
22	C	ek het dit gedoen - ek het dit gedoen maar ek het baie meer
23		skuldig gevoel - my gevoelens oor die algemeen - baie meer
24		e - en dit was nie vir my lekker nie - alhoewel in die
25		verlede dit ook nie vir my lekker was nie - maar <28>
26		dit is vir my - ek kan nie vir my sê dit was minder lekker
27		nie - want hoe beskryf jy minder - en meer - weet, dis
28		eintlik belaglik - maar ek het geweet ek het 'n belofte aan
29		jou gemaak en ek sal dit doen - maar dis asof ek dis dis
30		vir my moeilik gewees, nê, om dit net eenvoudig net te doen
31	T	nou, is dit vir jou moontlik om vir my te sê, as ons nou
32		kyk dit was nou Vrydag, [tel] Saterdag, Sondag, Maandag,
33		Dinsdag, Woensdag, Donderdag Vrydag - kan jy vir my sê hoe
34		-'n - e - of die Saterdag in die middag - het jy vomeer ?
35	C	dit is altyd in die aand
36	T	is dit altyd in die aand
37	C	dit is altyd in die aand
38	T	O K
39	C	die dag - as dit altyd gebeur -
40	T	dankie, dankie dat jy dit vir my kan sê - het jy dit al in
41		die middag probeer doen
42	C	die tyd wat ek by die hotel is, nie - het ek dit altyd in
43		die verlede gedoen - maar nie nou nie - laaste –- maar het
44		al in die middag gedoen
45	T	O K [saggies] in die oggende ?
46	C	ek het al - nie nou in die laaste - nou, nog nooit -in die
47		middae ? ..... altyd in die aand - [harder] altyd in die
48		aand - altyd in die aand
49	T	O K - was dit Saterdag tussen 5 en 6 of tussen 6 en 7
50	C	altyd so tussen 8 en 10
51	T	tussen 8 en 10
52	C	gewoonlik -
53	T	en Sondag was dit ook nie vroeër of later nie ?
54	C	[mompel]
55	T	nou Maandag aand het jy nou - 'n - jy't nie 'n "af" eenkeer
56		'n week nie ?
57	C	ek het vroeër altyd maar op die oomblik - 'n - ek het daai
58		dag af gevat - vir die maand, Woensdag af gevat - vir -
59	T	goed - so Maandag was dit ook 'n gewone weeksdag - was dit
60		tussen 8 en tien ?

<<29>>

<<30>>

1	C	ja ja
2	T	O K en Dinsdag – was jy die aand na jou pa toe -
3	C	was die hele dag daar gewees - ek het die oggend net 'n
4		broodjie ge-eet en die middag by die huis het ek baie
5		lekker ge-eet - en ek het bietjie sellektief ge-eet en ek
6		het dit geniet en nie daarna vomeer nie -
7	T	dis nou die middag of die aand ?
8	C	die middag - by die huis ge-eet - ek het swaar ge-eet en
9		iets ——[onduidelik] daarby ge-eet versadig ge-eet –
10		maar ek het definitief skuldig gevoel en die aand toe koop
11		ek vir my ietsie - meer ge-eet, gevomeer en omtrent al die
12		kos uitgebring

<<31>>

13	T	O K dit was weer tussen 8 en 10
14	C	ja dis gewoonlik altyd
15	T	O K Woensdag, hoe eet jy nou in die oggende [byna opgewek]
16	C	Pieter, gewoonlik net 'n broodjie - net 'n net 'n net 'n
17		bruinbroodjie en koffie - maar ek wil verander, ek het nou
18		in die verlede met jou gepraat oor daardie Golden Golden
19		Products - en ek het hierdie week vir Sandy - ek het haar
20		toe gebel
21	T	is dit - skitterend !
22	C	sy't my ook gebel
23		.... ek wil regtig waar, nêêê - dit gaan my
24		baie help vir die aand - as ek alleen is -
25		.... en dit is wanneer 'dit' altyd is -<32>
26		[wanneer sy ook die proses aan die gang sit om te vomeer]
27	T	dit is 'n patroon weet jy - dit, want, jy weet mos ons soek
28		na patrone -
29	C	ja
30	T	jy weet mos ons kyk -
31	C	wat beteken die een ...
32	T	ja, en ook om die oomblik as ons patrone sien dan haal ons
33		ook die 'ding onder die tafel uit' en sit ons hom bo-op –
34		dan kan ons hom leer hanteer, nou - met ander woorde al
35		hierdie 8 tot10, eet en vomeer in die aande is deels as
36		gevolg van die alleenheid -
37	C	ja - dis regtig - jy weet, jy w.., het besef maar het dit
38		nooit so - 'n 'n - in die lig, eintlik gekom hierdie week
39		nie - en wat ek gedoen het is - ek het byvoorbeeld, ek het
40		een aand - Woensdagaand - het ek hotel [werk] toe <<33>>
41		gegaan tot laat toe - en in elk geval toe ek by die huis
42		kom het ek nie behoefte daaraan gehad nie - toe – die
43		hele dag net - - [onduidelik] -
44	T	is dit Woensdagaand ?
45	C	Woensdagaand ja
46	T	het jy - maar hoelaat het jy 'dit' dan nou gedoen - later
47		in die nag toe jy wakker geword het ?
48	C	nee, ek het toe - wat ek toe gedoen het is, toe is daar
49		niemand by die hotel nie - niemand wat bietjie , jy weet
50		— en en en toe't ek ge-eet by die 'carvery'- dis omtrent
51		9 uur se kant - toe't ek by die huis gekom - ek het die
52		brood uit my yskas gehad - en tamaties daar gehad - en wat
53		ek in die verlede byvoorbeeld sou geko- - gedoen het - in
54		die kamer miskien, nog ietsie by gaan gaan - miskien iets
55		by gaan eet het - en so aan - het ek dit nie gedoen nie-
56		ek het net die - kos wat ek ge-eet het - het ek <34>
57		gevoel - nee ek was nie ek was net nie lus - om dit te gaan
58		doen nie, ek was nie lus nie - ek het net besef, ja dit was
59		strooi - in elk geval en en toe het ek dit net gelos - net
60		

1		nie vir my ekstra by gaan maak nie [en toe maar na 'n drie-
2		kwart uur wel van die hotelkos ontslae geraak]
3		....
4	T	so as as jy my toelaat om net dit reg te kan verstaan <35>
5		- nou daai aand, in plaas van dat jy toe nog verder ge-eet het
6		- het jy daarmee volstaan en 'n - maar ten opsigte van
7		die kos wat jy toe by die hotel ge-eet het - die het jy
8		besluit om dan te vomeer ?
9	C	mm [ja]
10	T	hoelank na die ete - hoelank ? <36>
11	C	omtrent 'n drie-kwart uur ....
12		....
13		dit hang af - dit hang af van wat ek eet nê, as ek vir <37>
14		myself 'n 'savoury' vir die aand, — ja — Pieter, dit het
15		so — ek — dis regtig waar — ek ek weet nie of dit moontlik
16		is vir ...vir — dis moeilik om te verstaan, nê —
17		e ek gaan vir jou verduidelik: as ek besluit het die
18		aand ja, ek eet net soveel - en ek eet ietsie wat ek weet,
19		ja, ek sal nie gewig optel nie nê - dan sal ek nie sommer
20		vomeer nie - en as ek weet ja byvoorbeeld - ek - of as
21		dit so, dat ek weet, regtigwaar honger is - dan partykeer,
22		honger - dit is moeilik - party ... honger ..weet, honger
23		ek nie myself uit nie maar vir die hele dag eet ek
24		byvoorbeeld niks nie - dan besluit ek ja, in die aand ,ja —
25		ek gaan net ietsie kleins eet - en dan 'n - 'n - jy weet,
26		'n .. ek moenie vomeer nie - maar later word ek wel honger
27		- en dan besluit ek ja, ek het al reeds dit ge-eet - maar
28		ek moet nou 'n broodjie - ek is regtig wel honger - en ek
29		eet 'n broodjie - en een <38>
30		broodjie is nie genoeg nie - en dan eet ek een, twee, drie
31		broodjies nê - dan vomeer ek dit - ek weet nie, jy dit
32		verstaan nie, nê ?
33	T	ek verstaan dit, daar begin 'n patroon deurkom - met ander
34		woorde, as jy, as jy ...., wat maak die meeste vet ?
35	C	[mompel] ....byvoorbeeld bief, nê, rooi -
36	T	as jy vleis, as jy vleis so ge-eet het dan weet jy verseker
37		hiervan gaan jy ontlae raak ?
38	C	ja, maar gesonde kos soos vis en hoender en so aan - sonder
39		.... eintlik, en so aan met slaaie -
40	T	maar nou, kom nou net terug - gestel jy het rooi vleis ge-
41		eet by die hotel Woensdagaand - dan kom iemand by jou kuier
42		....
43		....
44	T	jy weet dit gaan onrustig wees ? <40>
45	C	ja
46	T	en die tyd gaan verby gaan, as jy nie -
47	C	ek kry so baie uitnodigings, Pieter, ek belowe jou van
48		vriende - so baie - maar dat ek, onderdruk my lewe —
49		probleem hou my terug - dis my -
50	C	met ander woorde jy sien nie kans om te gaan eet - en te
51		gaan kuier en dan moet jy hier sit en wag - of 'n
52		verskoning uitdink dat jy kan huistoe gaan en ontslae raak
53		daarvan nie -
54	C	ja, dit ook, maar in die aande, jy weet, omdat dit al so
55		lank 'n deel van my is nê- hoeveel jarre, nê - en,
56		maar veral - ja, jy weet hoeveel jare is dit my patroon - jy
57		gaan huistoe, jy verstaan - en dan, eet die aand <41>
58		dan vomeer en dit is half vir my - 'n half ontvlugting —
59		dit is half - ek hardloop weg van my [[ander]] probleem ek
60		

1		vergeet van alles en so aan nê, dit hou my besig nê - vir
2		daai oomblik - ek dink nie aan alles wat regtigwaar die
3		realiteit is nie - maar nou - maar ek ek ek kry soveel
4		uitnodigings van - maar ek onderdruk dit deur my probleem
5		en mense kan nie verstaan hoekom ek nie wil uitgaan nie –
6		verstaan jy ?
7	T	dit moet baie konflik bring -
8	C	dis heel tyd - ek moet verskonings - en ek kry baie - ek
9		kry goeie vriende wat vir my kom kuier - ek kon lankal
10		getrou -maar ek raak baie gou-gou geïrriteerd nê, met 'n
11		persoon, as gevolg van my probleem
12		....
13		....
14	T	ek wonder, weet jy - ons tyd is verby - ek wonder of ons
15		ten opsigte van e ... ons ooreenkoms- - 'n verandering kan
16		maak - jy weet wat is - eintlik raak dit nou - gewoon om –
17		'dit' nou te doen - kyk jy gaan 'dit' in elk geval nou elke
18		aand doen - so -
19	C	ek probeer regtig -
20	T	nee, ek praat nie van jy probeer nie -
21	C	ja, in elk geval -
22	T	ek praat van ons ooreenkoms
23	C	ja
24	T	terwyl jy 'dit' in elk geval gaan doen -
25	C	mm -
26	T	kan ons dit nie op een dag - net 'n - bykomstig maak <44>
27		dat jy dit op 'n middag doen in plaas van die aand nie –
28		kyk jy gaan dit in elk geval doen - so as jy dit nou in die
29		middag doen, dan neem jy 'n spesifieke besluit - eerder as om
30		dit in die aand te doen - sien jy kans dat ons inplaas
31		van dit nou op ons bulemie aand, Vrydagaand te maak -
32	C	mm
33	T	maak ons dit 'n ander middag - waarin jy nou weer doelbewus
34		weer beplan - sê net, wat onthou jy moet alles daarmee
35		gepaard gaan ?
36	C	sê, net vooraf nê .. [onduidelik] sê net vooraf nê, omdat
37		ek goeters gaan koop, nê - voordat ek die goeters gaan koop
38		nê
39	T	ja
40	C	in die tydperk vooraf nê,- in die tydperk wat dit gebeur en die
41		tydperk na dit -
42	T	goed; maar nou onthou ons werk dit ook in 'n patroon <45>
43		die patroon is dat jy op hierdie manier, dit wat jou so
44		frustreer wat jou so konflik gee, wat jou so moedeloos
45		maak -
46	C	mm
47	T	dat jy dit daarmee verbind - want onthou die patroon was as
48		jou pa of as iemand jou moerig maak
49	C	mm
50	T	of jy is so alleen - en jy het so 'n 'longing'
51	C	mm, om iemand mee te praat -
52	T	ja, dan kompenseer jy op hierdie manier - met ander woorde
53		jy skep vir jouself - as daar dan niemand is om mee te
54		praat nie - en vergewe my - dan praat jy nou hard op
55		hierdie manier - nou wil ek net jou samewerking vra –
56		....
57		....
58		....
59		
60		

1	C	dit frustreer my O ! partykeer, O ! ek haat —
2	T	ja - e - die voordeel van om so te wees is dat jy e - e –
3		jy't honderd-en-een - ligte wat flikker elke keer as iets
4		genoem word - want dan 'trigger' daai een 'trigger' dáái
5		een - dis baie lekker om so te wees - is om skerp te wees
6	C	- baie stimulerend .. .. .. dis vir my baie intens –
7		regtig -
8	T	met ander woorde jy val in hierdie kategorie van mense wat
9		nie net iets van alles wil weet nie - wat wil jy weet - ?
10		– – – nie net iets van alles -
11	C	wil alles van alles weet
12	T	ja - ja -
13	C	[lag].
14	C	..... jy weet die periode waar ek siek was en so aan nê, -
15		ek het nie daai - dis my - jy weet - my probleem wat my
16		altyd terug gehou het - en terug gehou het en terug gehou
17		het nê, en en en ek het so baie belangstellings nê - so
18		baie dinge wat ek wil doen - maar dit het my altyd half
19		onderdruk - nie onderdruk nie, dit het my ——
20	T	gekortwiek ?
21	C	ja want nou voel ek nie lekker nie nou kan ek nie 'n ding
22		doen nie - - frustreer my - dis weer daai sirkel -
23	T	ja - ja ?
24	C	dan gaan ek maar weer net in daai sirkel in -
25	T	ja
26	C	en dit frustreer die duiwel — en nou weer nou moet ek
27		alles in eendag leer en dis onmoontlik - om dit te doen en
28		dit frustreer my.
29	T	so as jy nie mal wil raak omdat jy nie alles onthou nie,
30		onthou net waar is alles [neergeskryf of in watter boek]
31		sodat jy dit dadellik kan gaan uitkry.
32	T	nou, - nou as jy net een ding wou gedoen het, dan sou jy
33		nie so frustreerd gewees het nie
34	C	mm
35	T	maar jy's gelukkig dat jy baie ysters in die vuur wil sit
36	C	mm
37	T	ander mense het so 'n saai lewe - het so 'n hum-drum lewe
38	C	mm
39	T	hulle, ag weet jy hulle sal miskien as daar 'n boek lê, sal
40		hulle in hom kyk - hulle sal nie 'n boek gaan soek nie –
41		hulle sal nie - wil weet hier is iets en ek gaan 'n boek
42		daarvoor soek - en ek wil meer daarvan weet nie -
43	C	mm
44	T	so - dit is, dit is baie 'smart' om so te wees, maar dit
45		bring natuurlik sy - sy - jy moet betaal daarvoor
46	C	jy, jy -
47	T	wat betaal jy daarvoor ?
48	C	duur les
49	T	ja maar, wat gee jy in ruil vir hierdie absoluut wye
50		belangstelling ?
51	C	ja, absoluut -
52	T	wat gee jy in ruil daarvoor ?
53	C	my - praat jy van my probleem of wat ?
54	T	nee , nee - watter geld moet jy betaal - wat boet jy in ?
55	C	boet ek in - ek moet eenvoudig net - ophou - met die
56		probleem of -
57	T	'n - 'n - nie, kyk ander mense -
58	C	ja ?
59		
60		

1		
2	T	het net een ding waarin hulle belangstel en hulle vat dit
3		kalm en daar's niks frustrasie by hulle nie - maar jy't
4		soveel baie belangstellings - jy is so skerp ingestel om
5		soveel dinge te weet, maar nou moet jy bietjie uithaal en
6		
7		wys daarvoor - so jy't 'n opoffering - -
8		hierdie frustrasie wat jy elke keer het -
9	C	mm - - mm - -[sag]
10	T	verstaan jy ?
11	C	mm
12	T	jy wil daai ding doen, maar as jy daai ding doen, dan dink
13		jy al weer aan hierdie ene -
14	C	mm
15	T	en dan kry jy nie dadellik daai antwoord nie -
16	C	mm
17	T	en dan frustreer dit jou
18	C	ja
19	T	ander mense sê: 'aag man- hoor hierso, as ek dit nie so kan
20		doen nie, dan doen ek dit more - kan jy so wees ?
21	C	nooit in my hele lewe nie
22	T	nooit in jou hele lewe nie
23	C	nooit so kan wees
24	T	met ander woorde jy boet in om hierdie geweldige
25		belangstelling en skerpheid te kan volhou; wat boet jy
26		in ?
27	C	- -[mompel onhoorbaar]
28	T	wat offer jy op - wat moet jy betaal - watse gevolge het
29		hierdie verskriklike klomp -
30	C	dis alles frustrasies en dit is —
31	T	ja - ja ! - -
32	C	ongelooflike spanning en altyd daar mee saamleef gevoel en
33		en - - ag
34	T	maar jy weet jy moenie ophou om hierdie belangstellings te
35		hê nie - jy moet kyk of daar nog baie dinge is wat jy kan
36		doen .
37		