A SYMPTOM AS PART OF A RECURSIVE PROCESS OF INTERACTION IN A BLACK FAMILY

by

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SUMMARY

This study is an endeavour to demonstrate the applicability of constructivist epistemology in different contexts. The black family is presented as one of such contexts. The study is further a demonstration of the role of a symptom as part of a recursive process of interaction in the context of a black family. It reflects an orientation rooted in cybernetics, ecology and systems theory. Therapy is presented as a context through which the therapist becomes incorporated and, therefore, adopting and speaking the language of the family's particular form of symptomatic communication in order to engender change.

A literature study presenting a conceptual framework is presented. A case study presenting the research data is presented. Transcripts from video-taped sessions with the family are presented in the addendum.

The implications of constructivist framework for the field of family therapy in the context of a black family are, therefore, outlined.

KEY TERMS

Constructivism, Cybernetic description, Cybernetics, Complementarity, Stability and change, Epistemology, Symptomatology, Epistemological order of recursion, Black family, Punctuation, Patterns.

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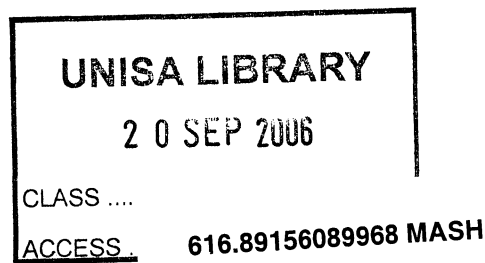
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CHAPTER 1

OBJECTIVES, SCOPE AND METHOD OF STUDY

1.1. INTRODUCTION

"Most of us do not today believe that whatever the ups and downs of detail within our limited experience, the larger whole is primarily beautiful ...... there is at least an impulse still in the human breast to unify and thereby sanctify the total natural world of which we are (Bateson 1979:27)."

Systems, or what Bateson (1979:101) refers to as mind, are a context in which the ups and downs of human experience are played out. They present as individuals, families, groups, institutions, societies, and so on. Therapy as such an institution constitutes such a context. It provides a context for interaction that comprises the therapist, client (family), symptom and intervention (Penn1982:271). It is itself a tool for interaction. This interaction is itself an ecology of mind that reveals a sequence of events having a feedback structure of information triggered by difference (Penn 1982:271). The ups and downs that are being experienced reveal a pattern of communication within the interaction. The family as part within the ecology is a unit of mind which presents a sequence of experiences of which the symptom is a part. It becomes linked to other systems as part of the process of investigating its symptomatic experiences. Bateson (1979; 29) states that the task is to construct how the world is joined together in its mental aspects; how ideas, information, steps of logical or pragmatic

consistency, and the like, fit together. In this way the family presents a picture of their perceptions about themselves as individuals, family, community, nation, the world and the ecology. Every part of this perception is revealed in the other. They can define themselves as cultural, religious, superstitious, black, and as speaking a language to reveal perceptions of themselves. Therefore, when families reveal themselves as symptomatic they describe a pattern of behaviour characterizing them. The process is therefore set to define and maintain the problem (Keeney 1983: 117). Cybernetically, this is the process that reveals a pattern recursively connecting the symptom and the family. The symptom further connects the family with the community, nation, the world and the ecology. This means the family calling itself black or sick sees itself as distinct from others, thus requiring certain forms of attention when interacting with other systems. This means the premises have been perturbed thus requiring a new punctuation.

As the system moves along the epistemological ladder to interact with other systems, it comes face to face with its premises to bring about a second – order change (Watzlawick 1974: 83). According to this author "the logical construction has reached its limits and begins to lead itself ad absurdum. It is an epistemological warning light that begins to flash when a construction no longer fits ….. At such a critical point the stumbling block may turn out to be the cornerstone of a totally new and better – fitting construction". The symptom becomes a tool for exploration and construction of a new conceptual framework for the family. One of the contexts for such a construction is therapy, which is

informed by the cybernetic epistemology. This will ensure that both sides of a relationship forming a complementarity are explored and integrated, and a new experience is constructed. A symptom becomes an instrument for exploration, perception and construction – **A ROYAL ROAD TO EPISTEMOLOGY.**

1.2. BACKGROUND OF THE RESEARCH

Besides being a requirement for the completion of the MA (SS) Mental Health degree, research provides a context for exploration and construction of an epistemological process. According to Bateson (1979), as a scientific tool, research does not prove anything, it probes. The process of probing is further limited by the frame of reference at one's disposal. For many years my intellectual upbringing was mapped along the lineal medical model which still claims prominence in various fields of mental health. The model has inducted me along the view that therapy, for example, is not a choice of treatment within the Black Community, in that these communities are better served through a community development approach. The community development approach seems to subordinate individual and family systems. According to this view both individual and family equal community. It also suggests that black equals community. This view has troubled me until I came into contact with the cybernetic epistemology that questioned the positivist construction of reality. My interaction with the black community was an experience of individuals and families presenting for therapy. It was during these interactions that the cybernetic epistemology was able to present various components of thought

processes. Every system presents itself as individual, family, community, culture, etc, in an integrated and complementary pattern. The lineal or positivistic forms of thought are also presented as parts forming the ecological patterns of interaction of systems.

The cybernetic approach provides tools to investigate the possibility of its application with families including black families. This approach will investigate the role of the symptom in the functioning of the family as a system.

1.3. THE PURPOSE OF THE STUDY

To reflect on the use of the cybernetic or systems approach with black families in family therapy.

1.4. THE OBJECTIVES OF THE STUDY

1.4.1. To describe the application of cybernetic and systems theory in the context of a black family presenting with a symptom (suffering due to lack of coping).

1.4.1. To illustrate the usefulness of the symptom as integral to the functioning of the family.

1.4.1. To illustrate the autonomy (ability) of a black family in constructing its own reality.

1.5. RESEARCH DESIGN

The nature of the study determines the research design. The study explores the epistemology about the family and therapy, how they were constructed by the current theoretical constructions and how the theories underlying the research are developing a new epistemological process. According to Yin (2003: 6) an exploratory design asks the questions in terms of "what", "where", and "how" to describe the incidence or prevalence of a phenomenon. The purpose of this study is to observe and describe the phenomenon of therapy (Babbie 1992:91). It investigates the what and how of the matter, but seldom gives a final answer (study guide RSC 201 – H 2000: 93). Keeney (1983: 17) shows that how one knows is inseparable from what one knows. This means exploratory research which asks the question what, and descriptive research which asks the question how, cannot be separated from each other. We observe in order to describe and the observing process goes on and on recursively ad infinitum. Such a research, according to the author, can help to determine what further research can be undertaken about the problem matter. The family considered for exploration is a black family. The interactional processes are the subject of investigation. The investigations are extended to the role of the therapist who becomes the subject of inquiry as well. A one – way mirror is provided to include the participation of an observing team.

This form of study provides an attempt for testing the applicability of cybernetic and systems principles.

A qualitative investigation is seen as fundamental to the study. Borg and Gall (in the study guide for RSC 201 – H 2000:89) state that "this type of research involves a holistic investigation ...... in which the researcher tries to understand a phenomenon within its social, cultural and historical context". This is in line with what Keeney and Sprenkle (1982:7) view as an ecosystemic description of human relationships, which require that we do not nominalize interactions that comprise whole systems. Mouton and Marais (in the study guide for RSC 201 – H 2000:90) showed that qualitative researchers are more involved in and with the phenomenon being investigated. This view fits with the constructivist notion of cybernetics of cybernetics which includes the researcher as part of the observed family (Pare 1995:5). This means the researcher becomes the subject of investigation as well.

1.6. THE RESEARCH METHOD

The research is in the form of a case study. Neuman (in study guide RSC 201 – H 2000: 99) defines a case study as an attempt by the researcher to make an in-depth investigation into various characteristics of a small number of cases over a specific period of time. Yin (2003:13) defines a case study as an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident. The data that are collected are more detailed, varied and comprehensive in nature. Neuman (in study guide RSC 201 – H 2000: 99) goes

further to indicate that almost all qualitative research seeks to construct representations based on in-depth, detailed knowledge of cases.

The unit of analysis is the process of family/ therapy interaction. Each family member had an opportunity to present a mental process of the family about the symptomatic experiences of himself/herself, other family members and the family as a whole in the context of family therapy. This also made it possible for members and family to present perceptions, emotions, needs and behaviours associated with their frames of reference of the symptom. The therapist also forms part of the interaction. His behaviour is an additional subject of investigation by the family he interacts with. The observations of the observing team seated behind the mirror are also the subject of investigation.

Data was collected in the form of interviews. These interviews were video-taped and have been transcribed and included in the text as an addendum. The interviews were conducted in the language used by the family, which is Setswana. The transcript will however be in English for the purpose of the research.

The data analysis reflects a constructivist cybernetic epistemology. This is the researcher's frame of reference that has guided the process of the study. It is used to interpret the study as well.

1.7. IMPLICATIONS OF THE STUDY

Following the words of Eliot (in Pare; 1995: 1) "We shall not cease from exploration, and the end of our exploring will be to arrive where we started and know the place for the first time." This study provides for such an exploration which is fitting with the cybernetic epistemology. The researcher who is also a therapist has an ethical responsibility of not harming the subjects of research which includes himself. This is the principle required for all those conferred with the responsibility of helping. The research has the responsibility of ensuring that the subjects benefit. It also provides a heuristic value for the scientific community. It is something to be tried in every society. It is on this basis that the study is done with a black family to test its scientific value.

1.8. LIMITATIONS AND SHORTCOMINGS OF THE STUDY

This study is a result of my discontent with the traditional paradigms which I viewed as being ineffective. However, the choice of a constructivist perspective may not provide a panacea per se. From a constructivist epistemology it is just an attempt at explaining phenomena from a different perspective. Therefore, this study does not intend to illustrate a particular model of family therapy. The techniques used are based on systems theory and they only serve as a vehicle of facilitating the processes of applying cybernetic and systems theory in the context of a black family presenting with a symptom. Of course, as the cybernetic epistemology would suggest, the observer being part of the observed, the

statement refers to me as the observer. Every frame of reference is constrained by the propositions underlying that framework. The constraints have the effect of perceiving the world to fit the propositions. In this way the research can become a victim of self-fulfilling prophesies. This may engender the following weaknesses:

- Bias in terms of the nature of the construction of questions.

- Inaccuracies due to poor recall of events.

- The family giving what the interviewer wants to hear.

- The observing process that includes an observing team behind the one-way mirror and recording may influence information differently.

- Research requirements may be constrained by the lack of availability of the family.

- These principles are mainly derived from the western world's construction of reality.

1.9. CONCEPTUAL DEFINITIONS

The constructivist approach provides a conceptual framework for the study. The concepts identified below provide a brief outline of the framework. A detailed conceptual exposition of the research follows in chapter 2.

- **Constructivism**: It is a framework of knowing which views knowledge as a conceptual means to make sense of experience. According to this view the concepts and relations in terms of which we perceive and conceive the

experiential world we live in are necessarily generated by ourselves (von Glasersfeld 1984:18). It holds that we create our own reality. Therefore a correspondence between our descriptions and total understanding of the world is not attainable.

- **Epistemology**: It is concerned with the rules of operation that govern the process of knowing, thinking and deciding (Bateson quoted in Keeney 1983: 12-13).

- **Cybernetic epistemology**: It provides a way of discerning and knowing patterns that organize events, such as the recursive sequences of action in a family episode. It is characterized by a recursive feedback process which monitors performance and is self-corrective (Keeney 1983: 67, 95). It is also characterized by a higher order of recursion referred to as cybernetics of cybernetics which places the observer in the system that is being observed thus engendering the autonomy or wholeness of the system which is engaged in the process of developing a new epistemology.

- **Recursive process**: It is a description or view, at every level of interaction that leads to self-verification of a particular view (Keeney 1983: 33). It is a self-referential process through which the observer's observations include or reflect his observing or frame of thought. It suggests that each sequence of behaviour is linked to many other events.

- **Symptom**: it is a human action exemplifying the meaning-making practices of persons (Pare 1995: 9). Seeing a symptom as part of a cybernetic circuit means identifying a circular sequence of events having feedback structure which includes the event called "symptom" (Penn 1982: 271).

- **Punctuation**: It is the ordering or patterning of sequences of observations or events. It can also be described as a presentation of a view or behaviour about an observation. It is in essence a way of drawing a distinction (Keeney 1983:49)

- **Cybernetic Complementarity**: A cybernetic epistemology is seen as constituting a recursive complementary relation between processes of change and processes of stability (Cheadle 1998: 7). It is a process of examining distinctions (Keeney 1983: 92). This relationship between the sides of these distinctions is self-referential, where one side is (re) cycled out of the other (Keeney 1983: 92).

1.10. CHAPTER REVIEW

- **Chapter 1**: The purpose of this chapter was to provide a framework for the study.

- **Chapter 2**: This chapter will consist of a literature review defining the concepts relevant to the understanding of the topic being studied.

- **Chapter 3**: This chapter outlines the case study analysis as informed by the constructivist thinking.

- **Chapter 4**: Conclusions and findings of the study will be reflected on.

- **Addendum**: This extracts from the transcribed sessions with the family.

CHAPTER 2

THE EPISTEMOLOGICAL FRAMEWORK

2.1. INTRODUCTION

This chapter provides theoretical analysis of concepts informing the research and conceptualization of the symptom. Constructivism provides the epistemological framework for this analysis. Constructivism refers to a family of interrelated theories that challenge realist and objectivist versions of thought. In view of the broadness of the framework of constructivism, its main components will become the subject of this analysis. The components include radical constructivism and social constructionism. Radical constructivism, however, will provide a central theme for this analysis.

Constructivism is preferred to guide this analysis because of its symbiotic relationship with the systems and cybernetic perspectives. The theoretical discussion on constructivism makes reference to these two perspectives.

The main objective of presenting the constructivist perspective to this analysis is to show its applicability in a variety of contexts. The context constructed for this analysis is a black family in therapy. It also intends to explain the role of the symptom in the functioning of the family. However, reference to a black family does not imply a panacea for explaining phenomena. It is just another way of

punctuating phenomena. Constructivism provides a map to lead this analysis into the epistemology of the family.

2.2. THE CONSTRUCTIVIST THOUGHT

The base of constructivist thought lies within the cognitive sciences (Neimeyer and Mahoney 1995: 44). According to these authors, constructivism is a family of theories and therapies that emphasize at least three interrelated principles of human experiences. These principles are outlined as follows:

- that humans are proactive (and not passively reactive) participants in their own experience - that is in all perception, memory and knowing;

- that the vast majority of the ordering processes organizing human lives operate at tacit (un–or super–conscious) levels of awareness; and

- that human experience and personal psychological development reflect the ongoing operation of individualized, self-organizing processes that tend to favour the maintenance (over the modification) of experiential patterns.

These authors contend that although uniquely individual, these organizing processes always reflect and influence social systems. The black family, being such a social system, becomes a relevant context for the understanding of these processes. They have, in the words of Bateson (1979: 100), an epistemology.

As a general perspective, constructivism is defined as an epistemological perspective based on the assertion that humans actively create the realities to which they respond.

Constructivist thought draws attention to the active role of the human mind in organizing and creating meaning – in literally inventing rather than discovering reality (Neimeyer and Mahoney 1995: 69). Being human entails active efforts to interpret experience, seeking purpose and significance in the events that surround us (Neimeyer 1995: 44)

Two major schools of thought have emerged from within the constructivist perspective, viz radical constructivism and social constructionism. The radical constructivist school is credited to von Glasersfeld (Watzlavick 1984) and social constructionism to Gergen (Pare' 1995).

The difference between these perspectives seems to lie in their attempts to locate the human mind. Radical constructivism is perceived to be concerned with the mental structures while the social constructionism is concerned with social inventions (Hoffman 1990: 2).

Although this analysis focuses on the radical constructivist orientation, reference to social constructionism will be made as the two are connected.

Radical constructivism was conceived as in direct contrast with the traditional position inhabited by behaviorism, sociobiology, psychoanalysis and positivism which place humans at the mercy of their environments, and genes (von Glasersfeld 1984:18). This author defined this approach as radical because "it

breaks with convention and develops a theory of knowledge in which knowledge does not reflect an "objective" ontological reality but exclusively an ordering and organization of a world constituted by our experience. The radical constructivist has relinquished "metaphysical realism" once and for all" (Von Glasersfeld 1984: 24). According to Neimeyer and Mahoney (1995:78) this approach views knowledge as a constructed synthesis of the inevitable contradictions arising from person–environment interactions. It also views knowledge as qualitative shifts or transformations in organization. Rogers (cited in du Toit et al 1998: 4) expresses this view about human experiences that "every individual exists in a continually changing world of experience of which he is the centre". The black family thus reflects the experiences as constructed by itself, its environment, their genetic makeup as well as the observers. All are in interaction, contributing to the family experience of self.

These principles have found their expression within the systems and cybernetic constructions as pioneered by Gregory Bateson (Neimeyer 1993:145). Bateson's (1999:243) definition of a system reflects the tenets of both radical constructivism and social constructivism. He thus defines a system as, "any unit containing feedback structure and therefore competent to process information". Such a unit, according to Madanes (1981:7) considers the whole to be different from and greater than its parts; a change in any one part affects every other part and the whole regulates itself through a series of feedback loops that are referred to as cybernetic circuits. The basic rule of systems theory, according to Bateson

(1999: 244) is that, if you want to understand some phenomena or appearance, you must consider that phenomenon within the context of all completed circuits which are relevant to it. Although we can discern individual parts in any system, the nature of the whole is always different from the mere sum of its parts (Capra, 1982:286). A family, for example, is a unit made of individual members; an individual is a unit made of perceptions, memories, thoughts, and behaviours; a community is a unit made of families, cultures, and belief systems. However, a system, according to Bateson (in Keeney 1983:91) is not individuals, couples, families or societies, but a mental process. Keeney (1983:91) has also used the term, cybernetic system to refer to such a unit. Bateson (in Capra 1982:315) thus defined mind as a systems phenomenon immanent in living organisms, societies and ecosystems, and listed a set of mental criteria which systems have to satisfy for mind to occur. Any system that satisfies those criteria will be able to process information and develop the phenomena associated with mind - thinking, learning and memory (Capra 1982:315). Capra (1982:316), linking individuals with environment further states that "our attitudes will be very different when we realize that the environment is not only alive but also mindful, like ourselves". The black family is not a unit of analysis in terms of constructivism, but a mental process. According to Keeney (1983:13), it is an act of knowing, thinking and deciding.

With this form of conceptualization, Bateson has provided us with a base for identifying the black family as an expression of mental phenomenon. The

individual, family, community, society, the ecology – each is expressed in every component. This means the individual functions as an individual, family, community, society and ecology, all integrated and forming a whole. In terms of radical constructivism these are constructed parts within a constructed whole. They form a pattern and organization of thinking.

Gergen (1985) has, on the other hand, added another perspective to account for the processes of constructivism. His thesis is that of social constructionism. He describes it as a process that provides for an epistemological orientation which, according to Hoffman (1990:2), places emphasis on social interpretation and intersubjective influence of language, family, and culture. This perspective, according to Gergen (1985:269), places the mind within the sphere of social discourse as a constituent of those social processes such as communication and meaning. Through language, argues Gergen (1985:270), social constructionism becomes something that people do together to think, categorize, or process information. Such a language can be presented in the form of problems (Anderson and Goolishian 1988:388). The so-called biological states are just social performances (Gergen 1985:267), while Hoffman (1990:3) referred to them as "the big deception." The latter, however, concurs that even the choice of sensory modalities is socially derived. This view suggests that the biological reference attached to a black family is just a social construction. It provides for the interpretation of relationships. But the biological reference can be misleading

in as far as Hoffman is concerned. Any such reference will invoke dormitive connotations (Keeney 1983: 33).

Social constructionism presents systems as cybernetically layered. According to Anderson and Goolishian (1988:376), families are made of individuals encircled by the family; the family by community; and communities by larger systems. These authors further state that the systems are connected through dialogue to maintain a multiverse of meaning – mind, according to Bateson (1979:102). It is this mind that connects the cybernetic layers together. Their view is that systems are fluid, always changing, never stable and never finite, and therefore, the membership should not be thought as fixed. The dialogue referred to, provides a framework for determining how and when the family can become black, and how it remains connected to its ecology. It also refers to the developmental life of the family which ensures that as new members are brought in, others exit. It is on this basis that the definition of family will change from time to time, thus requiring continuous dialogue to give it meaning. The black family provides a language for exploration as a challenge for its own propositions. The language it uses in terms of this thesis is the symptom. Through language, social constructionism has transcended the traditional subject-object dualism (Gergen 1985:270). In terms of the cybernetic epistemology, the black family is an outcome of a recursive process of double-description (Keeney 1983: 41).

2.3. CYBERNETIC EPISTEMOLOGY

In crediting human systems with an epistemology, Bateson (in Keeney 1983: 13) expressed the system's ability to know, think and decide. This relates to the constructivist position of viewing individuals as having the abilities to create their own "reality". The construction of such a reality has already been alluded to as the function of meaning in the discussion on social constructionism. Radical constructivism has placed the construction of this reality as the function of the epistemological processes of systems. A cybernetic epistemology was thus revealed as a framework to study these epistemological issues (Keeney 1983: 16). According to Keeney (1983: 48), cybernetic epistemology refers to a recursive process of pattern and organization. It looks for patterns that connect the components through a feedback structure. Patterns refer to relationships between people or components (Bateson 1979: 26). For example a family provides a context of organization or relationships defining and being defined by the behaviour of its members. Members are components of a family. Like family, members are a composition of ideas, feelings, behaviour and perceptions. The interaction of these components creates what Bateson has referred to as "the ecology of ideas" (Bogdan 1984: 376).

The basic act of epistemology is the creation of a difference (Keeney, 1983: 18). Every system, according to Bateson (1979: 12), has an epistemology. Through its epistemology the system draws a distinction between one pattern from another to enable it to know. A family is a discernible pattern from individuals,

another family, community and larger systems. A black family also marks the distinctions in interaction with families, communities and larger systems. This act of epistemology or this creation of difference is, according to Bateson (1979: 37), the function of the thresholds of our available means of perception. Von Glasersfeld (1984:39) talks of the acts of knowing as a search for fitting ways of thinking and behaving. Knowledge, according to Auerswald (1985: 1) consists of information. Therefore, the act of epistemology or knowing requires information which consists of difference, and difference, according to Bateson (1979: 78 & 110) becomes information by making a difference. In the sense of this study a black family consists of information that makes a difference.   It derives information on how to perceive, think and act in terms of its organization or epistemology.

The black family is not a unit of analysis but a cybernetic system (Keeney 1983:91). According to Keeney, a cybernetic view is not made of individuals, families, neighbourhoods, or societies, but focuses on mental processes. Hence it refers to the unit of analysis in terms of relationship as a cybernetic system. The social constructionist perspective has already alluded to this viewpoint. Now, as a mental process, the family is a set of events describing it as a family. The process reflects a social constructionist thinking in that the definition of a family includes all those who think about the family. Such people, as alluded to earlier, include observers, communities and larger systems. In other words, it is a frame of reference punctuating how to act on what information or how to search for

fitting ways of knowing and behaving. In the sense of this thesis the information that the family and the observers act on is the symptom.

The process of punctuation reveals the mental phenomenon as hierarchical and sequentially ordered (Bateson 1979:127). Keeney (1983:47) refers to a hierarchy of orders of recursion in terms of behaviour, context and meta-context. The step from one logical type to the next higher is a step from information about an event to information about a class of events and from considering the class to considering the class of classes (Bateson 1979:137). According to Keeney (1983:46), the events we observe become classified within our symbolic system which hosts our conceptual structure that defines our frames of reference. It tells us that we are black, individuals, families, sick, etc. As Keeney (1983:46) observes, the hierarchy is just a conceptual tool reflecting the sequential order of perception. However, the levels are dialectically linked by the order of recursion (Keeney 1983:40). They are in continuous communication with each other. Information circulates throughout the system. The result of this operation is an autonomous structure reflecting its own reality (Keeney 1983:82). The black family as a social system is a logical level of description and classification of the processes of analysis which disclose a hierarchy of types immanent in the phenomena. Other levels in the hierarchy would include white families and any other type not included in the two categories.

2.4. THE NOTION OF AUTONOMY

The notion of autonomy provides another dimension for the act of epistemology. This notion is credited to the work of Maturana and Varela which, according to Keeney (1983:83) began in response to the question "What is the organization of living process." Referring to the same work, Leyland (1988:360) states that living systems are characterized by structural determinism and non-instructive interaction. Based on this view Keeney (1983:85) surmises thus, "autonomy is characterized by a closed, recursive organization which involves a network of interconnected feedback loops that is closed and has no inputs or outputs from an outside environment."

Leyland (1988:361) characterizes autonomy as the way the system specifies how it will behave, not the information. The information, Leyland asserts, has no meaning or existence apart from that given to it by the system with which it interacts. According to Bateson (1979:141) autonomy refers to control of the self. Such a system, according to Fosnot (1996:19) is characterized by inner speech or internal dialogue. Autonomy, therefore, enables the system to define itself to itself about itself and others and also to others about itself and themselves. Central to this concept is the view that systems are characterized by the paradox of self-reference and that they are self-corrective (Keeney 1983:78). This view refers to issues of responsibility. People are responsible for their thoughts and behaviour. Whatever they do, says as much about themselves as the objects of

their observation. What the black family presents is what it constructed about itself. Such a family has attached a name to separate itself from the rest of other families. It has to take responsibility for the name. The name becomes its frame of reference. The family chooses how to behave and the mode of interaction. The therapist should follow suit in taking a similar position as the family in terms of the name. The researcher is also not exonerated from this responsibility as well. He is responsible for the process of creating the name as a way of creating distinctions in order to investigate what he has created. The process involves the family observing itself observing its observations. Those observed include other observers, like the therapists, who are involved in the process of interaction. These observers have participated in the process of creating distinctions and naming such distinctions which created the black family. According to Maturana and Varela this is the way the autonomy of the system is perturbed. The perturbation is the way the observers reveal their autonomy to this family in therapy. What they present is their frame of reference which carries with them the name they have for this family as well as the name they have for themselves. They present their meaning systems such as culture and values to construct a description of their patterns of relationships. The family comes to notice that they can interact with distinct systems with diverse cultural experiences such as Western and African.

The autonomy of systems is a way in which organizations maintain their organizational structure through feedback which, according to Keeney (1983:

66), is the basic idea of cybernetics. Following Weiner, Keeney (1983: 66) states that feedback enables the system to monitor its own performance. Hence the system is said to be self – corrective. The act of drawing a distinction is characteristic of the ability of systems to make comparisons (von Glasersfeld 1984: 34). The family makes a comparison between various systems that present themselves in terms of their cultural and value systems. The difference between themselves and the therapist's system becomes marked. This distinction, according to him, does not depend on the result of a comparison between the two experiences, but is determined by the conceptual character of the two items being compared, and what is being compared is the sameness and difference. The therapist may be someone from a similar background or may come from a Western one. Therefore, it is people around us, the environment we interact with that we derive feedback from.

2.5. THE NOTION OF FEEDBACK

Feedback is also characterized by systems as they are open to interaction to create information through difference (Bateson 1979:122). Such systems, while they define themselves, are also defined by others. This means systems have the ability to reach out or be perturbed (Keeney: 1983). For Hoffman (1985: 385) building on Maturana, open systems are structurally coupled to provide consensual validation for each other. This view is well illustrated with the example of a mother saying, "I toilet trained my baby". The baby says (perhaps), "I toilet trained my mother". The two are in interaction, giving feedback to each

other. Feedback, therefore, becomes a process of interaction. This process, according to Leyland (1988:360), is seen as mutual disturbances in the sense that each interaction, being a stimulus and response, must be responded to recursively by the interacting systems. Such systems, according to Capra (1982: 289), present cyclical patterns of information flow known as feedback loops. The feedback cycling between the loops generates perturbations. The perturbations happen within and between systems. The system, according to Keeney (1983: 67) can experience negative feedback which functions to reduce deviations or make corrections within the system and keeps the system in check or in balance. It is a process of self–evaluation, exploration and renewal. On the other hand, positive feedback tends to amplify certain deviations which may lead to acclimatization, habit-forming and addiction (Capra 1982:294). Benefit and calamity become recursively connected.

2.6. DOUBLE-DESCRIPTION

Of course feedback presupposes a relationship. A relationship involves two or more people in interaction to create what Bateson (1979:146) has referred to as double–description. For example, defining a black family requires a double–description. Such a definition implies the presence of the other that is not black. Bateson (in Keeney 1983:39) explains double–description as a presentation of the way in which the reactions of individuals to the reactions of other individuals are organized in time. This order of analysis, he states further, demonstrated that, "no action is an island". All actions are parts of organized interaction.

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Maturana (1975:320) has referred to the process of interaction as structural coupling. Bateson (1979:117) describes these processes as the complementary and symmetrical relationships. Von Glasersfeld (1984:21) has referred to a complementary relationship as a condition of fit. Things do not have to agree in order to cooperate. For example stability and change are in disagreement but systems may need to change their stability in order to maintain stability. Complementary and symmetrical processes also have the function of monitoring each other. Bateson (1979:65) stated that too much of something is toxic; he meant that a relationship which is too complementary or too symmetrical may need some form of either of each to provide some perturbation. Families will require some rules in order to stabilize the volatile relationships. This suggests that rules exist in relation to volatile situations. Their feedback loops are linked together as an act of double-description. Bateson (1979:175) further observed that a relationship is a co-evolved process. The volatile situation and the process of creating rules portray how the family is cooperating in bringing about the situation. If the relationship should involve other systems, a co-evolved process of creating such a system will emerge.

The black family as a system provides for a context of roles for various members of the family. Such roles define how members relate. The roles would be either complementary or symmetrical or both as members are in interaction with one another. Every activity is a validation of those roles. For instance, participation in certain ceremonies or rituals could be a validation or a violation of the existing

family rules by one of the members. However, a conflictual nature of the relationship provides feedback to the family to ensure complementarity with the rules that define them as that black family.

Through double–description the notion of dormitive principle is banished from the cybernetic framework. This is similar to what Pere' (1995:5) referred to as the meaning-making level in social constructivism. Dormitive principle, according to Bateson (in Keeney 1983: 33) is a repackaging of a description of the item to be explained. It can also be said to refer to reification of ideas (Bogdan 1984:377). For example, black can be reification. Things may be said to happen because a black family is involved. According to Keeney (1983:33) this way of explaining can perpetuate undesirable self-fulfilling prophecies. For example, the held view that black communities can only respond to community development programmes rather than therapy, is in keeping with dormitive explanations. Although the approach to issues of power has been raised by social constructionists Hoffman (1990:6) in response to cybernetic epistemology, double-description and relationship in particular, and similar to social constructionist's notion of meaning-making, noted the importance of avoiding dormitive thinking and solipsism which reflect power issues. Power is an abstraction belonging to category descriptions of phenomenon. It relates to the complementary process of interaction in which some parts are perceived as dominant to others. It has, unfortunately been reified. Shaw and Bransford (1977:32) have warned that we must guard against reifying the information

experienced through perceptions. Classification seems to point in the direction of reification. Black is just a name, and Bateson (1979:37) also warns that the name is not the thing named. Black can just be the process of naming the process of interaction and perception.

Another challenge directed at the cybernetic epistemology is that of solipsism. According to von Foerster (1984: 59), solipsism is the view that "this world is only in my imagination and the only reality is the imagining "I." This view has been discredited by the ecological context of the approach. Expressions such as double-description and structural coupling, open systems, system within systems within systems have an ecological attitude (Shaw and Bransfort 1977:2).

Double-description is a way of pointing to the second–order cybernetics or cybernetics of cybernetics (Keeney 1983:73). It challenges the expert view, issues of power, solipsism and dormitive constructions. It expresses the view that no observer stands outside and observes. Rather, the observer is part of the observed. This means the observer can be his own observer. As Maturana (1975:324) observes: "Everything said is said by an observer to another observer." Any investigation of a black family requires the investigation of all those involved, including the observer. The second-order view was also alluded to by social constructionists (Hoffman 1990:4) as the meaning-making level.

According to Keeney (1983:80) cybernetics of cybernetics points to ethical issues which recognize the connection of observer with the observed leading to examining how the observer participates in the interaction with the observed. It places responsibility with both observer and observed, thus integrating them into the observed. What is observed is not just individuals but also the relationship (Bateson 1979:106). Responsibility is not just placed on individuals but on the entire family and larger systems. It becomes a co-evolving process, and interaction being the unit of evolution (Penn 1982:268).

2.7. COMMUNICATION

Cybernetic epistemology will not be complete without some reference to communication. Capra (1982:321) has referred to communication as one of the human capabilities characteristic of the human mind. Anderson and Goolishian (1988:372) have described human system as a linguistic or communicative system. Communication becomes a process that co-creates information which, according to Bateson is a difference that makes a difference, and differences are the primary data of experience (Neimeyer 1993:151).

Keeney (1981:45) describes communication as a way of perceiving and describing our world of experience. Keeney's (1981) thesis is based on Bateson's epistemology. According to this view, what is perceived and described is difference, which is a relationship and interaction involving systems. Keeney (1981:48) has thus defined communication as a circular linkage of differences

which are set to be triggered by news of difference. Communication is, therefore, cybernetically layered (Anderson and Goolishian 1988:376) and recursively linked differences to ensure that we pattern our observations and descriptions so as to not demarcate the circuitry (system) into isolated elements (Keeney 1981:45).

The black family becomes a description of a structure of communication. Hoffman (1985:385) has referred to this as an autopoeitic system to describe an information system which is operationally closed and folds recursively back upon itself. What makes this possible, according to Keeney (1981:46), is language. He defines language as a digital representational system of our experiences, not only representing our experience to ourselves but re-presenting (communicating) our representations of our experience to others. Language describes and categorizes our experience recursively. Black family, therefore, provides such a language thus becoming a digital representational system of communication. This form of reference to communication was named by Bateson (1979:125) as ostensive. It provides a map or construction to create a different view. Such a view, in social constructionist terms, would assume such connotations as cultural, political and religious which are just forms of creating a context for dealing with phenomena. However, the view held here is informed by the cybernetic assumptions informing the creation of difference.

Anderson and Goolishian (1988:375) have focused on the social organization of communication. They view social systems as communicative networks distinguished or layered by language, stories and metaphors. They further describe language as a conversation or dialogical exchange. Following Varela, they state that there is mind in every unity engaged in conversation – like actions. Anderson and Goolishian (1988:378) have, following Bateson, referred to this dialogical exchange as providing an ecology of ideas. Noting that mental characteristics of a system are immanent in the system as a whole, and not in someone's head but in interaction, and language, they maintain, links the various systems (individual, family, larger systems) together.

Communication, according to Anderson and Goolishian (1988:380) creates meaning. They define meaning as the co-created narratives and thematic networks through which we organize and define ourselves and others. This conceptualization of meaning is similar to the concept of depth–perception (Keeney 1983:153), the function of double-description, binocular vision and moire` phenomenon that creates news of difference that creates information (Bateson 1979:78). While Anderson and Goolishian (1988:378) assert that communication defines social organization and that reality is a product of changing dialogue, they hold the view of Maturana and Varela that humans say and hear according to the way they are structured, not according to the social organization in which they are embedded. The black family creates itself as a family and as a social phenomenon. This view suggests that the family is a part

within the social context. This is the context from which the family creates its meaning that defines it as black.

Being a social organization suggests also a relationship with other parts with different characteristics that are not black. Hence the existence of families as white, Chinese, and many more – meaning that all communities have family structures organizing their social systems. Because to know is to make a distinction, naming or classifying is an act of distinction (Keeney 1983:21). It is this difference, this distinction, which creates meaning. Such a family may not feel contradicted when referred to by others as being black. Therefore, the meaning created evolves from the interaction of these various parts within the social organization.

This way of looking at communication suggests that a black family may be regarded as black and embedded within the black community, but that does not determine how they will communicate. It is what is communicated that matters – a mental process.

At the centre of communication is paradox. Keeney (1983:30) states that all statements, being statements by observers, are self–referential and hence laden with paradox. Bateson's (1979:187) illustration of a paradox can be found in the way he portrayed Ernst Mayr by suggesting that he made fun of typologists because "he was too modest to claim the credit as it takes one to know one; and

that we might all be typologists under the skin." This means what we say reveals more about ourselves and we become our own subjects of analysis. Elster (1984:184) relates paradox to an order whose overt content contradicts its pragmatic presuppositions. In the case of Ernst Mayr he excluded himself from his own observation or assertion. According to Keeney (1983:30) self–referential paradoxes can be used as conceptual building blocks for an alternative view of the world. The process of communication enables us to become aware of the problems of paradox and ensures that, through double-description, the problem is overcome. Paradox, therefore, becomes a tool of thinking about communication. Any attempt to avoid paradox will be paradoxical. A discussion about the black family carries with it a paradoxical communication. This assertion is based on the view that any statement made by the observer says much about that observer (Leyland 1988:364). Because the discussion about black is made by the observer, the observer cannot exclude himself/herself from the description of a black family. Such an attempt will be paradoxical or symptomatic as the following discussion intends to show.

2.8. A SYMPTOM AS PART OF A RECURSIVE PROCESS OF INTERACTION

2.8.1. THE CONCEPTUALIZATION OF SYMPTOMATOLOGY

The conceptualization of symptomatology has been the preserve of the medical tradition for many years. Critics of this tradition were easily dismissed as being

unscientific. Mental health provisions are still awash with positivistic constructions as provided in the DSM-IV (APA 1994) and Holmes (1994:18). This study intends to provide a perturbation to this tradition. It provides a conceptualization that reflects a constructivist epistemology.

A constructivist perspective places symptomatology within the epistemological framework that forms the basis for the explanation of mental phenomena. It reflects a systems view of mind where it becomes obvious that any illness has mental aspects (Capra 1982:359). Therefore, as a function of mental phenomena, a symptom becomes a pattern of thought charged with the responsibility of revealing experiences of a particular organism (Rosenbaum and Dyckman 1995:4). These authors further describe such a structure as a lived experience that is problematic to self or /and others.

To Watzlawick (1984:105) a symptom expresses deviations from fairly well-known normal functions of healthy organisms. Such deviations refer to events that are unacceptable to the family or society (Madanes 1981:8). For the deviant, however, there is no sign of awareness, and the deviant logic is not deviant (Stolzenberg 1984:272). Of course this view cannot be generalized as there are some clients who volunteer to rid themselves of symptoms. Therefore, these experiences, these deviations, these events, reveal a symptom as an ecology of thought in which living systems generally take part (Hoffman 1985:395). To understand the symptom, therefore, is to understand it as a part within the system. To understand what Maturana (1974:313) referred to as the organization of the living is to understand the role of the symptom as a way that the system

organizes itself. This means understanding the way the black family organizes

itself. However, this way of organizing itself also presupposes interaction with

observing systems which affect and are affected as they interact with the family.

This conceptualization places the symptom within a systems context. It is a

deviation from the medical model of conceptualization which views the symptom

as an intruding agent, thus seeking to eradicate it from its "host". A systems

context, according to Madanes (1981:4) is a reflection of behaviour which is a

composition of attitudes, assumptions, prejudices, convictions, beliefs and

relationships which interlock to form the governing premises that rule the family.

The symptom is an activity that provides for a human action exemplifying or

reflecting the meaning-making practices of persons or families (Pare` 1995:9).

Such practices include image formation which, according to Bateson (1979:45)

provide for a convenient or economical method of passing information across

some interface. A black family, in this sense, is an image that has been created

to provide a context for information. It provides a context for information

regarding its members, community and other systems which are recursively

linked to the family. The information that informs the thinking process is about

the symptom and its opposite, health. It can be observed in terms of behaviour,

context and meta-context which according to Keeney (1983:41), reveals a

hierarchical structure of epistemological order of recursion. Following Bateson

(1979:127), this hierarchical structure of epistemological order of recursion is a

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procedure of inquiry punctuated by an alternation between classification of form and the description of process.

The epistemological order of analysis as presented by Keeney (1983:40) provides for the analysis of the symptom presented below. It follows from how an observer can punctuate a stream of events that are subsequently named or classified:

- In terms of the isolated bits of behaviour or action, the focus is on the immediate perceivable events characterizing the process of symptomatology. At this level of analysis actions such as breathing, body movement, facial expressions, and so on, can be observed as being deviant. Each participant observes those body movements in the other as an indication of deviance. Keeney (1983:43) has used the example of a "nagging" husband and "withdrawing" wife, as both classify those bits of behaviour they observe in each other.

- The next order of process is described as sequences of action that are exhibited by interacting individuals or groups. This level is referred to as description of interaction. It attends to how bits of simple action among participants are connected. This means what is being observed is a relationship. The classification of form consists of naming patterns of relationship rather than patterns of action. Those participating tend to perceive themselves as reacting to the behaviour presented by the "identified patient". This escalation of behaviour of one member is often in

synch with those of other family members. Such behavioural episodes amplify each other's behaviour. The process can be named symmetrical which involves arguing, fighting and so on, or complementary in which there is the "identified patient" and the rest of the family who perpetually try to prove to themselves that they are different from the "identified patient". Thus the symptom becomes reified (Watzlawick 1975:96). According to this view, every part of the interaction becomes symptomatic, thus revealing the paradox inherent within the interaction process. It, therefore, becomes difficult to determine the symptom bearer as each member becomes symptomatic in a way related to other family member's symptoms (Keeney 1983:125). However, warns Keeney (1983:125), the cybernetic view does not necessarily suggest that we shift our punctuation from a disturbed individual to that of a disturbed family. Rather, it identifies particular ways in which individuals and families maintain an organization through a recursive process. The symptom therefore, is part of such a process.

- It is the further escalation of these interactional processes that takes us to the third level of the epistemological order of analysis that Keeney (1983:128) presented as a system of choreography. This is the level where the symptom becomes established. According to Keeney(1983:128), it is the level at which the conscious mind attempts to keep parts of the system separate so that the symptom is seen as an intrusive element which does not belong to the system. This way of

discussing the symptom can be related to Von Foerester's (1984:43) reference to a blind spot which makes itself blind to itself, which arises as the system self-referentially establishes its validity and truth from within itself.

For Watzlawick (1984:223), at this level paranoia enters the thought process to hide the absurdity of the premise. It is the level where behaviour is named, labelled, or classified. A scapegoat role, as well as the white knight evolves. The identified individual or family, seen as the site of the symptom is, as a result, seen as different from a normal family or society. It is this symptomatic process of organization that punctuates the pattern of interaction. Keeney (1983:165) states that the symptom must be heard …….. it has to prove itself a symptom. Therefore, the family has to be, for example, schizophrenic in order to be blamed or classified as such. Following Bateson, Capra (1982:419) describes such a schizophrenic condition "as an unliveable situation which the system invents." It is Capra's (1982:361) view that systems participate in the development of a symptom. In relation to the white knight role Holmes (1994:12) states thus, "there are attempts by other family members (who perceive themselves as not symptomatic) to speak for them (designated patients) because what they (patients) say won't make sense. Such a way of behaving will make everybody happy, including the designated patient; because that is the way sick people behave.

This way of labelling may relieve sick people of their responsibility for their behaviour because sick people are not responsible for their conditions". From a systems construction, other members of the interaction will also behave accordingly. By labelling the designated patient, they will not feel responsible for the condition afflicting the patient or family. Hence the escalating pattern of the symptom. They are all in complicity with the symptom. For Rosenhan (1984:129) the patient, including those in interaction, has adapted to this construction of an interpersonal "reality" and behaves accordingly. This view reflects the thinking of Keeney (1983:33) who, following Bateson, took note of the effects of dormitive thinking in the presentation of phenomena. The following is brief exposition of dormitive thinking characterizing symptomatology:

2.8.2. BRIEF EXPOSITION OF DORMITIVE THINKING

2.8.2.1. A process of entrapment: According to Stolzenberg (1984:260), this process describes a closed system of attitudes, beliefs, and habits of thoughts for which one can give an objective demonstration about a given phenomena. This consists of accepting the experience for what it appears or is purported to be, and proceeding on that basis. It does not provide for the exploration of the consequences of the assumption that something is what it appears to be. Deviation from the propositions may lead to punishment of the member concerned.

2.8.2.2. Confusion of levels of behaviour: A misattribution of category of behaviour to bits of behaviour. For example: seeing every old woman as a witch. Responding to this view, Bateson (1979:37) proposed that "the map is not the territory, and the name is not the thing named". Therefore, any reference to a black family as in the sense of this thesis is an attempt at investigating different levels of explaining phenomena. The name does not necessarily entail that reality about the phenomena has been uncovered.

2.8.2.3. Self-fulfilling prophesies: This means that whatever the designated patient does to prove that he is not a patient provides proof of being symptomatic.

Dormitive constructions, therefore, refer to a process of distortions of unconscious premises of relationship by conscious orders of mind (Keeney, 1983:163). Constructivism suggests that any name given refers to an order within the relationship. A symptom is such an order in the punctuation process. A black family, therefore, is defined through its behaviour, i.e. the symptom. A black family is the name of a relationship, and the symptom is the language used for the construction of the meaning of that relationship.

Based on the above, Keeney (1983:167) concludes that this function of symptomatic behaviour, as a metaphor about relationships, enables a cybernetic system to communicate that a particular epistemological premise is distorted, erroneous and ineffective. The dialectical process between self and symptom is enacted to enable the dissociated parts to organize into a self-corrective, integrated whole ecosystem (Keeney 1983:136). Varela (1984:309) has referred

to this complemetarity as a vicious circle of strange loops becoming a virtuous and creative circle. The system, therefore, integrates the symptom. Explaining the process, Keeney (1983:127) states thus, "cybernetics proposes that we always view symptoms within the context of recursive feedback". The symptom that has presented as pain to the system becomes a pattern that connects and corrects the dissociated parts. In other words, a paradoxical process has evolved. Keeney (1983:168) outlines the paradoxical process that the symptom follows in the process of healing as follows:

- Symptomatic enactment to produce a reductio ad absurdum. This means the system complying with the symptom. The system is, therefore, participating in the construction of the symptom. Members of the family share the role of symptom carrier as the symptom moves around. The symptom has established itself as a meaning-making process for the family. It provides its own language that communicates through metaphors, rituals, stories, dreams, narratives, songs, etc.

- A complementarity of symptom and health is enacted for the system to evolve toward an alternative structure of organization. A transitory phase of imbalance in the system which provides for its ability to re-establish itself. It serves as a process of self-reflection, exploration of relationships and transformation.

- Through the process of cybernetics of cybernetics the system becomes connected to other systems that join the symptomatic system to co-evolve alternative structures for the transformation of its symptomatic experience.

The system receives news of difference that makes a difference (Bateson: 1979:78).

Keeney(1983:127) elaborates on the form of this process by stating that, "the role of scapegoat as well as white knight will constantly shift from person to person, coalitions will fluctuate between members, individuals will experience an alternation between separateness and togetherness, fights and hugs will be given a fair representation, and so on." This is the way the symptom moves within the family. Members within the family become reconnected to one another and to the family as a whole. The symptom also reconnects the family to the larger systems as well. As a process of interaction the symptom is no longer felt as a symptom by the family. It has given the family a new meaning of interaction. The basis of this conceptualization has been to view a symptom as part of a recursive process of interaction. The next chapter intends to present this conceptualization in form of a case study.

CHAPTER 3

PRESENTATION OF THE FAMILY

3.1. INTRODUCTION

The essence of this chapter is to present the family following the process of data gathering. The presentation shows how information gathered during the case links to the propositions of the research. This way of presenting the family also serves to operationalize the core constructs of constructivism which provided a framework for the presentation of the symptom in the previous chapter. It will demonstrate the symptomatic evolution of the family. What is presented about the family reveals a mental process which communicates the researcher's constructions of the family experiences in terms of the presuppositions of the study. Such experiences, according to du Toit, et al (1998:3), reflect their perceptions, needs, behaviour, emotions and values which are inseparable and constituting their reality.

The data presented is a description of the family's symptomatic context presented in the form of explanations, stories and metaphors. It reveals how the family punctuates its reality thus providing a map for inventing its epistemological premises. The context also presents me, the therapist, also revealing a mental process communicating experiences in the form of goals of therapy and therapeutic techniques such as paradoxical interventions. The process reveals a

symptomatic unfolding evolving as therapeutic. A full transcript of this therapeutic

interaction is also presented in the addendum.

The epistemological tool used for this presentation is that of cybernetic

description (Cheadle 1998:26). The constructs for this description include:

- Punctuation.

- Double description

- Cybernetic complementarity.

- Pattern that connects.

- Cybernetics of cybernetics

- Perception of difference

The cybernetic process as presented shows the unfolding of a therapeutic

process contemplated as follows (Keeney 1983:168):

- A symptomatic enactment to unfold and thereby produce a reductio ad
  absurdum;

- Creation of transforms of the family's symptomatic communication; and

- Help the family to evolve toward an alternative structure for maintaining its
  organization.

The presentation will show a symptom as part of a process through which bits of

behaviour and interaction of family members are connected. Each family member

presents a particular form of symptomatic communication in a way that spells out

his/her own perception of the interaction or a particular pattern of punctuation about the family. The family narrates a story which is a composite of experiences such as perceptions, emotions and behaviours (Keeney, 1983). The following is the presentation of the way the family punctuates these symptomatic experiences:

3.2. BACKGROUND INFORMATION ON THE FAMILY

3.2.1. Referring institution:

A welfare organization – based in Gauteng.

3.2.2. Period: September 2003.

3.2.3. The Family (names of participants have been changed to maintain confidentiality as required in terms of scientific studies. The specific area where the family originated has not been mentioned).

The family comes from a black township in the Gauteng province. Although their home language is Zulu, they are able to converse in Setswana as well. Setswana is the predominant language in the township.

Granny is the grandmother of the three sets of the children concerned. She had ten children and four died. Four of the remaining children are married and live with their own families. She presently lives with her daughter, Mapula and son, Jimmy. Mapula also has her own child. Granny is a pensioner providing a stable income for the family. She also has the responsibility of caring for the various needs of the family. The death of her daughters (the mother's of the children

concerned) has left her with the daunting responsibility of providing for the needs of their children.

The children are in three sets as follow:

Lerato is the youngest of three siblings. All her siblings are older and they did not participate in therapy.

- Matome and only sister, Noko, have both participated in therapy.

- Mary is the youngest of four siblings. All her siblings are older and share their mother's house. Mary had to join Granny after their mother's death because her siblings would not take care of her.

3.3. DESCRIPTION OF THE SYMPTOM

What follows is the family's description of their interaction with the symptom:
Granny described the problem as the children. She stated that she was too old and tired to look after them, and that she was requesting help. Her concern was that the children will need to be provided with homes to occupy when she is gone (dead). Without homes the children will suffer because they won't have anyone to look after them. They became a responsibility and that she was "not coping." With her old age pension which is supplemented with the child support grant she receives in respect of Noko is not enough to meet the needs of the children. Even Mapula, who appears to be a reliable caretaker of these children, does not have adequate financial resources to take care of the children.

Granny does not get support from her other children and older grandchildren. The problem, therefore, remains unresolved. Granny had become concerned about the deteriorating school performance of Lerato. She concluded that Lerato might have been abused and therefore afraid to speak about it. She further cited the deviant behaviour of Matome as contributing to her (Granny's) inability to cope. She sees his behaviour (of always playing football after school) as following in the direction of his maternal uncles whose behaviour she can no longer control. She dismissed any suggestion that would link his behaviour to the loss of his mother. She could only maintain that he was just condescending. The problem is impacting on her personal life as well. She experiences sleepless nights as she has to ponder endlessly on how to cope with the problem. She also worries about her health issues, especially as she is diabetic. She is not able to take care of her own needs as she has to attend to those of the children.

The children, on the other hand, describe their problem as fear of loosing Granny following the death of their mothers. They describe the loss of their mothers as making life difficult for themselves and as well as for Granny. All the children cried as they related the pain of loosing their mothers. Lerato says that the deterioration of her school performance was because she had to watch her mother fading away as a result of the illness. She states that she could not live with the thought that she was loosing her mother. According to Granny, Lerato's performance still has not improved. They see Granny as not

coping because they are many. They worry more about their care. If their mothers were alive, they would care for them, and therefore, Granny would not be concerned with their care as she presently does. They also see no alternative to Granny to take care of them. They want to live with Granny because there is no other person, including themselves, to care for them. They feel they can't live by themselves. Mary had to be removed from her siblings because they would not look after her. She has since lived with Granny. Lerato has a sibling but his whereabouts are not known. He is old enough to look after himself. Matome, on the other hand, feels that his behaviour is being mistaken for deviance. Therefore, all the children have lost their mothers and they want Granny to take care of them. Granny on the other hand is not coping with the children. She has tried to seek help from her own children and older grandchildren and her efforts were not rewarded. She feels she has lost control over them.

3.4. ATTEMPTED SOLUTIONS

- Attempts to solicit cooperation from her children and older grandchildren regarding the care of these children.

- Solicited the help of her daughter, Mapula, who also has a child to take care of.

- Pursuing the applications for the title deeds of stands made by the deceased mothers of Lerato and Matome and his sibling Noko respectively, but without reprieve.

- Applied for foster care in respect of Mary and Noko. Two years later she still has not received the grant.

- Entered therapy with the children.

3.5. A CONSTRUCTIVIST PRESENTATION OF THE FAMILY PUNCTUATION

The family presentation is a punctuation of symptomatic experiences which reveals itself in terms of the epistemological orders of analysis – juxtaposing process and form in terms of action and interaction. The family gives a description of process as they punctuate a stream of events based on their observations. In terms of cybernetics every action is viewed within the context of recursive feedback, thus revealing a process of double description. What the family refers to as their experience is, according to Bateson (cited in Keeney, 1983:38), an extracted half of the double description. Double description presents both sides of the experiences on the basis of description of process and order of recursion. Both sides are weaved together, thus engendering a larger context for the family.

Granny's symptomatic description of behaviour impacting on her ability to cope is as follows:

- Experiences sleepless nights

- Ponders endlessly on how to cope with the problem.

- Worries about her health issues, especially as she is diabetic.

- Unable to take care of her own needs as she has to attend to those of the

children.

- Physical deterioration

For the children their symptomatic description of behaviour impacting on their ability to cope is as follows:

- Lerato's deteriorating school performance.

- She was tearful as she helplessly watched her mother progressing into a stage of dying.

- Matome becoming too playful.

- Matome no longer getting things that mother used to provide. Other children also repeated the sentiments as expressed.

These experiences involve behaviour as the order of recursion observed by each family member. They have named this behaviour as a lack of coping.

Having identified this order of distinction, their next order of recursion became that of context. Here interaction becomes the unit of analysis serially organizing their bits of action. This is the way each member communicates with other members of the family as the following will show.

- Granny noticed that Lerato's performance had deteriorated, and that she had become sad. She engaged her but did not get the answer she was looking for. She only got the answer on requesting intervention from Child Welfare Society. Lerato was able to describe her deteriorating performance as a pain of watching her mother wasting away and, later loosing her to death. The fear of lack of a possible caretaker is also

maintaining the problem for her. Hence she continues to progressively experience the problem.

- Granny has also attempted to solicit support from her children and older grandchildren to assist with the care of the children. The interaction was negative with all but Mapula.

- Granny observed Matome's interaction as negative in that it was contrary to established norms of the family. According to Granny, Matome's behaviour of returning home late was unacceptable, and that the behaviour was in no way a response to the loss of his mother. Although Matome saw the behaviour as just play, Granny regarded it as deviance. Granny described the behaviour as making her caring more difficult. She expressed the fear that Matome was following into the footsteps of his uncle whom she described as having betrayed the family norms.

- Mary's siblings would not care for her when her mother was still ill, and even after she (mother) died. Granny took her in her care.

- All children still hold to the premise of their impending suffering proposed by their deceased mothers.

On the basis of the inferred suffering, the children view themselves as suffering. This means their pattern of interaction is a complementary suffering. A link with the deceased is central to this pattern of interaction. Such an interaction reveals a self-fulfilling prophesy as providing a premise for interaction.

Suffering serves as a meta-pattern organizing the family interactions. Every one in the family is in pain. Pain provides a thread connecting all the experiences, viz. the illness and inability to cope. Pain as a meta- pattern provides the family with a way of knowing about their experiences. The sequence in which these experiences are described marks the form of their escalation. This means the family experienced one form of pain after the other, thus engendering the hierarchy of epistemological recursion of pain. Every experience brought with it a dimension of the intensity of suffering. This means the suffering is presented as a part of the family construction. The family struggles with extricating itself from part of itself, namely the symptom. The presentation of suffering by the family is the responsibility of each family member involved, to engender a complementary escalation of its experience. This means each member is symptomatic in a way related to other family member's symptoms. For instance when Matome cried, everybody wept. This shows how the family has interacted with the symptom – both family and symptom are in communication.

The escalating suffering has moved the family to interact with its larger systems. As Granny's family would not accede to her demands to incur the responsibility of caring for the children, the larger system was therefore, considered. It is at this level that Granny thought her suffering, together with that of the children, would ultimately dissolve. In terms of the order of recursion, the category of choreographed interaction has been established.

3.6. CYBERNETICS OF THERAPEUTIC CHANGE

Keeney (1983: 163) describes symptomatic behaviour as comparable to an "itch," "beacon of light" or "bugle call" in that it attracts the attention of people, family, friends, neighbours, and therapists..... to be "helpful"- a way the system begins to adjust itself. He further states that "any cybernetic system entering therapy has been problematic in the sense that it has oscillated or has gone into runaway." This action of the symptom serves as a perturbing agent that propels the system into action. The family has thus been perturbed by the presence of a random event. All members of the family presented the problem as suffering. Suffering has thus provided a meta-pattern organizing the interaction in the family. In presenting the problem as suffering, Granny had the following to say, "I have a problem ... I am not coping... I need help with the children." In the course of therapy she was now able to include the children, "we have a problem ....this is what brought us here... we need help with the children."

Cybernetic epistemology reminds us that the basic act of epistemology is the creation of a difference by drawing distinctions. First Granny's map of the problem was focusing on herself, while the children were inclusive of her when they all described themselves as suffering because they had lost their mothers and that Granny was not coping with their needs. Granny later broadened her map to include the children. This illustrated the process of creating distinctions of distinctions by various members of the family. As the suffering oscillated, the

family felt overwhelmed and was thus calibrated into drawing further distinctions. Therapy was sought to further perturb the family system by enlarging the system.

The therapist, being another system, is solicited to become another part in the enlarged system (therapeutic system). Therapy thus becomes a cybernetic system drawn to allow the therapist and client to interact in order to create another cybernetic system. It provides for a context that draws distinctions of interdependent autonomous entities. In the case of this study the drawn cybernetic system becomes a composition of the family, family –plus-therapist, and family-plus- therapist-plus-observers. The observers in the latter system remain behind the one-way mirror. The challenge for a therapist is to join the family system in a way that will promote appropriate self-correction. This means a therapist brings along his own epistemology to therapy. This interaction of autonomous systems can be seen, following Varela and Maturana cited in Keeney (1983:143), as structurally coupled, thus providing mutual perturbations. The cybernetic system that emerges when the therapist joins the family will also be self-corrective. The presence of such a cybernetic system provides for a form of double description that allows for a cybernetic complementarity of perspectives. It is not only the family that becomes the subject of investigation, but the interaction of the entire cybernetic system. The focus of the observations is the epistemological hierarchy of recursion presented in terms of the descriptions of process in the form of behaviour, interaction and choreography.

3.7. THE THERAPEUTIC PROCESS

3.7.1. The goal of therapy is to activate the cybernetic system to provide an alternative higher order feedback (or self-correction) of the lower order processes involving symptomatic escalation. It focuses on the family's paradoxical situation which illustrates the basis of disturbed communication or patterns of interaction (Keeney 1983:163).

3.7.2. The unit of analysis is interaction within the cybernetic system. The form of intervention applied is based on paradoxical interventions which involve such techniques as **encouraging problem behaviour, amplifying deviations, suggesting a relapse, emphasizing the positive aspects of a symptom, and introducing confusion**. The processes of intervention are presented below:

3.8. THE PROCESS OF INTERACTION

3.8.1. The symptomatic enactment

The goal of this therapeutic process is set to enable the family to encounter the intensity of their symptomatic situation. In terms of the cybernetic formulations the family desire is the return to stability which will free them from the pain they are suffering and engender the conditions for coping. Therefore, therapeutic intervention is requested to attain stability. However, symptomatic enactment ensures that the family encounters the absurdity of this premise as they prescribe for themselves what needs to be attained.

The family is given an opportunity of languaging about their symptomatic interaction. The technique provides the therapist the opportunity to conduct the investigation on the basis of feedback from the family in response to the information solicited about relationships and, therefore, about difference and change (Campbell et al 1991:343). Each family member has an opportunity to provide his/her perspective of their suffering which they attribute to lack of coping. For instance, when Granny presented herself as suffering, the children were also asked to state what they experienced to be the problem.

Each member presented the suffering in his/ her own way. All the children cried before they could verbally state what they saw as the problem. Granny had to prompt them to speak as they carried on crying. This presentation of suffering took the form of verbal, emotional (crying), laughing and drawing of the pictures of the deceased. In terms of the cybernetic construction, the family stability was perturbed by the random event – the loss of mothers, which signalled loss of stability. They saw themselves as not coping, thus suffering. Their attempts at regaining the stability have produced further escalation – A Game Without End. "I have a problem, the problem is these children, I need help," appealed Granny.

The children also expressed their problem as suffering because their mothers are deceased and Granny is not coping with them. The circular connection of all members' experiences has enabled the therapist to interact

with different family relationships to create a corrective loop or unit of mind

which includes the suffering and intervention as one interconnected system.

The technique is said to be reflexive because of its ability to create changes

in the hierarchy of meanings as they depend on the reflexive effect that one

level of meaning has on another.

The therapist focused on "**what**" and "**how**" questions. These are questions

about difference – a unit of mind made from a sequence of events that are

connected through feedback and that only change its structure as a result of

new information or differences. Through circular connection a hierarchy of

recursive questioning evolved to explore and integrate the various

epistemological orders of recursion within the family. The therapist was

enabled to ask for information about relationships. For Keeney (1983: 165), "it

is not enough for a symptom to be spoken, it must be heard by the entire

system."

The therapist, as part of the corrective loop of the therapeutic system,

ensures that, through the paradoxical interventions and other systemic

therapies, every member of the family interacts with the symptomatic

experiences to bring about change. This process of intervention is presented

below as follows:

3.8.1.1. Moving the symptom: This process is based on the view that

regards the whole family as the client. All members of the family

coalesce around the symptom. Its purpose is to attend to members

of the family as they form part of the immediate relevant feedback.

It enables every family member to give his/her perception of the

problem. Such perceptions involve their interaction with each other,

who is seen as most affected, and the meaning the symptom has

for each member and for the family as a whole. In this way

members are enabled to announce their feelings, needs,

perceptions and frames of references to themselves, family and

therapy team. No single member is stigmatized as a result. It also

enables the members to share the pain of suffering. For instance,

they all presented themselves as not coping and suffering. Granny

also spoke about Mapula as not coping.

Both Granny and the children spoke about the suffering endured by their

mothers before meeting their deaths. They were able to express their pain of

suffering through the shedding of tears. The deteriorating school performance

affecting Lerato, the truanting behaviour of Matome, lack of support from

siblings and lack of coping described this suffering. This is the way the

symptom was revealed as shared by the family.

3.8.1.2. **Escalating the symptom.** This approach incorporates such

techniques as **symptom prescription.** It focuses on the how

process of description. The same form of action is escalated –

often in synch with those of other members. Its objective is to

enable the family to encounter the intensity of the symptom. A

threshold is escalated to enable the imbrication of levels to be

calibrated. It focuses the family on the stability side of the

stability/change distinction. Since the family's experiences have

already generated a more of the same condition, the use of this

process generates a repeat of the suffering, thus exacerbating the

intensity of the suffering.

As the family share their experiences, members find themselves having to repeat

these experiences to themselves, thus escalating the intensity of the pain of their

experiences. For instance, when Matome spoke about his pain of losing his

mother, he broke down in tears, and every member followed in the shedding of

tears. They all started to talk about the way their mothers suffered from the

illness, and about their impending suffering. Each expressed the wish that their

mothers were still with them to provide for the things they (children) would need.

To escalate this behaviour, it is incorporated as part of the therapeutic process.

The therapist then informed them that it seemed difficult for them to accept the

death of these mothers. Each was requested to talk about his/her mother, while

Granny was offered the same opportunity to talk about her daughters.

They were also requested to each draw a picture of a mother, while Granny had

to draw all because they were all her daughters. They were then asked to talk to

the pictures about anything that was expected from them (mothers) while they responded to their (mothers) requests. The requests they were to make were for the mothers to be with the family in order to stop the suffering meted out to each member and the family as well. Granny's request was that Matome change his playful behaviour. Matome was encouraged to play while Granny was to continue to feel upset. All the children were requested to continue suffering to fulfil what their mothers had proposed. This means their suffering is **amplified** or **normalized** as part of the organization of the family. For the children a self-fulfilling prophecy was being realized following their mothers' propositions of the impending suffering.

Cybernetically speaking, **positive feedback** of the symptom is enhanced. **Symptom prescription** is therefore invoked to encourage the family to continue the behaviour. Hence interaction with the deceased was encouraged, and this task can only be performed by the present members of the family, and not vice versa. In the next session they reported that they had placed the pictures in the drawers and photo albums respectively. That they were keeping the photos as a reminder of their relationship with their mothers. Granny is reminded that they will always be her daughters. The best she could do for them is "to take care of their children". Although they continued to speak about lack of coping, their mothers were no longer the focus.

3.8.2. Create transforms of the family's symptomatic communication

This goal of this therapeutic process is to create news of difference for the family. The therapist's interaction with the family calibrates the process of transformation. The family's symptomatic experiences provide an indication for the therapist to know where to start with the intervention. The family's propositions about their lack of coping are therefore maintained. The family's symptomatic experience has provided a negative feedback loop to propel it to experience change. Cybernetically speaking, the family moves from the stability experience to the change experience which remain recursively connected.

As the family describe themselves in terms of their experiences of suffering, they also communicate about the opposite side which is about coping with their experiences. They want to move away from their present experiences of suffering to the experiences of coping. In terms of their actual experiences, it is a move from the left side of the distinction to the right side. The illustration of pictures of the deceased as discussed in previous sections has shown how the family moved to the other side of the complementarity. It was observed that as they continued to speak about lack of coping, the deceased were no longer the focus. In the other illustration, Granny, following the therapist's reframes, stated that the older children and grandchildren would no longer deserve her attention as they were old enough to care for themselves.

The reframing technique is considered to expedite this process of transformation. This technique is meant to emphasize the positive side of the symptom. It takes into account the perceptions – the conceptual framework – of the family as it strives for change. It operates at the level of meta-reality. Change can takes place even if the "objective" circumstances of a situation are beyond human control. The therapist merely extends the propositions of the family to lift them out of the suffering frame into a new frame that does not carry the implication of unchangeability. The family's proposition is presented as a request for stability and change. Both sides of the complementarity, i.e. stability and change, are weaved together to engender a new meaning of the symptomatic context. It is what a therapist does – the way he participates as a part of the system being treated. The family presents their living circumstances as felt to be not in keeping with their established norms which require spontaneous obedience. The type of stability and change requested is illustrated as follows:

3.8.2.1. Cybernetic system= stability / change.

The recursive process of transforming the family from the symptomatic interaction also acts to transform both the therapist as well as the observing team. The latter have to adjust themselves to the circumstances of the family who in turn adjust to the new circumstances as engendered by their interaction. Transformation operates at a higher level organizing the interaction. The therapist's behaviour provides the family with a random noise or difference which acts as something the family can use to construct an alternative structure also

referred to as consensual domain. The structure of transformation is illustrated as:

3.8.2.2. Cybernetic system= stability / random noise/ change.

Random noise is a function of the intervention process which effect change. It is difference that the therapist brings to the interaction to promote self-correction. It is a tool that the therapist utilizes for intervention. In this way the family's perception of themselves as symptomatic is transformed thus providing perceptions that view these experiences as meaningful. The transformation process can be communicated verbally and through the use of metaphors as presented below:

(a) **Dealing with the pain of loss:** Granny and the children were requested to make drawings of the deceased. They then talked to them about their wishes. They also decided to take the pictures home with them. In the following session, Matome reported that he had put his mother's picture in her (mother) photo album, and others gave their pictures to Granny for safe-keeping. They all reported that the pictures had become a reminder of their relationships with the deceased, and that they keep looking at the pictures every time they think about them.

This technique enabled them to perform a ritual showing the experiences of living with as well as without them (deceased). As a family their role of caring was extended, and a relationship with death invoked and maintained. In terms of cybernetics, the technique also maintained the family stability that

placed them on the left side of the distinction while, at the same time

indicating the right side of the distinction which is the creation and caring for

the emerging new family. The technique was meant to lift the family out of

their perceived suffering by recreating a family that included the deceased.

Each member was conferred with the responsibilities as required by those

present, and was required to maintain the pattern of interaction. The therapist

reframed this context as follows:

- Every member of the family was mourning the loss, but in a different way; and

  although mourning seemed a painful experience for the family, it was just a

  way of showing the love they all have for the deceased. Other reframes were

  presented as follows:

- An attempt to heal them of the pain they suffered as a result of the horrible

  HIV/Aids and relieving Granny and the children of the burden of responsibility

  that required them to care for them (mothers and daughters) thus

  exacerbating the problem of coping.

- The older children and grandchildren as old enough to care for themselves

  and would relieve Granny of the burden of responsibility and enable her to

  focus on smaller component of the family to manage.

- Although Matome, like all children, still shows playful behaviour, he can play

  and still respect the rules of the family.

These reframes only gave a new meaning without changing the concrete

situation of the family. Because the exercise was a repeat of what they were

already doing, it generated more of the same, which is – lack of coping. A

change was, therefore required, and the focus shifted to looking at ways of coping.

> **(b) Dealing with lack of coping** was enacted through the use of a metaphor. Each family member displayed the load he/she perceived to be carrying. The load was described as too heavy by each. But they all agreed to be sharing a burden of responsibility which was identified as caring for the children (for Granny) and the children also having to take the responsibilities of caring (for themselves). Granny also identified her burden as having to worry too much about the lack of support from her children and older grandchildren. They were requested to identify the items which would make the load easier to manage, and each item of the load that needed to be discarded was to be linked to their painful experiences while retaining the items associated with coping experiences they intended to adopt as new experiences.

To reframe this perception the therapist indicated that although loss is experienced by the family as painful, their death has healed them from the pain of long suffering as a result of the HIV/Aids. The remaining members of the family can now focus on how to cope with other needs.

Following this reframe the transformation was expressed as follows:

- Lerato: "our mothers will always remain our mother's wherever they are – like they are now in heaven. They are taking care of us there. We must take care of one another here. We have gogo (granny) taking care of

us.....she is our mother". Other children agreed with Lerato's sentiments when asked to express themselves on this issue.

- Granny: **(discarding the older children and grandchildren)** "the older children and grandchildren are too old, they can look after themselves; **(keeping those not able to manage)** I will always be their (children) grandmother....These are my children ...... I will only look after these children.....I will not abandon the children..... I have always looked after them even when their mothers were still alive. I had to take Mary away from her siblings because they would not look after her......Mapula is also assisting with the children". Although the discarding experience was put forward as providing for the best alternative to the lack of coping, Granny chose the burden of caring for her grandchildren to discarding them.

This reframing technique has provided an impetus for the co-construction of alternative structures of relationships. A renaming reframed the pattern of interaction. Granny did not only become a grandmother, she became a mother as well. She has always been a mother to the deceased, and now to the grandchildren. It also illustrates stability and change as it reveals both side of the cybernetic complementarity. The process allowed the family to realize what they have and things they cannot have. Those they discarded were the things they wished they had. The lack of those things was perceived to be responsible for their suffering. The family can be said to have attained clarity in terms of logical

levels of interaction. This means they are able to make distinctions of distinctions – a distinction between suffering and coping.

3.8.3. Facilitation of difference

In terms of the process of distinctions the news of difference illustrates the gains the family has experienced. The following is an illustration of the formula:

3.8.3.1. News of difference= Loss / gain

Those lost: part of the family comprised of the deceased and the older

children and grandchildren. Matome also had to refrain from staying out

until late. Of course the loss created a perturbation on the family stability

which calibrated the process of change. The reframes regarding the loss

and gain complementarity were presented by the therapist to maintain the

family stability while introducing change without threatening the family

stability. The gains marked news of difference for the family. The

symptomatic experiences which were previously perceived in terms of loss

and pain have presented as gains.

Those gained: a family made of the children, Mapula and Granny. Granny

had this to say: Mapula is also assisting with the children". About the

children she said: "I will always be their (children) grandmother and

mother ...... I will only look after these children.....I will not abandon the

children." The therapist responded as follows: "of course you will be a

mother for the rest of your life. You brought up their mothers and you are

now bringing them (children) up". The children, on the other hand, called

their grandmother their mother. Therefore, having lost their mothers, the children gained a mother, and Granny's loss of children gained her children. Matome also changing his behaviour and opting for "love and respect". They had the following to say: We have gogo (granny) taking care of us.....she is our mother".

This stability/change complementarity can be illustrated in the following formula:

- **Loss / gain = mother / mother**

- **Loss / gain = children / children**

- **Loss / gain = family / family**

- **Loss/gain = deviance/ cooperation**

- **Loss/gain = suffering/ coping**

These gains triggered other gains in the form of roles for every member of the new family. The children declared themselves siblings conferring the roles that included respect, love and caring responsibilities. This was illustrated by Lerato as follows: Granny's role is that of a mother and grandmother with caring responsibilities. Mapula shares the role of caring as well. The rest of the children would perform chores, attend school and help each other.

A caring family has been constructed from the experiences of loss. The family has established a pattern of gain. Each gain is a trigger for another gain. Every gain confers the responsibility of caring. Caring has become the meta-pattern for the family replacing that of pain. Every one is involved in the caring responsibility, thus marking the highest level of organization. The loss of a family has earned them a family. The process that they perceived as causing the family suffering

from lack of coping became a process for the construction of a new caring family. For instance, Granny has now become aware that she has been a mother and a grandmother, and therefore the role has not changed. What has changed is the composition of the members of the household which makes coping "less" stressful. Following this realization Granny was quick to affirm her responsibility to continue with the role of caring for the children. The children on the other hand were able to allocate roles for themselves as illustrated above. With this new image of themselves they perceived themselves as now coping. The new experience of coping is illustrated as follows:

3.8.3.2. Suffering/coping

Granny was requested to rest and leave the family tasks to the children. Since the children perceived their suffering as a result of Granny's lack of coping, they were then afforded the opportunity of resting her to show that they were able to stop the family suffering. The feedback following this prescription was given by Granny herself. She expressed disbelief about the children's abilities – they were just a revelation. The children did not only follow the instructions, but went further to write messages of appreciation to her. Lerato and Mary were the architects of these messages. Not to be left out of this equation, Noko reported that she had cooked for Granny. These changes affected the interactional patterns which moved the family to a new level. Granny was able to request that the older grandchildren and her own children be considered for therapy.

Through the constructivist formulation this family presented itself as not coping,

and therefore, suffering. The suffering has, however, turned out to be the process

of its organization as a new coping family.

The next chapter will give an analysis of how these experiences provided an

impetus to the construction of the family epistemology in terms of the

constructivist formulations.

CHAPTER 4

SYMPTOM: THE ROYAL ROAD TO EPISTEMOLOGY

4.1. INTRODUCTION

This chapter intends to reflect on the epistemological premises that guided the study. As propositions were explored, this work provided a framework for their investigation. The investigation was based on the understanding of Bateson's idea (1979:37) that science never proves anything, it probes. Therefore, the study had nothing to prove, but probed the application of the constructivist framework to a black family. Other objectives that formed the subject for probing included:

- The usefulness of the symptom as integral to the functioning of the family.
- The autonomy (ability) of a black family in constructing its own reality.

The family provided a context for the demonstration of these objectives on the basis of this conceptual framework. How the family maintains itself as a system reflects its experiences which reveal their perceptions, behaviours, values, emotions and aspirations. From experiences which the family presented, a meta-pattern of suffering was constructed. They also presented the family as dynamic and resilient. This means the family's symptomatic experiences created a context of action that saw the family rising from despair to engender new premises for interaction.

This presentation also reflects the way in which alternative interactional structures were created. One such structure includes the therapeutic context which became one of the family's co-evolving contexts of reconstruction. In a sense the family had to re-establish itself as part of a larger context. The context includes the institutions and communities. It is in this context that the family is revealed as part of a social construction – recursively connected to its ecology through its experiences and interactions.

The therapist's map about the family is also at the centre of this analysis. What is more revealing is the distinction the therapist made of a black family as a focus of the study and what the study ultimately reveals.

4.2. THE EPISTEMOLOGICAL PREMISES

As Keeney (1983:18) stated in terms of the Laws of Form, the basic act of epistemology is the creation of a difference by drawing a distinction. Following Maturana and Varela, the drawing of such distinctions is the responsibility of the observer. In the sense of this study, the therapist has presented himself as such an observer making distinctions. This distinction presented the family as presenting a symptom (suffering due to lack of coping) as part of its recursive pattern of relationships.

The family's role in the process of making distinctions was to punctuate its experiences as symptomatic (lack of coping). The family is, therefore, regarded as an observing system taking part in the process of self-description. The process confers to the family the role of assigning membership to different categories, and determining what truth is and what is not for them. It decides which of the membership attributions is considered, overlooked, preferred, and so on. For instance, in terms of the nature of the symptom, the family decides who is affected; who to interact with, and what to do with the suffering. The family has described itself as suffering thus perceiving the symptom as an intrusion that inflicts suffering to the family. This means the family provides an indication of what is and what to do. The distinction, however, did not present the family as black as was proposed in terms of the study. The distinction made by the family is a confirmation of the assertion by Biko (2004:52) that "being black is not a matter of pigmentation – being black is a reflection of a mental attitude" – a mental process, according to Bateson (1979:101). The genetic assumption, in this sense relating to pigmentation, was the researcher's mental process – a map that guided the researcher into a territory occupied by the family. Although the family revealed itself as symptomatic in terms of a cybernetic description, this does not suggest that its symptomatic experiences have no genetic inclinations. The mental process of the family is an expression of the radical constructivist formulations which were conceived as in direct contrast with the traditional position inhabited by behaviorism, sociobiology, psychoanalysis and positivism which place humans at the mercy of their environments, and genes (von

Glasersfeld 1984:18). This consideration does not suggest an exclusion of the genetic components.

The formulations are a presentation a cybernetic process of a double description which reveals both sides of the description. The genetic explanation is the other side in the process of the family description. Although the family did not attach specific meaning to being black, which directly impacted their experiences during therapy, the family was black in terms of pigmentation and language. Although the family did not overtly so declare itself to be having such qualities, their pigmentation of black, the languages of Zulu and Tswana, all provide their ecology that reveals them as a black family. This understanding places the conceptualization of the family in terms of social constructionist's framework. This is the theory that emerged from the Western system of thought, thus being put to test with this family. It proposes that the family be viewed as a system within a system within a system ad infinitum. This view seems to suggest that the black family can be found somewhere within the Western system of thought as well. The family, therefore, had become a miniature of western thought in terms of the theory.

The theory provided the tools for thinking about the family. The family on the other hand provided a tool for the applicability of the theory. The applicability of the theory, therefore, suggests that the theory is not exclusive to the Western system of thought. It is so universal that it can be traced somewhere within the

black communities. As a system this family may not have attached much significance to the role of its biological make-up, but it cannot escape the social construction of systems that so confers it with the responsibility for the name to which other families may attach such significance. However, social construction does not necessarily mean the truth about the family has been discovered. It is the whole body of efforts made by people in the sphere of thought to describe and justify the action through which the people have created themselves and are able to express their preferences, their taboos, their values and their interactional patterns.

The family, community and the society have a responsibility for attaching the name and for identifying the family as afflicted with the symptom. In terms of the cybernetic description, it is at this stage that other taboos, values, and patterns of interaction are formed. Of course the black skin does not suggest the wrapping of specific values as this will be the assertion of solipsism. It only serves as information. The past or the what of the problem is recaptured, validated, or condemned through successive choices that are socially constructed. The family, being a miniature of the community and as well as society, is involved in this process of social construction. Every member of the family takes part in this process of social construction. Social construction means generating a consensual domain that provides stability required by the family. What the family expresses are the values, taboos and interactional patterns as they are expressed in the society as perceived by the family.

The principles guiding society regarding coping are co-created by the family and the society for the stability of the family. Hence the family, as an open system, is able to venture into the community to be in touch with its ecology and to receive information that will make a difference.

The family's presentation of its experiences as symptomatic has punctuated the cybernetic process for the family. These experiences present the family as a partial arch in terms of the ecology of ideas. In terms of the objectives of this study, it illustrates the usefulness of the symptom as integral to the functioning of the family. Here, the family is in perpetual interaction with the symptom. The symptom presents as a complementary part in the organization of the family. It presents as a perturbing agent that is felt by the family as intruding and, therefore, not accepted as part of the family. The interaction with the symptom provides the family with feedback which catapults the family into further action on itself – and also with others.

The use of language connects the family with other systems which could attach significance to the blackness of the family in terms of the pigmentation and other cultural attributes. There are black communities that share similar attributes as this family. There are also families and communities that view themselves as not black, but white, coloured and Indian. This view is further affirmation of the existence of the blackness of the family. Such views confirm the attribution of

black as a social construction. To continue the legacy, as the child emerges from the family, he/she finds himself/herself once more among the same laws, the same principles, and the same values. The characteristics of the family are projected onto the social environment. The black family becomes a co-evolved process of social construction.

In terms of the cybernetic description, as a system the family's presentation is its way of expressing its epistemology. This means the family has a way of doing things such as perceiving itself as afflicted with a symptom. The presence of the symptom has provided part of the way the family thinks and decides. It had to decide who to interact with, what to say and what to hear. This means a process to evaluate its frame of reference or epistemology was enunciated. It is a dialectical process of comparison – a double description of experiences. The family has to describe itself about itself, and describe itself to the community and the society. It describes both the symptomatic experiences and the process leading to the termination of these experiences.

An attempt by this study to place the black family within the constructivist formulations implied a comparison of formulations applicable to the family experiences. These formulations are a derivation of the Western thought. They are therefore called upon to provide an expression to the characteristics that are inherently black. The act of comparison is itself a process of exploring both sides, i.e. the applicability of the constructivist formulations to the blackness and non-

blackness of experience. The process provides the family the ability to communicate with both sides of their experiences about themselves. The symptom provided the language for communicating about the family experiences being the symptom itself. Since the symptom was the only language available to the family in describing its experiences and with its escalating intensity, a new dialect was required to provide the family with a new way of thinking – a new "reality". The process of description has itself become a process of exploring the family relationship with the symptom. The family responds or adapts to the symptomatic situation it is faced with, the experience was felt as being at the same time a symptom and a cure. This means a lesser evil is chosen in order to avoid catastrophe. This family has been able to enter the therapeutic process in that they did not only interact with the symptom as a family, but went beyond to consider themselves as part in a larger system to create alternative conditions for coping. They connected with different systems as they went through the process of exploring their experiences. It is therefore the view of this research that by entering therapy, the black family is experiencing a clash of values. What used to be their habit of doing things has been found not to fit any longer, thus requiring a new approach. In cybernetic terms, the family stability has been perturbed. According to Keeney (1983:141), cybernetics encourages an attitude that cuts across individual skin and embraces more complex mental systems when entering into various kinds of relationships and thereby being changed. It was no longer the family and symptom only, but a therapeutic system that included other

systems. A higher order process of interaction was thus calibrated as the family explored alternative patterns of "reality" construction.

The family has been perturbed by the symptom and they have entered a therapeutic relationship to perturb their symptomatic interaction. A perturbation of perturbation takes place at this level to provide an impetus for creating a new "reality". This is part of the process of exploration of relationships by the family as it attempts to establish a way of coping with its experiences. The question being raised in this context is whether therapy is applicable in view of the pigmentation of this family. Although the scope of this study is limited and therefore not able to provide a finite answer (if such is ever possible), let it be sufficient to allude to the fact that the family participated in therapy to their satisfaction. It can, therefore, be concluded that therapy is applicable to this family as well.

Through therapy the family had the opportunity to engage in the process of exploring its experiences. Although the therapist shared similar attributes as the family, it will be difficult to credit the significance of the sharing of colour and other cultural attributes such as language to creating a useful therapeutic relationship. It is still possible, however, to attribute the colour and cultural attributes to the success of such a relationship as their presence provide an ecological possibility to such an interaction. The entry of the family in therapy enabled me, being a therapist, to seize the moment and join the symptomatic context of the family, thus entering the area of second-order cybernetics (also

referred to as cybernetics of cybernetics). The distinctions as created by the family offered the therapist an opportunity to vary his presuppositions. This means the therapist's genetic reference was not the family's frame of reference. The latter was only based on the therapist's epistemological assumptions that guided his initial interaction with the family. Although, the presentation made by the family only revealed their map about themselves to themselves as well as the therapeutic context, the therapist's map was varied to fit with the epistemological context of the family.

The symptomatic experience, which is the family's frame of reference, provided a language for the application of the constructivist formulations.

The therapist's map was based on the understanding that therapy in the context of the theory of constructivism is applicable even to black families. Of course such an assertion could be seen as an attempt to universalize cybernetic and systems conceptions. However, the fact that the family would not consciously attach blackness to its experiences would not make the family to be non-black. The therapist as an observer draws distinctions and describes them. The therapeutic process maintained the premises that viewed the family as black.

The fact that the therapist shared the same biological characteristics of blackness with the family, might have led to them (family) not attaching significance to the attributes. This thinking is concurrent with the social constructivist formulations that a pattern has been constructed, in language and

culture, which include the concept "black", in certain contexts, to have meaning other than colour. It is further based on the understanding that any construction is a process of mind, or an ecology of ideas, and that it is possible that the ideas around it, can have a variety of meanings, and that not all families who are black, attach the same meaning to this understanding. In terms of systems theory, even members of the same family can draw different distinctions around this understanding and any other experiences, thus invoking equifinality to the way of making distinctions.

The challenge posed is that the therapist in question has created a niche for testing the applicability of the constructivist formulations with a black family. The therapist was in a way investigating his effectiveness in rendering therapeutic intervention to a black family. This means any investigation relating to the purported view that the constructivist formulations are a presentation of the Western thought becomes a challenge to the therapist himself. The very therapist has derived his knowledge base from the Western thought to formulate this discourse which is based on his need to perceive difference. He therefore attached the biological significance of the family to the process of therapy. The therapeutic relationship itself provided a vehicle for the perception of difference. The symptom also provided a tool for the evolution of difference. The success attributed to this interaction suggests that the constructivist formulations can be applied with this family.

It is the view of constructivist epistemology that the creation of a therapeutic system is a reflection of an interaction of differently punctuated systems which initially formed autonomous entities. The family and therapist met as autonomous entities, thus creating an interdependence of relationships. The symptom has served as a link for these autonomous systems. It provided a language for communicating between themselves and linking them with other systems that organize their ecology. The initial presuppositions of the therapist about the family presented only the therapist's screen of consciousness. The family, on the other hand would only express a mental process of their symptomatic experiences. This induction of the therapist into the family context transformed the therapist whose presence provided a trigger for transforming the family's painful premises.

Methods of intervention such as paradoxical and other systemic interventions are the way the therapist presents or communicates himself to the family to promote self-correction. Intervention provides a connection that links family, therapist, symptom and intervention. The intervention is directed at the attempted solution (the here-and–now of the problem), and change (re-construction) can then take place. Each participant receives feedback about himself/herself and those in interaction. Every exchange becomes a transform of the former. The symptomatic experience is therefore transformed into a new creativity. The experience is no longer the either/or but the both/and of the systemic whole. The context has changed it is now a meta-pattern of interaction. At this level the

family experiences change of change which reveals a shift from one logical level beyond what has been attempted. The vicious symptomatic experience recursively turning into virtuous creativity, i.e. the process of suffering has turned into a fulfilling experience of creating an alternative structure of meanings. The old structure of relationships has thus become new relationships in terms of the imbrication of the epistemological order of recursion. A new family was thus formed.

4.3. CONCLUSION

Following von Glasersfeld (1984:39), radical constructivism provides a possible model of knowing and the acquisition of knowledge in cognitive organisms that are capable of constructing for themselves, on the basis of their own experience, a more or less reliable world. It portrays the symptom as such a model providing a part of the recursive process of interaction in families. The symptom has provided a process that allowed the family to explore its reality. As a process of investigation, it provided a means for its own investigation. It has shown how the family operates to construct a relatively regular world out of the flow of its experiences. The therapeutic context was constructed on the basis of these experiences. Following von Glasersfeld (1984:21), the symptom in a family operates like the metaphor of a key with whose help the family unlocks a path toward the goals it chooses. It operates on the basis of the law of parsimony (Bateson 1979:34). It has provided the family the opportunity to explore their relationships and construct a new and viable family. As a process of knowing it

has provided the family a search for fitting ways of behaving and thinking. In short, **the symptom as part of a recursive process of interaction can be said to be an epistemological tool for family organization – the family's ROYAL ROAD TO EPISTEMOLOGY**.

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ADDENDUM

EXTRACTS OF TRANSCRIBED VIDEOTAPED INTERVIEWS:

The family speaks both Tswana and Zulu as their home languages. Zulu is their family language, while Tswana is spoken in the community. Although Tswana was used exclusively during therapy, it was always spiced with Zulu. The family was notified of the presence and role of the observing team seated behind the one-way mirror.

Therapy was concluded in three sessions.

The Interviews

First Session (lasted 2 hours)

Therapist: Can someone say what brought you here..... who would like to start?

Granny: We have problems. They make life difficult for me. What worries me most is that I have been going from place to place, being sent from pillar to post by people like you.

Therapist: So, you must still be worried that you will still be receiving a similar treatment here.

Granny: Maybe you can help.

Therapist: You sound desperate. But I'm still not sure what the problem is. Can anyone put me in the picture?

Granny: The problem is these children. Their mothers have stands, but were still waiting for title deeds.

Therapist: (turning to the children) where are your mothers?

Granny :(children still unable to respond) they are deceased. Mary's mother was the first to die. She was followed by Lerato's mother. Matome and Noko's mother was the last to die.

Therapist: (turning to Granny) how are you related to the children and their mothers?

Granny: the mothers are my daughters, and these children are my granddaughters. Lerato's brother is at large and out of control. Mary's three siblings have neglected her while their mother was still alive but bedridden. I had to take her (Mary) in my care…….. the other children have always lived with me together with their mother's. Their mother's used to help me especially when they still worked….. they suffered a lot before they died.

Therapist: it sounds like everybody suffered their pain. Granny lost three daughters and all of you children have lost your mothers. I was listening to your grandmother relating the pain she had to endure, and suddenly realized that you could be going through the same pain of loss. Can you share your experiences as well?

Granny: (as the children remained quite, she prompted them to speak) say anything that bothers you. You don't have to be afraid.

Therapist: (to the children) it must be difficult for you to lose your parents. Am I right?

Children: Each child responded with a **yes** one after another.

Therapist: (turning to the children) would you like to share how you have experienced the pain?

Lerato: "I was sad to see her suffering like that."
Therapist: how did she suffer?

Granny: they suffered a lot before they died. They all suffered from HIV/Aids.

Therapist: (to Lerato) what was it that you saw happening with your mother?

Lerato: she vomited, grew thin, difficult to get out of bed, at times she had to be fed and be assisted to get out of bed. She also told me she was in pain....... and that she was going to die.

Therapist: and she died.

Lerato: yes, she died.

Therapist: you seem to be in pain. (Turning to others) Matome, can you also share your pain with us?

Matome: (crying and shedding tears) she told me many things. She said I was going to suffer when she dies, and that grandmother won't manage alone. (His 4 years old sister, Noko, was just clapping hands until everybody joined in crying. Granny did not shed tears but rested her head on her walking stick).

Mary: (in tears): It is painful to lose your mother.... She told me to go and live with my brother when she is gone (dead).
Granny: (interjecting) but her brother has not taken her.
Noko: (in tears, she just covered her face as she leaned on Granny's lap).

Therapist: their deaths have left pain in the family. I can see that everybody is in pain..... Are there things that you discussed with your mothers before they died?

Lerato: she told me my father was in Zambia.... I asked why he remained behind when we came back, but she would not tell.

Therapist: do you know your father?

Lerato: no, my mother told me I was only 2 years old when we returned from Zambia.

Granny: (interjecting) she was just the size of Noko.

Therapist: so, you grew up in the care of your mother.

Lerato: yes.

Therapist: now you lost her.

Lerato: (in tears) yes.

Therapist: (to the Matome) you already told us what your mother said about the impending suffering. Was she only talking about you or the rest of the children?

Matome: she referred to the rest of us.

Therapist: I see you cry when asked to talk about your mother. What is it that makes you cry?

Matome: what my mother said to me.

Therapist: is it about suffering?

Matome: yes.

Therapist: are you suffering?

Matome: yes.

Therapist: what are you suffering from?

Matome: although gogo (grandmother) is still able to attend to my needs, it is not proportional to the time when my mother was still able to provide.

Therapist: so, your concern is about your needs not being adequately met, this is because you lost your mother.

Matome: yes.

Therapist: (turning to Mary – she was not audible at times and Granny had to fill her in). What about you Mary? Was your mother also sick?

Mary: yes she was.

Therapist: for how long?

Mary: for a long time.

Therapist: (turning to Noko) how old were you when your mother died?

Noko: I don't know. (She continued playing with her shoes without saying much. She started crying and went to bury her face on Granny's lap).

Therapist: it has become clear that everyone is in mourning for the loss. Granny, you have lost daughters and children, you have lost mothers and breadwinners. I also hear the children reiterating the fears expressed by their mothers about the impending burden of responsibility.

Granny: (it is true): That's where pain lies. I'm too old to care for these children. I had thought I would die before my children, but it now seems as if my children are going first.

Therapist: it seems their death has interfered with the responsibility for your own needs. It also seems old age and dying will no longer be a good choice, especially if you have to care for these children.

Granny: it is difficult for me, and there is presently no one to care for these children.

Therapist: it must be difficult to let go of the deceased. Are there things you do to keep you in touch with them?

Matome :(followed by the rest) I have my mother's photos...... we all placed them in a photo – album .... We look at them most of the time, and talk about them.

Granny: Noko speaks a lot about her mother.

Therapist: Maybe it will be okay for Noko and the rest of you to show how you remember those you are now mourning for their death (a member of the observing team brought crayons, paper and toys). Noko, you were supposed to be at pre – school today, and this is your pre – school now (everybody laughed). You can write anything you like. (While I consulted with the observing team behind the mirror, Noko detached herself from Granny to start the work. All the children joined in to assist her). Who is in that picture?

Noko: myself, Matome, a dog and a car.

Therapist: (giving feedback from the observing team) the team has listened to you and what they hear is the pain afflicting everybody in the family. Another way of expressing feelings about those you lost can be done on paper. (Each member was given a newsprint and marker. Granny was asked to draw all her deceased daughters and herself, and each child was asked to draw his/her mother and her/himself. This exercise generated laughter as they all teased one another about whose picture is good or bad).

 Granny: I'm not good (but she completed task). I used to be good. I'm sick now; my mind tends to leave me. I loose my sleep at night – spending most of the time

thinking and worried that there is no one to assist me with the children. My children and these children's older siblings are not helping.

Therapist: I hear you saying that caring for these children is a burden that no one seems willing to assist you with.

Granny: yes my child. It is painful as I no longer have strength to be a mother again. I have to be responsible for my ill-health, feeding the family, clothe them – I have to ensure that every child is satisfied. I no longer have strength to perform all these responsibilities.

Therapist: a mother is what you are now – the caring for these children and it is a burden for you. You want to take care of your needs but it seems impossible.

Granny: Lerato has not been performing well at school. I even suspected that she has been abused. I took her to Child Welfare Society thinking that she was afraid to disclose the abuse to me. She, however, disclosed that she was at pain to think that her mother was going to leave her; that her mother was a good person. Her performance is still not good. Only Matome is performing well. His only problem is that he plays too much football.

Therapist: you seem to know what it means to be a mother, and you are perfect at it – this is what you are, and is what you seem to dread. (To the children) as I listen to Granny, it seems difficult to be without a mother. Your mothers took care of you, and now they are gone.

Granny: (interjecting) I took care of these children as well as their mothers before they died. Their mothers would not look after anybody, including themselves, as they were too sick.

Therapist (to the children): Can you share your experiences on that?

Lerato: we have to go to gogo when we need things.

Matome: I go to gogo and aunt. (**Granny**: their aunt is my last born daughter, Mapula – she is the only one assisting me with the children).

Mary: I go to gogo. She has been caring for me from the time when my mother was still alive. (Granny: she started school already in my care).

Noko: gogo.

Therapist: (to Granny) while I hear your trepidations regarding the care of these children, I also hear the children's trepidations of facing life without you.

Granny: that is true, my child, these children need me. This is the reason I'm trying to fix the title deeds for housing stands before I die….. Bringing up children is not an easy task. At times they become ill-disciplined. Matome prefers playing to his books, and this has nothing to do with the loss of his mother because he has been like this even when his mother was still alive. He will be better off at a boarding school.

Therapist: (to the children) you have lost your mothers, and Granny is worried that you may lose her as well. Who else is there to take care of you should Granny be not available?

Lerato: no one.

Matome: aunt won't manage.

Mary: aunt.

Noko: aunt.

Therapist: what about yourselves? What do you do to care for yourselves?

Lerato: we care for one another as children, but we are too young. We can't look after ourselves.

Matome: I contribute love and respect to the family.

Mary: I help with chores.

Noko: (she always generates excitement during the sessions).

Therapist: (to Granny) it seems as if it was easy for you to care for these children when their mothers were still alive. Letting go of them seems difficult and painful. You are not ready to go back to be what you have always been – a mother. (Another consultation with the observing team decided on a homework for the family).

Therapist (to the family): since Granny carries the burden of responsibility, she will need to take a break over the weekend while the children assist with various chores. Matome has a responsibility of taking care of reminding and sharing the emotional pain and love in the family – to ensure that everyone shares the pain. Noko is able to interact with everybody. She also accepts and makes everybody happy. She wants to be with everybody and every one of you needs to be there for her. Mary and Lerato: both will assist with chores at home.

The next session was scheduled in a fortnight.

Granny: the children will require a release letter to be presented to their school confirming a scheduled participation in therapy. This will be necessary as they will be required to leave during school hours to be on time for therapy. (The observing team took the responsibility for issuing such a letter)

Second session (lasted 1 hour)

Therapist: (everybody was vocal and wearing smiles all the way) what do you bring to therapy today?

 Granny :(to Matome) say what you want to say (she giggled). I thought you have something to say.

Therapist: is there something that you would like him to say?

Granny: he has to express his feelings.

Therapist: maybe we could start by sharing what everyone did with the homework and the drawings you made on the deceased. Is it okay, or is there something some wish to look at? (Everybody was in agreement and excited). Where do we start – the homework or the drawings?

Granny: we can start with the drawings (the children concurred)

Therapist: Can someone tell what happened?

Granny: they are at home. I placed mine in the drawer.

Lerato: I placed mine next to gogo's in the drawer.

Matome: I placed mine in the photo-album.

Mary: mine are in the wardrobe.

Noko: mine are in the room- divider.

Therapist: what are you doing with them?

Granny: they serve as a reminder

Lerato: it reminds me when my mother said that we were going to suffer as we will be remaining with gogo, and that she won't have enough money to care of us.

Matome: it reminds me how she suffered when she was sick. She had difficulty in eating. She had little to eat. Every time she ate, she would vomit. Granny was always there to assist her to eat. She (mother) was only sending me around to get her this and that.

Noko: I don't know.

Mary: she was too ill. She vomited. I would give her water.

Therapist: the drawings seem to be a reminder for everybody about the pain your mothers suffered. I also have the feeling that their pain has become your pain as individuals as well as a family, and you all have something to say about their pain as well as yours.

Granny: it was difficult for me especially when the children were at school. I needed their help desperately. It was like a punishment for me. I was not able to go anywhere. I defaulted from attending family and community issues. The house I was constructing had to be halted as I had to channel my finances towards treating their mothers. I did not have time to rest because when one died, I had to continue caring for the others. I also had to ensure that I washed their clothes and cooked for everybody including their children. I also had to contend with my son who influenced all my daughters against me because I cared for their HIV/Aids sisters. I wish you could motivate Matome to respect her aunt, Mapula, as she will be the only one left to care for them when I'm gone (dead).

Therapist: you sound like the one carrying the burden more than any others, and you the children were always helpful when available. Everybody was helping in his/her own way.

Granny: I'm not copying. It is difficult for me.

Therapist: your daughters have suffered. Maybe their death helped to alleviate their pain, and you will no longer be required to care for them.

Therapist: (An exercise was done to reenact the family experiences. Bags of books were used). Everyone can carry the size of the load he/she experiences. (Everyone explained that the load was heavy and would need a helping hand).

Granny: mine is huge. I will have to share it with Mapula. She is always there for me – encouraging me to soldier on. She was always there to help care for her sisters. She is assisting with the children and she is the only responsible person to carry on with the children when I'm gone (dead). Matome can continue playing football, but he needs to understand that every family has rules. He cannot do as he wishes because he does not have a mother. He must know when to play and when to be home.

Therapist: as in the words of Matome, the children have noticed how much you are struggling to make things better for the family. You have also alluded to the way they assist in their own way. (to Matome) Granny is trying to reduce the burden she is carrying, and she is trying to make everybody happy. She also has the older children and grandchildren who are old enough to care for themselves and would relief Granny her of the burden of responsibility and enable her to focus on smaller component of the family to manage; and still has you to care for. What will it take for you to make her happy?

Matome: to listen.

Granny: yes, yes.

Therapist: (to Granny) that seems to make a difference for you.

Granny: yes, it does. I don't have to worry about the older children and grandchildren because they can look after themselves. My worry is only these children."

Lerato: I would like to see all pulling together.

Mary: we must not use ugly language – like swearing.

Noko: I don't know.

Therapist: I think the things you are now relating should take us to the homework which we seem to have forgotten. Who is taking us through on this one?

Granny: Mapula did most of the chores while I rested.

Lerato: I assisted my aunt with cooking and cleaning.

Mary: I also assisted my aunt with cleaning and cooking.

Noko: I played.

Matome: Gogo sent me to the shop, and I went play most of the time.

Therapist: (had consultation with the observing team and homework was given). The team is impressed with the way you care for each other, and there is homework to do.

Granny: why are they not coming to greet us?

Therapist: you can use the telephone link to make the request.

Granny: I can't speak English.

Therapist :(the team was informed and came to meet the family at the end of the session. The homework: the family was issued with sweets to take home.

The sweets would be placed in a bowel. Every activity that is done and receiving approval is rewarded with sweets).

Third session (lasted an hour and half).

Therapist: what do you bring to therapy today?

Noko: Gogo has the drawings – I have mine.

Therapist: I know you are clever. You can take care of your drawings than your sisters.

Noko: I have a pocket.

Therapist: what would you like us to say regarding the pictures?

Granny: we always had time to look at them. These people were important in our lives. We can't forget them. I remember what they used to say about helping finish the house. My wish now is completing the house so that every child could have enough shelter.

Therapist: I thought you still want to hold on them, but it seems to me you are letting them go, and now your focus is shifting towards the children. Can you help me understand?

Granny: yes, they are my children, but I have to accept they are no more. These children are my children too. I'm both their mother and their grandmother as well. It is what I have always been – a mother to their mothers while taking care of the needs of these children.

Therapist: (to the children) what are you doing with the pictures?

Lerato: she is my mother. I intend to keep her until she reaches paradise.

Therapist: what about Granny?

Lerato: She is the only one left for us. Although the deceased are our mothers, caring for us wherever they are, we call her mother too.

Noko: (pointing at Granny) that's my mother (everybody laughed).

Therapist: what about the one in the picture?

Noko: this is Noko (laughter again).

Therapist: what about you Matome?

Matome: both are my mothers. I keep both of them. The deceased is in my heart – I will always think about her.

Therapist: what about another mother (Granny)?

Matome: I must listen to her.

Therapist: what about you Mary?

Mary: they are both my mothers.

Therapist: Oh! You also have two mothers as well? What do you do with the one in the picture?

Mary: I just look at the picture and think about her.

Therapist: you all expressed the importance of the deceased to you, and the children have accepted Granny as their mother. Granny also sees you (children) as her children.

Granny :(interjecting) do you know what these children have done? Lerato and Mary wrote me a message, and Noko added my picture on the message card. I just expressed my appreciation of what they did when they presented me with the card.

Therapist: they really love you Granny. So, what about the homework?

Granny: (breaking into laughter) these children can be very naughty. You don't want to know how the sweets got finished (all children laughed).

Lerato: (interjecting) Mary was cheated. She had gone to buy bread and the sweets were finished when she returned.

Therapist: Mary, you got cheated. What did you do when you discovered?

Mary: I did nothing.

Noko: I got my sweets because I cooked for Granny.

Granny: my little girl is cooking for gogo, that's wonderful. You are such a grown-up.

Therapist: maybe we need to give her a hand for the job well-done (everybody joined in clapping hands as Granny continued to praise her). You seem like a true mother. These children are expressing your appreciation for the care you are offering.

Granny: they are my children. I can't abandon them. I had to take Mary from her siblings as they would not look after her. Mary has already been placed in foster care with me. But I have waited in vain to receive a foster grant. Only child support grant i.r.o. Noko is supplementing my old age pension for family use. The only problem is that the social workers involved have not maintained contact.

Therapist: you are doing a lot for the children, but you seem to be loosing hope, especially with support systems that seem to be failing you. What is it that maintains your courage then?

Granny: (the children started to unpack toys and they all joined in to play) I know I'm a mother, and these children need me. Maybe you can help me with the older children and grandchildren as you did with these once. I can arrange with them to

come and see you. I want them to understand their responsibilities so that they can be on their own.

Therapist: this means we are now terminating therapy with this family. And everybody can join in to share the refreshments that have been provided (the children took the responsibility of serving the refreshments. Every one of them gave hands like siblings would do).