

The utility of a narrative approach to establish therapeutic alliance in a cross-cultural setting

by

Maria Margaretha Malan

Submitted in partial fulfillment of the requirement for the degree

MAGISTER EDUCATIONIS (Educational Psychology)

in the

Department of Educational Psychology
Faculty of Education
UNIVERSITY OF PRETORIA

SUPERVISOR

Dr. S. Human-Vogel

CO-SUPERVISOR

Prof. L. Ebersöhn

PRETORIA

August 2011

Acknowledgement

I would like to express my gratitude to the following people who have assisted me during the course of my study:

- To my supervisors, Dr. S. Human-Vogel and Prof. L. Ebersöhn without whom this study would not have been possible.
- To Mrs. Alexa Barnby, for language and technical editing.
- To my dear friends, Pierre Edwards, Marica Foxcroft and Annalize Green, for your continuous loving support, encouragement and guidance during this study.
- To my parents, Jasper and Ansie Malan, for all your loving support and encouragement through the years of my studies. Without your financial assistance and support I would have not been able to fulfil this dream. It is truly appreciated.
- To my dearest grandfather, Wollie Kloppers, who has been a living example of courage, perseverance, integrity, character, righteousness and wisdom. You have taught me the true meaning of a life lived to its fullest.
- My Heavenly Father, for spiritual guidance, encouragement and love on my endeavour to fulfil my purpose in life through this dream.

Declaration

I, Maria Margaretha Malan (student number 22018582) hereby declare that all the resources consulted were included in the reference list and my study entitled, ***The utility of a narrative approach to establish therapeutic alliance in a cross-cultural setting***, is my original work.

M.M. Malan

August 2011

Summary

The utility of a narrative approach to establish therapeutic alliance in a cross-cultural setting

by

Maria Margaretha Malan

Supervisor: Dr S Human-Vogel

Co-supervisor: Prof L Ebersöhn

Department: Educational Psychology

Degree: MEd (Educational Psychology)

When therapists engage with clients from a culture other than their own, narrative therapy can be applied to overcome the linguistic and cultural challenges that result. Accordingly, this type of therapy allows for collective interactional problem solving. Hence, a qualitative narrative approach to therapy is advocated as being more culturally sensitive in diverse settings, because it should enable therapists to determine their clients' worldviews. This is a critical aspect of cross-cultural assessment and intervention when establishing an effective therapeutic relationship.

The purpose of this study was to explore and describe (Babbie & Mouton, 2001) the utility of narrative therapy in order to enable a therapeutic alliance in a cross-cultural psychological assessment and intervention in a remote school. For this purpose, a qualitative research approach was adopted together with a constructivist paradigm. In addition, a content analysis design was employed by analysing existing documents comprising field notes (those of the student therapist, the supervisor and two peer supervisors), a reflection journal and visual data generated during cross-cultural psychological assessment and intervention sessions at the school. After reviewing the relevant literature, a priori categories (deductive analysis) were identified and the data sources were searched for instances of therapeutic alliance.

This study found that the therapist's counselling skills and, more specifically, displaying coordinated acts of concern to benefit the client, namely actions such as thorough planning with a rationale for change; clear, logical communication; giving

opportunities for re-learning; giving time; cooperation; being involved (responsive and taking part); paying attention (awareness and insight); benevolence; giving advice; being respectful; and instilling/communicating a sense of hope, may prove to have potential value in establishing a therapeutic alliance with these clients. In addition, the study found that the use of a narrative therapy technique, the clients' positive affect and the interaction between the therapist and the clients (therapeutic relationship) contributed marginally to the established alliance.

The findings of the study suggest, therefore, that cultural competence did not contribute meaningfully to the development of a therapeutic alliance in this specific case, as cultural competence skills were not observed in the actions of the therapist.

The findings further suggest that common factors, such as those of the therapist, client, relationship, and technique, are interactive and dynamic, and are all necessary factors in establishing a therapeutic alliance in cross-cultural assessment and intervention at a remote school.

Keywords: narrative therapy, therapeutic alliance, cross-cultural psychological assessment and intervention, remote secondary school, cultural competence

Table of Contents

Acknowledgement

Declaration

Summary

CHAPTER 1

Setting the stage

1.1	Introduction	1
1.2	Background of study	2
1.3	Purpose and rationale of the study	6
1.4	Role of the researcher	8
1.5	Concept clarification	9
1.5.1	Therapeutic alliance	9
1.5.2	Narrative therapy	10
1.5.3	Cross-cultural psychological assessment and intervention	11
1.5.4	Remote school	12
1.5.5	Utility	12
1.5.6	Enable	13
1.6	Research questions	13
1.6.1	Primary research question	13
1.6.2	Sub questions	13
1.7	Brief overview of research methodology	14
1.8	Paradigmatic perspective, research design and methodology	15
1.9	Possible contributions of the study	17
1.10	Ethical considerations	17
1.11	Quality criteria	17
1.12	Structure of study	18

CHAPTER 2

The Phenomenon of therapeutic alliance: The utility of narrative therapy in cross-cultural settings

2.1	Introduction	20
2.2	Psychological assessment and intervention: South Africa	21
	2.2.1 Cultural diversity	21
	2.2.2 Service delivery	23
2.3	Cross-cultural assessment and intervention	24
2.4	Rurality and background of study	27
2.5	Frameworks used to guide and explain cross-cultural psychological assessment and intervention	31
	2.5.1 Cultural competence	31
	2.5.2 Therapeutic alliance	33
	2.5.2.1 Postmodern movement to relationship	33
	2.5.2.2 Towards a description of therapeutic alliance	34
	2.5.2.3 Common factors of therapeutic alliance	37
2.6	Therapeutic alliance and narrative therapy	38
2.7	Narrative approach	40
2.8	Use of narrative therapy in cross-cultural settings	42
2.9	Utility of narrative therapy to promote therapeutic alliance in cross-cultural settings	43
2.10	Conceptual framework: Common factors model	45
	2.10.1 Clarifying the common factors model	45
	2.10.2 Advantages and limitations of the common factors model	46
	2.10.3 Common factors of effective treatment outcome	46
2.11	Theoretical indicators of therapeutic alliance (A priori assumptions)	49
2.12	Conclusion	52

CHAPTER 3

Research Design and Methodology

3.1	Introduction	53
3.2	Purpose of study	53
3.3	Paradigm perspective	53
	3.3.1 Methatheoretical paradigm	54
	3.3.2 Methodological paradigm	56
3.4	Methodology	58
	3.4.1 Research design	58
	3.4.2 Research setting and background of existing data	59
	3.4.2.1 Secondary school	59
	3.4.2.2 Participants	60
	3.4.3 Procedures	61
	3.4.3.1 Visits	61
	3.4.3.2 Assessment	61
	3.4.3.3 Intervention	62
	3.4.4 Selection of data sources	62
	3.4.4.1 Field notes	63
	3.4.4.2 Reflection journal	64
	3.4.4.3 Visual data	65
	3.4.5 Data analysis and interpretation	66
	3.4.5.1 Preparation of data sources	66
	3.4.5.2 A priori categories	66
	3.4.5.3 Coding process	69
	4.5.3.1 Coding	70
	3.4.5.3.2 Categorisation	71
	3.4.5.3.3 Negative instances	71
3.5	Quality criteria	71
	3.5.1 Dependability	71
	3.5.2 Credibility	72
	3.5.3 Authenticity	72
	3.5.4 Confirmability	72

3.5.5	Transferability	73
3.6	Ethical considerations	73
3.6.1	Informed consent	73
3.6.2	Confidentiality	74
3.6.3	Prevention of harm	74
3.7	Conclusion	74

---oOo---

CHAPTER 4

Discussion of results and findings of the study

4.1	Introduction	76
4.2	Research results	76
	4.2.1 Therapist counselling skills	78
	4.2.1.1 Action and Concern	78
	4.2.1.2 Advanced empathy	87
	4.2.1.3 Therapist attributes	90
	4.2.1.4 Basic empathy	92
	4.2.2 Narrative Therapy technique	93
	4.2.3 Clients' positive affect	96
	4.2.4 Therapeutic relationship	99
	4.2.5 Cultural Competence	103
4.3	Summary of Results	104
4.4	Conclusion	106

---oOo---

CHAPTER 5

Conclusions and Recommendations

5.1	Introduction	107
5.2	Overview of central aspects of the study	107
5.3	Discussion of findings	108
5.3.1	Summary of main findings	108
5.3.2	Instances where findings support existing knowledge	109
5.3.2.1	Supporting knowledge on the centrality of the therapist's counselling skills	109
5.3.2.2	Supporting knowledge with regards to narrative therapy technique	112
5.3.3	Findings which contradict existing knowledge	114
5.3.3.1	Contradictory knowledge on cultural competence	114
5.3.3.2	Contradictory knowledge on the role of clients' positive affect in enabling the therapeutic alliance	115
5.3.3.3	Contradictory knowledge on the predicted contribution of the therapeutic relationship factors in establishing the therapeutic alliance	116
5.3.3.4	Contradictory knowledge on the expected contribution of the narrative therapy technique to the therapeutic alliance	117
5.3.4	New insights	117
5.3.4.1	The therapeutic alliance in a cross-cultural psychological assessment and intervention in a remote school	117
5.3.5	Silences in the data	118
5.3.5.1	Clear and logical communication	118
5.3.5.2	Viewing the therapist as credible	119
5.3.5.3	Cultural competence	119
5.4	Revisiting the primary and secondary research questions	120
5.4.1	Secondary research question 1: <i>How may the therapeutic alliance be objectively indicated?</i>	120
5.4.2	Secondary research question 2: <i>To what extent may narrative</i>	

	<i>therapy in educational psychological assessment and intervention enable a therapist to express culturally competent skills?</i>	121
5.4.3	Secondary research question 3: <i>To what extent may a narrative approach to psychological assessment and intervention contribute to the establishment of the therapeutic alliance?</i>	122
5.4.4	Secondary research question 4: <i>Which therapeutic alliance trends are present in the data sources which emanated from the cross-cultural psychological assessment and intervention in a remote school?</i>	122
5.4.5	Secondary research question 5: <i>How was a therapeutic alliance established during the cross-cultural psychological assessment and intervention in a remote school?</i>	123
5.4.6	Reflecting on the primary research question	124
5.5	Contribution of the study	125
5.5.1	Theoretical contribution	125
5.5.2	Methodological contribution	126
5.6	Limitations of the study	127
5.7	Recommendations	130
5.7.1	Recommendations relating to research	130
5.7.2	Recommendations relating to practice	132
5.7.3	Recommendations relating to training	132
5.8	Concluding remarks	133
5.9	What I, as the researcher, have learnt	133

References 136

Appendices Compact disc (CD)

Appendix A: Planning of assessment and intervention activities	CD
Appendix B: Extracts from research reflection journal	CD
Appendix C: Data sources	CD
Appendix D: Coding the data	CD
Appendix E: Consent form	CD
Appendix F: Conversion of percentages of therapeutic alliance present in data sources	CD
Appendix G: Matrix of categorisation and coding process	CD
Appendix H: Process conceptualising and identifying the a priori categories	CD
Appendix I: Declaration of Originality	144
Appendix J: Ethical clearance certificate	145

List of Tables

Table 1.1	Overview of psychological assessment and intervention process	4
Table 1.2	Paradigmatic and methodological considerations	15
Table 2.1	Theoretical definition and objective indicators of a priori categories	50
Table 3.1	Non-confidential information of the participants	60
Table 3.2	A priori assumptions/Categories	67
Table 4.1	Frequency of a priori categories present in data sources	76
Table 4.2	Therapist Counselling Skills	78
Table 4.3	Action and Concern	79
Table 4.4	Division of the subcategories Action and Concern into further subcategories	79
Table 4.5	Advanced empathy	87
Table 4.6	Therapist attributes	90
Table 4.7	Basic empathy	92
Table 4.8	Narrative therapy technique	93
Table 4.9	Clients' positive affect	96

Table 4.10	Therapeutic relationship	99
Table 4.11	Cultural Competence	103

List of Figures

Figure 1.1	Overview of research process	14
Figure 2.1	An overview of the conceptual framework	48
Figure 2.2	Overview of conceptualisation of a priori categories	48
Figure 3.1	Overview of data analysis process	69
Figure 4.1	Quadrant map	87
Figure 4.2	Percentages of therapeutic alliance present in data	104
Figure 4.3	Percentages of subcategories in category Therapist Counselling Skills	105
Figure 5.1	An overview of the conceptual framework	108

List of photographs

Photo 1.1	Bucks in the school ground indicating the remote, rural setting	2
Photo 1.2	Background view of the secondary school	2
Photo 1.3	View of the surroundings at the secondary school	3
Photo 1.4	Feeding scheme project at the secondary school	3
Photo 3.1	The school setting as viewed from the school building	60
Photo 3.2	The remote secondary school in Mpumalanga	60
Photo 4.1	Therapist involved in the process	83
Photo 4.2	Therapist explaining and guiding clients	83
Photo 4.3	Telling and hearing of narratives	95
Photo 4.4	Re-authoring of narratives	95
Photo 4.5	Clients creating their current narrative	96
Photo 4.6	Clients working together collaboratively	96
Photo 4.7	Working together purposefully	98
Photo 4.8	Working together showing motivation	98
Photo 4.9	Clients involved and motivated	98

Photo 4.10	Working together purposefully	98
Photo 4.11	Motivated and working purposefully	98
Photo 4.12	Clients motivated and enthusiastic	98
Photo 4.13	Group name	102
Photo 4.14	Cultural name of therapist given by clients	
102		

---oOo---

CHAPTER 1

Setting the stage

1.1 Introduction

According to the relevant literature (Greenson, 1967 in Bale, Catty, Watt, Greenwood & Burns, 2006; Daddario, Kishimoto, Jenkins, Kobayashi, Lettich & Wilcox, n.d.; Ma, 2007 & Matima, n.d.; Donabedian, 1980 in Noser & Bickman, 2000) the therapeutic alliance is advocated as an important variable in respect of the outcome of any therapeutic intervention. Essentially, a therapeutic alliance refers to a collaboration for change by virtue of mutually agreeing upon, and working together towards, therapeutic goals, the differentiation of the anticipated roles and tasks of both the therapist and client and the bond that develops between the therapist and the client (Bordin, 1983; Bordin, 1979 in Ackerman & Hilsenroth, 2003).

The diverse population of South Africa means that psychologists in South Africa are, increasingly, required to work with clients from different cultural backgrounds to that of the therapist (Maree & Van der Westhuizen, 2011). As a result, certain challenges in respect of culturally sensitive psychological practices are of concern and there is, thus, a need for culturally relevant psychological theories and practices (Maree & Van der Westhuizen, 2011). According to the literature (Louw, 2004; Collins & Arthur, 2010; Sue, Zane, Hall & Berger., 2009) cultural competence encompasses important professional and interactional skills and refers to those skills which embrace an awareness, knowledge and skills in respect of self the clients' cultures (Sue et al., 2009; Collins & Arthur, 2010). Such skills would clearly enable a therapeutic alliance that is culturally sensitive (Collins & Arthur, 2010:221).

Maxwell (2007 in Maree, Ebersöhn & Vermaak, 2008) indicates that postmodern approaches, such as narrative therapy, are relevant to cross-cultural psychological settings. In addition, the use of art, together with narrative therapy, creates an additional avenue of expression (McNiff, 2009) which may overcome the linguistic barriers that may arise in cross-cultural psychological assessment and intervention in remote settings. In this study, the researcher considers the use of narrative therapy in enabling the establishment of a therapeutic alliance in respect of a cross-cultural

psychological interaction in a remote school. This study formed part of an academic service learning module in the MEd (Educational Psychology) programme and the University of Pretoria.

1.2 Background of the study

This study is part of a broader, longitudinal research project, FLY (Flourishing Learners Youth, Ebersöhn, 2009), which commenced in 2006. This broader research project is built on collaborative relationships between researchers, the school – a secondary school in Mpumalanga – and postgraduate students. This study forms part of an academic service learning module in the MEd (Educational Psychology) programme at the University of Pretoria. The school learners taking part in this broader, longitudinal research project are supported in their acquisition of learning support- and career facilitation skills. The following section contains photographs which illustrate the context of the remote secondary school with photographs 1.2 and 1.3 depicting both the rural and the remote location of the secondary school. Photographs 1.1 and 1.4 depict the resources available, for instance, goats for the provision of milk and the implementation of the food scheme project as a way in which to help learners learn more effectively by providing adequate, daily nutrition.



Photograph 1.1 Buck in the school ground indicating the remote, rural setting



Photograph 1.2 Background view of the secondary school



Photograph 1.3 View of the surroundings at the secondary school



Photograph 1.4 Feeding scheme project at the secondary school

The secondary school in the study is located in a remote, rural area and is, thus, within the context of the study, referred to as a remote school. In other words, a remote school in the context of this study refers to a school that is geographically located in a rural, isolated area which is characterised by low socioeconomic status, high unemployment rates, low population density and limited resources/facilities (Ballantyne & Mylonas, 2001; DPIE & DSHS, 1994 in Stokes, Stafford & Holdsworth, 2002; NationMaster.com, 2003–2005). The secondary school is situated approximately 160 kilometres from the nearest town. The learners of the school live near the school and they walk to school as transport is not available. There are approximately 680 learners and 25 teachers in the secondary school. Resources are limited as there are problems with running water, electricity, shortage of furniture, laboratory equipment and a limited number of books in the library. A computer centre was donated to the school but is not functional at this stage because of the problems experienced with electricity and also theft. There is a local tuck shop which provides the basic necessities in the residential area.

Seven Grade 9 boys from the school participated in the psychological assessment and intervention sessions. Although the participants were all in Grade 9, they varied in age from 14 to 20. The selection of the group was carried out both informally and randomly and resulted in a group of boys only and, thus, the group of learners who generated the data set for this study consisted of the seven boys and no girls. The researcher selected the existing data sources which had been generated during the

psychological assessment and intervention of career facilitation with Grade 9 boys in a remote school (Ebersöhn, 2009). Both the field notes and the observation data arising from the assessment and intervention sessions were documented by the researcher as student therapist, the supervisor (co-supervisor of this study) and the researcher's peer supervisors. In her role as student therapist the researcher documented her reflections on the psychological assessment and intervention sessions in a reflection journal. The FLY assessment and intervention process is presented in Table 1.1.

Table 1.1 Overview of the psychological assessment and intervention process

General purpose of the Secondary School (Badplaas, Mpumalanga) In-Service Training				
<u>Career and learning development assessment and intervention</u>				
The purpose of the in-service training of MEd Educational Psychology students is to help learners to identify the assets and resources available in their lives in order to support them both in their learning within the school context and in their career planning. Educational psychology service aims at enabling learners to address challenges by accessing and mobilising the assets and resources available in their environment. Synonymous with educational psychology, learners are supported in their acquiring of learning support and career facilitation skills.				
	First visit		Second visit	
Type of visit	Educational assessment	psychology	Educational (narrative) therapy	psychology
Days and hours	Two day visits, 4 hours a day		Two day visits, 4 hours a day	
Purpose of the visit	<ul style="list-style-type: none"> • Establishing report • Creating a trusting environment • Group cohesion and goal setting • Holistic assessment specific to: <ul style="list-style-type: none"> - Identifying assets and barriers in the learners' lives - Career and subject assessment and 		<ul style="list-style-type: none"> • Continue building a trusting relationship and environment • Communication of assets identified • Mobilisation of assets by using a narrative approach and facilitate the re-authoring of alternative/idealised future life stories 	

General purpose of the Secondary School (Badplaas, Mpumalanga) In-Service Training		
	exploration - Creating current narrative	
Activities	Variety of informal, alternative assessments (Refer to Appendix A)	Narrative therapy intervention (Refer to Appendix A)

As a white Afrikaans speaking student therapist entering a psychological interaction setting with clients who differ in language and culture, the student therapist acknowledged that her therapeutic approach needs to be adapted as she anticipated that the clients are unfamiliar with psychological practices and faced certain socio-economic challenges that she may be unfamiliar with. Therefore, the student therapist made use of materials and resources that she expected to be appropriate and familiar in the remote school context. Although, the student therapist engaged with basic assumptions regarding her clients' culture and language and the impact she as 'n white Afrikaans speaking student therapist would have on her clients, it is important to note that an adequate comprehension of what to expect from the environment and clients was not probable. Differences regarding age, language and culture (SiSwati, Sesotho, IsiNdebele and IsiZulu) were encountered. Consequently, the group was as diverse and different in itself, as she was different, culturally and linguistically, from her clients. The student therapist anticipated working with a group of learners and based her group work on Tuckman's¹ Five stages of group development namely forming, storming, norming, performing and adjourning stages.

In view of the fact that the conceptualisation of this study and the analysis took place on an ex post facto basis the objective of this study differs from the objectives of the project's in-service training (see Table 1.1). In this study the researcher wished to explore the utility of narrative therapy in establishing a therapeutic alliance in the

¹ The forming stage involves setting the emotional undertone regarding the purpose of the group as well as clarification of leadership and structure. The storming stage is characterised by a barrage of emotions both the therapist as well as the clients, and concludes when a hierarchical structure is formed. The norming stage is characterised by interconnectedness and cohesion and the performing stage is characterised by a fully functioning and accepting group. The adjourning stage is often characterised by feelings of sadness and loss as the temporary group setting disengage (Smith, 2004:189-190).

context of cross-cultural assessment and intervention in a remote school (see section 1.3 for the rationale and purpose of this study). As background to this study, the researcher explored existing theory on therapeutic alliance, narrative therapy and cultural competence as a way of investigating the extent to which narrative therapy may enable a therapeutic alliance in cross-cultural psychological assessment and intervention in a remote school.

1.3 Purpose and rationale of the study

As stated above, the purpose of this study is to explore and describe (Babbie & Mouton, 2001) the utility of narrative therapy within a cross-cultural assessment and intervention setting. In addition, the researcher aims to investigate the way in which narratives may enable a therapeutic alliance in a cross-cultural psychological assessment and intervention in a remote school. To this end, the researcher relied on content analysis, specifically, the deductive analysis of field notes, journal reflections and visual data in order to identify trends in respect of therapeutic alliance which had emerged from the employment of a narrative approach to therapy within a cross-cultural setting.

Clients may experience a number of linguistic and cultural challenges when participating in a cross-cultural psychological assessment and intervention (Maree, Ebersöhn & Molepo, 2006). The clients from rural settings have, first, to understand the concepts and items, as introduced by the therapist, and then relate them to their own language and culture before responding or internalising the situation (Maree et al., 2006:55). During cross-cultural interactions communication is often hampered and/or distorted by the different presuppositions, beliefs, understandings and concepts held both by the therapist and the clients. Nevertheless, meaningful communication and engagement is possible if both the therapist and the clients make a conscious effort to understand each other's frame of reference and also subject any stereotyped ideas and perceptions to careful scrutiny during the assessment and intervention dialogue (Grobler, Schenck & Du Toit, 2007:215). As an educational psychology student the researcher decided on a narrative approach to therapy as narrative therapy has been advocated as being more culturally sensitive in diverse settings (Eloff, 2004; Maree, 2007; Maree & Molepo, 2006 in McMahon & Watson, n.d.). In addition, narrative therapy enables therapists to

determine the world views of the clients – a critical aspect of cross-cultural assessment and intervention (Maree et al., 2006).

Accordingly, narrative therapy may be utilised to overcome the linguistic and cultural challenges when engaging with clients who are culturally different to the therapist. In addition, narrative therapy may be utilised for groups rather than individuals and this is more cost effective (Maree & Beck, 2004). In their findings, Bischof and Alexander (2008) suggest that using narrative therapy in a group context provides opportunities for collective, interactional problem-solving with the informal nature of narrative therapy giving clients the opportunity to discuss issues with one another as well as reflect on the instructions and activities (Bischof & Alexander, 2008: 13). Assisting clients both to rewrite and to create alternative stories that are psychologically healthier is a prerequisite for the continued success in life of generations in South Africa (Maree & Molepo, 2007). In South Africa the acknowledgement of the contextual and social influences in a client's life is essential as a result of changing work environments, high levels of unemployment and cultural factors (Bischof & Alexander, 2008:10). Narrative therapy is one method which enables this acknowledgement.

In this study, the researcher assumed that the use of narratives would provide the clients with the opportunity to structure their cultural and perceptual experiences. Telling stories enables clients to organise their thoughts about work and, in addition, personal histories may be used to give meaning to the evolution of vocational identities (Chopi & Consoli, 2007:88). In other words, the use of narratives is believed to be culturally sensitive (Matima, n.d.). In addition, Bennet (2008) argues that using expressive art in conjunction with externalising conversations as part of the narrative therapy process may have therapeutic potential for children as art constitutes a further resource with which to express and externalise inner feelings (McNiff, 2009).

An awareness of the development of the therapeutic alliance during assessment and intervention is important if errors in the establishment of this alliance are to be identified and rectified (Hersoug, Hoglend, Havik & Monsen, 2010). Johansson and Eklund (in Elvins & Green, 2008) describe the therapeutic relationship as the key

determinant of treatment success. In addition, the therapeutic alliance established during assessment and intervention may be enhanced if the therapist issues an invitation to dialoguing about the therapist and clients' collaboration, and directly addresses whether their progress is in line with the agreed upon goals (Hersoug et al., 2010). In the past, the use of narratives in psychological assessment and intervention was found to be useful in addressing the difficulties experienced when establishing a therapeutic alliance in a cross-cultural setting. In this study the researcher intended to contribute to these understandings by focusing on (a) the utility of narrative therapy during psychological assessment and intervention, and (b) boys in a remote school as a cross-cultural case. The researcher relied on the content analysis (deductive analysis) of existing data sources (field notes, journal reflections and visual data) to identify those trends in respect of the therapeutic alliance that had emerged when a narrative approach to therapy and a cross-cultural context was employed.

1.4 Role of the researcher

The researcher fulfilled various roles in this study. In her role as researcher she focused on an in-depth literature study so as to gain relevant knowledge of the field while sampling documents and analysing and interpreting data provided rich meaningful descriptions to inform the research question. In order to adhere to the basic standards and criteria of credibility (Neuman, 1997) and authenticity the researcher consulted with her supervisors on an ongoing basis. In addition, she reflected on her role as researcher when working with the raw data during the data analysis and interpretation process as a means of remaining focused on the purpose of the study and her specific role in the study. This reflection process was noted in the researcher journal (refer to Appendix B) and enabled the researcher to document and account for her personal views and preconceptions about the phenomena under investigation.

The researcher was the educational psychologist in training who co-constructed the data for this study as part of her MEd (Educational Psychology) training. Accordingly, she continually reminded herself that her role in the study was that of researcher and not that of educational psychologist. She documented her role as educational psychologist in the data sources – See reflection journal (Refer to Appendix B).

1.5 Concept clarification

In the following section the key concepts of this study are clarified.

1.5.1 Therapeutic alliance

According to Green (2006 in Elvins & Green, 2008:1168), the therapeutic alliance may be seen as a summary term which includes a number of the interpersonal processes present in psychological treatment and which may be affected by specific manualised treatment techniques. The term “therapeutic alliance” may refer to Bordin’s (1976 in Hersoug et al., 2010) pantheoretical definition that is applicable across different therapeutic models and techniques. A mutual understanding of the following factors is included: (1) the goal – refers to the goal and purpose of the therapy; (2) the task – refers to agreement of collaborative goal achievement; (3) the bond – refers to the emotional and relational aspects of the alliance and include the client’s personal liking, trusting and valuing of the therapist. In both the factors of the therapeutic alliance, the goal and the bond, cognitive aspects are involved that entail both the therapist’s technical interventions that are intended to encourage change as well as the behavioural element of relearning that takes place in the client’s life beyond the assessment and intervention sessions (Scaturo, 2010:1; Hersoug et. al, 2010:146; Burkard, Juarez-Huffaker & Ajmere, 2003; Bordin in Hietanen & Punamäki, 2006). The application of techniques that convey support, increase the client’s understanding of the problems that brought him/her to therapy and enhance the connection between therapist and client is found to support the development and maintenance of the therapeutic alliance (Ackerman & Hilsenroth, 2003: 18). The narrative therapy technique is one such technique.

Asay and Lambert (2002 in Elvins & Green, 2008) further point out that an essential aspect of the therapeutic alliance is the therapist’s intra-individual and interpersonal characteristics. The therapist’s ability to instill confidence and trust within the context of the therapeutic process, the therapist’s capacity to connect with the client and convey competence with regards to successful intervention as well as personal attributes such as flexibility, honesty, respect, trustworthiness, confidence, warmth, interest and openness (Ackerman & Hilsenroth, 2003) are all essential to therapeutic success (Ackerman & Hilsenroth, 2003). Furthermore, characteristics similar to dependability, benevolence, responsiveness, an altruistic motivation to help others

and the ability to be both facilitative and nurturing during intervention may be expected both to enhance and to maintain the therapeutic alliance (Ackerman & Hilsenroth, 2003; Hakansson & Montgomery, 2003).

1.5.2 Narrative therapy

There is a longstanding notion that stories give personal, social and cultural meaning and organisation to people's lives (Strong, 2010:95). Micheal White (1990), in collaboration with David Epton (1990), pioneered the development of the practice of narrative therapy (Hilker, 2005). White and Epton's approach to narrative therapy is based on the assumption that people's lives are socially constructed through the multiple stories that clients share and that these stories are enriched and shaped by the cultural and historical contexts within which they occur (Hilker, 2005:6).

According Onega and Landa (1996 in Besley, 2001:72), narrative therapy may be "seen as a response to the formalism and scientific pretensions of structuralism and might [be] loosely termed poststructuralist thinking" which forms part of the linguistic turn within the movements of philosophy, the humanities and the social sciences (Rorty, 1967 in Besley, 2001). Despite the fact that narrative therapy is avowedly poststructuralist, respect and elevation of the clients' voices may be traced back to liberal humanist principles that are commonly found in both child-centered psychology and pedagogy (Besley, 2001:85). Furthermore, the therapist's approach to intervention as well as the way in which individuals frame their notions of the "self" and "identity" is affected by language and, thus, we become socialised into a language and cultural system (Besley, 2001). It is, further, noted that the way in which meaning is explored and alternative stories sought in narrative therapy may facilitate new possibilities for clients and this, in turn, positions narrative therapy within the constructivist psychology domain (Besley, 2001:76). A social constructivist viewpoint is also adopted by narrative therapy as social constructivism does not view people's identities as primarily stable and singular but, rather, upholds the notion that people's identities both change and are contradictory (Lifon, 1993 & Gergen, 1990, 1991, 2001 in Besley, 2001:79).

According to the narrative therapy approach, the interpretation of events lies within the specific context in which they are received and, thus, narrative therapy helps

clients to perceive both dominant, as well as alternative, stories. The act of helping clients to see both the dominant and the alternative stories enables the re-authoring of stories as a way in which to clarify the choices which are both available and preferred (Besley, 2001:75). Furthermore, narrative therapy views the clients as the experts in their own lives and, therefore, a “not-knowing” or tentative or curious stance is adopted by using listening, therapeutic conversation and questions (Besley, 2001:81). Narrative therapy is often referred to as a respectful, non-blaming approach. The assumption is that clients possess numerous skills, competencies and beliefs, values and commitments, and abilities (Bennet, 2008:13) that may be utilised either to reduce or to resolve the current problems in their lives (Morgan in Bennet, 2008).

A context in which the client’s problems are treated as separate from the client is created by the process of externalising. Problems are, thus, conceptualised “as existing outside [clients] as a linguistic device to reorganize thinking in [a manner] that counters shame and blame, minimizes defensiveness and promotes client agency or the capacity to act on behalf of themselves in relation to problems” (Madsen, 1999 in Hilker, 2005:8). In addition, narrative therapy advocates the finding of inconsistencies and contradictions and the creating of stories in order to reveal hidden assumptions and, thus, to encourage clients to find alternative stories that are meaningful to them (Besley, 2001:81).

1.5.3 Cross-cultural psychological assessment and intervention

Cross-cultural assessment and intervention advocates taking into account those cultural experiences and contexts that shape the clients’ identities. An enormous variety of therapeutic techniques may be embraced in cross-cultural assessment and intervention although the importance of adapting these approaches to meet the cultural values and expectations of individual clients must not be underemphasised (Ivey & Brook-Harris, 2005 in Corey, 2009). According to Pedersen (2008 in Corey, 2009:38), culture comprise variables such as race/ethnicity, gender, age, socioeconomic status, religion, sexual orientation and disability. Pedersen (2008 in Corey, 2009:38), further, believes that cross-cultural assessments and interventions are dependent on an inclusive definition of culture as well as on a broad definition of the psychological engagement process. In this study, the term cross-cultural

psychological assessment and intervention will refer to a psychological assessment and intervention in respect of which the therapist and the client differ in terms of culture, socio-economic status, age and race. In other words, cross-cultural educational psychology in this study refers to a therapist working with clients from different cultural backgrounds to that of the therapist.

1.5.4 Remote school

Ambiguity with regards to a definition of the concept of remote emerged from the literature (refer to section 2.4. in Chapter 2 for an in-depth discussion). The literature (Donda, 2011) indicates that, generally, residents in remote settings generate income by engaging in farming activities. Donda (2011), further, argues that, in view of the fact existing farm schools generally offer the primary and intermediate phases of education only, the youth in remote schools often perceive attending school as a senseless process. Consequently, there is a challenge regarding instilling a sense of purpose in such youth. In addition, the provision of psychological services to remote, rural areas is still a challenge today, as are the concerns regarding resources, health problems and issues with regards to demography, culture and economy (Smalley, Yancey, Warren, Naufel, Ryan & Pugh, 2010).

The American Heritage Dictionary of the English Language (2006) defines a remote area as a secluded area, situated at some distance away or in an outermost region. In this study, a remote school is geographically typified by rural, isolated, low socio-economic status, high unemployment rates, low population densities and limited or absent resources/facilities (Ballantyne & Mylonas, 2001; DPIE & DSHS, 1994 in Stokes et al., 2002; NationMaster.com, 2003–2005).

1.5.5 Utility

The *Cambridge Advanced Learner's Dictionary* (2008:1605) defines utility as the ability to use something in an effective way. For the purposes of this study, the concept utility refers to the effective use (*The American Heritage Dictionary of the English Language*, 2006) of narrative therapy with the aim of establishing a therapeutic alliance with Grade 9 boys in a remote school.

1.5.6 Enable

The *American Heritage Dictionary of the English Language* (2006) and the *Collins English Dictionary Complete and Unabridged* (2009) define the term “enable” as the provision of either the means or the opportunity to make something possible. For the purposes of this study, the term “enable” is viewed as the creation of both an opportunity and the possibility (*Cambridge Advanced Learners Dictionary*, 2008:461; Eloff & Ebersohn, 2004) to establish an effective therapeutic alliance with clients who are culturally different to the therapist.

1.6 Research questions

1.6.1 Primary research question

The following primary research question is explored in this study:

- What is the utility of narrative therapy in enabling the establishment of a therapeutic alliance during cross-cultural psychological assessment and intervention in a remote school?

1.6.2 Sub-questions

In an attempt to understand the abovementioned question, the following sub-questions are explored:

- How may the therapeutic alliance be indicated?
- To what extent may narrative therapy in educational psychological assessment and intervention enable a therapist to express culturally competent skills?
- To what extent may a narrative approach to psychological assessment and intervention contribute to establishment of a therapeutic alliance?
- Which therapeutic alliance trends are present in the data sources resulting from cross-cultural psychological assessment and intervention in a remote school?
- How was a therapeutic alliance established during cross-cultural psychological assessment and intervention in a remote school?

1.7 Brief overview of research methodology

A brief overview of the research design and methodology is given as background to the study. Chapter 3 provides a detailed description of the research design and methodology employed in the study. An overview of the research process is presented Figure 1.1 with a description of the research methodology being depicted in Table 1.2.

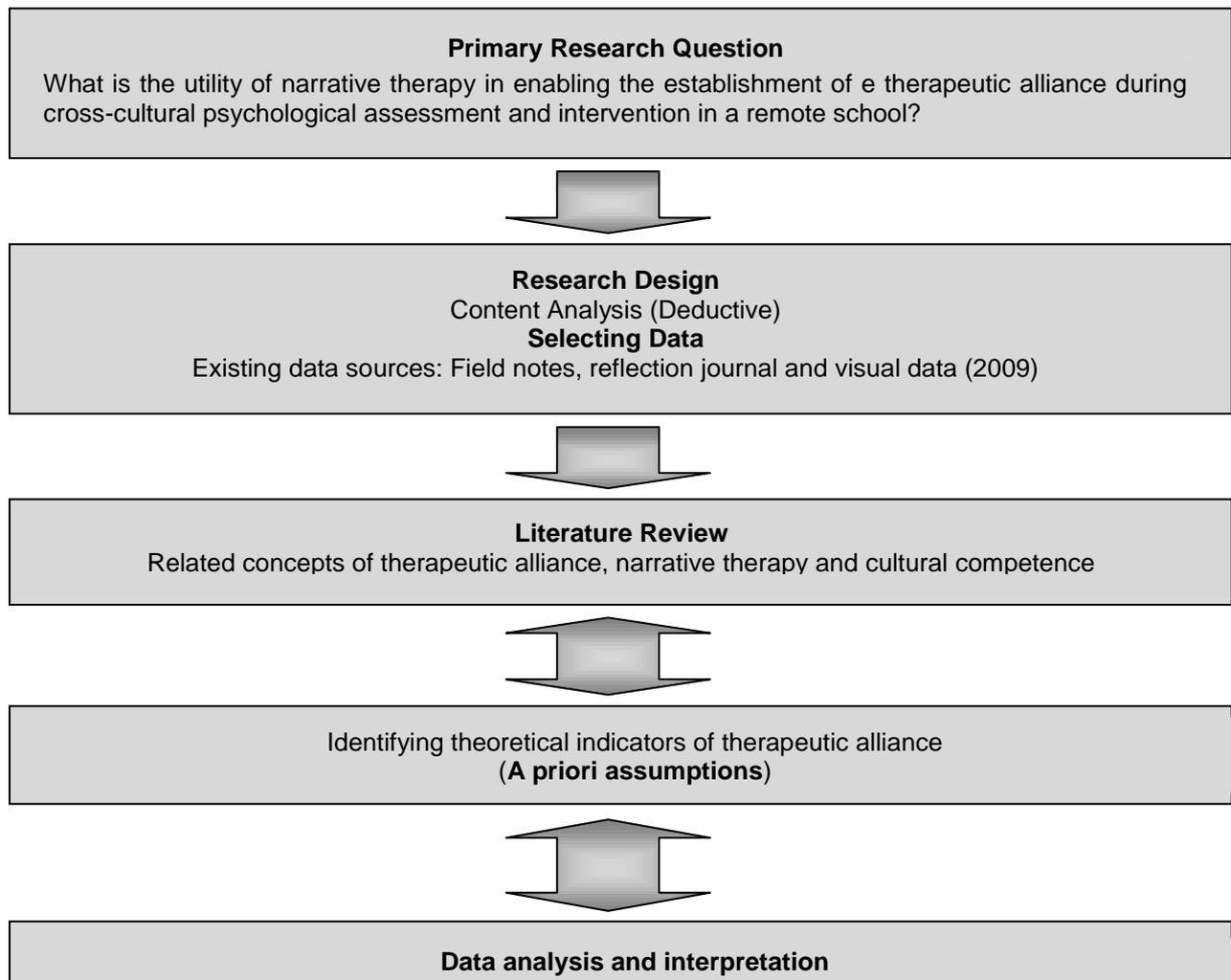


Figure 1.1 Overview of research process

As already stated, the researcher selected existing documents (field notes, reflective journal and photographs) generated during a psychological assessment and intervention in a remote school in 2009. In an attempt to explore the utility of narrative therapy in establishing a therapeutic alliance the researcher reviewed relevant literature by investigating existing literature on relevant concepts and identifying a priori categories to guide the analysis of the raw data.

1.8 Paradigmatic perspective, research design and methodology

Although data generation, as part of narrative therapy, is poststructuralist (Rorty, 1967 in Besley, 2001), and, thus, interpretive (Besley, 2001), the constructivist approach is the methodology favoured in content analysis. Accordingly, this study employed a qualitative approach to research which was anchored in constructivism. Constructivism is both qualitative and interpretive in nature and is concerned with meaning (Blanche, Durrheim & Painter, 2006:278) while qualitative research is conducted in order to obtain a complex and detailed understanding of the phenomenon in question (Creswell, 2007:40). Qualitative research involves the use of multiple data sources in words or images (Creswell, 2007). Table 1.2 presents the researcher's reflections on the relevance of the paradigmatic and methodological perspectives.

Table 1.2 Paradigmatic and methodological considerations

Methatheoretical paradigm
Constructivism
The terms social constructionism and social constructivism is used interchangeable in the literature. Social constructionism involves seeking knowledge on how the social world is constructed in the first place as one which contains 'facts' (Blanche et al., 2006). In social constructivism reality is viewed as external to the researcher and the researcher is viewed as being part of that reality. Therefore, research done from a social constructivist paradigm cannot be completely objective or value free (Struwig & Stead, 2001:16). In constructivism the researcher seeks complexity of views rather than narrowing the meanings down into a few categories or ideas. The researcher recognises that both the historical and cultural settings of the clients as well as those of the researcher shape the interpretation process (Creswell, 2007:21). Constructivism postulates that the human life-world is constituted fundamentally in language. In this study the researcher chose to employ constructivism as the data selected comprised documents and, thus, involved language – the object of a study anchored in constructivism (Blanche et al., 2006).
Methodological paradigm
Qualitative Approach
This qualitative research study involves a deductive process conducted through selecting data within the naturalistic environment (Freebody, 2003). In other words, qualitative research consists of a set of interpretive material practices that enable the visibility of the phenomenon under study. In this study a series of representations including field notes, reflective journal and photographs were selected (Creswell, 2007).
Research Design

Content Analysis (Deductive)

Document analysis is an iterative process, combining both content analysis and thematic analysis. Classical content analysis includes quantification where a basic overall picture of data and an indication of frequency of terms are probable (Bowen, 2009:32). Thematic analysis is used to recognise patterns in data that either emerged during focussed reading and reviewing of data or by means of predefined codes (deductive) which serve to integrate data gathered by different methods (Bowen, 2009:32). Content analysis is a generic term referring to a variety of means of analysing, comparing, contrasting and categorising textual data (Schwandt, 1997:21). Content refers to words, meanings, pictures, symbols, themes or any messages that may be communicated (Mouton, 2001:165). According to Henning, Van Rensburg and Smith (2004:201), content analysis works on one level of meaning referring to the content of the text. As the data selected in this study was in written text form, content analysis (thematic analysis) was deemed to be an appropriate research design. As the methodological paradigm employed in the current study is qualitative, content analysis in the current study is qualitative in nature.

During the deductive analysis process conclusions are drawn from assumptions (a priori categories) of particular observations (identified from relevant literature). The deductive agreement is implicitly contained in the assumptions drawn from relevant literature (Mouton, 2001:117; Struwig & Stead, 2001; Blanche et al., 2006). Subsequently, the documents selected are searched for instances of each a priori category (objective indicator) in order to discover and confirm assumptions that will permit predictions about human behaviour within a certain context (Struwig & Stead, 2001; Blanche et al., 2006). Thus, criteria that are derived from relevant literature are used to assist with the planning of the data analysis (Maree & Van der Westhuizen, 2007).

Data collection

Document selection:

All available and existing field notes, reflection journal and visual data (photographs) that refer to the psychological assessment and intervention sessions

Document sources are useful in qualitative studies, particularly in those studies anchored in constructivism as documents are more 'constructed' in nature and are a means with which to circulate ideas and discourses in society. In addition, documents are a point of intersection for social meanings and carry meaning independently of the intentions of the writer (Blanche et al., 2006:316).

Method of analysis

Use of a priori assumptions to code and categorise the data

In this study the researcher selected multiple forms of data and reviewed all the raw data in order to make sense of the phenomenon and organise it into categories by a deductive analysis process by reviewing relevant literature (Creswell, 2007).

1.9 Possible contributions of this study

The researcher hoped to contribute to the knowledge related to the understanding of the way in which narrative therapy enables the therapeutic alliance within the specified context (See 1.1 and 1.2) and based on the following two assumptions (a) therapeutic alliance is one expression of cultural competence, and (b) narrative therapy facilitates the therapeutic alliance.

1.10 Ethical considerations

In view of the fact that this study formed part of a broader research project, permission to conduct the research had already been obtained from the Educational Psychology Department and the Faculty of Education Ethics committee, including informed consent of the group of seven Grade 9 boys who participated in this study.

As documents were the main source of data in this study, the ethical considerations related to confidentiality, prevention of harm and informed consent were not deemed necessary, although the confidentiality of the learners who took part in the study was respected and pseudonyms used. In addition, the researcher refrained from any actions that may have caused harm to the learners and she also obtained the written, informed consent of those learners (in 2009) who participated in the study.

1.11 Quality criteria

In this study the researcher adhere to the quality criteria involved in qualitative research, namely, dependability, credibility, authenticity, conformability and transferability (Maree & Van der Westhuizen, 2007; Mertens, 2010; Babbie & Mouton, 2001).

Firstly, the researcher employed an audit trail in order to document the analysis process so as to account for the emerging findings. Secondly, the researcher used triangulation techniques during both the data collection and data analysis in order to ensure that negative occurrences that may have emerged in the data were addressed and reformulated (Merriam, 2002 & Leedy & Ormrod, 2005). Triangulation reflects an attempt to secure an indepth understanding of the phenomenon under study (Denzin & Lincoln, 2000:5). Accordingly, the researcher provided thick, rich descriptions of the context of the study so as to enable a deeper understanding of

the phenomenon under study (Merriam, 2002 & Leedy & Ormrod, 2005). In addition, despite the fact that generalisability was not one of the aims of the study, the transferability of the research findings is a possibility.

1.12 Structure of the study

Chapter 1: Setting the stage

Chapter 1 presents an introduction to the study as well as discussing the background to and rationale and purpose behind the study. The theoretical and methodological contribution in terms of the study and the research questions are also discussed as well as the paradigm, research design and methodology selected for the study. Ethical consideration and ways in which to address quality criteria are also addressed.

Chapter 2: The phenomenon of the therapeutic alliance: the utility of narrative therapy in cross-cultural psychological assessment and intervention settings

Chapter 2 will include a literature review of the relevant aspects of the study. In other words, relevant literature relating to the therapeutic alliance, narrative therapy and cultural competence will be discussed with these concepts being viewed through the lens of an integrated common factors model which will comprise the conceptual framework of the study. The proposed conceptual framework of the study will also be elaborated upon.

Chapter 3: Research design and methodology

Chapter 3 will present a description of the research process. This will include a discussion of the selected research design and methodology of the study. In addition, the methods of data collection, data analysis and interpretation will be explained. The chapter will conclude with a detailed discussion on ethical considerations and quality criteria.

Chapter 4: Findings of the study

Chapter 4 will present the research findings. The research findings will be presented in terms of the a priori assumptions and descriptions that had emerged during the deductive content analysis process.

Chapter 5: Discussion of findings, conclusions and recommendations

Chapter 5 will present an overview of the previous chapters. The main findings and conclusions, in terms of the research questions and purpose of the study, will be summarised. In addition, the contributions of the study in relation to the theory, practice and methodology of the study will be elaborated upon. Finally, the limitations of the study as well as recommendations for further research, practice, training and methodology will be discussed.

---oOo---

CHAPTER 2

The phenomenon of therapeutic alliance: The utility of narrative therapy in cross-cultural settings

2.1 Introduction

Chapter 2 presents the literature review and conceptual framework of the current study, focusing on the current literature related to the utility of a narrative approach to therapy in establishing therapeutic alliance in cross-cultural psychological assessment and intervention in a remote school setting. The conceptual framework constitutes components of therapeutic alliance, cross-cultural competence and narrative therapy.

The term therapeutic alliance is used in the literature interchangeably with the term working relationship. Greenson (1967 in Bale et. al., 2006) defines the 'working relationship as 'the relatively non-neurotic rational rapport which the client has with his/her therapist and the client's capacity to work purposefully in the treatment situation (Greenson, 1967 in Bale et al., 2006). According to Elvins and Green (2008) therapeutic alliance refers to a variety of interpersonal processes involved in intervention. If equitable therapeutic services are to be offered it is vital that both cultural variation and the potential of cultural bias be recognised (Carter, 2005 in Grobler, 2009) in essence referring to the concept of cultural competence.

Cultural competence is important in terms of both professional and interpersonal interactions which may be fostered on the basis of a respect for difference, an eagerness to learn and a willingness to accept that there are many ways in which the world may be perceived (Louw, 2004 & Lynch & Hanson in Louw, 2004). A foundation for the building of effective therapeutic alliances and for engaging in a process of cultural inquiry in order to assess the role of personal cultural identity in the concerns of clients may be built by the core competencies of cultural competence. These core competencies of cultural competence include a cultural awareness of self and others (clients), and culturally sensitive therapeutic alliance (Collins & Arthur, 2010:221), knowledge and skills (Sue, Zane, Hall & Berger, 2009). The interactional processes involved in cultural competency and the establishment of

a therapeutic alliance were highlighted in a study conducted by Fuertes and colleagues (2006 in Sue et al., 2009). It emerged from this study that therapists were accorded higher ratings in cultural competence when a higher rating in both therapeutic alliance and empathy had been attained.

In view of the fact that storytelling and verbal expression are concepts that are shared by all humankind it would, thus, seem that narrative therapy would be ideally suited to cross-cultural applications. In addition, narrative therapy may demonstrate flexibility in acknowledging clients' experiences and accommodating their preferences (Keeling & Nielson, 2005:436). Narrative assessment and intervention are both believed to be culturally sensitive and clients are enabled to tell stories in their own fashion and using ways of cultural expression which are related to their own traditional and personal background settings (Matima, n.d.). The development of cross-cultural assessment and intervention competencies when working with clients in cross-cultural contexts is the ethical responsibility of professionals (Louw, 2004), including educational psychologists. It is, thus, evident that therapeutic alliance and cultural competence may be facilitated by the utilisation of a narrative approach to cross-cultural therapy within a remote school setting.

The next section will commence by describing the general setting of psychological assessment and intervention in South Africa. This will be followed by a discussion of the components of therapeutic alliance, cross-cultural competence and narrative therapy.

2.2. Psychological assessment and intervention: South Africa

2.2.1 Cultural diversity

South Africa is characterised by cultural and linguistic diversity (Louw, 2004). In order to gain an understanding of what diversity in South Africa entails it is necessary, firstly, to describe the concept of culture and then, secondly, to clarify the ambivalent concepts of multi-cultural, cultural diversity and cross-cultural.

According to Lynch (in Swart & Phasha, 2008) culture may be viewed as both dynamic and ever changing. Furthermore, culture may be further described as being determined, not only by language, ethnicity and race, but also by socio-economic

status, educational level, personal experience and personality – all of which contribute to cultural diversity (Swart & Phasha, 2008). The attitudes and beliefs held by a group of individuals and which determine what they consider as right or wrong and also their norms in respect of behaviour (behaviours they expect from themselves and others) also encompass culture in its simplest form (Briscoe, 1997:264). Hartzenberg (2001), on the other hand, views culture as multi-dimensional in terms of external and internal visibility. External visibility refers to a shared culture of history, language, religion, socio-economic status, education, dress code and art while internal visibility refers to norms, values, beliefs and world views which determine a group's attitude towards both self and others (Hartzenberg, 2001:54).

Conceptual accuracy in terms of what actually constitutes a cross-cultural setting is essential in the current study in order to ensure an understanding of the way in which narrative therapy may be utilised to facilitate a therapeutic alliance in such settings. However, as is evident from the literature, there is an abundance of ambivalent suggestions concerning the conceptualisations of multi-cultural, cultural diversity and cross-cultural. In addition, the fact that the terms multi-cultural, cultural diversity and cross-cultural are used interchangeably in literature does create problems in reaching a unified understanding of these terms.

The term *multicultural* extends beyond racial and ethnic categories and refers to diversity in the areas of politics, language, religion and socio-economic status (Hartzenberg, 2001:54). Multicultural societies may be defined as the different races, languages, cultural groupings, religions and socio-political backgrounds which exist within a society (Beck, 2003). On a global scale demographic and political realities constitute cultural diversity. On the other hand, *cultural diversity* refers to the presence of a number of different cultural dimensions (linguistic, religious and social) within one geographical area. In other words culturally diverse societies consist of both macro cultures and micro cultures. Macro culture refers to the dominant culture within a society with this dominant culture being shared by all members whereas micro culture refers to the numerous micro cultures in terms of which the members share a belief in certain rules, roles, values and behaviours (Lemmer & Squelch, 1993 & Kriegler, 1994 in Hartzenberg, 2001). For the purpose

of this study a cross-cultural setting represents a therapeutic relationship in which the therapist and the clients differ in respect of their cultural backgrounds.

When adopting a *cross-cultural approach* it is essential that the therapist acknowledge both the diversity of the groups to which the relevant individuals belong and also the influence which these groups have on the individual (Pederson & Carey, 1994 in Beck, 2003). Gergen (1985) maintains that the foundation of reality is constructed by social processes which entail that much of our knowledge of the world, as well as our understanding of the world, is derived from social interaction and is structured by the use of language. People attach meaning to words and situations and these meaning are exhibited through the medium of language (Gergen, 1985). According to Bullock (2006, in Maree, 2007) all individuals are different and these differences are “based on our culture, experience, history, group membership, and identity”. Nevertheless, Sue (2001) argues that, because we are all members of the species *Homo sapiens*, we share numerous similarities including biological and physical similarities, common life experiences, self-awareness and the ability to use symbols such as language. According to the post modern narrative approach, problems and difficulties are embedded in the text, words and stories which represent lived experiences (Becvar & Becvar, 1996 & Joffe, 1999 in Maree, et al., 2006:51).

2.2.2 Service delivery

According to Kriegler (1993:65 in Maree, et al., 2006:51) “the vast educational, psychological, [career counselling] and social needs of the non-privileged majority are minimally provided for . . . the average ratio [educational psychologist: number of students] for black education is 1:30 000, whereas for whites it is 1:2 750”. A total of 17 345 psychologists and psychometrists are currently registered with the Health Professional Council of South Africa is (HPCSA, 2011). According to Maree and Van der Westhuizen (2011:108), despite the fact that approximately 88% of the population of South Africa is black, the majority of professional therapists in South Africa are still White. Clearly, when taking into account the fact that the total population of South Africa is 44 819 778 (Stats SA, 2001) together with the limited number of registered psychologists, there is a need for training students from other racial groups in the field of educational psychology and in other fields of psychology

as representatives of South Africa's diversity in order to deliver improved assessments and interventions to marginalised cultural groups in cross-cultural settings (Maree et al., 2006).

In addition, if one takes into account the percentage of children between the legal school going ages of 7 to 15 years, this means there are 6,5 million learners in South Africa and 89% were attending school in October 1996 (Stats SA, 2001 in Song, 2003). According to NationMaster.com (2003–2005) 43% of the South African population lives in remote rural areas. According to Statistics South Africa (1998) the rural population comprises 44.9% of the total population in South Africa. According to Du Toit (2007) there were approximately 35,5 million people (74.3%) of South Africa's total population living in remote rural areas in 2005. In this study remote rural areas refer to rural, isolated, low socio-economic status, high unemployment rates, low density populations and the limited or absence of available resources/facilities (Ballantyne & Mylonas, 2001; DPIE & DSHS, 1994 in Stokes et al., 2002; NationMaster.com, 2003-2005). In remote rural areas 86% of children within the mandatory schooling age attend school. This implies that that 14% of the total number of children do not attend school. However, the 85% rate is not constant over the age group because a large number of children in remote, rural areas start school at a later age and, thus, the percentage of school attendance increases in proportion to age, with a figure of 93% at age 11 (Stats SA, 2001 in Song, 2003).

It is obvious that there is a need in South Africa both to revise the professional training of psychologists and to create more relevant psychological theories and practices to reflect and to address the needs of the majority of the South African population (Maree & Van der Westhuizen, 2011:109–110). The theory base of professional psychology in South Africa should be expanded in order to become increasingly all-compassing, holistic, context based and appropriate for both small and large groups (Maree & Van der Westhuizen, 2011:110).

2.3 Cross-cultural assessment and intervention

According to Maree et al. (2006) both psychological assessment and intervention in South Africa are, to a large extent, typified by relatively privileged therapists offering psychological services to marginalised multicultural clients. In view of the fact that it

is the responsibility of the therapist to decide what needs to be done in psychological assessment and intervention in order not to jeopardise the individual, marginalising psychological practices are, thus, prolonged (Maree et al., 2006:58). The reality that psychologists in tertiary institutions were previously trained using, to some extent, skills and techniques that did not equip the young graduates with the necessary skills to deal with situations in which there were no resources available (World Health Organization, 2010) also applies to those South African psychology students practising in remote, rural, cross-cultural settings today.

The individualistic nature of the psychological paradigm, as arising from humanist theories, assumes that both interpersonal and intrapersonal growth is all that is needed to bring about individual happiness in situations in which the problem is perceived as being located within the individual and the paradigm fails to take the social context into account (Anonymous, 1986 & Bassa & Schlebush, 1984 & Berger & Lazarus, 1987 & Dawes, 1985 & Freeman, 1989 & Hamber & Rock, 1993 & Straker, 1988 & Thomas, 1987 & Vogelmann, 1986 in Rock & Hamber, 1994). Historically, traditional approaches to both psychological assessment and intervention with their strong focus on the values of individualism, self actualisation, rationalism and self determination, have all been insensitive to culture. The conceptualisation of cross-cultural assessment and intervention constitutes a western paradigm in terms of which the therapist is from a particular culture while the client is a member of a different cultural group (Hartzenberg, 2001). According to Spreight, Myers, Cox and Highlen (1991), the two dominant trends in the field of cross-cultural assessment and intervention, namely, the universal trend and the focused trend, are limited in their exclusivity in terms of their researching of the complexities of human nature as they either underestimate or overestimate the influence of culture. The universal trend maintains that certain common factors are important, regardless of culture (Fukuyama, 1990 in Hartzenberg, 2001), while the focused trend emphasises the importance of viewing people both as individuals and members of a culturally different group (Locke, 1992 in Hartzenberg, 2001).

In terms of psychological assessment and intervention a cross-cultural setting suggests certain challenges and demands when the many complex facets that constitute a diverse society (Harzenberg, 2001), such as South Africa, are taken into

account. It is evident that both service delivery and a respect for the cultures of both the children and families who are being served constitute challenges to the education professionals as well as the health care professionals (Iglesias & Quinn in Louw, 2004). As a result of concern for the status of ethnic minority group populations there has been an appeal made for cultural competence in order to ensure that the different needs of cross-cultural populations are met (Sue et al., 2009:526). Cultural diversity has a profound effect on the way in which cross-cultural families and professionals interrelate and participate (Madding in Louw, 2004). The therapist and client contribute actively to the shaping of both a personal and a collective culture with the result that the culturally diverse factors present in therapeutic assessment and intervention are fluid, dynamic and interactive (Collins & Arthur, 2010).

According to Smedley, Smith and Nelson (2003 in Sue et al., 2009:526) disparities with regards to intervention exist as a result of service inadequacy rather than as a result of either possible differences in the need for services or access-related factors. Accordingly, a sensitivity to own biases when working with cross-cultural clients is a challenge that therapists should embrace in the processes of therapeutic assessment and intervention. This sensitivity to one's own bias when working with cultural different clients may be referred to as cultural competence.

Cross-cultural competence is a foundation for effective and ethical professional practice (Arredondo & Toporek, 2004 & Marsella & Pedersen, 2004 in Collins & Arthur, 2010:217). Psychologists who work with clients who are culturally different to themselves face the challenge of identifying both the prevailing levels of cross-cultural competence and the attitudes and beliefs, knowledge and skills, which are required in order to work in a cross-cultural setting (Collins & Arthur, 2010). Accordingly, sensitivity to issues of cultural diversity and a need to explore the degree of cultural similarity or dissimilarity between themselves and their clients is necessary on the part of therapists as is an awareness of the different needs and expectations of diverse groups within the society that is being served (Hartzenberg, 2001).

2.4 Rurality and background of study

A drive towards the improvement of mental health gained momentum in the 1970's in rural areas in America with concerns including concerns about the shortage of doctoral-level psychologists available at community health centres in rural areas, the lack of professional training in respect of the particular needs of rural residents and the high rate of turnover in rural mental health positions (Hollingsworth & Hendrix, 1977 in Smalley et al., 2010:479). According to research conducted by the Rural Teacher Education Project in South Africa (Balfour, Mitchell & Moletsane, 2008) it would appear that, although the generative and transformative nature of rurality aims to inform, it also limits the effectiveness of those intervention programmes designed for education, health care, job creation and poverty alleviation (Balfour, et al., 2008). It is evident in democratic South Africa that, despite initiatives aimed at to bringing about social change in rural areas, systemic challenge such as poverty alleviation or sustainable development have not yet been adequately addressed (Balfour et al., 2008:95).

Rural areas today still face challenges with regards to psychological services. In addition, rural areas also face unique concerns about resources, health problems and variations in demographic, cultural and economic issues that all have a profound impact on mental health (Smalley et al., 2010:480). Literature indicates that there has been much written about making psychological services more relevant in South Africa and that South African psychologists are becoming increasingly concerned about the applicability of psychological theory and practice in addressing both the broader mental health needs of all South Africans (Hayes, 1993 in Rock & Hamber, 1994:7) and, specifically, the needs of marginalised or dispossessed communities (Balfour et al, 2008). The psychology profession in South Africa has been in a state of flux as a result of both internal debates and external shifts that have taken place within the broader socio-political arena (Rock & Hamber, 1994). Generally, the psychological services in South Africa are provided by psychologists in the private sector, thus resulting in the provision of psychological services to a limited number of people. State provision of psychological services has been limited as well as both poorly planned and implemented. It is, thus, essential that the psychology profession in South Africa actively define both its role and its function (Rock & Hamber, 1994). In other words, a dramatic re-conceptualisation of research, training

and service provision is required and not merely the utilisation of traditional approaches in a new form (Forum, 1993 in Rock & Hamber, 1994). Shifts have taken place within global politics, namely, the move from a modern to a post-modern world, and these shifts have resulted in a broadening of methodological approaches (Rock & Hamber, 1994:4). Rather than addressing the needs of all South Africans, especially those in remote rural settings, the focus on cross-cultural psychology has resulted in an obsession with difference and ethnicity (Freeman, 1991 in Rock & Hamber, 1994:8).

Furthermore research into rural mental health has resulted in ambivalent definitions of the term *rural* and no single consistent definition of *rural* has been established. This, in turn, has complicated the research conducted into rural mental health in America (HRSA, 2005 in Smalley et al., 2010) as well as South Africa. As stated in Chapter 1, this study was conducted using documents generated during a cross-cultural psychological interaction in a remote school setting and, in order to clarify what is entailed by a remote setting, related definitions of the term will be elaborated upon. A single national definition for the terms 'urban areas' and 'remote rural areas' is not probable in view of the fact that the national characteristics which distinguish urban areas from remote rural areas do differ (World Health Organization, 2010). The National Census (World Health Organization, 2010) definition of 'rural population' is based on the following criteria: size of population in locality, population density, distance between built-up areas, predominant type of economic activity, economic structures, legal or administrative boundaries and urban characteristics which include the specific services and facilities available (World Urbanization Prospects, 2003; World Health Organization, 2010). In order to be able both to define and to understand remote rural life in a particular area it would be necessary to visit the particular country concerned and conduct an intense study of the characteristics that are unique to that particular country (Mbukusa, 2009). The assumption that rural remote life is equal to urban life is erroneous. The irrespective differentiation of rural areas and remote areas may be indicated by either the facilities available or the absence of facilities. These differences include the extent of availability or absence of telephone lines, electricity, running water, state maintained roads, transportation, health/clinic services, resourced schools, economic

dependency, conservatism, median household income and population density (Mbukusa, 2009:16; Donda, 2011).

In South Africa the fact that the term 'rural' is used loosely and for different purposes leads to confusion. In the past Statistics South Africa (StatsSa) distinguished between urban and rural areas by the classification of municipalities with municipalities referring to urban areas and including mostly the cities as well as the 'white' towns and their associated 'townships' (Rural Health Strategy, 2006). These old municipality boundaries were still used in the 2001 Census as a means of comparing previous census reports. However, today, the whole of South Africa are divided into municipalities and, thus, there is no longer any reporting on urban and rural areas (Rural Health Strategy, 2006). However, the Rural Health Strategy (2006:5) suggests the following classifications of rural areas: *Close rural area* refers to a local municipality that includes small towns, most of the residents live within 5 km of a tarred road, and most have piped water although a limited choice of services within the municipality is offered; and *deep rural area* (remote areas) which refers to a local municipality that has small towns and/or old resettlement areas, less than 50% of the residents live within 5 km of a tarred road, more than 25% of the residents use water from streams, rivers, dams or rainwater tanks and there is a very limited choice of services within that municipality.

'Remote' (deep rural) refers to both rural, isolated areas (Ballantyne & Mylonas, 2001) and low socio-economic status backgrounds (Department of Education, Science and Training, 2011). According to Remote, Rural and Metropolitan Classification (DPIE and DSHS, 1994 in Stokes et al., 2002:12) remote may also refer to 'very low population densities'. This, in turn, also implies the classification of remote as 'distance from neighbours and distance from large towns and cities and the goods, services, facilities and opportunities offered by large towns and cities' (DPIE & DSHS, 1994 in Stokes et al., 2002:12). In addition, lifestyles in remote rural areas differ from lifestyles in urban areas in terms of the availability of certain aspects such as limited services, especially public services (NationMaster.com, 2003-2005). Governmental services such as police services, schools, fire stations and libraries may be either limited or unavailable in remote communities as may be utilities such as water, sewerage, street lighting and public waste management

(NationMaster.com, 2003-2005). The challenges faced by residents in rural communities include extreme poverty, high illiteracy rates, youth unemployment, HIV/AIDS and under-development of the general infrastructures (Donda, 2011:9). In this study the terms 'remote areas' and 'rural areas' will be collectively referred to as remote rural areas as they are extremely similar (Mbukusa, 2009).

In other words, in this study a remote school refers to a school which is located geographically in an area characterised by rural, isolated, low socio-economic status, high unemployment rates, low population densities and limited or absent available resources/facilities (Ballantyne & Mylonas, 2001; DPIE & DSHS, 1994 in Stokes et al., 2002; NationMaster.com, 2003-2005). However, remote schools in South Africa may be viewed as dynamic as changes and developments within the rural remote communities are evident, although not as prominent as one would expect (Donda, 2011). In rural remote settings income is generally generated by farming activities and farm schools are usually the only educational option available. Accordingly, the youth tends to lack purpose as most farm schools offer primary and intermediate phases of education only (Donda, 2011) and, thus, attending school may be perceived as a senseless process. Despite the fact that the remote school in this study provides education up to Grade 12 level, nevertheless, it would appear that instilling a sense of purpose is still an immense challenge. The fact that globalisation has had a considerable influence on remote settings is evident in both the dress codes of the youth and their general behaviour and, especially, in the notion that farming is no longer the main option for survival (Donda, 2011). Nevertheless, it is evident that the learners in this study do not have either the means or the necessary skills to plan an educationally and economically progressive future. Accordingly, career facilitation is offered by educational psychology students (University of Pretoria) to this remote school as one means to address the need of the youth in rural remote school settings to plan an educationally and economically progressive future.

Challenges with regards to accessibility of mental health services in rural remote areas entails a knowledge of when such services would be needed, where to obtain these services, transportation to and from the services and financial payment for the services (Smalley et al., 2010:480). In view of the lower salaries, limited social and/or

cultural means and the increased risk of ethical dilemmas in rural remote practice a shortage of practitioners in these areas is evidently one challenge as regards the recruiting and retention of professionals (Smalley et al., 2010:481). According to Weigel and Baker (2002 in Smalley et al. 2010) lack of supervision and consultation as regards other professionals, as well as limited referral networks, may also be some of the challenges faced by therapists practising in remote rural areas (Smalley et al, 2010). In addition, an acceptance of psychological services is another challenge faced by therapists in view of traditional cultural beliefs that involves factors such as stigma and decreased anonymity (Smalley et al., 2010). However, reduced accessibility as well as the limited availability and acceptability of psychological services creates a need for more intensive treatment as rural remote residents tend to seek treatment at a later stage and, therefore, present with more serious symptoms (Smalley et al., 2010:481).

2.5 Frameworks used to guide and explain cross-cultural psychological assessment and intervention

2.5.1 Cultural competence

An understanding of both the universal aspects of the therapeutic process together with the variables of culture, personality and individual style are important factors to be taken into account when working in a cross-cultural context (McNiff, 2009:101). A cross-cultural setting may severely complicate psychological assessments and interventions as it is not always possible for the psychological insights of the therapist to be carried over to another cultural setting. Both psychological knowledge as well as the paradigms guiding the interpretation and collection of materials for intervention may be influenced by local traditions and worldviews (Hartzenberg, 2001), particularly in view of the fact that African traditions and culture encompass the physical, supernatural and moral realms and may differ significantly from traditionally trained therapists (Hartzenberg, 2001:51). The challenge lies in the successful establishment of a relationship between client and therapist (Chope & Consoli, 2007), thus, in the therapeutic alliance. A study conducted by Fuertes and colleagues (2006 in Sue et al., 2009) indicates that therapists are rated higher in terms of cross-cultural competence when a higher rating in terms of both the therapeutic alliance and empathy is attained. This, in turn, indicates the interactional processes involved in cultural competency and the establishment of a therapeutic

alliance. The use of post modern techniques such as the recounting of narratives “ allows clients to structure their cultural and perceptual experience as they organize their thoughts about work, and to use their personal histories to give meaning to their evolving vocational identities” (Maree, 2007:63). Niles and Harris Bowsbey (2002, in Maree, 2007), suggest that it is essential that career facilitators and other therapists in the helping profession be aware of contextual factors in the lives of their clients.

If therapists are to become more spontaneous as therapists in relation to ‘culture’, it is vital that they become better informed about cultural diversity and the socially and culturally constructed nature of ‘knowledge’ and values (Pakes & Roy-Chowdhury, 2007:268). The essentials of cultural competence all relate to the acknowledgement of both the importance and the incorporation of culture, the assessment of cross-cultural relations, awareness in respect of the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of interventions designed to meet culturally unique needs (Whaley & Davis, 2007 in Sue et al., 2009:528). Accordingly, cultural competence involves integrated personal characteristics such as awareness, knowledge and skills which, in turn, all represent essential characteristics that every therapist should acquire (Sue et al., 2009).

Cultural awareness refers to the examination of the content and validity of personal and societal attitudes, opinions and assumptions about cultural groups, including one’s own culture (Pope-Davis, 1997 in Harzenberg, 2001:60). Brislin and Yoshida (1994 in Harzenberg, 2001:61) further elaborate on cultural awareness as an awareness of both one’s own culture and of the way in which one’s own values may affect the client as well as the process of becoming comfortable with cultural differences and realising when to refer a culturally different client. Cultural knowledge, on the other hand, involves a comprehensive knowledge of relevant cultural groups with reference to an understanding of the socio-political dynamics between cultures, a knowledge of traditional and generic cross-cultural theory and practice as well as a knowledge of the challenges involved in cross-cultural assessment and intervention (Pope-Davis, 1997 & Brislin & Yoshida, 1994 in Harzenberg, 2001:61). Cultural skills refer to the ability to apply cultural awareness

and knowledge in order to interact appropriately with clients from diverse cultures as well as the ability both to send and receive verbal and non-verbal messages accurately and to advocate a paradigm shift should the situation so demand (Pope-Davis, 1997 & Brislin & Yoshida, 1994 in Harzenberg, 2001:61).

In addition, cultural competence further involves the ability either to engage in actions or to create conditions that will result in the optimally development of both clients and client systems (Sue, 2001:802). Accordingly, the interaction between the therapist, client and the environment demands particular attention in situations in which the therapist and the client need to work together to ascertain the most effective and important goals in assessment and intervention that are relevant to the client in his/her cultural environment (Hartzenberg, 2001). A culturally competent approach to psychological assessment and intervention 'accommodates diversity, is capable of cultural awareness, accepts different cultural world views and values, is capable of facilitating the process by being available and sensitive to cultural influences' (Hartzenberg, 2001:67).

2.5.2 Therapeutic alliance

2.5.2.1 Postmodern movement to relationship

On a global scale psychological assessment and intervention both stand accused of failing to address the needs of non-white, non-Western, and non-standard populations (McMahon & Patton, 2002 in Maree, 2010) and are criticised as being either Eurocentric or ethnocentric (Locke, 1992 & McNeill, Horn & Perez, 1995 in Tsang, Bogo & George, 2003). Watson and Kuit (2005 in Maree, 2010) argue that the changing nature of work (Savickas, 2003 in Maree, 2010) as well as the philosophical shifts in the broader discipline of psychology have encouraged a shift from modernity to post modernity (Maree, 2010). The postmodern approaches together with the shift to subjectivism are especially relevant in multicultural, pluralistic societies (Maxwell, 2007 in Maree et al., 2008:57). A core element in all therapeutic practices is a belief in the process (McNiff, 2009:103) which may, in turn, be referred to as the therapeutic alliance. If the therapeutic alliance is viewed from a postmodern perspective, then the knowledge of both the therapist and the clients is combined in the telling, hearing and re-authoring of stories (Brown, 2006). The narrative therapist's role in the therapeutic alliance is to bring alternate stories to the

foreground and to elevate these stories to play a more central role in the shaping of clients' lives (White, 1990 in Matima, n.d.:12).

2.5.2.2 Towards a description of therapeutic alliance

Therapeutic alliance refers to an encompassing term for psychological intervention that emphasises the collaborative nature of the partnership between the therapist and client – a partnership which is a joint product of the therapist and client together while focusing on the work of therapy (Ma, 2007 & Daddario et al., n.d.). Client preferences and goals in respect of the treatment as well as the formulation of methods aimed at the attainment of these goals constitute part of this partnership. The therapist builds an alliance based on listening to the client without either being judgemental or giving unwarranted advice (Daddario et al., n.d.). The aforementioned factors include engaging the client in mutually agreed upon tasks and goals (Ma, 2007). Positive therapeutic alliance is likely to improve any treatment progress and account for treatment success (Daddario et al., n.d.; Ma, 2007 & Matima, n.d.). The values, beliefs, suppositions, and attributions of both the therapist and the clients, access to the clients' subjective realities as well as accepted and agreed upon therapeutic goals are rendered explicit by a sound understanding of the clients' world views (Hickson, Christie & Shmukler, 1990 in Maree et al., 2006:54).

In part, most conceptualisations of the therapeutic alliance are based on the work of Bordin (1979 in Ackerman & Hilsenroth, 2003) which stipulates that the therapeutic alliance is a collaboration for change that includes (1) mutual agreements and understanding regarding the therapeutic goals; (2) the task of the therapist and the client and (3) the bond between the therapist and client in order to be able to sustain the undertaking of the therapeutic process (Bordin, 1983:35).

Donabedian (1980, in Noser & Bickman, 2000) indicated two types of quality as regards the therapeutic alliance, namely, technical quality and interpersonal quality. Technical quality focuses on the science behind the methodology used while interpersonal quality indicates the way in which the technical aspects are delivered to the clients. In addition, Donabedian (1980 in Noser & Bickman, 2000) emphasised the following three elements in assessing quality, namely, structure, process and

outcomes. Structure describes the stable characteristics of the environment in which the therapeutic alliance occurs. This includes the physical features of the environment. Process refers to the interaction that takes place during a therapeutic alliance while outcome may be defined as 'a change in the patient's current and future health status that can be attributed to antecedent health care' (Donabedian, 1980 in Noser & Bickman, 2000:10).

In support of the above theories of therapeutic alliance, the following three groups of factors may affect the therapeutic alliance, namely, the personal characteristics of the therapist (including accurate empathy, and non-possessive warmth), the characteristics of the client (including treatment expectation, motivation and personal strengths) and the therapist-client interaction (Ma, 2007:389). Cognitive behavioural therapists display characteristics in the therapeutic process which include empathy, transparency, focusing, structuring, assurance of progress and cooperation that all result in a higher quality therapeutic alliance (Langhoff, Baer, Zubraegel & Linden, 2008).

Figor (2006) is of the opinion that the literature implies that therapeutic alliance is formed at an early stage in treatment. The ability on the part of the therapist to promote confidence and trust is essential to therapeutic success (Ackerman & Hilsenroth, 2003:4). This establishment of interpersonal trust between the therapist and client is a tacit aspect of treatment and may be viewed as a learned behaviour. Nevertheless, the therapeutic alliance may be one of the more time-intensive aspects of treatment that takes place over a period of time and, thus, paying attention to both the quality and strength of the therapeutic alliance may be seen as part of both the initial alliance building and ongoing maintenance (Scaturro, 2010:11). Therapist characteristics such as dependability, benevolence and responsiveness are all related to the development and maintenance of a positive alliance (Ackerman & Hilsenroth, 2003:4).

Activities that are both responsive and collaborative in nature often lead to the establishment of a positive therapeutic alliance. The facilitation of the development of the therapeutic alliance includes the communication of a sense of hope to clients in terms of goal achievement, commenting on the client's progress towards the goals

set, respecting and accepting clients, being open-minded and enthusiastic, referring to similar experiences that the client and therapist may have in common, establishing a feeling of collaboration, communicating trust in the client's growing ability to use what has been learned and the facilitation of healthy defences and supportive activities (Ackerman & Hilsenroth, 2003:13).

The building of trust despite differences of race/ethnicity, culture and power may be promoted by the RESPECT model (Mastow, Crosson, Gordon, Chapman, Gonzalez, Hardt, Delgado, James & David, 2010). The RESPECT model is an action-orientated set of communication and relational behaviours. The component skills for this interviewing model and educational framework include **R**espect, **E**xplanatory model, **S**ocial context (Includes stressors, supports, strengths and spirituality), **P**ower, **E**mpathy, **C**oncerns and **T**rust/Therapeutic alliance/Team (Mastow et al., 2010:147).

Despite the fact that it would seem that different factors may also influence the therapeutic alliance the therapeutic alliance is, nevertheless, an important factor in the assessment and intervention process. However, different therapy models may manifest the unique characteristics of alliance (Horvath in Burkard et al., 2003) while both the therapist and the client may also possess different characteristics that may influence the therapeutic alliance (Luborsky, Werner-Wilson, Zimmerman, Daniels & Bowling in Burkard et al., 2003). Nevertheless, the effect of the client characteristics may be mitigated by adjusting therapeutic techniques on the basis of altering interpersonal styles and by repairing ruptures that may occur in the therapeutic bond (Figor, 2006).

The relationship formed between the culturally different client and counsellor may be an important factor in determining whether the client who is culturally different to the counsellor is, indeed, engaging in the counselling process (Frank & Frank, 1991 in Burkard et al., 2003:226). Helms (1984 in Burkard et al., 2003) emphasised that the quality of a client-counsellor relationship is determined by the psychological meaning that individuals attribute to both their race and their racial group affiliation rather than by the matching of skin colour. Helms (1984 in Burkard et al., 2003:227) further proclaimed that the development of attitudes, cognitive processing as well as interpersonal and social behaviours are directly affected by the racial identity

resolutions of both clients and counsellors. Accordingly, the psychological meaning that clients and counsellors attribute to their racial heritage is likely to influence the development of cross-cultural counselling relationships (Burkard et al., 2003:228). Hickson and Christie (1989 in Maree et al., 2006:55) suggested that the following skills are necessary in order to be able to function effectively within a cross-cultural setting:

“[U]nderstanding their own values and assumptions, as well as assumptions about human behaviour and becoming able to identify and accept differing values; becoming aware of generic characteristics of counselling, as well as its relation to matters such as class and culture; being willing to act on the basis of a critical analysis of their own conditioning, as well as that of their clients, and the socio-political system in which they find themselves; becoming culturally aware in order to understand the bases for world views and to accept world views that differ from theirs; being willing to be eclectic in administering counselling, as well as striving to create the widest possible array of micro-counselling skills, which may have relevance for the idiosyncratic lifestyles of individual clients”.

With reference to the wide range of studies carried out on diverse problems and therapies, Figor (2006:2) states that researchers have found that the therapeutic alliance is a moderate, albeit consistent, predictor of outcome in terms of which it leads to better retention in treatment and, thus, to better eventual outcomes. The therapeutic relationship has been universally perceived to be a critical component of psychoanalytic, cognitive, narrative, solution-focused and schema therapy approaches (Macneil, Hasty, Evans, Redlich & Berk., 2009).

2.5.2.3 Common factors of therapeutic alliance

Orlinsky and Howard (in Elvins & Green, 2008:1168) found that aspects of both the therapist's credibility as an expert and treatment engagement predicted treatment outcome. According to Figor (2006) the two main characteristics that build therapeutic alliances include expertise and empathy. Expertise is demonstrated by those therapists who are confident, prepared, clear and logical whereas empathy involves the communication of acceptance and understanding (Figor, 2006:1).

Ackerman & Hilsenroth (2003 in Macneil et al., 2009) identified key components of the therapeutic alliance – these components are drawn mainly from client-centred psychotherapy literature. These key components include the therapist's expression of accurate empathy, his/her ability to express him/herself clearly and to connect with the client, the ability to be flexible, warm, genuine, respectful, friendly, trustworthy, interested, alert, competent and to work collaboratively (Macneil et al., 2009:97). In order to create emotional security within the therapeutic context both Rogers (1951 in Scaturro, 2010) and Truax and Carkhuff (1967 in Scaturro, 2010) suggest that genuineness, empathy and positive regard on the part of the therapist are essential facilitative conditions of the therapeutic relationship. In addition to the facilitative conditions, the therapeutic alliance is also constituted by the client's contribution to the relationship and includes the tasks, bonds and goals which are collaboratively established by both the client and the therapist (Bordin, 1979 & Lambert & Barley, 2001 in Scaturro, 2010:7). Garfield (1992 in Scaturro, 2010) referred to these as common factors such as the emotional presence of the therapist, empathy and the instilling of hope – all of which play an important role in all forms of psychotherapy.

Techniques such as exploration, depth, identifying past successes, accurate interpretation, being active in therapy and acknowledging the clients' experiences were all identified as impacting positively on the treatment outcome, regardless of the psychotherapeutic model (Macneil et al., 2009:97).

2.6 Therapeutic alliance and narrative therapy

According to Samstag, Muran, Wachtel, Slade, Safran and Winston (2008) the importance of narratives has been extensively addressed in adult attachment literature, especially as regards Mary Main's development of the Adult Attachment Interview (AAI). Main and her colleagues measured both the process of a narrative between two people and how this may be an indicator of participant engagement in the interview experience and the quality of the collaboration (Samstag et al., 2008). A glimpse into the representational world of a client is promoted by narrative coherency which may provide an indication of the client's significant early relationships and resultant expectations of forming a new relationship with the therapist (Bowlby, 1969 & Main, 1991 & Main, Kaplan & Cassidy, 1985 in Samstag et al., 2008:168). Further research indicated that a positive relationship existed

between the quality of the narratives produced in the AAI of an adolescent and the subsequent intervention (Samstag et al., 2008).

The use of narratives may therefore be a way of organising life experiences and of finding meaning in these experiences and it is, thus, fundamental to therapeutic work as it facilitates the discussion of lived experiences (Bennet, 2008) and, in this way, engages the therapist in the client's subjective realities (Hickson, Christie & Shmukler, 1990 in Maree et al., 2006). Narratives are shaped and defined by the primary problems that are experienced by the clients (Morgan, 2000 in Bennet, 2008). Accordingly, the therapist assists the clients in deconstructing the dominant narrative by paying attention to those elements that provide evidence for the dominant narrative and a new, preferred narrative or perspective on the problem is encouraged (Bennet, 2008). This involves a process of collaboration between the therapist and client aimed at change in terms of which understanding and the acceptance of both mutually agreed upon goals, as well as the tasks of the therapist and client, are established. These, in turn, engage conceptualisations of the therapeutic alliance (Bordin, 1979 in Ackerman & Hilsenroth, 2003). Externalising conversations about a problem are necessary in order to help the client to move into a new relationship with the problem which involves alternative strategies for the avoidance of both the influence and the negative impact of the problem (Epston, 1993 in Bennet, 2008). An advantage of the externalising stance is that such a stance assists clients to feel less guilty and defensive about problems/issues. Healing and recovery may be facilitated by collaboratively building a meaningful narrative through externalising dialogues and this process may be supported by the therapeutic relationship (Bennet, 2008:19). According to Hogue, Dauber, Stambaugh, Cecero & Liddle (2006:121) 'therapeutic alliance has proven to be a transtheoretical process component that is associated with treatment outcome across a diverse range of treatment models and clinical populations'. Accordingly, the application of narrative therapy may serve the therapeutic relationship and, thus, both support and enhance therapeutic goals and outcomes (Bennet, 2008). This study explores the utility of narrative therapy in psychological assessment and intervention in a remote school as a contribution in this discourse.

2.7 Narrative approach

A narrative approach ties in with postmodernism. A narrative approach in therapy implies that both problems and difficulties are embedded in the texts, words and stories which represent lived experiences. However, these problems and difficulties exist only in the language in stories (Becvar & Becvar, 1996 & Joffe, 1999 in Maree et al., 2006:51). The counsellor, who is not regarded as the expert, assumes the position of 'not-knowing', while the client is viewed as the expert on the subject of him/herself and an author on his/her own story (Anderson & Goolishian, 1992 & Joffe, 1999 in Maree et al., 2006). Rich and revealing signature information to support clients in assessment and intervention may be created by the use of narratives (Maree et al., 2006).

The assumption that multiculturalism has become a focus in psychology has resulted in a paradigm shift to the effect that diversity should be affirmed and valued rather than normalised (Savickas, 1993:211). According to Amundson, Niles and Harris-Bowlsbey (2004 in Maree et al., 2006:56) there is a need for more innovative counselling methods in terms of which an approach is followed that "enables rather than fits" (Savickas 1993:211 in Maree et al., 2006). Previously it was deemed as important to "normalise" or to socialise individuals with diverse cultures so as to enable them to fit into the mainstream culture and, thus, individuals and groups who were "misfits" because of class, gender, race, or sexual orientation were subjected to "normalising" discourse. However, recently it has become more important both to affirm and to value diversity. The construct of "fit" is being improved by constructs such as "enable" (Savickas, 1993:211). Accordingly, psychological assessment and intervention in a postmodern era rely more on autobiography and meaning making, and, thus, narrative therapy has become a preferred method (Savickas, 1993:213).

Nevertheless, Western concepts of psychotherapy are not necessarily projected by using narrative therapy (Matima, n.d.). Narrative therapy views problems as separate from people and the assumption is made that all people possess numerous skills, competencies and beliefs, values, commitments and abilities that may be utilised in overcoming or reducing the influence of difficulties and problems being experienced (Morgan, 2000 in Bennett, 2008:13). The inherent structure of personal experience may be expressed by means of narratives (Barresi & Juckes, 1997 in

Maree et al., 2006: 51) while knowledge of culturally appropriate intervention and the empowering of clients through an awareness of their own expertise may be elicited by narratives (Keeling & Nielson, 2005). In addition, a consistent checking of the clients' experiences in order to offer them choices about the direction of a session may be promoted by narrative therapy. Such consistent checking may be carried out by any therapist. Egan (2007) suggests that a process of 'summarising' be used in order to help clients to summarise the main points of a helping interchange or session which may, in turn, provide focus and challenge and assist in establishing a good relationship. Culturally familiar intervention methods will help clients to tap into their past childhoods, community and religious roots and provide a rich source of associations that may be used in therapy and advance the healing process (Matima, n.d.).

'Culture and language constitute the individual's symbolic world within which meaning and sense are ascribed' (Savickas, 1993; Van Niekerk, 1996 in Maree & Beck, 2004:81). A number of linguistic and cultural problems may be experienced by clients whose language differs from that of the therapist (Maree et al., 2006). Language, out of all the modes of expression, presents cultural differences where the visual arts, music and dance are more interchangeable and universal (McNiff, 2009). However, in order to address the limitations of the spoken language, writing and art may be used together with narratives both as expressive avenues and to encourage multiple learning styles (Keeling & Nielson, 2005).

White, in collaboration with Epton (Carr, 1998), led the way in the development of narrative therapy in practice (Carr, 1998). White's (Carr, 1998:485) approach to narrative therapy include the collaborative positioning of the therapist, externalising the problem, excavating unique outcomes, thickening the new plot and linking the new plot to both the past and the future. Remembering and incorporation is used through story telling in order to realise therapeutic goals (Carr, 1998). There exists a longstanding notion in the humanities that stories give both personal, social and cultural meaning as well as organisation to people's lives (Strong, 2010:95). Stories and the words of which they are made up indicate the way in which clients make sense of their experiences and each other and are acquired in and through encounters with the stories and word usage of others (Strong, 2010). According to

Gubrium and Holstein (2009 in Strong, 2010) all human contexts comprise story-making, story-retaining environments. Narrative therapy may refer to ways of talking to people about their lives, problems, constraints and their reflections on social, cultural and political contexts (Hilker, 2005:9).

The most important applications of narrative therapy involve the use of externalising conversations in an attempt to work with specific problems in order to reach specific results such as the uncovering of unique outcomes, the deconstructing of problems stories or the building of alternative stories (Hilker, 2005). There is the assumption made by the narrative stance that clients may examine the effects of the problem-saturated stories of their lives through externalising conversations. Externalising enables clients to view their problems as separate from themselves (Hilker, 2005). Key therapeutic assumptions and elements of the narrative practice of externalising include 1) externalising problems; 2) objectifying and personifying a problem; 3) reducing the blame for the existence of a problem; 4) tracking the history of the problem; 5) deconstructing the socio-cultural and political effects of the problem; 6) creating space in which to consider possible alternatives; 7) allowing for the creation of alternative stories; 8) building personal agency over preferred qualities; 9) not assigning causation to problems; 10) making deadly issues more discussable and 11) acting as an oppositional language or an anti-language (Hilker, 2005:17).

2.8 Use of narrative therapy in cross-cultural settings

According to Lobovits (1997 in Bennet, 2008:16) clients are responsive to narrative therapy because this form of therapy employs the full arsenal of non-verbal approaches, including puppet work, dollhouse play, sand play, drama and art. The integration of the expressive arts with narrative therapy enables engagement with clients and promotes the generation of a rich description of experiences as well as the imaginative co-creation of new meanings within a fun, non-threatening context (Bennet, 2008:22). In addition, the use of art in conjunction with narrative therapy may prove to be a good combination in cross-cultural settings as common qualities are consistently present in both imagery and in the process of creating art (McNiff, 2009). The use of art in therapy exhibits definite characteristics of cross-cultural inter-changeability as cultural groups tend to correspond similar approaches to

sharing, feeling and discussing group processes and, thus, there is an universality inherent in the art therapy process (McNiff, 2009:101-102).

Narrative therapy involves engaging in externalising conversations about the problems or challenges being experienced in an effort to move into a new relationship with either the problem or the challenge, to track the history of the effects of the problem/s and/or challenge/s and to formulate strategies to avoid further negative impacts (Epston, 1993 in Bennet, 2008). Bennet (2008:18) argues that externalising conversations integrated with expressive arts are of greater more value in terms of their therapeutic potential with children. In addition, art used in conjunction with narrative therapy may help externalise either problems or challenges and also increase agency (Keeling & Nielson, 2005). Art also serves as an expression of both inner feelings and internal transformations as a result of its external structure (McNiff, 2009:104) and, thus, the used of art may facilitate the externalising of problem/s or challenge/s. One of the benefits of art therapy is that art provides a non-threatening method which is open to self-interpretation (Buser, 2007). In addition, the use of art enables an in depth exploration on a cross-cultural basis – something which is more difficult in the more language limited therapies (McNiff, 2009). These qualities of art are both universal and cross-cultural (McNiff, 2009:104). In other words, the use of art in therapy helps to address the challenges inherent in cross-cultural contexts with clients often being referred to clinical practice because of an inability to communicate verbally (McNiff, 2009). Sharing is encouraged through the medium of both artistic expression and group responsibility where the art object represents a tangible sharing point (McNiff, 2009) which helps in establishing a positive relationship between therapist and clients (Orton, 1997 in Buser, 2007).

2.9 Utility of narrative therapy in promoting therapeutic alliance in cross-cultural settings

As stated earlier difficulties with regards to the client-therapist interaction may arise when the fact that the therapist and client come from different cultural backgrounds could adversely affect the therapist's efforts to establish a professional relationship of trust with the client. The combined influences of the values of the client, the therapist, and the cultural milieu in which both the client and the therapist find

themselves, may improve the outcome of any therapeutic intervention (Hickson & Christie, 1989 in Maree et al., 2006:54). In terms of cross-cultural research a challenge may arise should a personal theory of behaviour and values be projected on other cultural groups. In the past cultural stereotyping, prejudice and misunderstanding have resulted from interpersonal relationships within cultures and between cultures (McNiff, 2009). Any perceived similarities between the therapist and the client should contribute to a sense of oneness and empathy across cultures (Hoffman, 2000 in Hakansson & Montgomery, 2003:270) which, in turn, will constitute an integral aspect of establishing a therapeutic alliance within a cross-cultural assessment and intervention setting.

The core competencies of cultural competence, including a cultural awareness of both self and others (client) and a culturally sensitive therapeutic alliance, provide a foundation for the building of effective therapeutic alliances and also activates a process of cultural inquiry in assessing the role of personal cultural identity in the concerns of the client (Collins & Arthur, 2010:221). The recognition of cultural variation and the potential of cultural bias are fundamental to the provision of equitable therapeutic processes (Grobler, 2009:27).

The use of narratives to facilitate psychological assessment and intervention will enable the client to engage in becoming subjectively involved in these processes and this will then lead to the internalisation of the meaning of the client's personal life journey experiences. In addition, the use of narrative therapy will enable the therapist to support the client in making sense of his/her experiences (Maree et al., 2006). Clients may also be supported in constructing meanings in terms of planning for the future and, hence, the therapeutic process becomes a possible opportunity for 'active engagement' (Amundson in Maree et al., 2006). The 'process is co-operative, aimed at problem-solving, prevention, development and empowering the client to assume responsibility for his/her role in the process [thus] putting his/her weaknesses and strengths into perspective' (Savickas, 1993 in Maree et al., 2006:56). In other words, the client is empowered to make his/her own decisions about the future through identifying specific needs (Maree et al., 2006).

One advantage of narrative therapy is that it is suitable for all life stages and, therefore, suited to all developmental stages (Eloff, 2004). Although the narrative route may be time consuming, a greater number of possible choices may result with the client being perceived as the expert and, thus, taking ownership of the decisions being made during the therapeutic process. Accordingly, the opportunities presented for the creation of a variety of stories may be translated into a variety of paths (Eloff, 2004).

A process of collaboration between the therapist and client is facilitated by narrative therapy in terms of which the therapist both assists the client to externalise and deconstruct the dominant narrative and also encourages a new, preferred narrative or perspective on the problem (Bennet, 2008; Bordin, 1979 in Ackerman & Hilsenroth, 2003). Change is collaboratively facilitated with the establishment of an understanding about mutually agreed upon goals as well as the different tasks and roles of both the therapist and the client. Accordingly, the therapeutic alliance is facilitated (Bordin, 1979 in Ackerman & Hilsenroth, 2003). In other words, the utilisation of narrative therapy serves the therapeutic relationship and both supports and enhances the therapeutic goals and outcomes (Bennet, 2008).

2.10 Conceptual framework: Common factors model

2.10.1 Clarifying the common factors model

The concept of common factors emerged from psychotherapy research. Psychotherapy research found that psychotherapy is more effective than placebo effect in comparison to no therapy at all (Lambert & Ogles, 2004 in Cameron & Keenan, 2010). The common factors model propose that there is a common set of factors that is associated with positive client outcomes which is drawn from a range of psychological practice approaches (Lambert & Ogles, 2004 in Cameron & Keenan, 2010:64; Pickar & Lindsey, 2008). Literature indicates that common factors are present in effective helping regardless of the practice model utilized (Luborsky, Singer & Lubrosky, 1975 & Rosenzweig, 2002 in Cameron & Keenan, 2010:65). The common factors model suggests essential strategies for all types of psychological practice that is practical and simplified (no theoretical or cognitive elaboration is necessary) and provide freedom to use a range of skills that are effective (Cameron & Keenan, 2010:69).

2.10.2 Advantages and limitations of the common factors model

The common factors model is appropriate for diverse clients. The common factors model is flexible in nature and allows the therapist to account for the values, meanings and beliefs of each client when strategies are selected and enacted. Therefore, the conditions and processes unique to each client's life situation enable the therapist to pay attention to differences between clients and to amend strategies and skills that is attuned to the specific client (Cameron & Keenan, 2010). In an effort to meet the diverse needs of different cultural groups an integrative approach such as the common factors model is important (Pickar & Lindsey, 2008).

In conjunction with the common factors model, additional practice methods are necessary with regards to specific disorders, with families and groups and addressing these challenges in practice (Cameron & Keenan, 2010).

2.10.3 Common factors of effective treatment outcome

A broad guiding structure for therapy is suggested by the common factors model (Pickar & Lindsey, 2008). Lambert and Ogles (2004 in Pickar & Lindsey, 2008; Cameron & Keenan, 2010; O'Hara, 2010) concluded that the four factors accounted for effective treatment outcome namely 1) therapy relationship factors, 2) client/extratherapeutic factors 3) expectancy and hope factors and 4) techniques/models factors (refer to Figure 2.1 for further elaboration). Cameron and Keenan (2010) further elaborated on the understanding of the common factors model and proposed additional common factors namely 1) therapist factors, 2) practice strategies and 3) social network factors. I proposed an integration of the common factors techniques/methods factors together with practice strategies and I differentiated between relationship factors (from now on referred to therapeutic relationship/alliance) and therapist factors (from now on referred to therapist counselling skills).

Counselling skills of the client is viewed as the essence of any therapeutic relationship including; 1) congruence or genuineness, 2) unconditional positive regard and 3) accurate empathic understanding (Rogers, 1957, 1961, 1980 in Corey, 2009:17). Maree and Van der Westhuizen (2011:105) concluded that there is an overlap between the terms career counselling and general counselling in both South

Africa and the United States and proposes the use of the term professional counsellors to refer to professional counsellors in both educational and non-educational settings. I concluded after reviewing relevant literature that the therapist factors include most aspects of counselling skills. Therefore, I will refer to the therapist factors as therapist counselling skills. I differentiated between basic and advanced empathy skills as each entail different actions and skills (Grobler et al., 2007). In both basic and advanced empathy acceptance, confirmation and understanding of the other person's situation and/or experience is involved (Kohut, 1978 in Egan 2007). I further differentiated therapist counselling skills by subcategories of basic empathy (paraphrasing), advanced empathy, action and concern taken by the therapist and the therapist's attributes. Although cultural competence can be categorised under therapist counselling skills, I categorised it separately as a means to address an assumption of this study that cultural competence is one expression of therapeutic alliance.

In the Figure 2.1 I propose the integration of the concepts of the common factors model as my conceptual framework that guided my analysis of the data. I suggested more descriptive headings for the integrated concepts of the common factors model namely *therapist counselling skills* (therapist factors), *client positive affect* (client factors), *therapeutic relationship* (relationship factors) and *narrative therapy technique* (technique factors).

Considering my conceptual framework, I assume that if some of the following factors (discussed in next section) are present in the selected data documents that therapeutic alliance is probable and that the outcome of the intervention can be regarded as positive.

1) *Therapist counselling skills*: I assume that if the therapist displays accurate advanced empathy (understanding and acceptance of clients' world, highlights, focussing, structuring, challenging), positive regard, genuineness and acts of demonstrated concern (see Table 2.1) and specific characteristics (confident, flexible, interest, see Table 2.1) that therapeutic alliance is probable. In addition identification of clients' strengths and client empowerment supports the probability of therapeutic alliance.

2) *Client positive affect*: I assume that if the clients show motivation and are actively involved in the help seeking process and viewing the therapist as credible that therapeutic alliance is probable.

3) *Therapeutic relationship*: I assume that if mutual commitment and cohesion of the therapeutic relationship, engagement in the process of change and mutual agreement and collaboration on goals, tasks and roles is present that therapeutic alliance is probable.

4) *Technique factors*: I assume that if there was a rationale for change, that if activities were collaborative, responsive, explorative and reflective in nature, that knowledge, awareness and insight of the technique used was displayed, that therapeutic alliance is probable.

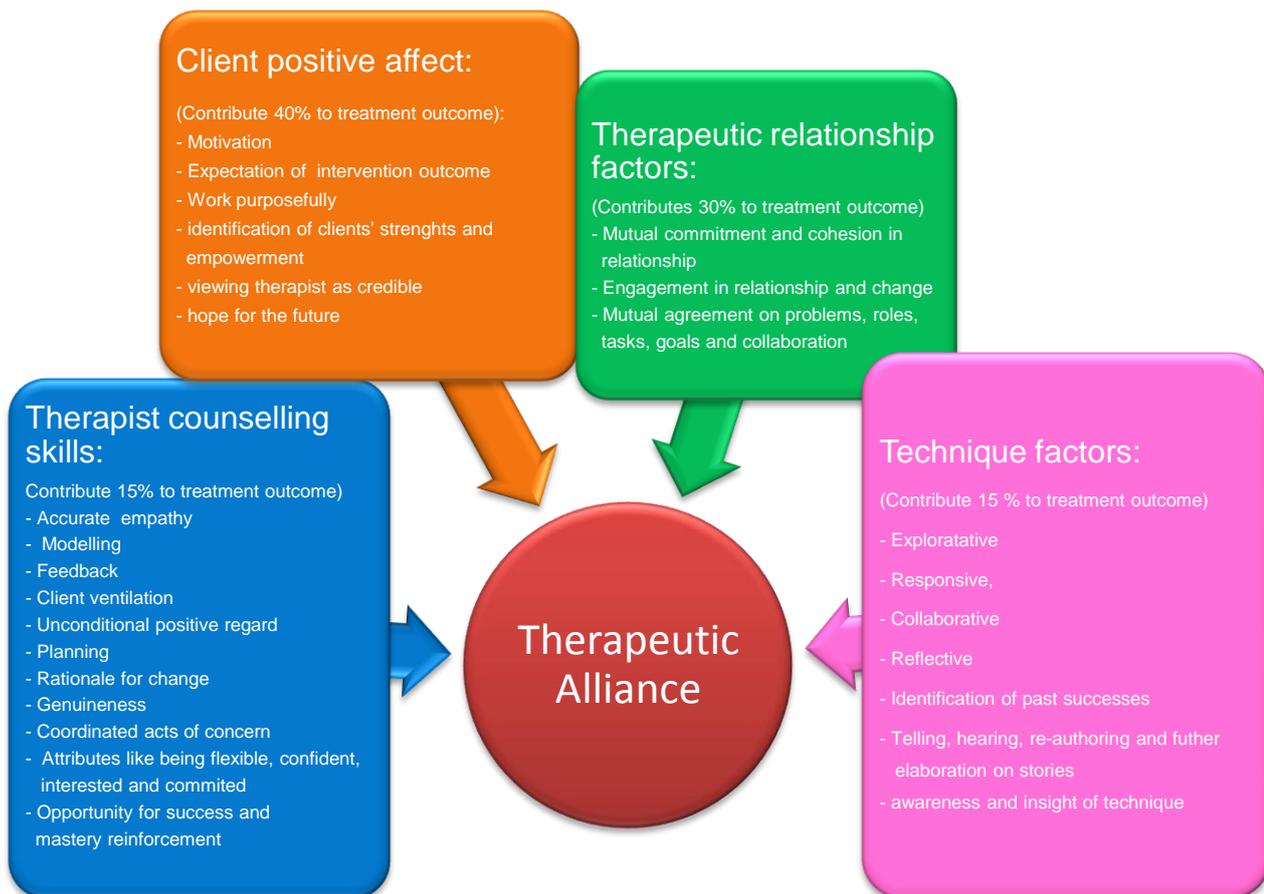


Figure 2.1 An overview of the conceptual framework. Adapted from Pickar and Lindsey (2008); Cameron and Keenan (2010) and O'Hara (2010).

2.11 Theoretical indicators of therapeutic alliance (A priori categories)

Based on the literature already discussed on the concept of therapeutic alliance, I propose the following, as theoretical indicators to use in data analysis.

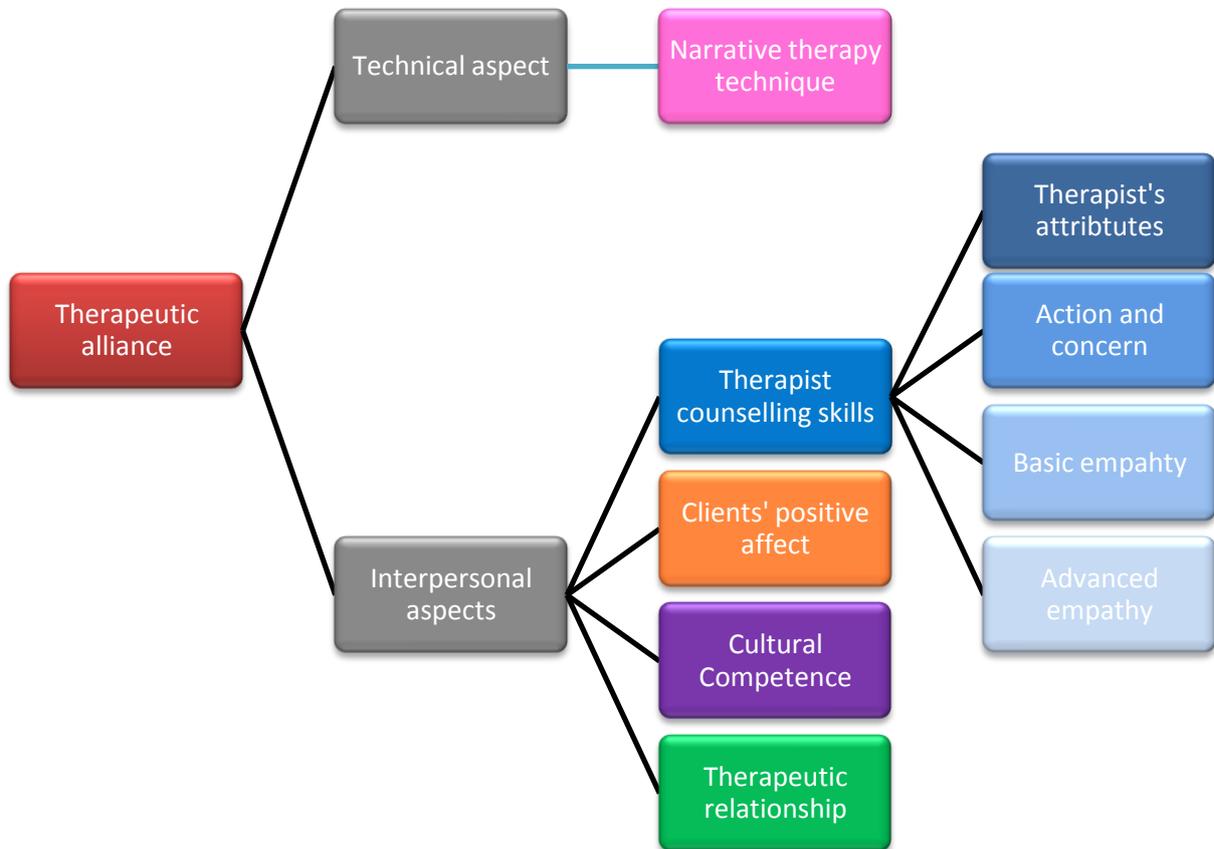


Figure 2.2 Overview of conceptualisation of a priori categories

In order to structure the theoretical indicators of therapeutic alliance I propose to analyse and interpret the concept of therapeutic alliance according to the *quality of therapeutic alliance*. The quality of therapeutic alliance is determined by the technical aspects and interpersonal aspects of the intervention.

The **technical aspect** involves the science of the methodology used in intervention where activities that are collaborative and responsive in nature are found to lead to positive therapeutic alliance (Ackerman & Hilsenroth, 2003; Donabedian, 1980 in Noser & Bickman, 2000). In the current study I employed narrative therapy which is collaborative and responsive in nature (Brown, 2006) as narrative therapy facilitates discussions of lived experiences between the therapist and the clients. The therapist

and clients collaboratively deconstruct the current narrative to create a preferred narrative (Bennet, 2008). (Refer to Table 2.1).

The *interpersonal aspect* involves how the technical aspects are conveyed to the client. Reviewing the literature, I categorised the interpersonal aspect of therapeutic alliance according to the therapist counselling skills (basic and advanced empathy, action and concern, characteristics of therapist), cultural competence, the clients' positive affect and the relationship between the therapist and the clients (therapeutic relationship/alliance). (For a clarification of each refer to table 2.1). The interpersonal aspect of therapeutic alliance quality is found to result in the most effective treatment outcome (Miller, Wampold & Varhely, 2008 & Spielmans, Pasek & McFall, 2007 in Pickar & Lindsey, 2008) and is therefore more comprehensive than the technical aspect of the quality of therapeutic alliance.

In Table 2.1 a detailed description of the theoretical definitions of the a priori assumptions (categories) and what objective indicators are looked for in the data sources is outlined, focussing specifically on data that indicates the use of a narrative approach.

Table 2.1 Theoretical definitions and objective indicators of a priori assumptions (categories)

Technical aspect of the quality of therapeutic alliance	
Category 1: Narrative therapy technique	
Theoretical definition	Objective indicators (Codes)
The techniques used in intervention that includes activities that are collaborative and responsive in nature that are found to lead to positive therapeutic alliance (Ackerman & Hilsenroth, 2003; Donabedian, 1980 in Noser & Bickman, 2000). In the current study I used a narrative approach to assessment and intervention as technique, which relate to the technical aspect of the quality of therapeutic alliance.	It's indicated by clients and therapist's telling, hearing and re-authoring of the clients' stories and further elaboration of stories (depth). The technique is collaborative, responsive, explorative and reflective in nature (Brown, 2006). Indications of being involved and taking part in the process (active in therapy) is looked for.
Interpersonal aspect of the quality of therapeutic alliance	
Category 2: Therapist counselling skills	
Theoretical definition	Objective indicators (Codes)
Three counselling skills of the therapist are viewed as the essence of any therapeutic relationship. These include 1) congruence or	This category is divided into the following subcategories, namely, therapist's attributes, therapist's action and concern, basic empathy

genuineness, 2) unconditional, positive regard and 3) accurate, empathic understanding (Rogers, 1957, 1961, 1980 in Corey, 2009:17).

and advanced empathy – See following section.

Subcategory 2.1: Therapist attributes

Theoretical definition

The personal attributes such as flexibility, honesty, respect, trustworthiness, confidence, warmth, interest and openness are comprehensively examined by Ackerman and Hilsenroth (2003).

Objective indicators (Codes)

Indicated by flexibility (therapist changes content or process of session to adapt to client's needs), confidence and interest shown (enquiry about client's welfare and life). Further indicated by genuineness that involves being spontaneous and free, manifesting vulnerability (perceived similarity of important events) and being committed (dependable).

Subcategory 2.2: Therapist's action and concern for clients

Theoretical definition

Refers to an altruistic motivation to help others and to be facilitative and nurturing during interventions (Hakansson & Montgomery, 2003) The therapist's action and concern involves performing coordinated acts that demonstrate concern.

Objective indicators (Codes)

Indicated by showing a concern for the client's well-being by acting for the benefit of the client. Includes features such as thorough planning with a rationale for change, clear, logical communication, providing opportunities for re-learning, giving time, cooperation, involvement (responsive and taking part), paying attention (awareness and insight), benevolence, giving advice, and being respectful. Includes identification of client's strengths (client empowerment).

Subcategory 2.3: Basic empathy

Theoretical definition

The communication or reflection of what the clients said (Grobler et al., 2007:179).

Objective indicators (Codes)

Indications of hearing, understanding and communicating/reflecting (paraphrasing) of what the client has said without prejudice.

Subcategory 2.4: Advanced empathy

Theoretical definition

Empathy refers to the ability to perceive the internal frame of reference of another accurately. This internal frame of reference involves the emotional components and meanings of the other person. In other words, empathy is the ability both to sense the hurt or pleasure of another from his/her perspective and to perceive the causes thereof (Rogers, 1959 in Hakansson & Montgomery, 2003:268).

Objective indicators (Codes)

Indications of clearly communicating understanding, acceptance of client's feelings, thoughts, desires, beliefs and perspectives (client's world) and the hidden meaning or intention of the client, thus rendering the implied implicit (highlighting and focusing), and leading the clients to new perspectives (structuring). Also identifying new themes in a non-blaming manner, helping the client to make connections (probing, summarising and reframing) and exploring the client's perspectives of reality (challenging).

Category 3: Cultural Competence

Theoretical definition

Cultural competence involves personal characteristics such as awareness, understanding, knowledge and skills, of own values, assumptions of culture and the culture of the clients with whom the therapist works (Sue et al., 2009).

Objective indicators (Codes)

Indicated by the therapist's awareness, understanding, knowledge and skills of own values, assumptions of culture and the culture the therapist are working with.

Category 4: Client's positive affect

Theoretical definition	Objective indicators (Codes)
Positive affect on the part of the client includes expectation of treatment outcome, motivation and personal strengths as well as the client's ability to work purposefully (Ma, 2007; Greenson, 1967 in Bale et al., 2006).	Indicated by the client's expectation of intervention outcome (how intervention will be helpful), motivation (client's willingness to work out problems) and client's ability to work purposefully (with specific goals in mind). Viewing therapist as credible (therapist appears to be experienced). Also includes hope for the future.
Category 5: Therapeutic relationship	
Theoretical definition	Objective indicators (Codes)
The therapist and client's interaction involves both collaboration and working purposefully and structurally on mutually agreed upon goals. It includes a clear definition of the tasks and roles of the therapist and the client (Ma, 2007; Daddario et al., n.d.).	Indicated by the facilitation of goals and mutually agreeing upon the goals. Also working together with the therapist to achieve these goals (working together on problems in a joint effort). Indication of mutual commitment and cohesion. An indication of the clearly defined roles and tasks of both the therapist and the client is also relevant (an indication whether client is aware of what he/she is expected to do and the relationship with the therapist and vice versa). Indicated by instances of the establishment of therapeutic alliance (good relationship established and having meaningful exchanges).

2.12 Conclusion

In this chapter I took a closer look at all the concepts related to the current study. I elaborated on therapeutic alliance, cultural competence, and narrative therapy and concluded how these concepts are related and contribute to establishing therapeutic alliance in a cross-cultural psychological assessment and intervention in a remote school. I then elaborated on my proposed conceptual framework that guides my data analysis. I identified theoretical indicators (a priori assumptions) of therapeutic alliance to use in the deductive analysis of the data. In the next chapter I elaborate on the research methodology employed in the current study.



CHAPTER 3

Research design and methodology

3.1 Introduction

This chapter commences with a discussion of the purpose of the study and describes the paradigmatic assumptions contained within the parameters of the problem statement. This is followed by a discussion of the research design employed. The chapter then explores the strengths and weaknesses of the methodology used and explain the strategies adopted to address these challenges. As previously mentioned in chapter 1, existing data sources were selected for use in this study. This is followed by a discussion of the choices made with regards to the paradigmatic assumptions selected. The paradigmatic assumptions are supported by the format of the data sources and the analysis of these data sources.

3.2 Purpose of the study

The purpose of this study is to explore and describe the utility of narrative therapy in enabling a therapeutic alliance in terms of a cross-cultural psychological assessment and intervention in a remote school. The exploratory nature of the study relates to the researcher's aim of examining a relatively new area of interest (Babbie, 2005) as the utility of narrative therapy in promoting a therapeutic alliance in remote school settings, specifically in South Africa, has not been a major focus in recent literature. The descriptive aspect of the study relates to the description of a process (Babbie, 2005), namely, the utility of narrative therapy in enabling a therapeutic alliance within a cross-cultural setting. In describing the themes of therapeutic alliance present in the existing data sources the researcher wished to contribute to the existing body of knowledge with regards to a) the utility of narrative therapy in a cross-cultural setting and b) cultural competence as one aspect of the therapeutic alliance.

3.3 Paradigmatic perspective

The study adopts a qualitative methodological paradigm anchored, in turn, in a constructivist metatheoretical paradigm. The following sections contain a description of the paradigmatic perspectives employed.

3.3.1 Metatheoretical paradigm

The study aims to provide a rich description, as well as an in-depth understanding, of the themes which emerged when the researcher utilised a narrative approach in order to facilitate a therapeutic alliance within a cross-cultural psychological interaction in a remote school setting. Although data generation as part of narrative therapy was poststructuralist (Rorty, 1967 in Besley, 2001), and thus interprevistic (Besley, 2001), the methodology favoured in the content analysis is constructivist. Accordingly, it appeared that constructivism would be an appropriate metatheoretical paradigm for the study as opposed to social constructionism (refer to Chapter 1 Table 1.2).

According to constructivism and, more specifically, post-structuralism the general view is that it is not easy either to discover structures nor to apply them generally in the field of languages and linguistics (Jansen, 2007). Text may be perceived as a human construction and, therefore, as fallible in cases in which it is not possible to determine the original meaning of the author of the written text. In addition, human action may be seen as a collection of symbols expressing layers of meaning and, thus, human action allows researchers to treat both social action and human activity as text (Berg, 2001:239).

Constructivism allows researchers to acknowledge that reality is not external to the researcher and that multiple realities exist that are dependent, in content, on both individual reality and shared reality (Struwig & Stead, 2001:16). Constructivism may be associated with descriptive data in written or spoken words and in naturalistic observation (Fouché & Delpont, 2005) in terms of which the documents (descriptive data in written or spoken words) carry meaning independently of the author's intention and is seen as a point of intersection for social meanings or discourses (Blanche et al., 2006: 316). Accordingly, it is possible to use both written text and visual data for the purposes of analysis (Berg, 2001:239). In this study the constructivist paradigm was chosen because the data comprises both the written recording (text) of observations (field notes of the supervisor and two peer supervisors, and reflection journals) as well as visual data (photographs). This data is analysed in order to identify the patterns and themes which emerge from the data so as to gain an insight into the utility of narrative therapy in establishing a

therapeutic alliance within a cross-cultural psychological interaction in a remote school setting.

A study guided by constructivism results in findings that are a representation of the construction of human reality. Individuals construct their own reality through organising and representing their experiences (Nieuwenhuis, 2007) and this, in turn, represents meaning making as a fundamental of constructivism (McMahon, Patton & Watson, 2003 in Maree et al., 2006). Crotty (1998 in Golafshani, 2003) defines constructivism as an approach in terms of which knowledge and, therefore, all meaningful reality is dependent upon human practices in respect of which reality is constructed in and out of the interaction between human beings and their world. This interaction is developed and conveyed within an essentially social context. Accordingly, it is not possible to generalise the findings of a qualitative constructivist study from one setting to another (Nieuwenhuis, 2007). The phenomenon may be understood only within the context of an investigation which indicates that cause and effect does not necessarily apply (Patton, 2002, Jansen, 2007). When conducting constructivist assessment and intervention the focus is on the tracing of connections between the experiences of the clients and various elements from their system of influences (Patton & McMahon, 1999 & McMahon & Patton, 2002 in Maree et al., 2006:52). According to Nieuwenhuis (2007) it is essential that the phenomenon that is central to the research be explored because knowledge and 'truth' may both be viewed as having been constructed. This approach was, therefore, deemed useful in this study which explored the utility of narrative therapy within a cross-cultural setting.

Constructivism involves the notion that people construct multiple realities that may be diverse in nature. If valid and reliable multiple and diverse realities are to be uncovered then multiple methods of gathering data are required. In order to overcome this apparent limitation in this study the researcher employed the triangulation of investigators (supervisor and co-supervisor), method (observations and reflections during two 4 hour visits, 4 months apart) and different sources of data, namely, the field notes of the supervisor, peer supervisors and the therapist, reflection journal and photographs, in order to record the constructions of reality which emerged (Johnson, 1997 in Golafshani, 2003). The subjectivity of the

researcher involved in the research process may also be regarded as a limitation (Ponterotto, 2005). The researcher is perceived as an instrument with his/her ability to interpret and make sense of what he/she sees being critical in the understanding of any social phenomenon (Leedy & Ormrod, 2005). In order to overcome the limitation of subjectivity in this study, the researcher used reflexivity (Seale, 1999) as a way in which to document her subjective views during the research processes in a research diary.

3.3.2 Methodological paradigm

In view of the narrative nature of the generation of the data employed in this study a qualitative approach was deemed suitable. Qualitative research is concerned with understanding both the processes as well as the social and cultural contexts which underlie various behavioural patterns and, thus, focuses on the social construction of people's ideas and concepts (Nieuwenhuis, 2007). In qualitative research reality is viewed both as subjective and as influenced by the context of the situation – the participant's experiences and perceptions, the social environment and the interaction between researcher and participant (Ponterotto, 2005). Individuals are studied through observation and interaction with the other participants in their natural environment and by focusing on their meanings and interpretations (Holloway & Wheeler in Nieuwenhuis, 2007).

A broad definition of qualitative research refers to research that generates findings that are not arrived at by means of any statistical procedures or any other means of quantification (Strauss & Corbin, 1990 in Golafshani, 2003). Accordingly, in this study a naturalistic approach was adopted in terms of which the findings arise from real-world settings and the researcher makes no attempt to manipulate the phenomenon under study (Patton, 2001 in Golafshani, 2003). This is useful as the data resulted from a real-world setting (cross-cultural remote school setting). The findings of a qualitative study typically take the form of themes, categories, typologies, concepts and substantive theory (Merriam., 2002). This study makes use of qualitative content analysis and, thus, scans the existing data sources for patterns, themes, concepts or categories in the utilisation of narrative therapy in enabling a therapeutic alliance within a cross-cultural remote school setting.

The strengths of qualitative research include the fact that the phenomenon is studied in its natural setting (Niewenhuis, 2007) and, accordingly, the researcher is the primary instrument in the collection and analysis of the data (Merriam, 2002). In addition, qualitative research allows researchers to treat social action as text and, thus, both written text and visual data may be used for analysis (Berg, 2001). Consequently, the use of both written text and visual data limits any influence arising from the interaction between researcher and subjects (Mouton, 2008). In this study written text and visual data only are used for the purposes of analysis, thus obviating any interaction between the researcher and participants which may have influenced the analysis of the data. However, in view of the fact that the data is a product of the researcher's interaction with the participants as a result of her training as an educational psychologist, it must be acknowledged that her dual role as therapist and researcher of the existing data sources may have had an indirect influence on the analysis of the raw data.

Qualitative research seeks a better understanding of complex situations that are explanatory in nature (Leedy & Ormrod, 2005; Seale, 1999). A possible limitation in this current study may arise from the fact that the data did not, in fact, enable a better understanding of the phenomenon under study, as the data was not generated for the purpose of this study (Mouton, 2008). Accordingly, the researcher attempted to provide a rich, thick description of the research phenomenon under study in order to gain an in-depth understanding of the utility of a narrative approach in facilitating a therapeutic alliance within a specific, cross-cultural psychological interaction in a remote school setting so as to enable the readers of the study to form their own judgements about the relevance of the findings in respect of their own situations (Seale, 1999). The study aimed to contribute to the existing body of knowledge with regards to the establishment of the therapeutic alliance within cross-cultural contexts, specifically in a remote school setting. Accordingly, the researcher strove to acquire a better understanding of the existing knowledge relating to therapeutic alliance, narrative therapy and cultural competence in cross-cultural therapeutic settings.

3.4 Methodology

3.4.1 Research design

The study employed content analysis (Leedy & Ormrod, 2005) (refer to Chapter 1 Table 1.2) in order to gain an insight into the theme of therapeutic alliance when using narrative therapy within a cross-cultural context. The main aim of content analysis is to examine both text and documents (Bryman, 2001). The content refers to messages, words, meanings, symbols and themes while the text refers to that which is either written or visualised (Struwig & Stead, 2001:14). In view of the fact that content analysis refers to the gathering and analysis of textual content this study adopted the method of content analysis in order to conduct a detailed and systematic examination of the contents of both the field notes (supervisor, peer supervisors and student therapist) and reflection journal relating to the observations and visual (photograph) data (Struwig & Stead, 2001). According to Berg (2001), content analysis allows the investigation of all types of communication as well as the artefacts of social communication. In addition, this study used deductive a priori categories both to analyse and to identify patterns, themes, or biases with regards to insights into the themes of therapeutic alliance when using a narrative therapy in cross-cultural settings (Leedy & Ormrod, 2005). Accordingly, content analysis enabled the researcher to look at the data from different angles in order to identify keys in the text and, thus, to understand and to interpret the raw data. Accordingly, the researcher searched for similarities and differences in the text in order either to corroborate or to disconfirm assumptions.

Both the authenticity of the data sources and the representativeness of the texts and visual data analysed represent limitations in respect of content analysis (Mouton, 2008). In this study limitations arose with regards to both authenticity and representativeness as the study represented an educational psychological assessment and intervention conducted by one therapist only, with one group of children in one specific remote school. In addition, the data was not generated for the purpose of this specific study and this may limit the overall, external validity of the findings (Mouton, 2008).

Content analysis involves a considerable amount of planning at the beginning of the study. Subjectivity may be seen as a possible disadvantage of employing thematic

content analysis (Cohen, Manion & Morrison, 2007). However, this method is fairly systematic and measures may be taken to render the process as objective as possible (Leedy & Ormrod, 2005). In addition, content analysis encompasses a detailed and systematic examination of relevant data sources in order to provide a comprehensive description (Timulak, 2009) of the insights gained with regards to the themes and patterns which emerge from the data. In this study the central steps taken in the process of content analysis included the following (Neuendorf, Reinharz & Weber in Schwandt, 2007:41):

- 1) The creation of a set of categories (refer to 2.11 in Chapter 2)
- 2) The systematic application of the categories identified to the existing data sources (refer to Appendix D)
- 3) The creation of a matrix of variables from the texts and categories (refer to Appendix G)
- 4) The analyses of the matrix (refer to Appendix G)

3.4.2 Research setting and background of existing data

Selected data sources resulted from a longitudinal research project (initiated in 2006) that is built on collaborative relationships between the researchers, the school (a secondary school) and postgraduate students. The current study resulted from this broader longitudinal research project which forms part of an academic service learning module in the MEd (Educational Psychology) programme, University of Pretoria.²

3.4.2.1 Secondary school

Refer to photographs 3.1 and 3.2. Photograph 3.1 is a view of the remote rural setting viewed from the school building while photograph 3.2 gives a view of the school buildings and school grounds of the secondary school.

The secondary school is located in a remote rural area, approximately 160 km from the nearest town. The learners of the school live nearby the school and, in view of the fact that there is no transport available, they all walk to school. There are approximately 680 learners and 25 teachers in the school. In terms of resources, the

² FLY: Flourishing Learners Youth (Ebersöhn, 2009)

school experiences problems with a shortage of furniture and equipment for laboratories and a limited number of books in the library. In addition, they often have no electricity and running water. A computer centre has been donated to the school but, because of the problems with electricity and also equipment being stolen, the computer centre is not functional at this stage.



Photo 3.1 The school setting as viewed from the school building.



Photo 3.2 The remote secondary school in Mpumalanga

3.4.2.2 Participants

The data sources employed in this study, arose from the researcher's interaction (as student therapist) with seven grade 9 boys. In view of the fact that the boys and the researcher were from different cultural and socio-economic backgrounds the interaction was, by its nature, cross-cultural in nature. The following table includes non-confidential information about the participants in the study:

Table 3.1 Non-confidential information of the learners

Pseudonym	Age
Learner 1	15
Learner 2	15
Learner 3	15
Learner 4	15

Learner 5	16
Learner 6	17
Learner 7	18

3.4.3 Procedures

3.4.3.1 Visits

Two visits (4 months apart) were made by the MEd (Educational Psychology) students and their supervisor to the Secondary School (Mpumalanga). Each visit lasted for a period of 8 hours on 2 separate days (8 hours per visit, 16 hours in all).

The evening before the first visit the MEd (Educational Psychology) students were briefed by the supervisor. During this briefing session the goals, expectations, concerns and emotions in respect of the assessment to take place on the following day were discussed (refer to reflection journal). After each day's visit, debriefing sessions with the supervisor were held during which the supervisor also provided the students with feedback (refer to Appendix C for my notes in the reflection journal).

The night before the second intervention visit our supervisor conducted a briefing session and, then, on the evenings subsequent to the visits, our supervisor again held debriefing sessions in order to discuss goals, expectations, concerns and emotions.

3.4.3.2 Assessment

The purpose of the first visit (FLY project) was to assess the learners on the basis of informal, alternative activities which had been developed by the students in conjunction with their peer supervisors and the supervisor (refer to Appendix A for outline of my assessment). Each educational psychology student had developed alternative assessment activities before the visit as a way in which to create an opportunity for optimal, cross-cultural engagement between the educational psychology students and the learners. Planning discussions were conducted between the students, peer supervisors and the supervisor in order to identify potential problems as well as alternative ideas for informal, alternative, cross-cultural assessment (see Appendix A for outline of student therapist's assessment). The role of the peer supervisors (two fellow students) was to listen, guide, suggest and help

the students focus their activities and also to assist in evaluating the appropriateness of the activities suggested.

3.4.3.3 Intervention

The researcher's planned assessment activities were aimed at building group cohesion, setting goals and expectations, creating self knowledge and interests, setting up group work, bringing about shared responsibility and collaboration and creative expression, creating narratives, setting future goals, identifying strengths, obstacles and support structures and disengagement of the session.

3.4.4 Selection of data sources

The study utilised the non-probable, purposive sampling of existing documents (field notes, reflection journal and visual data) (Cohen et al., 2007). This type of sampling method is often used in naturalistic research (Cohen et al., 2007; Babbie, 2005). The main advantage of documents as a data source is the fact that the documents already exist within the situation and there is no intrusion on the part of the investigator to alter the setting by virtue of his/her presence (Merriam, 2002). However, one of the limitations of purposive sampling involves the concept of generalisability and the findings of this study may not be generalisable to other situations (Mertens, 2010; Seale, 1999). Accordingly, attention is given to the assumption that the results of a study be representative of the whole (Seale, 1999). This study endeavoured to overcome the abovementioned limitations by adopting certain strategies with regards to quality criteria (see 3.5). In view of the fact that the data sources were secondary in nature field notes, a reflection journal and photographs were all used to verify and to enrich the analysis and interpretation.

The researcher selected all the available documents that had been generated during the psychological assessment and intervention sessions (2009 - generated by the student therapist, supervisor and two peer supervisors) and that could possibly provide some indication of the therapeutic alliance formed between the therapist and clients. Documents generated by clients during the psychological assessment that did not employ a narrative therapy approach were excluded as a means to explore the role of a narrative therapy approach in the established therapeutic alliance. Accordingly, the following documents were selected, namely, field notes (generated

by the supervisor, peer supervisors and student therapist – see Appendix C), a reflection journal (generated by student therapist) and visual data (photographs generated by student therapist and supervisor – see Appendix C). The concepts of availability, access and crystallising perspectives were applicable to all these data sources. In terms of this research study the concepts of availability and accessibility refer to data being both available and accessible for the purposes of the study. The researcher selected all the existing documents for analysis based on the availability of data sources and was, thus, able to take into account everything which was potentially relevant to the research problem (Leedy & Ormrod, 2005). Crystallising refers to a process in terms of which several sources – for the purposes of this study field notes of supervisor, peer supervisors, and therapist, reflection journal and photographs – are used in order to compare findings (Merriam, 1998 in Maree & Van der Westhuizen, 2007).

The documents used in this study are discussed below. The discussion includes a description of each document as well as the advantages and disadvantages associated with various document types.

3.4.4.1 Field notes

As stated the researcher selected all the field notes which had been generated by her supervisor, peer supervisors and the student therapist during the psychological assessment and intervention sessions. These field notes enabled the crystallisation of the sources in order to ensure congruent research findings confirmed, in turn, by the different viewpoints. Appendix C contains examples of the field notes used for analysis. Field notes encompass distinctive empirical observation and interpretation, emotions, preconceptions, expectations and prejudices (Greeff, 2005:298). It is, therefore, important both to write down the field notes before discussing any observations made and to set aside sufficient time to note down the sequence of events as they occur (Greeff, 2005) in order to eliminate any perceptual influences other than what actually occurred during the psychological assessment and intervention sessions. However, incomplete field notes in respect of this specific study may be a disadvantage as the field notes were not generated specifically for the purpose of this study (Strydom & Delpont, 2005). Nevertheless, the latter may also contribute to the authenticity of the unfolding process captured during the

assessment and intervention sessions (Mouton, 2008). Another disadvantage in respect of the current study involves the inefficiency of the student therapist in documenting the richness of what she was observing (Leedy & Ormrod, 2005). The field notes of the student therapist did not comprehensively reflect the clients' feelings, attitudes and non-verbal communication (Bailey, 1987 in Greeff, 2005) during the assessment and intervention sessions. Visual data permitted the interpretation of both posture and facial expressions that enhanced the interpretation of the field notes.

3.4.4.2 Reflection journal

The researcher selected her reflection journal which, as already mentioned, she had compiled during an academic service learning module in the MEd (Educational Psychology) programme, University of Pretoria. The journal also contained other reflections on my training as an educational psychologist. Accordingly, the researcher selected only those reflections in the reflection journal that were relevant to the psychological assessment and intervention that had taken place at the Secondary School as part of this study. Journals are a written form of reflection which provide the student with the opportunity to examine his/her thoughts and experiences with regards to specific issues as well as providing an evaluation of the student's learning experience (Reed & Koliba, 1995). Reflection in terms of service learning refers to the facilitation of the process that allows students to bend the metaphorical light of their experiences back into their minds in order to make careful considerations about what their experiences entailed (Reed & Koliba, 1995). Accordingly, reflection serves as a bridge between experience and learning. In addition, reflection initiates learning, growth, understanding, improvement of skills and helps the individual to derive meaning and effectiveness from his/her work (Reed & Koliba, 1995). A reflection journal of a student therapist will include an integrated understanding of the therapist's cognitive world as well as a personal account of the therapist's environment and subjective perception and interpretation of that environment (Greeff, 2005).

The purpose of selecting the reflection journal as a data source was to gain an understanding of the daily experiences of the educational psychology student during the psychological assessment and intervention sessions. Indirectly the reflection

journal, thus, indicates aspects of the establishment of the therapeutic alliance and also the way in which the narrative intervention was shaped. Babbie and Mouton (2001) describe a reflective journal as a document in which human and personal characteristics of the author are expressed so as to enable the reader to gain insights into the author's views of specific events. In terms of this study an understanding of the influence or role of the therapist in the interactional relationships is reflected in the journal. In addition, thinking processes of perceptions and ideas are evident in a reflection journal (De Vos, 2005). Appendix C contains examples from the reflection journal used in this study.

In terms of this study, the incompleteness of the reflection journal may be a limitation. The journal was not generated for the purpose of this study but was written as a therapist reflecting on her experiences of psychological assessment and intervention sessions (Strydom & Delpont, 2005). Selecting the reflection journal on the experiences of the therapist on psychological assessment and intervention enabled the researcher to probe into the phenomenological heart of the narrative intervention employed (Greeff, 2005). The reflection journal includes the lived flow of historically-situated phenomenal experience with all its ambiguity, variability, malleability and uniqueness (Plummer, 1983 in Greeff, 2005) during the assessment and intervention sessions.

3.4.4.3 Visual data

The researcher selected visual data of the psychological assessment and intervention sessions with grade 9 boys at the Secondary School. This visual data included photographs of the school, the children, the assessment and intervention process as well as products taken by the supervisor and the student therapist. The participants gave consent to use photographs of them in which their faces are visible. The purpose of including visual data is to gain a visual perspective of the data sources and to utilise certain parts of the data for research (Greeff, 2005). An advantage of visual data is that it is both easy to relate to and persuasive in nature (Cohen et al., 2007). (Appendix C contains examples of the visual data generated during the psychological assessment and intervention sessions.) Visual data may also contribute to a holistic and total perspective of the participants within the context of their lives (Greeff, 2005). In addition, visual data may enhance the written data

sources by the visual representation of non-verbal communication (Bailey 1987 in Greeff, 2005) during the sessions – applicable to this study. A disadvantage of the visual data in this study involves to the lack of availability in terms of which the visual data of the psychological assessment and intervention was neither kept nor recorded. This arose from the fact that the researcher were involved in the process as the student therapist and was, thus, not able to make a comprehensive recording of the visual data (Greeff, 2005:319).

3.4.5 Data analysis and interpretation

3.4.5.1 Preparation of data sources

The raw data in this study was gathered in its original form. Initially the researcher transcribed the data electronically as it was thought that this would make the data analysis process easier. However, during the analysis the researcher decided to work on photocopies of the originals as she felt more comfortable categorising the data manually.

3.4.5.2 A priori assumptions (categories)

The researcher used a priori categories for the deductive analysis so as to be able to plan in advance and guide the analysis of the raw data (Nieuwenhuis, 2007). Deductive analysis involves the testing of a phenomenon in social settings by gathering data with regards to a specific situation and then searching this data for certain themes/categories which have been identified in relevant literature (Struwig & Stead, 2001). Thus, based on previous knowledge the structure of analysis is operationalised (Kyngäs, 2008). Therefore, the researcher interpreted the results within the existing theoretical and conceptual framework (Struwig & Stead, 2001) as discussed in Figure 2.1 in Chapter 2. The a priori assumptions (categories) were determined in terms of a theoretical understanding of the literature on therapeutic alliance (Nieuwenhuis, 2007). (Refer to section 2.11 in Chapter 2.) The researcher created a list of categories in advance and then searched the data for these topics (Nieuwenhuis in Maree, 2007). The priori assumptions (categories) that were sought in the raw data are discussed in section 2.11 in Chapter 2. Table 3.2 presents a detailed description of the a priori assumptions (categories) (section 2.11 in Chapter 2)

Table 3.2 A priori assumptions (categories)

Technical aspect of the quality of therapeutic alliance	
Category 1: Narrative therapy technique	
Theoretical definition	Objective indicators (Codes)
The techniques used in intervention that includes activities that are collaborative and responsive in nature that are found to lead to positive therapeutic alliance (Ackerman & Hilsenroth, 2003; Donabedian, 1980 in Noser & Bickman, 2000). In the current study I used a narrative approach to assessment and intervention as technique, which relate to the technical aspect of the quality of therapeutic alliance.	It's indicated by clients and therapist's telling, hearing and re-authoring of the clients' stories and further elaboration of stories (depth). The technique is collaborative, responsive, explorative and reflective in nature (Brown, 2006). Indications of being involved and taking part in the process (active in therapy) is looked for.
Interpersonal aspect of the quality of therapeutic alliance	
Category 2: Therapist counselling skills	
Theoretical definition	Objective indicators (Codes)
Three counselling skills of the therapist are viewed as the essence of any therapeutic relationship. These include 1) congruence or genuineness, 2) unconditional, positive regard and 3) accurate, empathic understanding (Rogers, 1957, 1961, 1980 in Corey, 2009:17).	This category is divided into the following subcategories, namely, therapist's attributes, therapist's action and concern, basic empathy and advanced empathy – See following section.
Subcategory 2.1: Therapist attributes	
Theoretical definition	Objective indicators (Codes)
The personal attributes such as flexibility, honesty, respect, trustworthiness, confidence, warmth, interest and openness are comprehensively examined by Ackerman and Hilsenroth (2003).	Indicated by flexibility (therapist changes content or process of session to adapt to client's needs), confidence and interest shown (enquiry about client's welfare and life). Further indicated by genuineness that involves being spontaneous and free, manifesting vulnerability (perceived similarity of important events) and being committed (dependable).
Subcategory 2.2: Therapist's action and concern for clients	
Theoretical definition	Objective indicators (Codes)
Refers to an altruistic motivation to help others and to be facilitative and nurturing during interventions (Hakansson & Montgomery, 2003) The therapist's action and concern involves performing coordinated acts that demonstrate concern.	Indicated by showing a concern for the client's well-being by acting for the benefit of the client. Includes features such as thorough planning with a rationale for change, clear, logical communication, providing opportunities for re-learning, giving time, cooperation, involvement (responsive and taking part), paying attention (awareness and insight), benevolence, giving advice, and being respectful. Includes identification of client's strengths (client empowerment).
Subcategory 2.3: Basic empathy	
Theoretical definition	Objective indicators (Codes)
The communication or reflection of what the clients said (Grobler et al., 2007:179).	Indications of hearing, understanding and communicating/reflecting (paraphrasing) of what the client has said without prejudice.
Subcategory 2.4: Advanced empathy	

Theoretical definition	Objective indicators (Codes)
Empathy refers to the ability to perceive the internal frame of reference of another accurately. This internal frame of reference involves the emotional components and meanings of the other person. In other words, empathy is the ability both to sense the hurt or pleasure of another from his/her perspective and to perceive the causes thereof (Rogers, 1959 in Hakansson & Montgomery, 2003:268).	Indications of clearly communicating understanding, acceptance of client's feelings, thoughts, desires, beliefs and perspectives (client's world) and the hidden meaning or intention of the client, thus rendering the implied implicit (highlighting and focusing), and leading the clients to new perspectives (structuring). Also identifying new themes in a non-blaming manner, helping the client to make connections (probing, summarising and reframing) and exploring the client's perspectives of reality (challenging).

Category 3: Cultural Competence

Theoretical definition	Objective indicators (Codes)
Cultural competence involves personal characteristics such as awareness, understanding, knowledge and skills, of own values, assumptions of culture and the culture of the clients with whom the therapist works (Sue et al., 2009).	Indicated by the therapist's awareness, understanding, knowledge and skills of own values, assumptions of culture and the culture the therapist are working with.

Category 4: Client's positive affect

Theoretical definition	Objective indicators (Codes)
Positive affect on the part of the client includes expectation of treatment outcome, motivation and personal strengths as well as the client's ability to work purposefully (Ma, 2007; Greenon, 1967 in Bale et al., 2006).	Indicated by the client's expectation of intervention outcome (how intervention will be helpful), motivation (client's willingness to work out problems) and client's ability to work purposefully (with specific goals in mind). Viewing therapist as credible (therapist appears to be experienced). Also includes hope for the future.

Category 5: Therapeutic relationship

Theoretical definition	Objective indicators (Codes)
The therapist and client's interaction involves both collaboration and working purposefully and structurally on mutually agreed upon goals. It includes a clear definition of the tasks and roles of the therapist and the client (Ma, 2007; Daddario et al., n.d.).	Indicated by the facilitation of goals and mutually agreeing upon the goals. Also working together with the therapist to achieve these goals (working together on problems in a joint effort). Indication of mutual commitment and cohesion. An indication of the clearly defined roles and tasks of both the therapist and the client is also relevant (an indication whether client is aware of what he/she is expected to do and the relationship with the therapist and vice versa). Indicated by instances of the establishment of therapeutic alliance (good relationship established and having meaningful exchanges).

The researcher focused mainly on those themes of the therapeutic alliance as regards the narrative approach which emerged in the data collected during narrative therapy in a cross-cultural psychological assessment and intervention in a remote school (Refer to Appendix D for examples of these analytic processes).

3.4.5.3 Coding process

Figure 3.1 outlines the steps used to analyse the existing data documents as a means of answering the research questions:

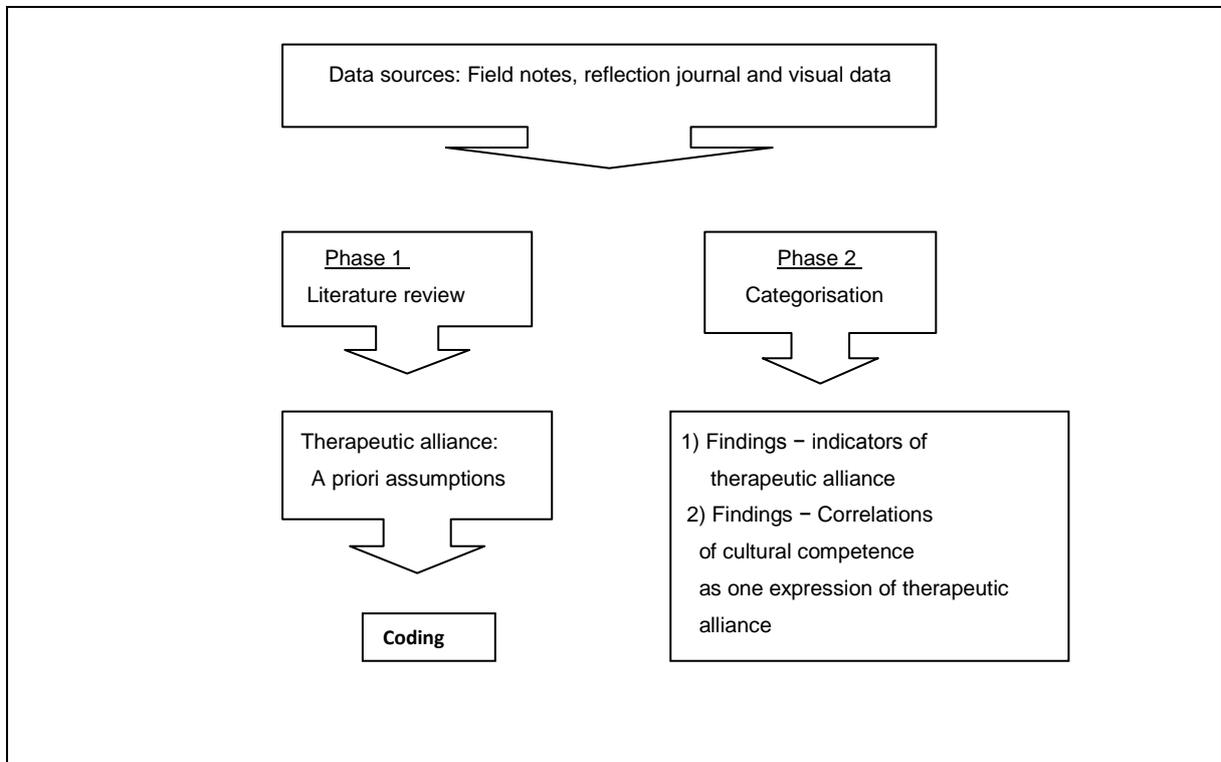


Figure 3.1: Overview of data analysis process

The following content analysis steps were followed (Leedy & Ormrod, 2005:142):

- 1) Identification of the data sources (field notes, reflection journal and visual data) to be studied. In view of the concise nature of the documents selected they were studied in their entirety.
- 2) The characteristics or elements of the therapeutic alliance defined in precise, concrete terms (refer to 2.11 in Chapter 2 and/or to 3.4.3 Table 3.2).
- 3) The data resources examined (for instances of each characteristic or element of therapeutic alliance as defined in step 2). In order to overcome subjectivity the researcher involved her supervisors in the thematic analysis process and interpretation.

3.4.5.3.1 Coding

Appendix D contains examples of the coding of the respective data sources. Coding refers to the process in terms of which data is broken down, conceptualised and put back together in new ways (Maree, 2007). The data was coded by using a priori assumptions with similar codes then being aggregated into categories (Maree, 2007). These categories were further divided into subcategories (Struwig & Stead, 2001). In other words, coding is a process of disaggregation of data in terms of which it is broken down into manageable segments. Those manageable segments are then identified and named. The various successive segments of data are then compared and contrasted and eventually categorised. A segment or meaningful unit comprises relevant words, phrases, sentences or paragraphs (Struwig & Stead, 2001).

In order to ensure that she had developed a feeling for the data sources, the researcher read the data sources several times. Marshall and Rossman (1999 in De Vos, 2005) suggest that rereading the data forces the researcher to become familiar with the data. The use of memos – short phrases, ideas or key concepts that occurred during the reading of the data (Creswell, 1998 in De Vos, 2005) – helped the researcher to understand the way in which the codes had contributed both to the answering of the research question and to any further research.

Three troublesome tendencies that emerged and which had to be managed when coding the data are described in the following section:

- A tendency to code mainly at the descriptive level rather than coding for the purpose of explaining or developing an understanding of “what is going on here”. The researcher made use of triangulation in order to overcome this tendency to code mainly at the descriptive level (Discussed in section 3.5.2)
- 2) A tendency to think of coding as a mechanical, straightforward process, and ignoring the prior conceptualisation and theoretical understandings that had emerged. This tendency was countered by the researcher’s sticking to the a priori assumptions which had been identified from the relevant literature (Refer to section 2.11 in Chapter 2 and Table 3.2)
- 3) A tendency to regard codes or categories as ‘fixed’ or unchanging labels and, thereby, ignoring their organic, dynamic character. This tendency was

overcome by the researcher's familiarising herself with the data by rereading the data several times and actively searching for negative instances in order to account for potential challenges to the emergent findings (Seale, 1999) (Lofland & Lofland, Miles & Huberman, Strauss in Schwandt, 2007:33)

3.4.5.3.2 Categorisation

Table 3.2 contains the categorisation of a priori assumptions. Categorisation refers to the grouping of code words around a particular concept in the data. This, in turn, enables the reduction of the number of code words with which to work (Merriam, 2002).

3.4.5.3.3 Negative instances

In order to ensure that she had identified the a priori assumptions that had emerged from the data through her coding and categorization the researcher reread her initial data in order to ascertain that she had identified the ideas correctly and that she had not added an incorrect slant to the data or misinterpreted it (Nieuwenhuis, 2007).

3.5 Quality criteria

As recommended by Nieuwenhuis (2007:113), Maree and Van der Westhuizen (2007) and Mertens (2010), the researcher employed various strategies pertaining to the issues of dependability, credibility, authenticity, conformability and transferability as a means of ensuring the quality of her study.

3.5.1 Dependability

In qualitative studies, dependability refers to the way in which the researcher ensures that both the research process and, specifically, how the findings obtained, are clearly documented and detectable (Merriam, 2002). The researcher's documentation of the data, methods used and decisions made during the research as well as the end product is documented (Seale, 1999). In this study, the researcher provided a detailed account of the methods used, procedures adopted and decisions taken during the course of the study in order to ensure the dependability of the study (Merriam, 2002 Seale, 1999). Accordingly, the researcher used an audit trail (Merriam, 2002 in terms of which to analyse the data sources and to account for how she had obtained her findings. In addition, she also provided clear documentation of

the way in which the data had been both coded and categorised as well as the reasons why certain codes had been ascribed to specific data.

3.5.2 Credibility

Credibility is ensured by the use of triangulation techniques in the methods of both data collection and data analysis in order to account for any discrepancies in the findings (Creswell, 2003) which may be found by a disinterested peer reviewer (Seale, 1999). Any negative occurrences that dispute the emerging assumptions are searched for and reformulated (Seale, 1999). Triangulation is, thus, a strategy which is used to improve both the validity and reliability of research findings (Golafshani, 2003). According to Mathison (1988 in Golafshani, 2003) triangulation is a strategy used to control bias and to establish valid propositions. In order to enhance the credibility of this study, the researcher stated both the limitations – including the possible incompleteness of the data sources – of the study upfront (Strydom & Delpont, 2005) as well as any perceptual influences which may have occurred during the documentation of the field notes (Greeff, 2005). Potential misinterpretations and further suggestions for analysis were offered as a result of a collaborative process of reviewing and discussing the findings held between the researcher and her supervisors.

3.5.3 Authenticity

Authenticity, which is linked to credibility, refers to a representation of a range of different viewpoints (Seale, 1999). As stated earlier, both the authenticity as well as the representativeness of the data sources was ensured by the researcher's seeking the opinion of both her supervisor and her co-supervisor on an ongoing basis in order to confirm the congruence of the emerging findings with the raw data and the tentative interpretations (Mertens, 2010; Merriam, 2002).

3.5.4 Confirmability

Confirmability encompasses the traditional concept of objectivity (De Vos, 2005). In order to make allowances for confirmability and subjectivity in interpreting the data sources the researcher used reflexivity – a self-critical account of the way in which the research was conducted (Seale, 1999). To this end the researcher kept a reflective journal and also documented the data analysis process so as to ensure

that the findings were a direct result of the study and not due to her own personal bias (Babbie & Mouton, 2001).

3.5.5 Transferability

Transferability refers to the external validity or generalisability of research findings (De Vos, 2005). Accordingly, generalisability is a structure for both conducting and documenting high quality qualitative research in respect of which the generalisability of the results is an element of validity of the study and also increases the trustworthiness of the research (Stenbacka, 2001 in Golafshani, 2003). Accordingly, the researcher related the findings of this study to the cross-cultural psychological assessment and intervention in a remote school setting only. She, thus, provided rich, thick descriptions to contextualise the study as well as to strengthen the transferability (Merriam, 2002; Leedy & Ormrod, 2005). Transferability enables readers, by the provision of sufficient information, to judge the applicability of findings to other similar settings (Seale, 1999).

3.6 Ethical considerations

Certain of the issues with which this study had to contend included confidentiality, informed consent and prevention of harm – see chapter 1, section 1.10. The study received ethical clearance from the institution (University of Pretoria, Department of Educational Psychology) from which it had originated and, in addition, the researcher complied with the Ethics Code for Psychologists as prescribed. The following section contains a discussion of the ethical considerations relevant to this study.

3.6.1 Informed consent

The data documents, including field notes, reflection journal and visual data, resulted from an informed consent process. This study formed part of a larger study and, thus, informed consent for the study had already been already obtained (see Appendix E for example of consent form). Haverkamp (2005 in Marrow, 2007) suggests that informed consent be obtained at the beginning of the research process in order to give the participants both reassurance and the opportunity either to decline or to withdraw once the study has commenced (Blanche et al., 2006). In this study the participants were informed about both the rationale behind the study and the process of the assessment and intervention sessions. The participants agreed to

participate and also gave their consent for photographs to be used in which their faces are visible. Gaining the informed consent of participants shows respect for their rights while voluntary participation is a way of avoid coercing participants into participating in the research study. In addition, participants are given access to relevant information prior to giving their consent (Halai, 2006).

3.6.2 Confidentiality

Confidentiality is concerned with showing respect for research participants as well as providing them with protection by assuring the confidentiality of information shared and anonymity should pseudonyms be used to assure confidentiality (Halai, 2006:6). In this study the researcher managed the data in a confidential manner. The participants' identities remained anonymous and pseudonyms were used. The issue of confidentiality was explained to the participants and they were given the opportunity to ask further questions and raise any concerns they might have (Strydom, 2005).

3.6.3 Prevention of harm

The rights of other members of society and of the participants themselves in respect of prevention of harm were taken into account throughout the study so as to ensure that the search for the 'truth' was not undertaken at the expense of the participants (Mouton, 2008). The researcher continually reflected, in her research reflection journal, on the possibility of harm, emotional or physical, that may have been caused by the study. In addition, the possibility of physical and/or emotional harm to the participants was borne in mind throughout the assessment and intervention process (Strydom, 2005). The latter was particularly relevant as there is always the possibility that psychological assessment and intervention sessions may elicit emotional responses that should be handled competently. The risks and benefits involved in the assessment and intervention process were explained to the participants (Halai, 2006). (Refer to Appendix E for an outline of the risks and benefits.)

3.7 Conclusion

This chapter contains a detailed account of the paradigm stance, research design and methodology adopted in this research study. In addition, considerations in relation to the quality of the study, as well as ethical issues pertaining to the study,

are discussed. The researcher continually reflected on the strengths and limitations of the various methodological choices and provides an account of the way in which she attempted to address these issues in this chapter. Lastly, the researcher reflects on her role as researcher and the specific challenges involved in the research process.

---oOo---

CHAPTER 4

Findings of the study

4.1 Introduction

The previous chapter contained a discussion on both the paradigmatic stances adopted in this study as well as the research design and processes. This chapter will present the research results in terms of the a priori assumptions (categories) which were identified during the literature review. In addition, the chapter will include extracts of the data and visual images that support certain of the themes.

4.2 Research results

Based on the analysis of the raw data which was conducted using a priori categories (See Chapter 2 Table 2.1 and Figure 2.1), the following categories emerged. These categories are presented in descending order of significance. Firstly, the therapist's counselling skills (Category 2) appeared to be the most prevalent category, followed by the narrative therapy technique (Category 1), the clients' positive affect (Category 4), and then the therapeutic relationship (Category 6). Cultural competence (Category 3) was less evident in the raw data. The frequency with which each category emerged in each of the data sources are presented in Table 4.1. Table 4.1 illustrates to what extent each category were identified in each data source, facilitating the researchers orientation with regards to the discussion and interpretation of the results and it further enables a coherent representation of the findings.

Table 4.1 Frequency of a priori categories present in data sources

	Field notes			Reflection journal		Visual data		Totals
	Student therapist	Supervisor	Peer supervisor 1	Peer supervisor 2	Assessment	Intervention	Photographs	
Narrative therapy technique	6	10	3	2	8	10	13	52

	Field notes				Reflection journal		Visual data	
	Student therapist	Supervisor	Peer supervisor 1	Peer supervisor 2	Assessment	Intervention	Photographs	Totals
Therapist counselling skills	25	28	15	12	17	41	5	143*
Attributes of therapist	0	8	2	5	0	3	0	18
Action and concern	15	11	10	5	14	27	5	87
Basic empathy	0	1	1	0	0	1	0	3
Advanced empathy	10	8	2	2	3	10	0	35
Cultural competence	0	0	2	0	2	1	0	5
Clients' positive affect	4	3	1	0	3	4	16	31
Therapeutic relationship	2	7	1	0	2	9	8	29

The a priori categories present in the relevant data sources will now be discussed. In order to facilitate a coherent representation of the research findings the findings are presented according to the a priori assumptions (categories) most prevalent in

the data sources. As background, both the exclusion and the inclusion criteria of the a priori categories are discussed before the presentation of each set of results.

4.2.1 Therapist's counselling skills

The theoretical definition, objective indicators and the exclusion criteria, as discussed in Chapter 2 (See section 2.11 Table 2.1) are presented in Table 4.2.

Table 4.2 Therapist's counselling skills

Category 2:	
Therapist counselling skills	
Theoretical definition	Objective indicators
Three counselling skills of the therapist may be viewed as the essence of any therapeutic relationship. These include 1) congruence or genuineness, 2) unconditional, positive regard and 3) accurate, empathic understanding (Rogers, 1957, 1961, 1980 in Corey, 2009:17).	This category is divided into the following subcategories, namely, therapist's attributes, therapist's action and concern and basic and advanced empathy. These subcategories are elaborated upon in the following section.

Although the researcher specifically formulated the therapist counselling skills according to the relevant literature, she does, nevertheless acknowledge that other aspects may also have been included. According to this study the subcategories include therapist's attributes, action and concern, and basic empathy and advanced empathy. The therapist counselling skills represented in each data source will be discussed according to the subcategories and in the order from most to least prevalent.

4.2.1.1 Action and concern

The theoretical definition, objective indicators and the exclusion criteria, as discussed in Chapter 2 (See section 2.11 Table 2.1) are presented in Table 4.3.

Table 4.3 Action and concern

Subcategory 2.2: Therapist's actions and concern for clients		
Theoretical definition	Objective indicators	Exclusion criteria
Refers to an altruistic motivation to help others and to be both facilitative and nurturing during intervention (Hakansson & Montgomery, 2003). Involves performing coordinated acts that demonstrate concern.	Indicated by showing a concern for the client's well-being by acting for the benefit of the client. Includes features such as thorough planning with a rationale for change, clear, logical communication, providing opportunities for re-learning, giving time, being cooperative, being involved (responsive and taking part), paying attention (awareness and insight), benevolence, giving advice, and being respectful. Includes identification of client's strengths (Client empowerment).	Contributions that indicate basic empathetic skills (Discussed in category 2.1). Contributions that do not include communication of understanding, acceptance of client's feelings, thoughts, desires, beliefs and perspectives. Contributions that do not indicate reflection of the hidden meaning or intention of the client, making the implied implicit and leading the client to new perspectives, identifying new themes in a non-blaming manner, helping the client make connections and exploring distortions of the client's reality.

The objective indicators of the subcategory Action and Concern are further subdivided into subcategories in order to simplify the structure of the discussion and to illustrate which features of the therapist's actions and concern were present to a significant degree in the data sources and which were absent from the data sources. The divided subcategories and their objective indicators are presented in Table 4.4 below.

Table 4.4 Division of the subcategory of Action and Concern into further subcategories

Subcategory 2.2: Therapist's actions and concern for clients	
Subcategory	Objective indicators

Subcategory 2.2: Therapist's actions and concern for clients	
Subcategory	Objective indicators
2.2.1 Thorough planning and rationale for change	Reference to the therapist manifesting thorough planning of both assessment and intervention activities. Includes instances of a rationale for change in respect of activities and intervention.
2.2.2 Clear, logical communication	Reference to communication that may be regarded as clear and logical and in terms of which the therapist and client clearly understand what is being communicated during the assessment and intervention sessions.
2.2.3 Opportunities for re- learning	Reference to the therapist's giving time to the client's utilisation of opportunities to practice the skills taught during the assessment and intervention sessions.
2.2.4 Giving time	Reference to instances where the therapist gives of her time in order to benefit her clients.
2.2.5 Cooperation and being involved	Reference to instances where the therapist cooperates in the processes of assessment and intervention and is involved in the therapeutic process.
2.2.6 Awareness and insight	Reference to instances where the therapist pays attention to all aspects of the client's life. Reference to the therapist showing awareness and insights regarding the life or perspectives of the client.
2.2.7 Giving advice	Reference to instances of the therapist giving advice to the client on any aspect of the client's life.
2.2.8 Being respectful	Reference to respectful behaviour on the part of the therapist and directed towards the client.
2.2.9 Identification of client's strengths and client empowerment	Instances where the therapist identifies and utilises the client's strengths, thus indicates client empowerment.

Action and Concern involves the therapist showing concern for the client's well-being by taking actions that benefit the client (Hakansson & Montgomery, 2003). Accordingly, the subcategory of Action and Concern is discussed according to the

features of the therapist's acting for the benefit of the client, namely, thorough planning and a rationale for change, the ability of the therapist to communicate clearly and logically, the therapist's giving time and opportunities for re-learning, the therapist's being involved and cooperating in the therapeutic process, the therapist's awareness and insights, the therapist's giving time and the therapist's being respectful towards the client (see Table 4.4 section 2.28). Lastly, the identification of the clients' strengths and client empowerment are discussed. However, a discussion of the general indications of coordinated acts of concern will now follow.

General indications of coordinated acts of concern

The therapist incorporated the theory of the Six Thinking Hats³ as part of her intervention. This, in turn, illustrates the therapist taking actions to benefit the client by means of adapting the Six Thinking Hats theory in order to enhance the therapeutic value of the narratives created during the assessment and intervention sessions. This notion is supported by the following field notes: "*Six Thinking Hats*" (Field notes: Student therapist, p. 7), ". . . (*Thinking Hats*) daarby te inkorporeer om 'n waardevolle bydrae tot die leerders te bring. . ." (Field notes: Peer supervisor 2, p. 1).

The therapist further demonstrated concern about the planned activities being therapeutically beneficial to the client. The following contributions serve as examples: "*Is die idees geldig*" (Field notes: Peer supervisor 1, p. 1), "*Sal dit die doelwitte waarvoor dit beplan is bereik*" (Field notes: Peer supervisor 1, p.1) and "*Dek sy alle aktiwiteite deur haar aktiwiteite*" (Field notes: Peer supervisor 1, p.1).

Thorough planning and a rationale for change

Thorough planning and also demonstrating a rationale for change enables the therapist to employ activities that are beneficial to the client. Thorough planning and a rationale for change may be regarded as an indication of the concern shown by the therapist in act for the well-being of the client. Reference to the therapist's thorough

³ The Six Thinking Hats is a powerful technique created by Edward De Bono. The technique encourages different perspectives on decisions. It enables moving from a habitual thinking style to a more rounded view of a specific situation (De Bono, 1995).

planning of the assessment and intervention sessions are supported by the following extracts: “Doelgerig” (Reflection journal, p.1), “. . . so ‘comprehensive’ as wat aanvanklik beplan was nie.” (Reflection journal, p. 8), “. . . ok te wees met wat ek beplan het. . .” (p. 8) and “Marli het egter die vermoë om haar doelwitte vir aktiwiteite duidelik te stel na sorgvuldige beplanning, wat daartoe bydrae dat almal weet wat sy verwag of waarvoor ‘n aktiwiteit beplan is.” (Field notes: Peer supervisor 1, p. 1), “Marli se aktiwiteite was kreatief en sorgvuldig beplan.” (Field notes: Peer supervisor 1, p. 1) and “. . . [Marli se doelwitte] eksplisiet gestel is en dit aan haar riglyne kan bied van dit wat vir haar belangrik is tydens die beplanning van aktiwiteite tydens assessering of intervensie.” (Field notes: Peer supervisor 1, p. 1). These quotes support the conclusion that the therapist showed concern and acted for the benefit of the clients by her thorough planning and also manifesting a rationale for change.

Furthermore, the supervisor noted specific goals for the assessment sessions which support the notion that the therapist did, indeed, show thorough planning and a rationale for change (Field notes: Supervisor, p. 1) and “Individuele en groep aktiwiteite wat kreatief is” (Field notes: Peer supervisor 1, p. 1). In addition, the peer supervisor 2 noted the therapist’s thorough planning in her field notes. The following contributions serve as examples: “. . . voorbereid in terme van haar beplanning” (Field notes: Peer supervisor 2, p. 1), “. . . nog beplan het om met haar leerders te doen. . .” (Field notes: Peer supervisor 2, p.1) and “. . .goeie deursettingsvermoë en deeglike beplanning getoon deur een van haar aktiwiteite van die assessering te gebruik, as haar intervensie.” (Field notes: Peer supervisor 2, p. 1).

Clear logical communication

The therapist’s ability to communicate clearly and logically to the clients appeared to be latent aspects in the data sources. In view of the creation of the narratives demonstrated it may be inferred that the therapist did provide adequate guidance by means of clear and logical communication. Negative instances of clear communication will be discussed later (See section 4.?).

“Ek het aanvanklik gesukkel om in ‘plain’ taal aan die kinders te verduidelik wat ek van hulle verwag in die aktiwiteite . . .” (Reflection journal, p. 3) and “. . . met tye gesukkel het om mekaar te verstaan. . .” (Reflection journal, p. 4).

Opportunities for relearning

The therapist provided opportunities for relearning in terms of which the clients were given the opportunity to communicate the meanings attached to their actions spontaneously during the intervention sessions. The following extract: “. . . *hoe die kinders van die vorige keer af geleer het om betekenis te heg. . .*” (Reflection journal, p. 7) emphasises this notion.

Giving time

The results indicate that the therapist displayed coordinated acts of concern by giving of her time to the clients. The following extracts provide evidence of the therapist’s giving time to the clients: “. . . *proses van die skep van die stories, was vir my nogal ‘n lang proses. . . terapeuties was, juis omdat die taal ‘n probleem was.*” (Reflection journal, p. 7).

Cooperation and being involved

Instances of cooperation and involvement on the part of the therapist were found to be latent in the data sources. The therapist cooperated and was involved in the therapeutic process by explaining, guiding and probing (Reflection journal, p. 7) for further detail. The following photographs illustrate the therapist’s involvement and cooperation during the therapeutic process.



Photograph 4.1 Therapist involved in the process



Photograph 4.2 Therapist explaining and guiding clients

Awareness and insight

The fact that the therapist showed awareness and insight in her approach to the psychological assessment and intervention is obvious in the following extracts: “. . . *besef dat mens soms vinnig op jou voete moet dink . . .*” (Reflection journal, p.4), “. . . *duidelik onderskei tussen assessering en intervensie, maar het besef dat die twee soms verweef kan voorkom. . .*” (Reflection journal, p. 4) and, “. . . *sometimes ask and sometimes leave, rapport can't be done quickly*” (Field notes: Supervisor, p. 7), “*afwissel met aktiwiteit/spel/fisiek*” (Field notes: Supervisor, p. 7) and “*Ek het die belangrikheid van verhouding stigting en die verbintenis met pret geleer en besef.*” (Reflection journal, p.4).

In addition, the therapist showed insight and awareness with regards to the influence that the language barrier may have had as regards the psychological assessment and intervention. The fact that she noted that the process of creating the story may, potentially, have enhanced the therapeutic value is indicated by the following extract: “. . . *weereens die taal barrier besef en geweet dat ek meer van die storie sal leer deur die proses wat hulle dit skep.*” (Reflection journal, p.6). Moreover, the therapist displayed awareness and insight by reflecting on the actions taken during the intervention sessions and she noted: “. . . *meer betekenis sou hê as ek dit individueel kon hanteer.*” (Reflection journal, p. 6), “. . . *het wel 'n ander voordeel gehad.*” (Reflection journal, p. 6), “. . . *sinvol gewees het om meer 'fun' aktiwiteite hier gedoen het,*” (Reflection journal, p.7), “. . . *besef dat dit nie sou saak maak nie.*” (Reflection journal, p. 7). The therapist's awareness and insight regarding the nature of the assessment and intervention sessions is indicated by the following extracts: “. . . *vertrou dat my gut feeling rakende die intervensie sinvol en betekenisvol sal wees.*” (Reflection journal, p.8) and “*Ek het geleer dat mense sal uitbeeld en aan jou sal wys wat hul benodig in die lewe. . .*” (Reflection journal, p.9).

In addition, the awareness and insight showed by the therapist is further supported by the following extracts from the student therapist's reflection journal in which the student therapist notes that the clients struggled to identify positive aspects in their narratives. She states: “. . . *kinders het nogal makliker die probleme/uitdagings in die stories raakgesien en effens gesukkel om die positiewe raak te sien.*” (Reflection journal, p. 8). The therapist continued to focus on her clients and her insight

regarding the best options in terms of benefiting her clients is illustrated in the following extracts: “. . . *ondersteuning, hindernisse, strategieë wat hulle gebruik om te cope*” (Field notes: Peer supervisor 1, p. 1) and “. . . *monitor wat die beste sal werk met die leerders*” (Field notes: Peer supervisor 1, p. 2).

Paying attention

Actions for the benefit of the client and paying attention to the client are both evident in the raw data sources. The therapist acted for the benefit of her clients by paying attention to them in terms of fulfilling their needs whilst informally assessing their level of need fulfilment and meaning making. This is supported by the student therapist noting: “. . . *elke kind te ‘sien’ en sy behoeftes erkenning te bied.*” (Reflection journal, p.3), “. . . *soos met hierdie kinders waar hul basiese behoeftes nie aan voldoen word op ‘n daaglikse basis nie.*” (Reflection journal, p. 9), “. . . *bygedra tot die kinders se betekenisgemaak. . .*” (Reflection journal, p. 8) and “*Ek het van hierdie geleentheid gebruik gemaak om betekenisgewing in plek te stel*” (Reflection journal, p. 6). Furthermore, the therapist showed awareness regarding the clients’ reaction when an outsider joined the group and she stated: “*Ek het geleer dat buitestaanders deur die groep as indringers gesien kan word en die spontane proses kan belemmer.*” (Reflection journal, p. 8).

The therapist showed both awareness and insight. She did this by paying attention to her clients’ levels of functioning. This awareness and insight on the part of the therapist is suggested by the following extracts: “. . . *van die kinders funksioneer op ‘n hoër vlak as die ander . . .*” (Reflection journal, p.3), “. . . *almal se vlakke te probeer fokus en die aktiwiteite sinvol te maak.*” (p.3) and “*funksioneer tans op ‘n basiese behoefte vlak . . .*” (Reflection journal, p.3).

Giving advice

An instance of the therapist’s giving advice is illustrated in the following extract: “. . . *leerders leiding te gee oor hul toekoms.*” (Field notes: Peer supervisor 1, p. 2). This extract also provides an indication of the therapist acting for the benefit of her clients and, thus, promoting their well-being.

Being respectful

The therapist showed respect for the clients' desire to remain as part of the group during the feedback regarding the assessment sessions. This respectfulness is illustrated in the following extracts: “. . . *die kinders wou graag deel bly van die groep.*” (Reflection journal, p.6), “*Ek het toestemming gevra of ek in die groep kon terugvoer gee.*” (Reflection journal, p. 6) and “*feedback in group*” (Field notes: Supervisor, p. 7). In addition, she also showed respect for the desire of one client not to share within the group context and she posed an invitation for one-on-one discussions – See following extract: “. . . *dat dit ok is as hy nie nou wil deel nie en dat hy welkom is om enige tyd na my toe te kom.*” (Reflection journal, p.3). The fact that this behaviour on the part of the therapist resulted in the client feeling more comfortable in the group context is supported by the following: “. . . *blyk hom gerus gestel het . . .*” (Reflection journal, p.3).

Identification of clients' strengths and client empowerment

A further objective indicator of the therapist displaying coordinated acts of concern is manifested by both client empowerment and the therapist's identification of the clients' strengths and challenges in terms of the individual and the environment. The therapist's identification of strengths and the utilisation of the strengths identified are indicated by the following extracts: “. . . *mooi om te sien hoe die kinders van die vorige keer af geleer het om betekenis te heg aan wat hulle maak . . .*” (p. 7) and “. . . *'n baie mooi bate was, was hulle vermoë om oplossings/alternatiewe te vind . . .*” (p.8). The supervisor noted “*positive psychology*” (Field notes: Supervisor, p.1) and “*shared responsibility*” (Field notes: Supervisor, p.1) while the peer supervisor 1 noted “*Verantwoordelikheid te deel. . .*” (Field notes: Peer supervisor 1, p.1) which, in turn, indicates aspects of client empowerment. Furthermore, the student therapist identified the strengths and challenges of each client by means of a quadrant map (See figure 4.1) which suggests that the student therapist had, indeed, paid attention to the circumstances of each client. An example of a quadrant map follows (Field notes: Student therapist, p.14):

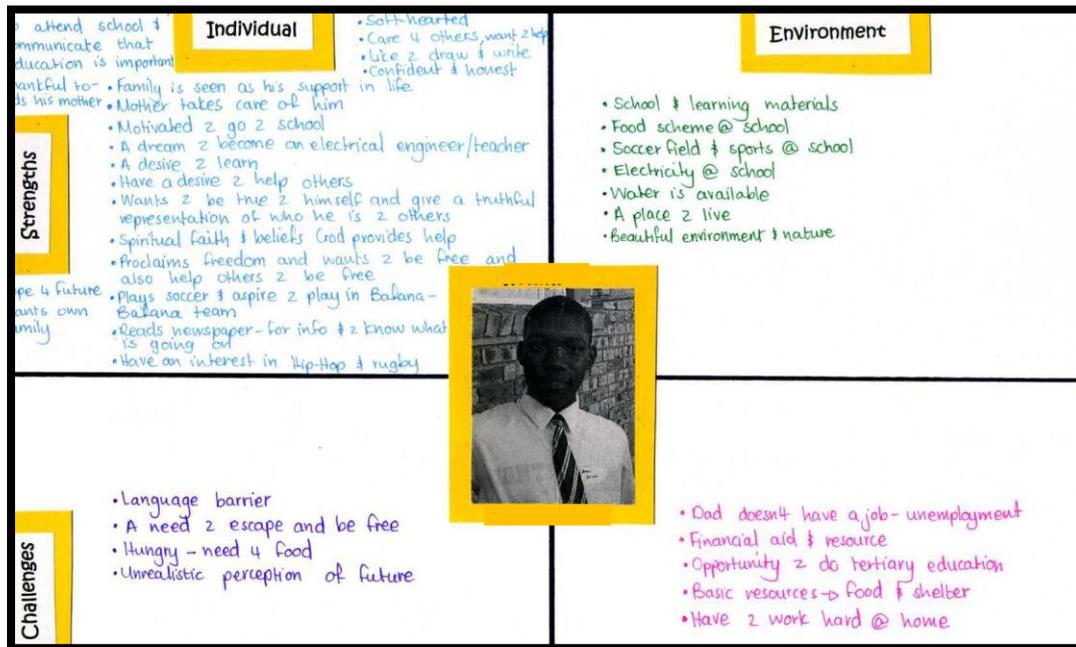


Figure 4.1 Quadrant map⁴

4.2.1.2 Advanced empathy

The theoretical definition, objective indicators and the exclusion criteria as discussed in Chapter 2 (See section 2.11 Table 2.1) are presented in Table 4.5.

Table 4.5 Advanced Empathy

Subcategory 2.4: Advanced empathy		
Theoretical definition	Objective indicators	Exclusion criteria
Empathy is the ability to perceive with accuracy the internal frame of reference of another. This internal frame of reference involves the emotional components and meanings of that person. It is the ability to sense the hurt or pleasure of another from their perspective and to be able to perceive the causes thereof (Rogers, 1959 in Hakansson & Montgomery, 2003:268).	Indications of clearly communicating understanding, acceptance of clients' feelings, thoughts, desires, beliefs and perspectives (clients' world) and the hidden meanings or intentions of the clients and, thus, making the implied implicit (highlights and focusing), leading the clients to new perspectives (structuring), identifying new themes in a non-blaming manner, helping clients to make connections	Contributions that do not reflect attributes of the therapist such as flexibility, confidence, warmth, interest, openness and genuineness.

⁴ Consent from the learner to use his photograph was obtained (see Appendix E Consent form)

 Subcategory 2.4:

Advanced empathy

Theoretical definition	Objective indicators	Exclusion criteria
	(probing, summarising and reframing) and exploring the clients' perspectives of reality (challenging).	

Advanced Empathy involves the communication of understanding and the acceptance of the clients' feelings, thoughts, desires, beliefs and perspectives. In this study advanced empathy involves using techniques such as highlighting and focusing, structuring, probing, summarising, reframing and challenging the clients' perspectives of their world. These techniques are discussed in the following section.

Communication of understanding and acceptance

The therapist's ability both to understand and to accept the clients' feelings, thoughts, desires and perspectives was shown to be important with the following notes providing evidence of this: ". . . *aan te voel wat die leerders of selfs haar mede student benodig en dan moeite te doen ter vervulling van hul behoefte*" (Field notes: Peer supervisor 1, p. 2), ". . . *behoefte erkenning te bied.*" (Reflection journal, p. 3), ". . . *gekommunikeer dat dit ok is. . .*" (Reflection journal, p. 3) and ". . . *inligting verkry wat nodig is om beter te verstaan en begrip te hê.*" (Reflection journal, p. 4).

Highlights and focusing

The use of highlighting, rendering the implied implicit and summarising the central aspects of what the clients are saying are all illustrated in the following: ". . . *storie terug gereflekteer. . .*" (Reflection journal, p. 6), ". . . *hieroor gekomplimenteer. . . onbewustelike proses was en dat hulle nie bewustelik die rede verduidelik het nie.*" (Reflection journal, p. 7) and "*Individuele share/terugvoer werk goed*" (Field notes: Supervisor, p. 7).

Structuring

The therapist also employed the technique of structuring the clients' perspectives. This technique forms part of advanced empathy. The therapist's leading the clients to new perspectives is indicated by the following comment of the student therapist ". . .

. *konstant die geleentheid tot betekenis-making moet skep.*” (Reflection journal, p. 8). In addition, the therapist challenged the clients’ perceptions of reality by utilising and incorporating the theory of the Six Thinking Hats practically in both the current and the future story narration (Field notes: Student therapist, p. 7; Field notes: Supervisor, p. 5). The following remark by the client serves as an example of the client’s gaining a new perspective as a result of the therapist’s actions, as does the exclamation: “*Future into past . . .*” (Field notes: Student therapist, p. 7) and “*We have all we want!!!*” (Field notes: Student therapist, p. 7).

Probing, summarising and reframing

An additional characteristic of advanced empathy involves helping the clients to make connections by using techniques such as probing, summarising and reframing. The therapist clearly helped the clients make connections: “. . . *mooi lei in hierdie deel van die proses.*” (Reflection journal, p. 8) and “*individueel inbring, bring self in storie in*” (Field notes: Supervisor, p. 5). The therapist also made use of probing to elicit responses and to allow the clients to make new connections (Field notes: Student therapist, p. 5, p. 7).

The fact that the therapist was able to identify new themes in a non-blaming manner is suggested by the following contribution of the peer supervisor 2: “. . . *herken wat die kinders vir haar gee en met dit werk.*” (Field notes: Peer supervisor 2, p. 1).

Challenging

Yet another aspect of advanced empathy involves challenging the clients’ perceptions of reality by exploring these perceptions. The therapist challenged the clients’ perceptions of reality by brainstorming for solutions to their challenges. The following statement serves as an example: “. . . *alternatiewe/oplossings vind*” (Reflection journal, p. 7). In addition, the therapist challenged her clients on the concept of self responsibility: “. . . *konsep van self-responsibility bekend te stel.*” (Reflection journal, p. 8). Further indications of challenging are described by the supervisor 1 as follows: “. . . *vanaf ‘n indirektiewe benadering na ‘n meer direktiewe benadering beweeg. . .*” (Field notes: Peer supervisor 1, p. 2).

4.2.1.3 Therapist attributes

The theoretical definition, objective indicators and the exclusion criteria as discussed in Chapter 2 (See section 2.11 Table 2.1) are presented in Table 4.6.

Table 4.6 Therapist attributes

Subcategory 2.1: Therapist attributes		
Theoretical definition	Objective indicators	Exclusion criteria
Personal attributes such as flexibility, honesty, respect, trustworthiness, confidence, warmth, interest and openness are comprehensively examined by Ackerman and Hilsenroth (2003).	Indicated by flexibility (therapist changes content or process of session to adapt to clients' needs), confidence and interest (enquiry about client's welfare and life) in the clients. Further indicated by genuineness that involves being spontaneous and free, manifesting vulnerability (perceived similarity of important events) and being committed (dependable).	Contributions that indicate advanced empathetic skills (Discussed in category 2.2). Contributions that do not indicate hearing, understanding and communicating, without prejudice, what the clients have said (paraphrasing).

Therapist attributes are discussed in the following section. These attributes include the objective indicators of flexibility, confidence, interest in the clients and genuineness.

Flexibility

Flexibility is portrayed by the therapist when the therapist changes the process or content of the assessment or intervention session, thus contributing to the establishment of the therapeutic alliance. The fact that the therapist showed flexibility during the sessions is depicted by the therapist's expression of her goals and expectations in respect of the intervention sessions, namely: "*Buigsaamheid te wees en aanpasbaar*" (Reflection journal, p.1) and "*Buigsaamheid*" (Reflection journal, p. 1). In addition, both the student therapist and peer supervisor 2 also noted instances of flexibility shown by the therapist: "*Ek het die waarde van buigsaamheid geleer en besef. . .*" (Reflection journal, p. 4), "*. . .hoe sy by haar groep aanpas, die omstandighede en die verskeie situasies.*" (Field notes: Peer

supervisor 2, p. 1), “*Sy is baie aanpasbaar.*” (Field notes: Peer supervisor 2, p. 1), “. . . moes op haar voete dink en werk met wat die leerders vir haar gee.” (Field notes: Peer supervisor 2, p. 2), “. . . nie meer tyd om aan hulle die geleentheid te bied om ‘n voorstelling te teken wat vir hulle uitgestaan het nie. Ons het dit dus mondelings gedoen ter wille van afsluiting.” (Reflection journal, p. 8) and “. . . weer die waarde en toepassing van buigzaamheid besef.” (Reflection journal, p. 8) and “. . . adapt therapy to clients needs” (Field notes: Supervisor, p.7). In addition, the supervisor also noted the flexibility shown by the therapist as an attribute of flexibility (Field notes: Supervisor, p. 7).

Confidence

The conceptual framework of the researcher indicates that certain attributes of the therapist enhance the therapist’s counselling skills which, in turn, contribute to the therapeutic alliance. The supervisor noted: “*Self-efficacy*” (Field notes: Supervisor, p. 5) as an attribute of the therapist. In addition, the expectations of the therapist included: “*Rustiger, buigzaamheid te wys*” (Field notes: Supervisor, p. 6) and “*Marli se rustigheid bring ook rustigheid by haar groep. . .*” (Field notes: Peer supervisor 1, p. 2) Emotions such as “*opgewonde, confident*” (Field notes: Supervisor, p. 6) were noted by the supervisor while the student therapist stated that she expected to feel “*confident*” (Reflection journal, p. 1) and “*rustig*” (Reflection journal, p. 1). The confidence shown by the therapist is further emphasised in the following statements: “. . . besluit watter aktiwiteite vir jou die nodige inligting gaan bied.” (Reflection journal, p. 4), “. . . kalm en rustig oor die aktiwiteite wat sy reeds gedoen het en nog beplan het om met haar leerders te doen.” (Field notes: Peer supervisor 2, p. 1) and “. . . volgehou en die hele tyd met selfvertroue opgetree.” (Field notes: Peer supervisor 2, p. 2).

Interest

It would appear from the analysis that specific indications of the therapist showing an interest in the clients’ lives were a latent aspect in the raw data sources. The researcher inferred that both the therapist’s commitment (See following section) to the clients and her being active (See subcategory: Action and Concern) in the therapeutic process indicate that she showed an interest in the lives of the clients and in their progress during the intervention. An interest in the clients’ lives may well

also be indicated by the following quote: “*Daar was ‘n oor en weer vertelling van alles wat gebeur het vandat ek laas daar was.*” (Reflection journal, p. 6). In addition, the therapist compiled a quadrant map (See Figure 4.1) of each client that indicates, albeit indirectly, that the therapist did show an interest in her clients.

Genuineness

Genuineness involves commitment on the part of the therapist. The fact that the therapist’s commitment is shown by her reflexivity in her practical training is suggested in the following contribution: “. . . *reflekteer gedurig*” (Field notes: Peer supervisor 1, p. 2). However, genuineness also involves spontaneity with the spontaneity displayed by the therapist being suggested by the following extract: “. . . *sommer gou geniet. Daar was ‘n oor en weer vertelling . . .*” (Reflection journal, p. 6).

4.2.1.4 Basic empathy

The theoretical definition, objective indicators and the exclusion criteria as discussed in Chapter 2 (See section 2.11 Table 2.1) are presented in Table 4.7.

Table 4.7 Basic empathy

Subcategory 2.3: Basic empathy		
Theoretical definition	Objective indicators	Exclusion criteria
The communication or reflection of what the clients said (Grobler et al., 2007:179).	Indications of hearing, understanding and communicating/reflecting (paraphrasing) what the clients said without prejudice.	Contributions that do not indicate a concern for clients’ well-being by acting for the benefit of the client and coordinated acts that do demonstrate concern. Contributions that refer to awareness, skills and knowledge as regard culture of clients.

Basic empathy involves paraphrasing what the clients have said. However, a few indications of basic empathy only were present in the data sources.

The therapist stated paraphrasing (basic empathy) as a goal as follows: “Each other: empathy” (Field notes: Supervisor, p. 1) and “*Begrip en empatie vir mekaar in die groep*” (Field notes: Peer supervisor 1, p. 1). In addition, an instance of basic empathy was noted by the student therapist: “. . . *slegs herhaal wat hul reeds uitgebeeld het.*” (Reflection journal, p. 6).

4.2.2 Narrative therapy technique

The theoretical definition, objective indicators and the exclusion criteria as discussed in Chapter 2 (See section 2.11 Table 2.1) are presented in Table 4.8.

Table 4.8 Narrative therapy technique

Category 1: Narrative therapy technique		
Theoretical definition	Inclusion criteria	Exclusion criteria
The techniques used in interventions that include activities that are collaborative and responsive in nature are found to lead to positive therapeutic alliances (Ackerman & Hilsenroth, 2003; Donabedian, 1980 in Noser & Bickman, 2000). In this study the researcher used a narrative approach to assessment and intervention as a technique, which related to the technical aspect of the quality of the therapeutic alliance.	Indicated by the clients and therapist telling, hearing and re-authoring of the clients' stories and further elaboration of these stories (depth). The technique is collaborative, responsive, explorative and reflective in nature (Brown, 2006). Indications of being involved and taking part in the process (active in therapy) as a result of the narrative therapy are sought.	Contributions that do not indicate activities that is collaborative, responsive, explorative and reflective in nature. Contributions that do not indicate the telling, hearing and re-authoring of clients' stories. Contributions that do not indicate involvement and participation in activities. Any activities that encourage involvement that were not part of the narrative therapy technique.

In analysing the raw data it became evident that the narrative therapy technique used for the assessment and intervention had contributed, in part, to the establishment of the therapeutic alliance. The *narrative therapy technique* encourages telling, hearing, re-authoring and further elaborating the clients' stories. In addition, it is responsive, collaborative, reflective and explorative in nature. It also encourages active involvement in the therapy on the part of both the therapist and the clients. The objective indicators of the narrative therapy will now be discussed.

Telling, hearing, re-authoring and further elaboration

The telling, hearing, re-authoring and further elaboration of stories are central aspects of the narrative therapy technique with the goals and expectations which were set for the intervention sessions indicating these central aspects: “*Bied geleentheid om hul storie te vertel en te ‘enrich’*” (Reflection journal, p.1). In addition, the student therapist’s notes corroborate the notion of telling, hearing, re-authoring and further elaboration of stories “. . . *stories ontlok . . .*” (Reflection journal, p.4), “. . . *geleentheid gebied om storie verder uit te brei.*” (Reflection journal, p.6), “. . . *weergee . . .*” (Reflection journal, p. 7) “. . . *toekoms storie begin . . .*” (Reflection journal, p.7), “*storie verder te vertel*” (Field notes: Supervisor, p.6), “*Narratief – waiting room uitbrei*” (Field notes: Supervisor, p. 7) and “*Garbage Art as vertrekpunt vir intervensie gebruik.*” (Field notes: Peer supervisor 2, p. 1).

The re-authoring of the current story is encouraged by the narrative therapy technique in order to create a preferred narrative. This re-authoring of the current story is portrayed in the following field notes: “*Future story*” (Field notes: Student therapist p. 6), “*Future into the past . . .*” (Field notes: Student therapist p. 7), “*The Waiting Room*” (Field notes: Supervisor, p.5) and “*future prent*” (Field notes: Supervisor, p. 5). In addition, further elaboration and enrichment of the stories may be prompted by the narrative therapy technique: “*Current story enriched – ‘The Waiting Room’*” (Field notes: Student therapist, p. 5).

The following photographs illustrate the implied authoring and re-authoring of narratives as a result of the co-creation and telling of the group narrative. Photo 4.3 represent the finished authored and created current narrative. Photo 4.4 illustrates both the current and future/alternative narratives created, authored and re-authored.



Photo 4.3 Telling and hearing of narratives



Photo 4.4 Re-authoring of narratives

Collaborative, responsive, explorative and reflective in nature

The narrative therapy technique is found to be responsive, collaborative, explorative and reflective in nature. This notion is illustrated in the following notes: “*Ek het die storie ‘The Waiting Room’ aan hulle terug gereflekteer. . .*” (Reflection journal, p.6), “. . . *begin deelneem en homself gedeel in die groep. . .*” (Reflection journal, p.3) and “. . . *geleentheid tot ekspressie gebied. . .*” (Reflection journal, p.8) which all indicate the responsive, explorative and reflective nature of the technique in terms of which the therapist is enabled both to reflect the narratives and to encourage responses from individual clients. The collaborative and responsive nature of the technique is depicted by the incorporation of each group member individually into the current story: “*Representing self in the story*” (Field notes: Student therapist p.5), “. . . *hulself in die storie voorgestel. . .*” (Reflection journal, p.6), “*Bring self in storie in*” (Field notes: Supervisor, p.5) and “*Garbage art -> self depict in group*” (Field notes: Supervisor, p.1).

The collaborative nature of the technique is also depicted by the collaborative process of co-creation of the current and future narratives. “. . . *leer deur die proses wat hulle dit skep. . .*” (Reflection journal, p.6), “. . . *in progress. . .*” (Field notes: Student therapist p. 6) “. . . *beseft dat juis die PROSES van die maak van die storie vir hulle terapeuties was, juis omdat die taal ‘n probleem was.*” (reflection journal, p.7) and “. . . *konsepte uitvoer op die twee stories. . .*” (Reflection journal, p. 7).

The fact that the clients were extremely responsive to a narrative therapy approach during the assessment phase of the intervention is emphasised by the following account: “*Ek het hulle die geleentheid gegee om hul eie uitdrukking te rig. ‘n Pragtige metafoor van die ‘Waiting Room’ het gevolg wat ek kan gebruik in my intervensie*” (Reflection journal, p.3), “. . . beste kon uitdruk na aanleiding van ‘n metaforiese voorstelling.” (Field notes: Peer supervisor 1, p. 2), “*Bou ‘n village – ‘We don’t want to run out of water’*” (Field notes: Supervisor, p. 1) and “. . . metaforiese metode gebruik gaan word en dat daar vanaf ‘n indirektiewe benadering na ‘n meer direktiewe benadering beweeg gaan word. . .” (Field notes: Peer supervisor 1, p. 2). Collaboration in creating the narratives is portrayed in the following photographs.

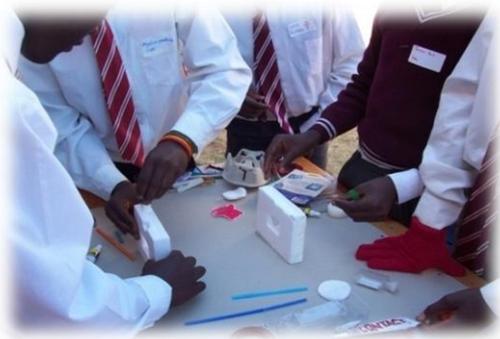


Photo 4.5 Clients creating their current narrative



Photo 4.6 Clients working together collaboratively

4.2.3 Clients’ positive affect

The theoretical definition, objective indicators and the exclusion criteria as discussed in Chapter 2 (See section 2.11 Table 2.1) are presented in Table 4.9.

Table 4.9 Clients’ positive affect

Category 4: Clients’ positive affect		
Theoretical definition	Objective indicators	Exclusion criteria
Client positive affect includes expectation of treatment outcome, motivation and personal strengths as well as the ability of the clients to work purposefully (Ma, 2007; Greenson, 1967 in Bale et	Indicated by the clients’ expectation of intervention outcome (how intervention will be helpful), motivation (clients’ willingness to work out problems) and their ability to work purposefully (with specific goals in mind).	Contributions that do not indicate the clients’ expectation of the intervention outcome, their motivation and their ability to work purposefully. Contributions that do not include the identification of

 Category 4:

Clients' positive affect

Theoretical definition	Objective indicators	Exclusion criteria
al., 2006).	Viewing therapist as credible (therapist appears to be experienced). Also includes hope for the future.	client strengths.

After analysing the raw data it became evident that the *clients' positive affect*, which includes their expectation of the intervention outcome, their motivation, their ability to work purposefully, their view of the therapist as credible and, lastly, their hope for the future, contributes, to an extent, to the establishment of the therapeutic alliance. Regarding the nature of the research findings the expectation of the intervention outcome and the clients showing hope for the future are integrated in order to present a coherent narrative.

Expectation of intervention outcome and hope for the future

Both the clients' expectations of the intervention outcome and indications of their hope for the future are aspects that refer to the clients' positive affect and, indeed, influence the therapeutic alliance. The clients in this study noted that their past was running into their future "*Past into future. . .*" (Field notes: Student therapist, p.7) and this, in turn, emphasised their expectation of the intervention outcome. In addition, one client pointed out "*. . . that their future can happen!*" (Field notes: Student therapist, p.7) and exclaimed after the therapist had asked them what they thought of their two stories that "*We have all we want!!!*" (Field notes: Student therapist, p.7). The latter indicates the hope for the future as verbalised by the clients.

Motivation and the ability to work purposefully

The clients were motivated and worked purposefully to reach mutually agreed upon goals. The student therapist described both the clients' motivation and their working purposefully in the following extracts: "*. . . eie afleidings gemaak en uitgevoer wat hulle aan my wou wys.*" (Reflection journal, p.3), "*. . . hulle dit self aangebied het.*" (Reflection journal, p.7) and "*. . . en kon baie mooi alternatiewe/oplossings vind vir*

hulle probleme/uitdagings.” (Reflection journal, p.7). The following photographs illustrate the motivation on the part of the clients and their working purposefully to achieve their goals.



Photo 4.7 Working together purposefully



Photo 4.8 Working together showing motivation



Photo 4.9 Clients involved and motivated



Photo 4.10 Working together purposefully



Photo 4.11 Motivated and working



Photo 4.12 Client motivated

purposefully

and enthusiastic

Viewing the therapist as credible

Instances of the credibility of the therapist were not specifically referred to in the data sources. The credibility of the therapist involves the clients viewing the therapist as experienced and this may be a latent aspect in the data sources.

4.2.4 Therapeutic relationship

The theoretical definition, objective indicators and the exclusion criteria as discussed in Chapter 2 (See section 2.11 Table 2.1) are presented in Table 4.10.

Table 4.10 Therapeutic relationship

Category 5: Therapeutic relationship		
Theoretical definition	Objective indicators	Exclusion criteria
The therapist and clients' interaction involves collaboration and purposefully and structurally working on mutually agreed upon goals. It includes a clear definition of the tasks and roles of both the therapist and the clients (Ma, 2007; Daddario et al., n.d.).	Indicated by the facilitation of goals, mutually agreeing upon these goals and working together with the therapist to achieve these goals (working together on problems in a joint effort). Indication of mutual commitment and cohesion. Indicated by clearly defined roles and tasks of the therapist and clients (an indication whether clients know what they are expected to do and their relationship with the therapist and vice versa). Indicated by instances of the establishment of therapeutic alliance (good relationship that has formed and meaningful exchanges).	Contributions that do not indicate the facilitation of goals, mutually agreed upon goals and working together with the therapist to achieve these goals. Contributions that do not indicate clearly defined roles and tasks.

After analysing the raw data, indications of the therapeutic relationship were found in the various data sources. The *therapeutic relationship* involves the therapist and the clients working together to achieve mutually agreed upon goals and also clearly

defined roles and tasks. Instances of the established therapeutic alliance will now be presented.

Working together to achieve mutually agreed upon goals

Specific instances of mutually agreed upon goals were not present in the data sources. It is not clear whether the clients and the therapist had mutually agreed upon the goals of the sessions although it is noted that goal setting within the group, as regards the assessment and intervention sessions, was indicated in the therapist planning (See Appendix A). With regards to working together it is evident from the photographs (See photographs in section 4.2.3) that the therapist and clients did work together in creating the narratives.

Mutual commitment and cohesion

The fact that mutual commitment and cohesion in the therapeutic relationship contributes to the therapeutic relationship between the therapist and the clients is suggested by the following contribution: “*Samesyn*” (Reflection journal, p.1) as a goal for the assessment sessions. In addition, the student therapist noted in her reflection journal that the clients had established their identities as part of the group: “. . . *en dit was duidelik dat die kinders hul identiteit in die groep gevestig het . . .*” (Reflection journal, p.7) and that cohesion had been accomplished: “. . . *geleer uit hierdie intervensie die belangrikheid van groep dinamika en kohesie.*” (Reflection journal, p. 8).

Differentiation of roles and tasks

Role and task differentiation during psychological assessment and intervention is an important aspect in forming an effective therapeutic alliance. This is emphasised by the student therapist noting that “. . . *belangrik my rol is as deel van die groep.*” (Reflection journal, p. 8) and the supervisor noting that “*Individueel inbring wat rol was*” (Field notes: Supervisor, p. 5. Issues with regards to ethics were handled by the therapist “*May I have your phone number. . .*”.(Field notes: Supervisor, p. 5) and this further indicates role differentiation on the part of the therapist.

Establishment of therapeutic alliance

Instances of a good relationship, characterised by trust and security, having been formed between the therapist and clients and also the fact that meaningful exchanges had taken place were indicated in the following notes: *“Die kinders was baie opgewonde om my weer te sien.”* (Reflection journal, p.6), *“. . . die kinders na 3 / 4 maande meer gemaklik met my was.”* (Reflection journal, p.6), *“. . . name as hul identiteit wat hul met my assosieer.”* (Reflection journal, p.6), *“Daar was geen ongemaklikheid vanaf die kinders nie. . .”* (Reflection journal, p.7), *“Die atmosfeer in die groep was een van gemak en veiligheid. . .”* (Reflection journal, p.7) and *“. . . kinders het onderlangs geskerks en met my grappies gemaak . . .”* (Reflection journal, p.7).

Furthermore, the supervisor observed and noted the excellent, connected relationship that had been established between the therapist and the clients: *“Excellent connected”* (Field notes: Supervisor, p. 1) and *“Engaged met student”* (Field notes: Supervisor, p. 1). The peer supervisor further noted that the therapist had showed the ability to establish a therapeutic alliance speedily: *“Marli het die vermoë om vinnig tog opreg verhouding te stig met haar kliënte, wat ook daartoe lei dat ‘n vertrouensverhouding vinnig ontstaan tussen haar en ‘n kliënt.”* (Field notes: Peer supervisor 1, p. 2).

The fact that the group had included the therapist in both their group name their and future story’s name serves as an example of the trusting and accepting relationship that had formed between the therapist and the clients: *“Group name – Super 8”* (Field notes: Student therapist, p. 1) and *“The Super 8 Future”* (Field notes: Student therapist, p.6). The following photograph illustrates the group name that included the therapist.



Photo 4.13 Group name

The fact that the clients had suggested a cultural name for the therapist and that they had included her in the re-authoring and creation of their future story further emphasises the perception that a trusting, accepting and effective relationship had formed between the therapist and her clients: *“Mbali – flower – in groep/deel v ‘hulle’ – ‘ons’”* (Field notes: Supervisor, p.8) and *“gevra sy moet ook iets maak”* (Field notes: Supervisor, p.8). The photograph below depicts the therapist’s cultural name as given by the clients.



Photo 4.14 Cultural name of therapist given by clients

4.2.5 Cultural competence

The theoretical definition, objective indicators and the exclusion criteria as discussed in Chapter 2 (See section 2.11 Table 2.1) are presented in Table 4.11.

Table 4.11 Cultural competence

Category 3: Cultural Competence		
Theoretical definition	Objective indicators	Exclusion criteria
Cultural competence involves personal characteristics such as awareness, understanding, knowledge and skills of own values, assumptions of culture and the culture of the clients with whom therapist works (Sue et al., 2009).	Indicated by the therapist's awareness, understanding, knowledge and skills of own values, assumptions of culture and the culture the therapist are working with.	Contributions that do not indicate the therapist's awareness, understanding, knowledge and skills of own values, assumptions of culture and the culture the therapist are working with.

Cultural competence refers to the therapist's awareness, knowledge and skills of both her own culture and the cultures of the clients with whom she intervenes as well as instances of scientific mindedness, skills in dynamic sizing and being proficient with a particular cultural group. A few instances of cultural competence were found in the data sources. Cultural competence is discussed according to the therapist's awareness of both the clients' culture and culturally specific elements.

Awareness of clients' culture

The therapist's awareness of the culture of her clients and possible barriers during assessment and intervention are an important aspect of culturally competent skills. Statements such as the following serve as an example: ". . . *aanvanklik gesukkel om in 'plain' taal aan die kinders te verduidelik. . .*" (Reflection journal, p.3), ". . . *uitdaging was die taal, . . .*" (Reflection journal, p.4) and "*Ek het weereens die taal 'barrier; beseft en geweet dat ek meer van die storie sal leer deur die proses wat hul dit skep.*" (Reflection journal, p.6),.

Culturally specific elements

The therapist’s manifestation of culturally specific elements, including specific knowledge with regard to the clients’ socio-economic influences and values, is suggested by the following contribution: “. . . leerdere se sosio-ekonomiese omstandighede in ag geneem het tydens die beplanning van die hulpmiddele wat gebruik gaan word tydens die aktiwiteite.” (Field notes: Peer supervisor 1, p.1) and “. . . waardes, wat hul beïnvloed . . .” (Field notes: Peer supervisor 1, p. 1).

4.3 Summary of Results

The results will now be presented visually according to the percentages of the a priori categories present in the data sources (See Appendix F for conversion to percentages). Figure 4.2 depicts the percentages of the main categories as present in the data while Figure 4.3 depicts the percentages of the subcategories within the category *Therapist Counselling Skills*.

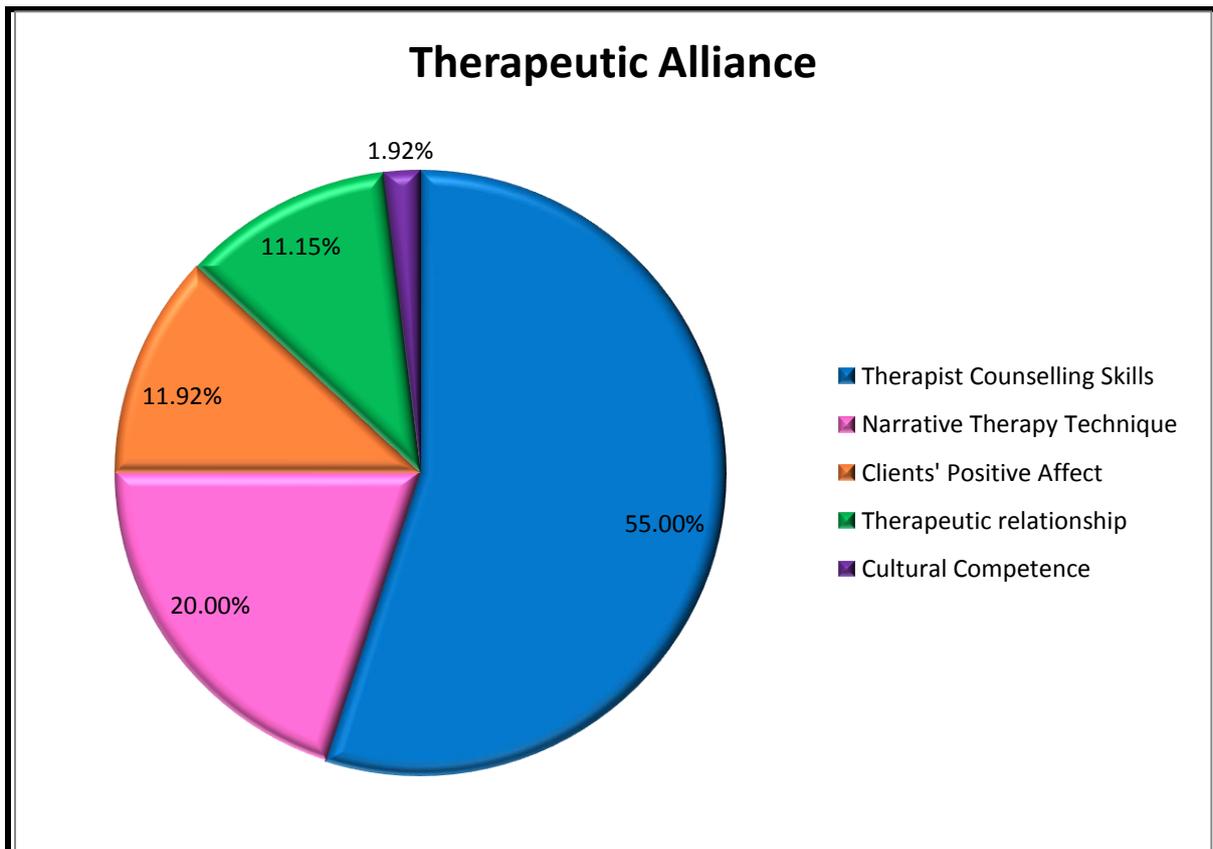


Figure 4.2 Percentages of therapeutic alliance present in data sources

After the results have been integrated (See Figure 4.2) it is evident, in the current study, that the therapist’s counselling skills play a significant role (55%) in the establishment of the therapeutic alliance (See Table 4.2 for further elaboration of this category). In addition, it would seem that the narrative therapy technique employed in the psychological assessment and intervention sessions made a 20% contribution to the establishment of the therapeutic alliance. The clients’ positive affect contributed 11.92% to the establishment of the therapeutic alliance while the therapeutic relationship between the therapist and clients contributed 11.15%. Cultural competence on the part of the therapist contributed 1.92% only to the establishment of the therapeutic alliance.

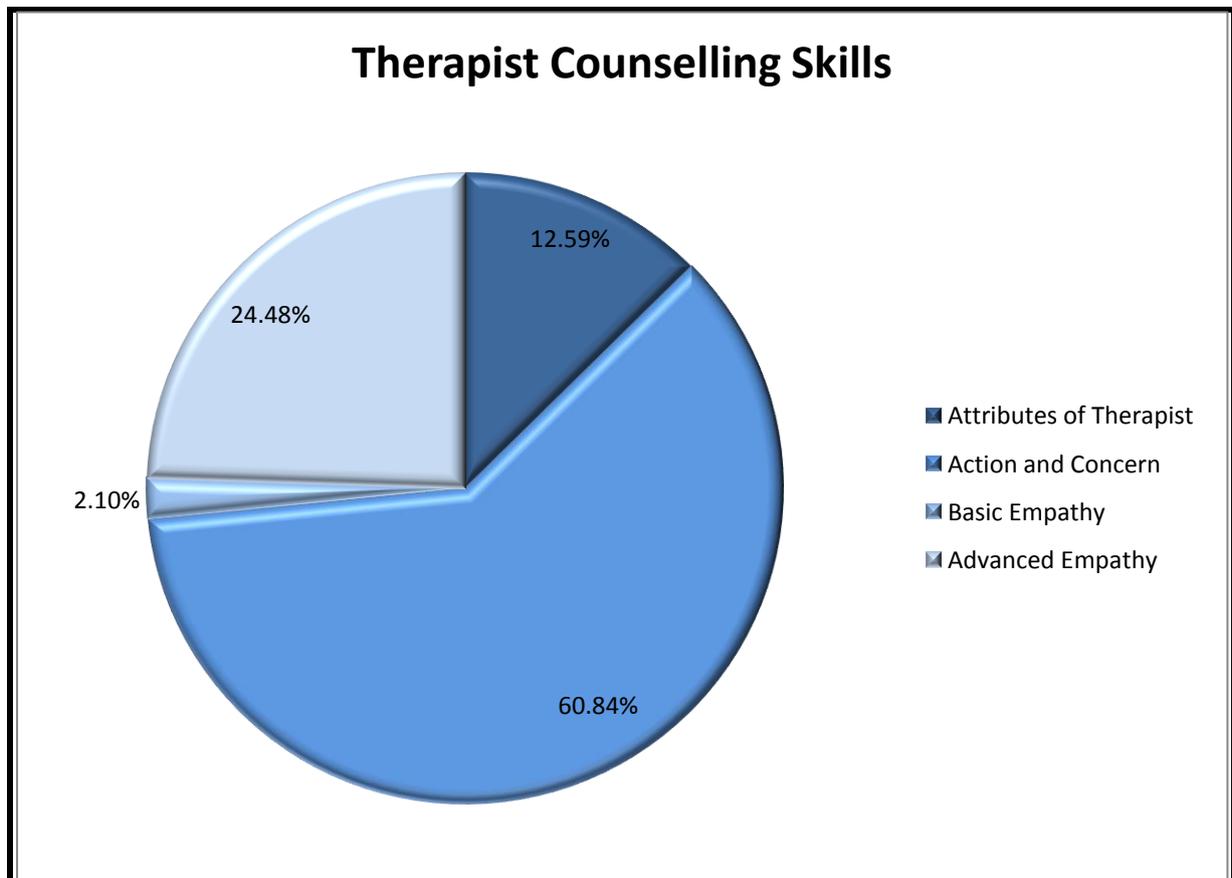


Figure 4.3 Percentages of subcategories within the category Therapist Counselling Skills

As regards the category of Therapist Counselling Skills and the subcategories of Attributes of Therapist, Action and Concern, Basic Empathy and Advanced Empathy

(See Figure 4.3) it is evident that both the therapist's concern for the clients' well-being and the therapist's acting for the benefit of clients contributes significantly to the establishment of the therapeutic alliance, Advanced Empathy skills contributed moderately to the therapeutic alliance while the attributes and basic empathy of the therapist played a even less significant role.

4.4 Conclusion

This chapter focused on the presentation of the research findings by means of the a priori categories (deductive analysis) which were identified in the relevant literature. The findings were presented according to both the main categories and the subcategories, according to each data source. To summarise, the main aspects of the findings indicate that the therapist's counselling skills were mainly responsible for the establishment of the therapeutic alliance during the cross-cultural, psychological assessment and intervention in a remote school with grade 9 boys while the narrative therapy technique was of secondary importance. In addition, it was found that clients' positive affect, the therapist client interaction (therapeutic relationship) and the cultural competence of the therapist did not constitute significant aspects of the establishment of a therapeutic alliance in the current study, although it is not possible to exclude their contribution.

The next chapter will discuss the results in terms of existing literature and the final conclusions will be presented. The primary research question will be answered while the working assumptions in accordance with the proposed meaning it has for educational psychological engagement in similar educational settings will be revisited. Moreover, the findings regarding the plausibility of the therapeutic alliance in terms of the therapist's counselling skills (specifically the therapist's coordinated acts of concern) being at the core of the therapeutic engagement, in conjunction with the use of a narrative therapy technique as well as the presence of clients' positive affect, will be reflected upon. Finally, the limitations and recommendations that evolved from the study will be presented.

CHAPTER 5

Discussion of findings, conclusions and recommendations

5.1 Introduction

The aim of this study was to explore and describe the utility of narrative therapy in establishing a therapeutic alliance during a cross-cultural psychological assessment and intervention in a remote school. The findings of the study were presented in chapter 4.

This chapter will place the supporting findings, possible contradictions, new insights and silences in respect of the findings in context within the framework of existing literature after which the specific research questions will be addressed. The limitations of the study will then be addressed as will the contributions of the study. Lastly, the chapter will offer recommendations for further research, practice, training and methodology. The following section presents an overview of the rationale, primary research question, methodology and conceptual framework of the study.

5.2 Overview of the central aspects of the study

It emerged from the review of the relevant literature that using narrative therapy in cross-cultural psychological assessment and intervention could prove valuable to the establishment of a therapeutic alliance with culturally different clients. Accordingly, this study interrogated these assumptions by focusing on (a) the utility of narrative therapy during psychological assessment and intervention, and (b) boys in a remote school as a cross-cultural case. The study was guided by the following primary research question: *What is the utility of narrative therapy in enabling the establishment of a therapeutic alliance during cross-cultural psychological assessment and intervention in a remote school?*

The study was anchored in a constructivism paradigm and guided by the qualitative approach to research (see 3.3 in chapter 3). The researcher proposed the integration of the concepts of the common factors model as the conceptual framework that guided the analysis of the existing data sources. Figure 5.1 presents an overview of the conceptual framework employed in the study (see 2.10 for further elaboration).

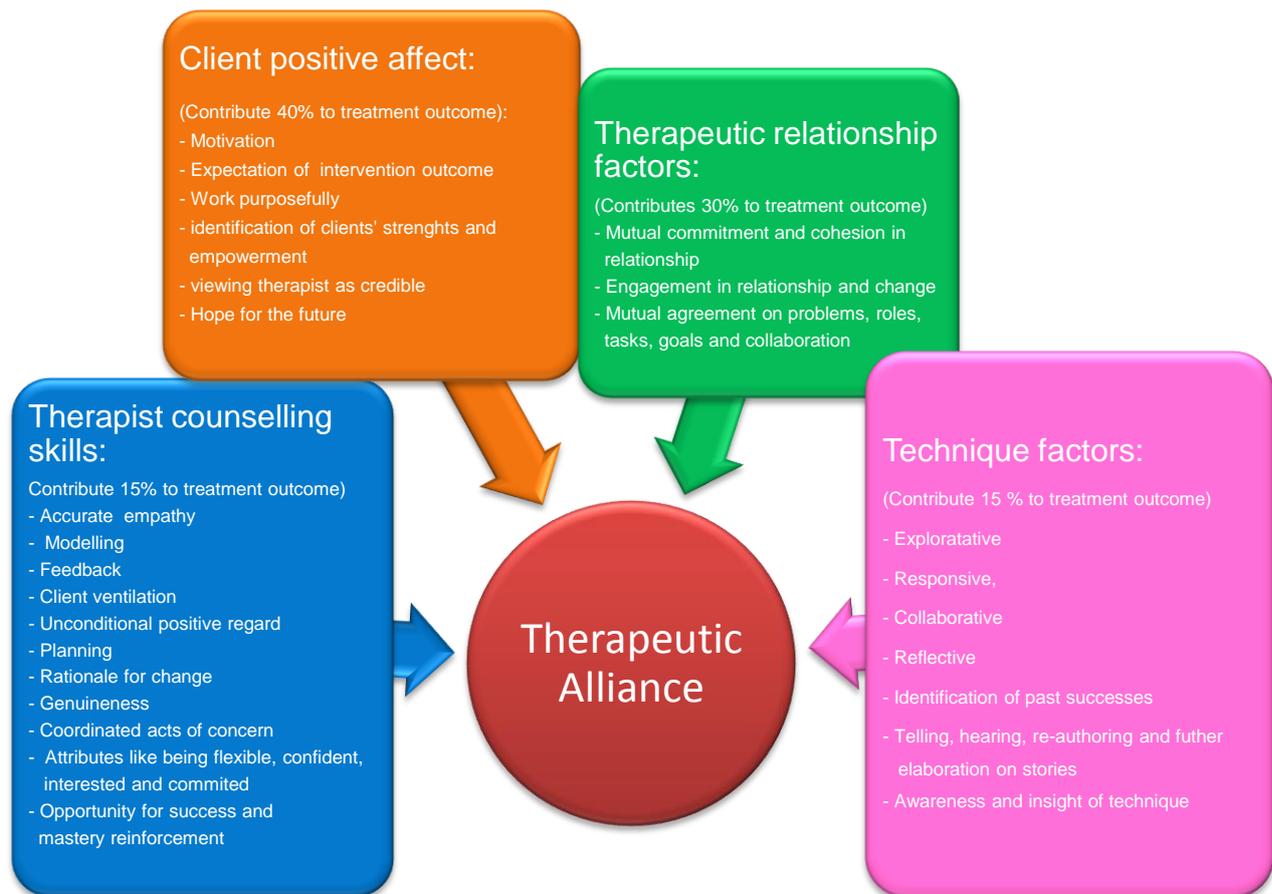


Figure 5.1 An overview of the conceptual framework.

Source: Adapted from Pickar and Lindsey (2008); Cameron and Keenan (2010) and O'Hara (2010)

5.3 Discussion of findings

5.3.1 Summary of the main findings

This study aimed to explore the utility of a narrative therapy approach to cross-cultural psychological assessment and intervention in a remote school. The findings of the study suggest that, firstly, the therapist's counselling skills represent the most meaningful variable in the establishment of a therapeutic alliance during cross-cultural psychological assessment and intervention with Grade 9 boys in a remote school. The most significant variable regarding the therapist's counselling skills proved to be the therapist's display of coordinated acts of concern. It was also found that, secondly, the narrative therapy technique (with art) contributed meaningfully to the overall establishment of the therapeutic alliance. In addition, it emerged that, thirdly, the clients' positive affect and therapeutic relationship factors added to the therapeutic alliance (albeit to a lesser degree than the aspects mentioned above).

Lastly, the researcher did not observe the cultural competence of the therapist making a meaningful contribution to the establishment of the therapeutic alliance in a cross-cultural, remote school setting (possible explanations for this will be discussed in section 5.4.2). The subsequent sections will discuss the findings as they relate to both the primary research question and the secondary research questions. The researcher aims to situate the findings within the framework of existing literature with regards to the supporting, contradicting, new and silent findings.

5.3.2 Instances where findings support existing knowledge

The findings of this study support the relevant literature regarding the role of the therapist's counselling skills and the narrative therapy technique in enabling the establishment of a therapeutic alliance. These findings will now be discussed.

5.3.2.1 Supporting knowledge on the centrality of the therapist's counselling skills

As stated above, the role of the therapist's counselling skills in the establishment of the therapeutic alliance constituted the most meaningful variable in establishing a therapeutic alliance in a cross-cultural psychological assessment and intervention in a remote school. The therapist's counselling skills constitute aspects of the therapist's attributes, actions and concern as well as both basic and advanced empathy skills (see Table 2.1 in Chapter 2). In particular, it would appear that it was the actions and concern on the part of the therapist (see Figure 4.2, Chapter 4) that made the most important contribution to the establishment of the therapeutic alliance. These actions and concern on the part of the therapist denoted concern for the clients' well-being as the therapist was clearly acting for the benefit of the clients. These actions included, *inter alia*, thorough planning with a rationale for change, clear, logical communication, providing the clients with opportunities for re-learning, giving time, being cooperative, involvement (active in the therapy), paying attention, showing awareness and insight, being respectful and instilling and communicating hope.

This finding echoes the existing knowledge on the common factors model and, more specifically, the findings regarding the significance of factors pertaining to the therapist. Hartzenberg (2001) also indicates the therapist's ability to facilitate the

process of therapy by being available and sensitive as an important aspect of psychological assessment and intervention while Corey (2009:16) states that the therapist's role is rooted in his/her being. Accordingly, attitudes are clearly more important than the technique (for example, narrative therapy and art) employed with the therapist's main role involving being physically and emotionally present during the therapeutic intervention. Furthermore, a good connection with the client and an emerging awareness within the context of the authentic engagement between the therapist and the client is necessary in order to improve therapeutic functionality (Corey, 2009). Moreover, the therapist's continued attempts to explore the client's problems (stories) may be perceived as a manifestation of an empathic connection demonstrating warmth and concern (Ackerman & Hilsenroth, 2003:13). As do Pickar and Lindsey (2008), this study also suggests that it is the non-technical aspects (interpersonal aspects) of the therapeutic alliance that are primarily responsible for therapeutic alliance. This finding also correlates with the findings of the common factors approach.

In their study Ackerman and Hilsenroth (2003) found that the therapist's ability to demonstrate the capacity to understand and to relate to the clients' experiences may contribute to a stronger therapeutic alliance. Findings from this study suggest that the therapist's counselling skills may have contributed to a stronger therapeutic alliance simultaneously with the other factors identified, namely, basic and advanced empathetic skills, attributes of the therapist and actions and concern demonstrated by the therapist (see Figure 2.1, Chapter 2 and Figure 4.3). Ackerman and Hilsenroth (2003) also found that the therapist's ability to demonstrate understanding and to relate to the clients' experiences (an objective measure from the perspective of the clients is necessary to support this notion) may contribute to a stronger therapeutic alliance. Accordingly, the findings from this study support existing knowledge that the therapist's advanced empathetic skills may have contributed to a stronger therapeutic alliance, although simultaneously with the other factors identified (see Figure 2.1, Chapter 2).

Similar to the findings of Ackerman and Hilsenroth (2003:5), this study found that adequate therapist counselling skills contribute to the therapeutic alliance, thus implying that clients may feel more comfortable with a therapist who is confident,

involved, demonstrates flexibility and shows respect for the clients during intervention. In addition, Hubble, Duncan and Miller (1999 in Mulhauser, 2003) indicate the particular importance of attitudes of respect, caring and concern on the part of the therapist in the development of the therapeutic alliance. In other words,, the therapist is perceived as both a support system and a resource provider to her clients (Hubble et al., 1999 in Mulhauser, 2003). An observable indicator of the relationship established between the therapist and the client during the psychological assessment and intervention in this study is evidenced by the clients' giving the therapist a cultural name and also including her in the creation of their future narratives (see section 4.2.4, Chapter 4).

Client empowerment and the identification of client strengths are both facets of instilling hope. In this study this mobilisation of hope was also employed. O'Hara (2010) also cited hope as an important variable in producing therapeutic change. The following quote from the renowned psychotherapist, Jerome Frank (O'Hara, 2010:2), illustrates the necessity of hope in treatment outcomes: "Hopelessness can retard recovery and hasten death, while mobilisation of hope plays an important part in many forms of healing". In this study, this element of hope was obvious in the therapist's use of quadrant mapping (act of concern) both to enable client empowerment and to identify client strengths and this, in turn, appeared to contribute to the development of the therapeutic alliance. O'Hara (2010) maintains that, although hope may not be the focus of the therapeutic conversation (hope directly engaged with by the therapist), it is, nevertheless, an implicit aspect in the intervention process (O'Hara, 2010). Hubble et al. (1999 in Mulhauser, 2003:4) support this notion. They also indicate that familiarity with the clients' available support networks and community resources as well as efforts to identify and use these resources in order to benefit the therapeutic alliance instils hope, albeit indirectly. Furthermore, the therapist is seen as a co-creator of hope when the therapist and clients collaboratively re-author narratives to represent narratives of hope that are meaningful to the clients. Hope is, thus, constructed within the therapeutic relationship (O'Hara, 2010).

5.3.2.2 Supporting knowledge with regards to narrative therapy technique

It has already been established that narrative therapy serves the therapeutic relationship by both supporting and enhancing the therapeutic goals and outcomes (Bennet, 2008). In the same vein Bennet and Bordin (2008; 1979 in Ackerman & Hilsenroth, 2003) argue that narrative therapy facilitates a process of collaboration between the therapist and clients that contributes to the establishment of the therapeutic alliance. Similarly, this study that the narrative therapy technique employed during cross-cultural psychological assessment and intervention in a remote school did contribute, to some extent, to the establishment of the therapeutic alliance. Grobler (2009:27) maintains that culturally relevant therapeutic processes may be augmented by the recognition of cultural variation and the awareness of potential bias. In this study, the researcher found that narrative therapy (with art), as a culturally relevant technique, together with other contributing factors, did enhance the therapeutic alliance (refer to Figure 5.1).

The preceding argument echoes existing literature in which it is indicated that the application of techniques that convey support, increase the clients' understanding of their problems and also enhance the connection between the therapist and clients, contribute to the development and maintenance of the therapeutic alliance (Ackerman & Hilsenroth, 2003:18). Narrative therapy enables the therapist to co-author the clients' stories and also point out certain themes and tensions in the storylines (Maree & Beck, 2004). In addition, narrative therapy is helpful in teaching clients the necessary skills for authoring their next narratives (Maree & Beck, 2004).

White (in Carr, 1998:485) also indicates that the narrative approach includes practices of collaboration, externalising the problem, uncovering unique outcomes, thickening the new plot and linking the new plot to both the past and the future. In addition, the therapeutic goals may be realised by remembering and incorporating through storytelling (Carr, 1998). According to White (1997 in Besley, 2001), narrative therapy is not necessarily culture-bound, although it is avowed to be within the discourses of culture. White (1997 in Besley, 2001) further argues that privileging alternative notions of identity, such as kinship and spirituality, is enabled rather than merely reproducing a Western "self". Furthermore, since our lives are multi-storied,

narrative therapy engages accounts that reflect who we are as multi-desired, multi-motivated and multi-intentioned beings (White, 1997 in Besley, 2001).

In addition, the narrative therapy technique also includes activities that are collaborative, responsive, explorative and reflective in nature. Narrative therapy is, thus, a technique that encourages participation in the process on the part of both the therapist and the clients. Bennet (2008) argues that narrative therapy enables engagement with clients, encourages descriptions of experiences and incorporates the co-creation of new meanings in a fun, non-threatening context. Literature (Ma, 2007; Daddario et al., n.d.; Greenson, 1967 in Bale et al., 2006) supports the notion that aspects of narrative therapy, such as working collaboratively towards mutually agreed upon goals and the differentiation of the roles and tasks of the therapist and the clients, contribute meaningfully to the establishment of a therapeutic alliance. In conclusion, it is noted that specific techniques, such as narrative therapy, may add to the therapeutic alliance when employed within the safety of the therapeutic relationship (Hubble et al., 1999 in Mulhauser, 2003:3).

In this study art was used in conjunction with the narrative therapy employed in the psychological assessment and intervention. Psychological assessment and intervention is an interpersonal interaction and, therefore, communication is an important aspect of it (Ackerman & Hilsenroth, 2003). However, when a therapist is working with a culturally different client, language may pose a problem. The narrative therapy technique, used in conjunction with art, may assist in overcoming the language barrier as art may be seen as an additional, expressive avenue which may assist in externalising problems and also increases the clients' agency which, in turn, is open to self-interpretation (Keeling & Nielson, 2005; Buser, 2007). Art is viewed as inter-changeable and universal and, therefore, may assist in addressing the limitations of spoken language (Maree et al., 2006, McNiff, 2009, Keeling & Nielson, 2005).

Furthermore, McNiff (2009) states that, in comparison to the more language limited therapies, the use of art may encourage exploration on a cross-cultural basis. Matima (n.d) noted that culturally familiar intervention techniques, such as narrative therapy, may assist the client to tap into his/her past, community and religious roots

and provide rich sources of associations that may be used in therapy and positively affect the treatment outcome. In view of the fact that narrative therapy involves using language in order to tell stories and this may, in turn, constitute a challenge with regards to possible language differences between the therapist and the client, it is, therefore, concluded that, as art is a tangible sharing point which encourage collaborative expression and group responsibility, the use of narrative therapy in conjunction with art may enable a therapist to express culturally competent skills (McNiff, 2009).

5.3.3 Findings which contradict existing knowledge

In this study the findings with regards to cultural competence, the clients' positive affect, the therapeutic relationship and the expected contribution of treatment outcome when using a narrative therapy technique may, in certain aspects, appear contradictory to relevant literature. These contradictory findings will now be discussed.

5.3.3.1 Contradictory knowledge on cultural competence

Trends of cultural competence did not manifest significantly in the data. However, the literature indicates that effective therapeutic alliances and engagement in the intervention process are built by the core competencies of cultural competence, namely, a cultural awareness of self and clients as well as cultural knowledge and skills (Collins & Arthur, 2010; Sue et al., 2009). Carter (2005 in Grobler, 2009) stated that the recognition of cultural variation and an awareness of potential bias are both important aspects in delivering equitable therapeutic services. Equitable therapeutic services involve, for instance, culturally appropriate, relevant and sensitive strategies specifically designed to assess the needs of the clients with whom the therapist engages (Corey, 2009). Collins and Arthur (2010) further argue that psychologists who work with clients who are culturally different to the psychologist are required to identify their levels of cultural competence, attitudes, beliefs, knowledge and skills if they are to work in cross-cultural contexts. However, Sue (2001:792) suggests a tripartite framework for developing cultural competence, including universal, group and individual levels of personal identity. Sue (2001) argues regarding the universal level of personal identity, that we are all part of the species, homo sapiens, and, therefore, that we share similar characteristics, namely, biological and physical

similarities, common life experiences, self-awareness and the ability to use symbols such as, for example, language and art. Regarding the group level of personal identity Sue (2001:793) argues that “all of us are born into a cultural matrix of beliefs, values, rules and social practices”. Furthermore, the individual level of personal identity is best represented by the following statement: “All individuals are, in some respects, like no other individuals” (Sue, 2001:794).

The universal trend (see chapter 2, 2.3 for further elaboration) further argues that certain common factors are important in cross-cultural assessment and intervention, regardless of culture (Spreight et al., 1991). Likewise, McNiff (2009) state that an understanding of universal aspects of the therapeutic process, together with variables of culture, personality and individual style, are important considerations when working in a cross-cultural context. In this study, the psychological meanings that the clients and therapists attributed to their racial heritage were likely to have influenced the development of the cross-cultural therapeutic alliances (Burkard et al., 2003).

Possible explanations (refer to section 5.4.2 for further elaboration) for the contradictory findings with regards to cultural competence may be attributed to (a) the researcher’s conceptualisation of cultural competence as an a priori assumption, and (b) subsequent negating of cultural competence during the coding process. In addition, the student therapist did not specifically document reflections on cultural competence, although verbal discussions (including aspects of cultural competence) during debriefing sessions with the supervisor were conducted (see 3.4.3.1 in Chapter 3). Consequently, an analysis of cultural competence may not have been possible. However, these possible explanations are hypothetical and further research with regards to these aspects is required.

5.3.3.2 Contradictory knowledge on the role of the clients’ positive affect in enabling the therapeutic alliance

Despite the fact that the researcher in this study had found that the clients’ positive affect during the psychological assessment and intervention had contributed to the establishment of the therapeutic alliance, relevant literature indicates that clients’ positive affect usually plays a substantially more meaningful role than emerged from

this study. According to the proposed conceptual framework (see Figure 2.1 in Chapter 2) the clients' positive affect contributes 40% to the treatment outcome (Pickar & Lindsey, 2008) while existing knowledge (Hubble et al., 1999 in Mulhauser, 2003:5) indicates that it the clients who mostly responsible for variances in the therapeutic outcome.

Furthermore, Hubble et al. (1999 in Mulhauser, 2003:5) suggest that a specific technique used during psychological interaction is often surpassed by the clients' abilities to individualise the effects of the specific technique and to utilise this specific technique to overcome challenges in their lives. Consequently, further research with regards to the role of the clients' positive affect in the establishment of the therapeutic alliance in cross-cultural psychological assessment and intervention in a remote school should be conducted.

5.3.3.3 Contradictory knowledge on the predicted contribution of therapeutic relationship factors in establishing the therapeutic alliance

Relevant literature (Dadario et al., n.d.; Ma, 2007, Matima, n.d.; Greenson; 1967 in Bale et al., 2006; Bordin, 1983:35) indicates that an established therapeutic alliance is likely both to improve any treatment progress and to account for treatment success. However, the findings of this study indicate that therapeutic relationship factors contributed to a lesser extent to the established therapeutic alliance than was predicted, based on the proposed conceptual framework. According to the relevant literature, the therapeutic relationship factors contribute 30% (see Figure 2.2 in Chapter 2) to the overall outcome of the therapeutic intervention. Literature (Hubble et al., 1999 in Mulhauser, 2003:6) further indicates that the therapeutic relationship is a "resource that facilitates, supports [and/]or focuses clients' self-healing efforts".

Although it was expected that aspects such as working collaboratively towards mutually agreed upon goals and the differentiation of the roles and tasks of the therapist and the clients (Bordin, 1983; Bordin, 1979 in Ackerman & Hilsenroth, 2003; Daddario et al., n.d.; Ma, 2007) would contribute to the establishment of a therapeutic alliance, nevertheless, the researcher found that the contribution of these factors was less than was expected in the cross-cultural psychological assessment and intervention in a remote school. Accordingly, the contribution of the therapeutic

relationship factors in establishing a therapeutic alliance in cross-cultural psychological assessment and intervention in a remote school requires further research.

5.3.3.4 Contradictory knowledge on the expected contribution of the narrative therapy technique to the therapeutic alliance

Relevant literature (as incorporated in the conceptual framework – see Figure 2.1, Chapter 2) indicates that the techniques used in intervention contribute 15% to the treatment outcome (Pickar & Lindsey, 2008). However, in this study, the researcher found that the narrative therapy technique employed in the psychological assessment and intervention contributed significantly more to the establishment of therapeutic alliance than was predicted in relevant literature. This finding may be attributed to the combined utilisation of a narrative therapy and art, as art may be viewed as an additional expressive avenue (McNiff, 2009) that may have contributed to the establishment of the therapeutic alliance. However, further research on this finding is recommended.

5.3.4 New insights

5.3.4.1 Therapeutic alliance in cross-cultural psychological assessment and intervention in a remote school

Although findings from this study do, to an extent, suggest ways in which to establish a therapeutic alliance in a cross-cultural therapeutic interaction with Grade 9 boys in a remote school, further investigation is required. The findings of this study suggest that (i) coordinated acts of concern on the part of the therapist aimed at benefiting the clients (see Table 4.3 in Chapter 4) and (ii) the use of narrative therapy in conjunction with art, did, probably, contribute to the establishment of the therapeutic alliance with Grade 9 boys during cross-cultural psychological assessment and intervention in a remote school. Consequently, the findings may be transferable to similar psychological interaction situations (cross-cultural psychological interaction with boys in a remote school). In this regard, the therapeutic alliance may, arguably, be possible if the following are present:

- (i) The therapist displays competent counselling skills – specifically, action and concern designed to benefit the clients

- (ii) Clients' display of positive affect in terms of expectations as regards the intervention outcome, the clients' motivation and their ability to work purposefully
- (iii) The therapeutic relationship is characterised by mutually and collaboratively working towards mutually agreed upon goals, and
- (iv) Narrative therapy is used in conjunction with art.

Nevertheless, further research is required to support this abovementioned conjecture. In addition, the transferability of the qualitative findings may be realised by providing rich descriptions of the context. Accordingly, a framework in terms of which to reflect on the understanding of the meaning and action that transpire in new contexts or similar research is provided (Blanche et al., 2006:92).

5.3.5 Silences in the data

Although the literature (Pickar & Lindsey, 2008; Cameron & Keenan, 2010; O'Hara; 2010; Hakansson & Montgomery, 2003) did predict both the relevance of clear, logical communication on the part of the therapist (part of subcategory Action and Concern – see Table 4.4 in Chapter 4) and also instances of viewing the therapist as credible (part of the category Clients' Positive Affect – see Table 4.9 in Chapter 4), these constructs were not present in the data from this study. In addition, despite the fact that the literature indicted that cultural competence (part of the category Cultural Competence – see Table 4.11 in Chapter 4) is important in terms of cross-cultural psychological engagement with clients, very few instances of cultural competence were observed in the data from this study.

5.3.5.1 Clear logical communication

Cameron and Keenan (2010:67) explain the importance of clear communication and clear understanding between the therapist and client in the development of a therapeutic alliance, in engagement and in the prevention of early termination of the intervention. Clear, logical communication (Part of Subcategory: Action and Concern) involves the therapist's ability to communicate clearly and logically to clients what he/she is expecting from them in the assessment and intervention sessions. In addition, clear, logical communication involves the ability of the therapist to create and, clearly and logically, to communicate meaning making in simple language (see Table 4.5 in Chapter 4) in order to enhance the therapeutic alliance.

However, instances of clear and logical communication were not objectively observed in the data from this study. Consequently, the researcher concluded that clear and logical communication was a prerequisite action (coordinated act of concern to benefit the client) (Hakansson & Montgomery, 2003) for the demonstrated creation of current and future narratives during the assessment and intervention. Clearly, further research with regards to clear, logical communication as a contributing factor in the establishment of the therapeutic alliance is needed.

5.3.5.2 Viewing the therapist as credible

Credibility on the part of the therapist forms part of the Category: Clients' Positive Affect. The therapist is viewed as credible when the clients perceive the therapist to be experienced (Pickar & Lindsey, 2008; Cameron & Keenan, 2010; O'Hara, 2010). Orlinsky, Ronnestad and Wilutzki (2004 in Cameron & Keenan, 2010) further argue that the clients' perception of the therapist's credibility was positively associated with effective treatment outcomes. The clients' positive sense of the possibilities of change in the therapeutic interaction is well supported by both research and social work practice wisdom (Cameron & Keenan, 2010:66). However, instances of the clients' viewing the therapist as credible emerged as a latent aspect in the data sources. In addition, an objective measure/feedback from clients is necessary in order to determine the perceptions of the clients with regards to the credibility of the therapist and such a measure was not included in this study. Accordingly, this aspect requires further research.

5.3.5.3 Cultural competence

According to Pope-Davis (1997 in Harzenberg, 2001), the therapist may be viewed as culturally competent when the therapist demonstrates an awareness of culture by inspecting both the content and validity of personal and societal attitudes as well as opinions and assumptions about various cultures, as well as the therapist's own culture. Sue et al. (2009) and Harzenberg (2001) further argue that integrated personal attributes, such as awareness, knowledge and skills of one's own culture as well as that of the client, are essential variables for accommodating culturally diverse clients and being sensitive to cultural influences and differences. Literature (Chope & Consoli, 2007) further indicates the challenge in establishing a successful therapeutic alliance with culturally different clients than the therapist. However, a few

instances only of cultural competence were observed in the data from this study – see 5.4.2 for further elaboration on possible explanations. Consequently, further research regarding cultural competence is required.

5.4 Revisiting the primary and secondary research questions

In the following subsections the conclusion drawn from the study is discussed by revisiting the research questions.

5.4.1 Secondary research question 1: *How may the therapeutic alliance be indicated?*

The researcher reviewed relevant literature with regards to therapeutic alliance and also employed an integration of aspects of the common factors approach as a guiding conceptual framework. An analysis of the common factors approach indicated that the client factors, therapist factors, hope and expectancy factors, relationship factors and technique factors all contribute to an effective therapeutic alliance. In addition, the researcher included the hope and expectancy factors in the client factors.

She further identified cultural competence as an important factor in the effective establishment of the therapeutic alliance and, thus, included cultural competence in the a priori assumptions (refer to Table 2.1 in Chapter 2). During literature review she selected objective indicators of the therapeutic alliance that were easily identifiable in the existing data sources. These indicators included the narrative therapy technique, therapist's counselling skills, cultural competence, clients' positive affect and the therapeutic relationship with the therapist counselling skills comprising the subcategories of therapist's attributes, action and concern for clients, and basic and advanced empathy.

Furthermore, in order to search for instances of the therapeutic alliance, the researcher employed all the existing data sources, including field notes (Student therapist, supervisor and peer supervisors), reflection journal as well as the visual data generated during the cross-cultural psychological assessment and intervention with seven Grade 9 boys in a remote school.

5.4.2 Secondary research question 2: *To what extent may narrative therapy in an educational psychological assessment and intervention enable a therapist to express culturally competent skills?*

The findings of this study suggest that cultural competence did not contribute meaningfully to the development of the therapeutic alliance in a cross-cultural psychological assessment and intervention in the remote school as culturally competent skills were not observed in the actions of the therapist (As reflected in data sources). Despite the fact that a narrative therapy technique was employed in this study, the researcher did not observe instances of cultural competence. As discussed earlier, the researcher's definition of cultural competence as an a priori assumption probably limited the coding. Consequently, the researcher was unable to determine the extent to which narrative therapy may enable a therapist to express culturally competent skills and, thus, further research with regards to these aspects is necessary.

Possible explanations of the ambiguity of the culturally competent trends present in the existing data sources will now be discussed. As already mentioned the researcher's definition of cultural competence as an a priori assumption poses certain difficulties with regards to the objective identification in the data sources (see Section 5.7.1 for further elaboration) and, consequently, the coding process may have negated the objective identification of cultural competence. Sue's (1998) characteristics of cultural competence as (i) being scientifically minded (forming hypotheses about clients and acting on data rather than making premature conclusions about the status of culturally different clients), (ii) skills in dynamic sizing (flexibility to generalise in a valid manner – knowledge of when to generalise interpretations and actions and when to individualise interpretations and actions) and (iii) culturally specific elements (understanding and knowledge of own worldviews, specific knowledge of the cultural group with which the therapist is working and an understanding of socio-political influences and culturally specific skills) are all important when working with a culturally different client. Accordingly, the researcher suggests it may be possible to explain the limited trends of cultural competence which were coded in terms of an inadequate coding scheme with regards to the objective indicators of cultural competence. Consequently, by including the abovementioned characteristics of cultural competence (Sue, 1998) in the objective

indicators for cultural competence, it may have been possible for the researcher to identify more instances of cultural competence.

In view of the fact that the generation of the existing data sources did not, specifically, require reflections on culturally competent skills (latent aspect – see 4.2.5 chapter 4) the researcher suggests that this may, in turn, have further negated the possibility of objective instances of cultural competence. Furthermore, the researcher proposes the collection of additional data sources that would reflect the cultural competence of the therapist in order to enable the identification of cultural competence. However, these are merely hypotheses and, consequently, further research with regards to cultural competence in terms of the potential explanations discussed in this section is required.

5.4.3 Secondary research question 3: *To what extent may a narrative approach to psychological assessment and intervention contribute to the establishment of the therapeutic alliance?*

The findings of this study suggest that narrative therapy did contribute to the overall establishment of the therapeutic alliance. In particular, the use of a narrative therapy technique and art, together with the therapist's counselling skills (and, to a lesser extent, the clients' positive affect and the therapeutic relationship) appear to have augmented the development of a therapeutic alliance. Moreover, when techniques are sensitively adapted and relevant to the cultural backgrounds of the clients, for example, in cases where narrative therapy is used in conjunction with art (Sue et. al., 2009), the probability of establishing a therapeutic alliance during psychological assessment and intervention is enhanced.

5.4.4 Secondary research question 4: *Which therapeutic alliance trends are present in the data sources which emanated from the cross-cultural psychological assessment and intervention in a remote school?*

The findings of this study suggest that therapeutic alliance trends, namely, therapist's counselling skills (more specifically, action and concern), technique factors (narrative therapy), clients' positive affect and therapeutic relationship, were all present in the data sources generated during the cross-cultural assessment and intervention in a remote school. As indicated in Figure 4.3 (Chapter 4) the

therapeutic alliance trends in the data sources are mostly attributable to the therapist's showing concern for the well-being of clients by demonstrating acts of concern (therapist's counselling skills). Demonstrated acts of concern in the part of the therapist include actions aimed at benefitting the clients, for example, thorough planning with a rationale for change, clear, logical communication, giving opportunities for re-learning, giving time, cooperation, involvement (responsive and taking part), paying attention (awareness and insight), benevolence, giving advice, being respectful and identifying the clients' strengths (client empowerment). Secondly, the fact that the narrative therapy technique is collaborative, responsive and reflective in nature may be regarded as a therapeutic alliance trend. However, the clients' positive affect, the therapeutic relationship factors and the therapist's cultural competence did not emerge as dominant themes in the existing data sources.

5.4.5 Secondary research question 5: *How was a therapeutic alliance established during the cross-cultural psychological assessment and intervention in a remote school?*

A therapeutic alliance was established by engaging the clients in narrative therapy in a fun, collaborative, explorative, responsive and reflective manner and by incorporating art as an additional expressive avenue. The therapist was physically and emotionally present and she gave the clients time to process and to create their narratives. In addition, she paid close attention to her clients' reactions and acted accordingly by displaying the appropriate empathy. Furthermore, the therapist interacted with her clients in such a way as, potentially, to enhance their well-being by listening, reflecting and challenging their perceptions. Consequently, a therapeutic alliance was established by the therapist's manifesting adequate therapist counselling skills (more specifically, demonstrating coordinated acts aimed at benefitting the clients) and by utilising narrative therapy together with art.

However, the therapist further acknowledges that external variables, such as using fun activities for relationship building both before and during the narrative therapy intervention, may possibly have contributed to the establishment of the therapeutic alliance. In addition, the remote school context may have possibly further contributed to the establishment of this therapeutic alliance as the context was central to each of

therapeutic alliance trends observed in the data sources. These speculations, however, requires further investigation.

5.4.6 Reflecting on the primary research question

This study was guided by the following primary research question: *What is the utility of narrative therapy in enabling the establishment of a therapeutic alliance during cross-cultural psychological assessment and intervention in a remote school?*

The researcher relied on an integration of the common factors model as a conceptual framework (Adapted from Pickar & Lindsey, 2008; Cameron & Keenan, 2010; O'Hara, 2010). Based on this conceptual framework it is suggested that, if certain factors such as the therapist's counselling skills, the clients' positive affect, therapeutic relationship factors and narrative therapy technique factors, were present in the data sources that a therapeutic alliance is probable and that the outcome of the intervention may be regarded as positive (see Chapter 2:26 for further elaboration). Consequently, the use of a narrative therapy approach to assessment and intervention contributed to an extent to the establishment of the therapeutic alliance, thus suggesting the potential value of this approach in a cross-cultural psychological assessment and intervention in a remote school.

The findings of this study indicate that the narrative therapy technique used in conjunction with art in the cross-cultural psychological assessment and intervention did, indeed, contribute to the establishment of the therapeutic alliance. Bennet (2008) maintains that the application of narrative therapy serves the therapeutic relationship and, thus, both supports and enhances the therapeutic goals and outcomes. The narrative approach employed in the psychological assessment and intervention sessions may attain specific results, including discovering unique outcomes, deconstructing problem stories and building alternative stories – a major application of narrative therapy (Hilker, 2005). Furthermore, the findings of this study suggest that a narrative approach to intervention with culturally different clients as compared to the therapist may prove to be both culturally relevant and sensitive to the clients' needs. This finding was found to be applicable specifically to those clients in a remote school with limited resources and where it was anticipated that the issue language would constitute a barrier during therapeutic conversation.

Furthermore, the researcher found that the therapist's counselling skills contributed meaningfully to the establishment of the therapeutic relationship, thus concluding that, when a therapist shows a concern for her clients by demonstrating coordinated acts of concern (see Table 4.3 in Chapter 4 for further elaboration), this facilitates the establishment of a therapeutic alliance and, consequently, a positive intervention outcome. Accordingly, the use of narrative therapy to enable the establishment of a therapeutic alliance during cross-cultural psychological assessment and intervention in a remote school proved, potentially, to enhance the therapeutic alliance as did the therapist's counselling skills and, to a lesser extent, the clients' positive affect and therapeutic relationship factors during interaction.

5.5 Contribution of the study

5.5.1 Theoretical contribution

This study may possibly contribute to the existing knowledge base as regards the areas of interest, namely, narrative therapy and the therapeutic alliance in cross-cultural psychological assessment and intervention in a remote school. In support of existing knowledge in psychology the use of a narrative therapy technique (integrated with the use of art) together with the therapist's counselling skills (findings from this study) support cross-cultural psychological assessment and intervention. Furthermore, findings from this study suggest that the clients' positive affect and therapeutic relationship factors are, simultaneously, fundamentals in respect of an effective therapeutic alliance.

This study further contributes to, and supports, existing knowledge related to the common factors approach. It is suggested that the common factors (Refer to 2.10 in Chapter 2) are both interactive and dynamic and, simultaneously, contribute, in varying degrees, to the therapeutic alliance, and, specifically, in the case of cross-cultural psychological assessment and intervention in a remote school.

The use of a culturally relevant and sensitive technique, such as narrative therapy, that is consistent with the clients' cultural background – includes storytelling and art (perceived as both universal and an additional avenue of expression) – may, potentially, enhance the therapeutic alliance during therapeutic engagement with culturally different clients in a remote school.

In addition, this study contributes on a practical level because it demonstrated that coordinated acts of concern on the part of the therapist corresponded with an effective therapeutic alliance during cross-cultural psychological assessment and intervention in a remote school.

The findings also suggest that narrative therapy (used in conjunction with art) may contribute, to an extent, to the establishment of a therapeutic alliance in a psychological assessment and intervention situation in which language is a barrier and the socio-economic resources of the clients are limited. This, however, merits further investigation.

Moreover, the findings of this study suggest that both the clients' positive affect and therapeutic relationship factors contribute to the therapeutic alliance in a cross-cultural psychological assessment and intervention in a remote school, albeit to a lesser extent. Accordingly, these aspects, namely, clients' positive affect and therapeutic relationship factors, together with the therapist's counselling skills and the technique employed, were found to constitute important variables in the establishment of the therapeutic alliance.

5.5.2 Methodological contribution

The methodology (deductive analysis) chosen for this study was extremely important as it allowed the researcher to conduct a theoretical search for instances of a therapeutic alliance in the existing data sources (documents as data sources) which had been generated during the cross-cultural psychological assessment and intervention in a remote school (Struwig & Stead, 2001). Nevertheless, the researcher does acknowledge that her dual role as both the researcher and the therapist involved in the cross-cultural assessment and intervention may have influence the findings, interpretations and conclusions. Consequently, in an attempt to obviate this limitation, the researcher reflected on her role as researcher in order to monitor the analysis and interpretations of the findings and, thus, ensure a researcher's perspective on the findings and not a therapist's (see Appendix B: Reflection journal).

Furthermore, inductive analysis may be used together with the deductive analysis process to identify any additional emerging findings or multiple realities potentially present in the data source (and/or similar studies) that may have been overlooked as a result of searching the data specifically for the a priori assumptions identified during the literature review (Maree & Van der Westhuizen, 2007).

5.6 Limitations of the study

The clients in this study (represented in the data sources) comprised seven Grade 9 boys randomly assigned to the educational psychology student during in-service training at the secondary school (refer to 1.2 in Chapter 1) – a convenient sampling subject to availability (Blanche et al., 2006). However, the results are limited as the study was gender specific and did, thus, not include responses from female clients. Accordingly, the study is not representative of gender in this specific remote school. Consequently, in order to enable readers to judge the applicability of these findings to other similar settings (Seale, 1999), the researcher provided rich, thick descriptions with which to contextualise the study (Merriam, 2002; Leedy & Ormrod, 2005) and, therefore, to provide a space for readers to determine the transferability of the findings.

In addition, the researcher's role in this study may have limited the study as it is possible that the researcher may, albeit subtly, have influenced the analysis and interpretation of the data sources (Struwig & Stead, 2001:227). Also, the dual role of therapist involved in generating the data and researcher analysing the data delimits the accuracy of the findings. Accordingly, the researcher constantly reflected on this dual role and both monitored herself as researcher and refrained from interpreting the data as a therapist.

Moreover, the results are limited as other fun activities (for example, balloon popping as ice breaker – See Appendix A) were incorporated in the psychological assessment and intervention and this may, in turn have contributed positively to the effective establishment of the therapeutic alliance.

A further limitation of the study involves the nature of the in-service training procedures (refer to section 3.4.3 in Chapter 3). The therapist had to plan activities

before visiting the school, and, therefore, was not able to anticipate adequately what to expect from both the environment as well as the clients. Secondly, the therapist was able to spend limited time only (2 days per visit, 4 hours per day) at the school with the clients. It is, thus, to be expected that this limited time influenced the extent to which the therapist was able to spend time developing an effective therapeutic relationship with the clients.

Furthermore, the results are limited because, when text (data sources) is read, new questions and concerns emerge that, in turn, may lead to meanings being read into the authors' words in new ways. Consequently, the researcher may have read more meaning in the data sources (texts/documents) than was originally intended by the authors (Blanche et al., 2006:348). Triangulations techniques such as data triangulation – the use of a variety of data sources (field notes, reflection journal and visual data) – and investigator triangulation – the use of different researchers (supervisor and co-supervisor) to ensure potentially unnoticed researcher effects regarding the data analysis and interpretation process – were adopted in this study (Blanche et al., 2006:380).

Yet another limitation in this study is the collection of documents that was based on both an ex post facto basis and the metatheoretical paradigm adopted. Firstly, the data sources of this study comprised existing data sources which had been generated during psychological assessment and intervention sessions (generated in 2009). Selection bias of the data sources will limit the results of this study as the researcher only selected available documents generated by the student therapist, supervisor and two peer supervisors and therefore, did not include sufficient data sources (Bowen, 2009). The clients' responses were documented and captured in the visual data and field notes selected which was generated by the supervisor, peer supervisors and student therapist. Additional data sources may have resulted in different perspectives/measurement of the established therapeutic alliance and cross-cultural competence in this particular cross-cultural case (Bowen, 2009).

Secondly, an interpretive stance may have resulted in a more subjective participatory role on the part of the researcher (Maree & Van der Westhuizen, 2007: 32) and this, in turn, may have resulted in alternative perspectives on the primary research

question that guided the study. Vithal and Jansen (2004 in Maree & Van der Westhuizen, 2007) maintain that more than one method may be appropriate for the collection and interpretation of the data relating to a specific research question.

A further limitation of this study involves the nature of the selected documents for analysis as the data were not generated for the purpose of this research study and therefore may not represent sufficient detail to answer the research question (Bowen, 2009). As a result, uneven selection of documents occurred that refers to data containing great detail (therapeutic alliance) on some aspects of the subject as opposed to little or no detail on other aspects (narrative therapy and cultural competence) (Bowen, 2009:33). Consequently, analysing a different set of data from the same context may have resulted in different perspectives of establishing therapeutic alliance in this specific cross-cultural setting.

It may be that, in this study, the objective indicators of cultural competence lacked sufficient sensitivity to assess cultural competence in the data sources in a valid fashion. This lack of sensitivity may be a result of failure to test the integrity or verification of the objective indicators (Nieuwenhuis, 2007) before analysing the data. It may, further, be hypothesised that the coding process may have negated the objective identification of instances of cultural competence. In addition, the data sources did not require reflection of cultural competence and only included one student's data generated as part of the FLY project. Furthermore, cultural competence may have been an unconscious process as a result of the therapist's training. These are, however, hypotheses that require further research.

Yet another limitation of this study is the exclusion of narrative therapy technique as a priori category, resulting in a limited scope of the current study. The same data set employed in this study could be additionally analysed by means of a priori categories of narrative therapy techniques. A priori categories of narrative therapy techniques were not compiled in this study and therefore, indications of narrative therapy technique were not aptly searched for in the data sources. Consequently, the findings and discussion of the research question is limited. Further research is required.

5.7 Recommendations

5.7.1 Recommendations relating to research

As stated, the researcher related the findings of this study to a cross-cultural psychological assessment and intervention in a remote school setting only. Accordingly, similar research with a larger sample of learners in a variety of remote school setting is recommended to support these findings further. However, the findings from this study may be used as a framework within which to reflect on the arrangements of meaning and action that may occur in these new contexts (Blanche et al., 2006:92). Generalisability involves the degree to which findings may be generalised to a similar context (Struwig & Stead, 2001) and, further, aims to explain and describe common and widely shared categories of human experience (Blanche et al., 2006:91). In order to generalise the findings from this study, it is recommended that similar research be carried out using a larger sample of learners from different remote school settings.

Furthermore, the feminist perspective advocates that it is not possible to derive universal theories of human behaviour from research that involves male participants only (Blanche et al., 2006). Consequently, it is recommended that further research be conducted on female clients and employing narrative therapy to enable the establishment of a therapeutic alliance in a remote school in which the therapist and clients are from different cultures. In addition, this study may be replicated in order to investigate whether or not the contribution of the therapist's counselling skills in enabling the therapeutic alliance was unique to this specific case, or whether a similar outcome would be evident in other cases.

In addition, further research is recommended in terms of the few instances of cultural competence evident in the data sources as the relevant literature indicates that cultural competence is a necessary skill when working with culturally different clients as compared to the therapist. Hall (1997 in Sue, 1998:440) maintains that cultural competence is skill-based and that all practising psychologists should have these skills in their repertoire. Sue (1998:441) further argues the necessity of knowing the client's culture, being sensitive and flexible during intervention and achieving credibility. Differentiations of general skills that promote cultural competence and specific skills that enhance the effectiveness of the therapeutic intervention in a

specific culture have yet to be established conceptually (Sue, 1998:445). Despite the fact that cultural competence in psychological practices has been articulated and researched for more than two and a half decades the issue continues to pose several problems in the field of psychology in terms of defining cultural competence, the lack of a conceptual framework in terms of which to organise its multifaceted dimensions, and the conceptualisation of cultural competence as either universal or cultural specific studied from the vantage point of a particular racial ethnic group or focusing on different macro levels of analysis (Atkinson, Morten & Sue, 1998 & Dumas, Rollock, Prinz, Hops & Blechman & Lewis & Lewis & Daniels & D'Andrea, 1998 in Sue, 2001).

Sue et al. (2009:526) further state that the concept of cultural competence has long been a source of controversy as regards the definition, necessity, empirical research base and political implications thereof. Sue et al. (2009) further concluded that the mandate for cultural competence is ambitious in nature as the specific techniques and implementation strategies are vague. In addition, Collins and Arthur (2010:217) state that most codes for professional ethics do not provide details on the improvement of the standards of practice. The US Surgeon General (2001 in Sue et al., 2009:533) further argues that the ambiguity regarding the definition of cultural competence may be attributed to the notion that cultural competence has not been held empirically accountable to treatment outcomes and concluded that, although the field of cultural competency continues to expand and contribute to professional development in engaging with a diverse range of clients, further research is necessary (Collins & Arthur, 2010:231). This is also suggested by the findings of this study.

Similar research guided by an inductive content analysis process may be conducted in order to investigate further patterns and themes present in the data sources (Maree & Van der Westhuizen, 2007:37; Blanche et al., 2006) that might have been overlooked during the deductive content analysis process employed in this study.

Educational psychologists in South Africa are, and continue to be, working with clients and families from diverse economic, ethnic, cultural and linguistic backgrounds. Accordingly, as an educational psychologist in South Africa, it is

possible that one could look toward further expanding the training of educational psychologist students to include the facilitation of narrative therapy with clients who are culturally different to the therapist. In addition, practising educational psychologists may also benefit from utilising postmodern techniques, such as narrative therapy in conjunction with art, in terms of which the therapeutic alliance may be enhanced (see 5.4.3).

5.7.2 Recommendations relating to practice

On a practical level, professionals practising in the field of psychology could use the insights of this study when intervening with clients from a different cultural background to that of the therapist. The therapist acting for the benefit of clients by means of coordinated acts of concern could enhance the establishment of therapeutic alliance in cross-cultural psychological assessment and intervention in a remote school. In addition, using a culturally relevant technique, such as narrative therapy (with art), may, potentially, further enhance the establishment of a therapeutic alliance (see section 5.4.3).

5.7.3 Recommendations relating to training

Furthermore, the importance of relationship factors with regards to the treatment outcome, irrespective of therapy technique as suggested by the research findings, implies that psychologists should be trained in those aspects of relationship development with children as well as their parents which are characterised by warmth, acceptance and kindness (Pickar & Lindsey, 2008:375). In addition, this study also implies that the therapist's counselling skills plays a significant role in the establishment of the therapeutic alliance (see Figure 4.2, Chapter 4). Accordingly, proper training in counselling skills for future psychologists would be valuable. In other words, the utilisation of advanced empathic skills, culturally competent skills and acting for the benefit of the client would be actively practised.

Theoretically, this study implies that using a narrative approach for cross-cultural psychological assessment and intervention may possibly contribute to the establishment of a therapeutic alliance. It may, thus, be valuable for professionals working in cross-cultural psychological assessments and interventions to gain an

awareness of postmodern techniques such as narrative therapy and, furthermore, receive the necessary training (see sections 5.4.3 and 5.4.4).

5.8 Concluding remarks

The aim of this study was to explore the utility of a narrative approach to cross-cultural psychological assessment and intervention in a remote school. The findings of the study indicate that the therapist's counselling skills and, more specifically as well as the therapist's demonstrating coordinated acts of concern with the aim of benefiting the clients, contributed meaningfully to the establishment of the therapeutic alliance. In addition, it would appear that the use of a culturally relevant technique, such as narrative therapy, hold the potential to enhance the therapeutic alliance both by addressing language barriers and by providing a non-threatening avenue of expression.

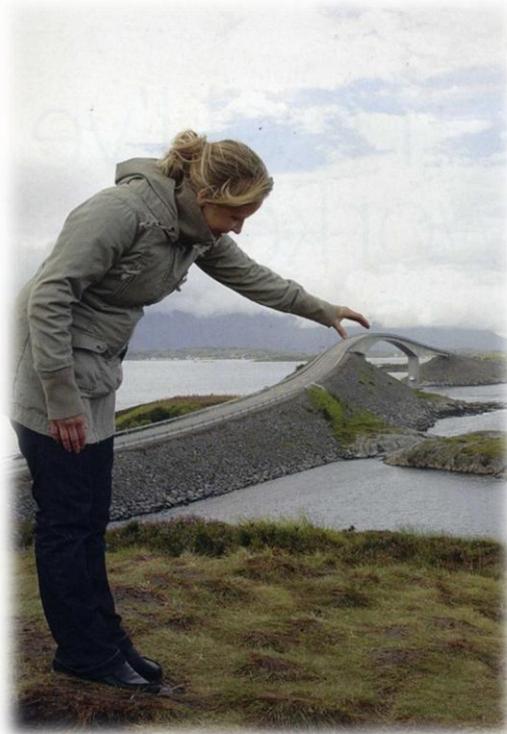
The researcher in this study did not observe cultural competence in the actions of the therapist in the establishment of the therapeutic alliance (see 5.4.2). However, the findings may suggest that, when the therapist shows concern for the client's well-being by acting for the benefit of the client with actions such as thorough planning with a rationale for change, clear, logical communication, providing opportunities for re-learning, giving time, cooperation, involvement (responsive and taking part), paying attention (awareness and insight), benevolence, giving advice, being respectful and instilling/communicating a sense of hope, that this would seem to counterbalance the therapist's demonstration of culturally competent skills or the lack thereof (see also section 5.4.2 for additional hypotheses).

The findings further suggest that common factors, such as the therapist factors, the client factors, the relationship factors and the technique factors, are both interactive and dynamic, are all necessary factors which may influence the establishment of the therapeutic alliance in cross-cultural assessment and intervention in a remote school.

5.9 What I, as the researcher, have learnt

During the process of the study, the researcher came to realise the value of an honest desire on the part of the therapist to act for the benefit of clients. Although the

therapist has a small window of opportunity to intervene in the lives of clients, what is done in that particular place, time and space may influence the clients' future paths, even in the smallest way. The following picture illustrates how the therapist intervenes at a particular stage/phase of a client's lives, whether the client is climbing (experiencing challenges) a hill or freewheeling (overcoming challenges and, as a result, experiencing freedom) down the hill, nevertheless, the road which the client has walked before the intervention will always influence the therapeutic relationship. However, what is important is that the therapist is available, pays attention, gives her time, is prepared and flexible and points out to the clients how they make changes in their current reality (physically/perceptions) that may influence their future paths . . .



In conclusion, the researcher quotes the following saying of Mother Theresa as her personal guiding philosophy when she engages with her studies, clients, colleagues, friends and family.

Die lewe is mooi, bewonder dit

Die lewe is 'n droom, maak dit waar

Die lewe is duur, versorg dit

Die lewe is droefheid, oorwin dit

Die lewe is 'n tragedie, sien dit raak

Die lewe is geluk, skeep dit.

Moeder Theresa

---oOo---

REFERENCES

- Ackerman, S.J. & Hilsenroth, M.J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review* Vol. 23: 1–33).
- Babbie, E. (2005). *The basics of social research* (3rd ed.). Canada: Thomson Wadsworth.
- Babbie, E. & Mouton, J. (2001). *The practice of social research*. Cape Town: Oxford University Press.
- Bale, R. Catty, J. Watt, H. Greenwood, N. & Burns, T. (2006). Measures of the therapeutic relationship in severe psychotic illness: A comparison of two scales. *International Journal of Social Psychiatry*. 52(3): 256–266.
- Balfour, R. J., Mitchell, C. & Moletsane, R. (2008). Troubling contexts: Toward a generative theory of rurality as educational research. *Journal of Rural and Community Development* 3(3): 95–107.
- Ballantyne, R. & Mylonas, A. (2001). Improving student learning during ‘remote’ school-based teaching experience using flexible delivery of teacher mentor and student preparation programmes. *Journal of Teacher Education* 29(3): 263–273. doi: 10.1080/13598660120091865
- Beck, G. (2003). *Beroepsvoorligting aan tradisioneel benadeelde leerders: ‘n Vergelyking tussen ‘n Postmoderne en die Tradisionele benadering*. Med-Thesis. Pretoria: Universiteit van Pretoria.
- Bennet, L. (2008). Narrative methods and children: Theoretical explanations and practice issues. *Journal of Child and Adolescent Psychiatric Nursing* 21(1): 13-23.
- Berg, B.L. (2001). *Qualitative research methods for the social sciences* (4th ed.). United States of America: Allyn & Bacon.
- Besley, T. (2001). Foucauldian Influences in Narrative Therapy: an Approach for Schools. *Journal of Educational Enquiry* 2(2):72-93.
- Bischof, D. & Alexander, D. (2008). Post-modern career assessment for traditionally disadvantaged South African learners: Moving away from the ‘expert opinion’. *Perspectives in Education Volume* 26(3):7-17.

- Blanche, M.T., Durrheim, K. & Painter, D. (2006). *Research in practice: Applied methods for the social sciences*. Cape Town: University Cape Town Press.
- Bordin, E.S. (1983). A working alliance based model of supervision. *The Counselling Psychologist* 11(1): 35–42.
- Bowen, G.A. (2009). Document Analysis as a Qualitative Research Method. *Qualitative Research Journal* 9(2):27-40.
- Briscoe, D.R. (1997). Assessment centres: Cross-cultural and cross-national issues. *Journal of Social Behaviour and Personality* 12(5): 261–270.
- Brown, C. (2006). Situating knowledge and power in the therapeutic alliance, in C. Brown & T. Augusta-Scott (Eds.) *Narrative therapy: Making meaning, making lives* (pp. 1-22). Thousand Oaks, CA: Sage Publications.
- Bryman, A. (2001). *Social research methods*. Oxford: Oxford University Press.
- Burkard, A.W., Juarez-Huffaker, M. & Ajmere, K. (2003). White racial identity attitudes as a predictor of client perceptions of cross-cultural working alliances. *Journal of Multicultural Counselling and Development* October Vol. 31: 226–244.
- Buser, J.K. (2007). Play therapy. In C.L. Thompson & D.A. Henderson (Eds.), *Counselling children* (7th ed.) (pp. 414–456). Thomson Brooks/Cole
- Cambridge Advance Learner's Dictionary. (2008) (3rd ed.) Singapore: Cambridge University Press.
- Cameron, M. & Keenan, E. K. (2010). The Common Factors Model: Implications for transtheoretical clinical social work practice. *Social Work* 55(1): 63-73.
- Carr, A. (1998). Micheal White's narrative therapy. *Contemporary Family Therapy* 20(4): 485–503. doi: 10.1023/A:1021680116584
- Chope, R.C. & Consoli, A.J. (2007). A storied approach to multicultural career counselling. In K. Maree (Ed.), *Shaping the story: A guide to facilitating narrative counselling* (pp. 87–102). Hatfield: Van Schaik.
- Cohen, L. Manion, L. & Morrison, K. (2007). *Research methods in education* (6th ed.) New York: Routledge.
- Collins, S. & Arthur, N. (2010). Culture-infused counselling: A model for developing multicultural competence. *Counselling Psychology Quarterly* 23(2): 217–233.
- Collins English Dictionary Complete and unabridged. (2009)(10th ed.) William Collins Sons & Co Ltd. HarperCollins Publishers Retrieved 16 August 2011 from <http://dictionary.reference.com/browse/utilize>

- Corey, G. (2009). *The Art of Integrative Counselling* (2nd ed.). USA: Thomson Brooks/Cole.
- Creswell, J.W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd Ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W. (2007). *Qualitative Inquiry & Research Design: Choosing Among Five Approaches* (2nd ed.). Sage Publications.
- Daddario, A, Kishimoto, E. Jenkins, C. Kobayashi, L. Lettich, L. & Wilcox, N. (n.d.). *The therapeutic alliance*. Retrieved 6 December 2010 from <http://www.amhd.org/About/ClinicalOperations/MISA/Training/Therapeutic%20Alliance%20Curriculum%20activity%20quiz.pdf>
- De Bono, E. (1995). Serious creativity. *The Journal for Quality and Participation* 18(5): 12-18.
- Denzil, N.K. & Lincoln, Y. S. (2000). *Handbook of Qualitative Research* (2nd.) Thousand Oaks: SAGE Publications.
- Department of Education, Science and Training. (2011). *Identifying higher education students from low socio-economic status backgrounds and regional and remote areas: Executive summary*. Retrieved February 5 2011 from http://www.dest.gov.au/archive/highered/eippubs/eip02_4/exe_summary.htm
- De Vos, A.S. (2005) *Combined quantitative and qualitative approach*, in De Vos, A.S. Strydom, H. Fouche, C.B. & Delport, C.S.L. *Research at grass roots: For the social sciences and human service professions* (3rd ed.) (pp. 357–365). Pretoria: Van Schaik.
- De Vos, A.S. (2005). Qualitative data analysis and interpretation, in De Vos, A.S. Strydom, H. Fouche, C.B. & Delport, C.S.L. *Research at grass roots: For the social sciences and human service professions* (3rd ed.) Pretoria: Van Schaik.
- Donda, B. M. (2011). *Telling lives: Principals work as intellectual work in rural settings*. A thesis submitted in partial fulfilment of the requirements of the degree of Master of Education in the Faculty of Education, University of KwaZulu-Natal
- Du Toit, J. (2007). Property South Africa. *Extract of Residential Property Perspective Second Quarter*.
- Ebersöhn, L. (2009). *Beroepsoriënteringspedagogiek 804* [Studiehandleiding]

- Ongepubliseerde manuskrip. BOP 804, Pretoria Universiteit, Pretoria, Suid Afrika.
- Egan, G. (2007). *The skilled helper: A problem-management and opportunity-development approach to helping* (8th ed.). Thomson Brooks/Cole: USA
- Eloff, I. (2004). In Eloff, I & Ebersöhn, L. (Eds). *Keys to Educational Psychology* (pp. 386–411). Cape Town: UCT Press.
- Elvins, R. & Green, J. (2008). The conceptualization and measurement of therapeutic alliance: An empirical review. *Clinical Psychology Review* Vol. 28: 1167–1187 doi: 10.1016/j.cpr.2008.04.002.
- Figor, D. (2006). *Therapeutic alliance: Improving treatment outcomes*. Butler Centre for Research October 2006.
- Fouché, C.B. & Delpont, C.S.L. (2005). Introduction to the research process, in De Vos, A.S. Strydom, H. Fouche, C.B. & Delpont, C.S.L. *Research at grass roots: For the social sciences and human service professions* (3rd ed.) Pretoria: Van Schaik.
- Freebody, P. (2003). *Qualitative research in education: Interaction and practice*. London: Sage Publications.
- Gergen, K. (1985). The social constructionist movement in modern psychology. *American Psychologist* 40(3): 266-275.
- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report* 8(4): 597–607.
- Greeff, M. (2005). Information collection: Interviewing, in De Vos, A.S. Strydom, H. Fouché, C.B. & Delpont, C.S.L. *Research at grass roots: For the social sciences and human service professions* (3rd ed.) (pp. 286–313). Pretoria: Van Schaik.
- Grobler, H., Schenck, R. & Du Toit, D. (2007). *Person-centred Communication: theory and practice* (2nd ed.). New York: Oxford University Press.
- Grobler, A. (2009). *Experiences of research assistants in the administration of culturally tailored psychometric data collection instruments in the Kgolo Mmogo project*. An Educational Psychology project submitted to the faculty of the University of Pretoria in partial fulfilment of the requirements for the degree of Masters of Psychology in Educational Psychology.
- Hakansson, J. & Montgomery, H. (2003). Empathy as an interpersonal phenomenon. *Journal of Social and Personal Relationships* 20(3): 267–284.

- Halai, A. (2006). Ethics in qualitative research: issues and challenges. *EdQual A Research Programme Consortium on Implementing Education Quality in Low Income Countries. EdQual Working Paper Number 4.*
- Hartzenberg, L.M. (2001). *A cross-cultural counselling programme for adolescents traumatized by family violence.* An Educational Psychology project submitted to the faculty of the University of Pretoria in partial fulfilment of the requirements for the degree of Doctor of Psychology in Educational Psychology.
- Health Professionals Council of South Africa. (2011). *iRegister.* Retrieved February 14 2011 from <http://www.iregister.hpcsa.co.za/RegisterSearch.aspx>
- Henning, E., Van Rensburg, W. & Smit, B. (2004). *Finding your way in Qualitative Research.* Pretoria: Van Schaik Publishers.
- Hersoug, A.G., Hoglend, P., Havik, O.E. & Monsen, J.T. (2010). Development of working alliance over the course of psychotherapy. *Psychology and Psychotherapy: Theory, Research and Practice* 83:145-159.
- Hietanen, O. M. & Punamäki, R. (2006). Attachment and early working alliance in adult psychiatric inpatients. *Journal of Mental Health* August 15(4): 423-435.
- Hilker, C.F. (2005). *Making trouble for problems: Therapeutic assumptions and research behind the narrative practice of externalizing conversations.* A clinical research project submitted to the faculty of Argosy University/San Francisco Bay Area Campus in partial fulfilment of the requirements for the degree of Doctor of Psychology in Clinical Psychology.
- Hogue, A., Dauber, S., Stambaugh, L.F., Cecero, J.J. & Liddle, A. (2006). Early therapeutic alliance and treatment outcome in individual and family therapy for adolescent behaviour problems. *Journal of Consulting Clinical Psychology* 71(1): 121–129 doi:10.1037/0022-006X.74.1.121.
- Jansen, J.D. (2007). The language of research, in Maree, K. (Ed.). *First steps in research* (pp. 47–68) Pretoria: Van Schaik.
- Keeling, M.L. & Nielson, L.R. (2005). Indian women's experience of a narrative intervention using art and writing. *Contemporary Family Therapy* 27(3): 435–452).
- Kyngäs, E.S.H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing* 62(1): 107–115.
- Langhoff, C., Baer, T., Zubraegel, D. & Linden, M. (2008). Therapist-patient alliance,

- patient-therapist alliance, mutual therapeutic alliance, therapist-patient concordance, and outcome of CBT in GAD. *Journal of Cognitive Psychotherapy: An International Quarterly* 22(1): 68–79
doi:10.1891/00889.8391.22.1.68
- Leedy, P. M. & Ormrod, J. E. (2005). *Practical research: Planning and design* (8th ed.). New Jersey: Pearson Merrill Prentice Hall.
- Louw, B. (2004). Culture, in I. Eloff & L. Ebersöhn (eds.) *Keys to educational psychology*. (pp. 259–271). Cape Town: UCT Press
- Ma, J.L.C. (2007). Journey of acculturation: Developing a therapeutic alliance with Chinese adolescents suffering from eating disorders in Shenzhen, China. *Journal of Family Therapy* Vol. 29: 389–402.
- Macneil, C.A., Hasty, M.K., Evans, M, Redlich, C. & Berk, M. (2009). The therapeutic alliance: Is it necessary or sufficient to engender positive outcomes? *Acta Neuropsychiatrica* 21(2): 95–98.
- Maree, K. (2007). *First steps in research*. Pretoria: Van Schaik.
- Maree, K. (2010). Call for papers: Special Issue of the *Journal of Psychology in Africa* for September 2010. Career Counselling in Africa in the 21st Century: Rediscovering the Potential of Qualitative, Postmodern Approaches. *Journal of Psychology in Africa* 19(2): 291–292.
- Maree, K. & Beck, G. (2004). Using various approaches in career counselling for traditionally disadvantaged (and other) learners: limitations of a new frontier. *South African Journal of Education* 24(1): 80–87.
- Maree, K., Ebersöhn, L. & Molepo, M. (2006). Administering narrative career counselling in a diverse setting: trimming the sails to the wind. *South African Journal of Education*, 26(1): 49–60.
- Maree, K.; Ebersöhn, L & Vermaak, B. (2008). Confronting the effects of unemployment on achievement motivation: The case for postmodern career facilitation. *Perspectives in Education* 26(3): 55–63.
- Maree, K. & Molepo, J.M. (2007). Changing the approach to career counselling in disadvantaged context: a case study. *Australian Journal of Career Development* (16) 3:
- Maree, K. & Van der Westhuizen, C. (2007). Planning a research proposal, in K. Maree (Ed.). *First steps in research* (pp. 24–45). Pretoria: Van Schaik.
- Maree, K. & Van der Westhuizen, C.N. (2011). Professional counselling in South

- Africa: A landscape under construction. *Journal of Counseling and Development* Vol. 89.
- Marrow, S. L. (2007). Qualitative research in counselling psychology: Conceptual foundations. *The Counseling Psychologist* Vol. 35: 209–235.
- Mastow, C., Crosson, J., Gordon, S., Chapman, S., Gonzalez, P., Hardt, E. Delgado, L., James, T. & David, M. (2010). Treating and precepting with RESPECT: A relational model addressing race, ethnicity, and culture in medical training. *Society of General Internal Medicine* 25(2): 146–154. doi: 10.1007/s11606-010-1274-4
- Matima, M. (n.d.). *Narrative therapy and abused women: Effectiveness of narrative therapy for sheltered/abused women*. Retrieved 6 December 2010 from <http://www.brieftherapynetwork.com/documents/narrativepractices.pdf>
- Mbukusa, N.R. (2009). *Barriers to remote rural students' access of distance education support services offered by the centre for external studies at the University of Namibia*. Submitted in accordance with the requirements for the degree of Doctor of Education. University of South Africa.
- McMahon, M. & Watson, M. (n.d.). Career psychology research challenges: a systems theory response. *South African Journal of Psychology* 39(2):184-194.
- McNiff, S. (2009). Cross-cultural psychotherapy and art. *Art Therapy Journal of the American Art Therapy Association* 26(3): 100–108.
- Merriam, S.B. (2002). *Qualitative research in practice: Examples for discussion and analysis*. San Francisco: John Wiley.
- Mertens, D.M. (2010). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative and mixed methods* (3rd ed.). California: Sage.
- Mouton, J. (2001). *to succeed in your master's and doctoral studies: A South African guide and resource book*. Pretoria: Van Schaik.
- Mouton, J. (2008). *How to succeed in your master's and doctoral studies: A South African guide and resource book*. Pretoria: Van Schaik.
- Mulhauser, G. (ed.) (2003). *The Heart & Soul of Change: What works in Therapy*. Retrieved 16 May 2011 from <http://counselingresource.com/lib/research-library/book-reviews/research-and-critiques/what-works/>
- NationMaster.com (2003-2005). *Encyclopedia: Rural areas*. Retrieved 14 February

- 2011 from <http://www.nationmaster.com/encyclopedia/Rural-areas>
- Neuman, W.L. (1997). *Social research methods: Qualitative and quantitative approaches*. Boston: Allyn & Bacon.
- Nieuwenhuis, J. (2007). Analysing qualitative data, in Maree, K. (ed.). *First steps in research* (pp. 99–122). Pretoria: Van Schaik.
- Nieuwenhuis, J. (2007). Introducing qualitative research, in Maree, K. (ed.). *First steps in research*. (pp. 47–68) Pretoria: Van Schaik.
- Nieuwenhuis, J. (2007). Qualitative research designs and data gathering techniques in data, in Maree, K. (ed.). *First steps in research* (pp. 70–97) Pretoria: Van Schaik.
- Noser, K. & Bickman, L. (2000). Quality indicators of children's mental health services: Do they predict improved client outcomes? *Journal of Emotional and Behavioral Disorders* 8(1): 9–18.
- O'Hara, D. (2010). Hope: The neglected common factor. *Therapy Today* 21(9): 74–84.
- O'Hara, D. (2010). Hope - the neglected common factor. *Therapy Today*. 21(9):1-7.
- Pakes, K. & Roy-Chowdhury, S. (2007). Culturally sensitive therapy? Examining the practice of cross-cultural family therapy. *Journal of Family Therapy* Vol. 29: 267–283.
- Patton, Q.M. (2002). *Qualitative research and evaluation methods* (3rd ed.) London: Sage.
- Pickar, D.B. & Lindsey, R.L. (2008). Preparing child psychologists for managed care: educational and training considerations. *Brief Treatment and Crisis Intervention* 8(4): 370–380.
- Ponterotto, J.G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology* 52(2): 126–136.
- Reed, J. & Koliba, C. (1995). *Facilitating reflection: A manual for leaders and educators*. Retrieved 12th March 2009 from http://www.uvm.edu/~dewey/reflection_manual/
- Rock, B. & Hamber, B. (1994). *Psychology in a future South Africa: The need for a National Psychology Development Programme*. Paper commissioned by the Professional Board of Psychology of the South African Medical and Dental Council. Centre for the study of violence and reconciliation.

- Rural Health Strategy. (2006). *A rural health strategy for South Africa: Draft for discussion March 2006*. Retrieved 15 February 2011 from http://www.rudasa.org.za/download/RuralHealthStrat_draft020306.doc
- Samstag, L.W., Muran, J.C., Wachtel, P.L., Slade, A., Safran, J.D. & Winston, A. (2008). Evaluating negative process: A comparison of working alliance, interpersonal behaviour, and narrative coherency among three psychotherapy outcome conditions. *American Journal of Psychotherapy* 62(2): 165–194.
- Savickas, M.L. (1993). Career counseling in the postmodern era. *Journal of Cognitive Psychotherapy: An International Quarterly* 7(3): 205–215.
- Scaturo, D.J. (2010). A tripartite learning conceptualization of psychotherapy: The therapeutic alliance, technical interventions, and relearning. *American Journal of Psychotherapy* 64(1): 1–27.
- Schwandt, T.A. (1997). *Qualitative inquiry: A dictionary of terms*. Thousand Oaks CA, Sage Publications.
- Schwandt, T.A. (2007). *The SAGE dictionary of qualitative inquiry* (3rd ed.). Thousand Oaks CA: Sage.
- Seale, C. (1999). *The quality of qualitative research*. London: Sage
- Smalley, K.B., Yancey, C.T., Warren, J.C., Naufel, K., Ryan, R. & Pugh, J. L. (2010). Rural mental health and psychological treatment: A review for practitioners. *Journal of Clinical Psychology: In Session* 66(5): 879–489. doi:10.1002/jclp.20688
- Smit, B. (2004). Group work, in I. Eloff & L. Ebersöhn (eds). *Keys to Educational Psychology* (pp. 187-197). Cape Town: UCT Press.
- Smith, J.A. (ed). (2003). *Qualitative psychology: A practical guide to research methods*. London: Sage.
- Song, L.K. (2003). *The potential of bicycle as a means of transport for learners in rural South Africa*. Retrieved February 5 2011 from <http://www.up.ac.za/dspace/handle/2263/6831>
- Spreight, S.L., Myers, L.J., Cox, C.I. & Highlen, P.S. (1991). A redefinition of multicultural counseling. *Journal of Counseling and Development* Vol. 70: 29–35.
- Statistics South Africa (1998). *Census in brief: The people of South Africa Population Census 1996*. Pretoria: Statistics South Africa retrieved 14 February 2011 from <http://www.statssa.gov.za/>

- Statistics South Africa (2001). *Statistics South Africa: Census 2001*. Retrieved 14 February 2011 from <http://www.statssa.gov.za/census01/html/default.asp>
- Stokes, H., Stafford, J. & Holdsworth, R. (2002). *Rural and Remote School Education: A Survey for the Human Rights and Equal Opportunity Commission*. Retrieved February 5 2011 from http://www.hreoc.gov.au/school_page/undhr/sp_10_3_1.html
- Strong, T. (2010). Studying narratives: A review of the book *Analyzing narrative reality* by J.F. Gubrium & J.A. Holstein. *Explorations: An E-Journal of Narrative Practice* Issue 2: 95–98.
- Struwig, F.W. & Stead, G.B. (2001). *Planning, designing and reporting research*. Cape Town: Maskew Miller Longman.
- Strydom, H. (2005). Sampling and sampling methods, in De Vos, A.S. Strydom, H. Fouche, C.B. & Delport, C.S.L. *Research at grass roots: For the social sciences and human service professions* (3rd ed.) (pp. 192–204). Pretoria: Van Schaik.
- Strydom, H. (2005). Ethical aspects of research in the social sciences and human service professions, in De Vos, A.S. Strydom, H. Fouche, C.B. & Delport, C.S.L. *Research at grass roots: For the social sciences and human service professions* (3rd ed.). Hatfield, Pretoria: Van Schaik.
- Strydom, H. & Delport, C.S.L. (2005). Information collection: Document study and secondary analysis, in De Vos, A.S. Strydom, H. Fouche, C.B. & Delport, C.S.L. *Research at grass roots: For the social sciences and human service professions* (3rd ed.). Hatfield, Pretoria: Van Schaik.
- Sue, D. W. (2001). Multidimensional facets of cultural competence. *The Counseling Psychologist* 29(6): 790–821.
- Sue, S. (1998). In Search of Cultural Competence in Psychotherapy and Counselling. *American Psychologist* 53(4): 440-448.
- Sue, S., Zane, N., Hall, G.C.N. & Berger, K. (2009). The case of cultural competency in psychotherapeutic interventions. *The Annual Review of Psychology* Vol. 60: 525–548.
- Swart, E. & Phasha, T. (2008). Family and community partnerships. In E. Landsberg (Ed.), *Addressing barriers to learning: A South African Perspective* (pp. 213–236). Pretoria: Van Schaik
- The American Heritage Dictionary of the English Language (4th ed.).

- (2006). Houghton Mifflin Company. Retrieved 16 August 2011 from <http://dictionary1.classic.reference.com/help/ahd4.html>
- Timulak, L. (2009). Meta-analysis of qualitative studies: A tool for reviewing qualitative research findings in psychotherapy. *Psychotherapy Research*, 19(4&5): 591–600. Retrieved May 20, 2010 from EBSCOhost database.
- Tsang, A.K.T., Bogo, M. & George, U. (2003). Critical issues in cross-cultural counseling research: Case example of an ongoing project. *Journal of Multicultural Counseling and Development* Vol. 31.
- World Health Organization. (2010). *Increasing access to health workers in remote and rural areas through improved retention: Global Policy Recommendations*.
- World Urbanization Prospects (2003). *The 2003 revision, data tables and highlights*. Geneva: Population Division of the United Nations Secretariat.

APPENDICES

Appendix I: Declaration of Originality

UNIVERSITY OF PRETORIA

DECLARATION OF ORIGINALITY

This document must be signed and submitted with every
essay, report, project, assignment, dissertation and/or thesis.

Full names of student: MARIA MARGARETHA MALAN

Student number: 22018582 Personelle no: 04426320

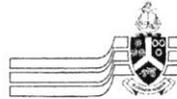
Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.
2. I declare that this dissertation (eg essay, report, project, assignment, dissertation, thesis, etc) is my own original work. Where other people's work has been used (either from a printed source, internet or any other source), this has been properly acknowledged and referenced in accordance with departmental requirements.
3. I have not used work previously produced by another student or any other person to hand in as my own.
4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

SIGNATURE OF STUDENT: Maria

SIGNATURE OF SUPERVISOR: [Signature]

Appendix J: Ethical clearance certificate



UNIVERSITY OF PRETORIA
FACULTY OF EDUCATION
RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE

CLEARANCE NUMBER :

EP 07/02/04

DEGREE AND PROJECT

MEd

The utility of a narrative approach to establish therapeutic alliance in a cross-cultural setting

INVESTIGATOR(S)

Maria Margaretha Malan

DEPARTMENT

Department of Educational Psychology

DATE CONSIDERED

24 August 2011

DECISION OF THE COMMITTEE

APPROVED

Please note:

For Masters applications, ethical clearance is valid for 2 years

For PhD applications, ethical clearance is valid for 3 years.

CHAIRPERSON OF ETHICS COMMITTEE Prof L Ebersohn

DATE

24 August 2011

CC

Jeannie Beukes
Dr. S. Human-Vogel
Prof L. Ebersöhn

This ethical clearance certificate is issued subject to the following conditions:

1. A signed personal declaration of responsibility
2. If the research question changes significantly so as to alter the nature of the study, a new application for ethical clearance must be submitted
3. It remains the students' responsibility to ensure that all the necessary forms for informed consent are kept for future queries.

Please quote the clearance number in all enquiries.