

**READING BETWEEN THE LINES: AN ECOSYSTEMIC DESCRIPTION
OF A THERAPEUTIC RELATIONSHIP AROUND DYSLEXIA**

by

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To Thando, thank you for trusting me enough to allow me into your world. Thank you for allowing me to share our relationship by documenting our story. It was a privilege to be a part of your life and experiences. The world would have suffered a great loss if we never got to know Thando. I admire your courage and commitment. You are truly brave.

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I declare that **Reading between the lines: An ecosystemic description of a therapeutic relationship around dyslexia** is my own work, that all the sources used and quoted have been indicated and acknowledged by means of complete references, and that this dissertation was not previously submitted by me for a degree at another university.

Ilze Jansen

ABSTRACT

This is a descriptive study of the therapeutic relationship between Thando, who has been diagnosed with dyslexia and Ilze, an intern counseling psychologist. During our therapeutic relationship Thando's view of herself and her diagnosed dyslexia improved remarkably. The improvement came without any specifically planned strategies or interventions. This study attempts to describe what happened in the therapeutic relationship to bring about the changes that occurred and attempts to give meaning to the changes. The study describes the impact that a diagnosis can have on the life of the diagnosed individual. It also suggests that the discovery of the person behind the label may be a therapeutic antidote to the negative affects that may result from such a diagnosis. A qualitative approach is taken and the data is presented through a case study and unstructured interviews. The interviews provide valuable information about Thando's experience of the changes that occurred in her as well as her experience of someone who lives with a diagnostic label like dyslexia.

Key terms: therapeutic relationship, diagnosis, dyslexia, trust, qualitative approach, case study, ecosystemic

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CHAPTER 1

WELCOME TO THE STORY OF OUR THERAPEUTIC RELATIONSHIP

A writer on human nature needs to be constantly drawn to simple English and away from the jargon of the psychologist (Winnicott in Davis & Wallbridge, 1987, p. xi).

1.1 INTRODUCTION

I would like to welcome you to the story of Thando and Ilze. This is the story of a therapeutic relationship that was a life-changing experience not only for Thando (the client) but also for me (the therapist).

The aim of this chapter is to give a broad overview of what to expect in the chapters to come. I hope that what I will share with you in this chapter will make you curious enough to continue reading this book that Thando and I enjoyed writing. I hope that it will leave you as excited and fulfilled as we were before and after we shared our special relationship with you.

1.2 TOUCHED LIVES

This is the story of Thando, a remarkable young woman who had the courage to stand up to and challenge her diagnosis of dyslexia and the labels that accompanied it.

Thando and I decided to write the story of our therapeutic relationship to encourage others who have also been diagnosed with dyslexia to challenge their abilities and opportunities to make a success of their lives. Thando's story is a story of one person's willpower, courage and endurance to make a success of her life and accomplish her dreams and goals.

This is also the story of Ilze. It is the story of an intern counselling psychologist who prior to meeting Thando had no knowledge of dyslexia or of working with people who have been diagnosed with dyslexia. It is the story of how I got to know the remarkable person called Thando. Thando challenged me in many ways and influenced my approach to psychology and diagnosing people in a great many ways. It is the story of two people who expected nothing else but commitment, trust and an abundant giving of oneself.

The most important aspect of this story is, however, the relationship and connection that was formed between Thando and me. This was a relationship that carried us through difficult times and that was also the source of great joy for the both of us; a relationship that facilitated significant changes and the freedom to express who we really are – label-free. This was a liberating experience for both of us.

I never thought that my involvement with Thando would turn out to be one of the most significant experiences in my life and my development as a therapist. Our first meeting in March 2004 turned out to be the beginning of a long journey Thando and I would travel to discover what a remarkable and talented person she is. This also led to a discovery of who we truly are. This was the beginning of a relationship between Thando and myself that I still cannot adequately explain in words. What I do know is that it has had a great and lasting impact on both our lives.

The story of Thando and Ilze is an invitation to the reader to “respond not with the intellect alone, but with the whole self” (Winnicott in Davis & Wallbridge, 1987, p. xi).

1.3 PURPOSE OF THE STUDY

The therapeutic relationship that Thando and I had brought about certain changes in her life. Thando passed her matric. How? Thando is confident and has a positive self-image. She trusts people and believes in herself. She has made peace with herself and accepts the fact that she has dyslexia. How did all of these changes take place? The purpose of this study is to answer all of these questions and to focus on how a meeting between two

people, intended to last only for one day, turned into a year long therapeutic relationship of trust, commitment and changed lives.

1.4 RESEARCH QUESTION

The study was conducted in order to answer the following research question: **What events that took place in the therapeutic system, and as a result of the therapeutic relationship, facilitated change in Thando's presenting complaint of dyslexia?**

In order to answer the research question I will provide some insight into our relationship. The journey through our relationship may help to identify the events that facilitated the changes that took place in Thando.

1.5 THEORETICAL CONSIDERATIONS

In order to validate our story I have to make use of theory. The theories of Edgar Auerwald, Bradford Keeney, Harlene Anderson and Harry Goolishian will be used to explain our relationship and the changes that were facilitated through it.

1.6 METHODOLOGICAL APPROACH

The following methodology was used to facilitate the scientific presentation of our story.

I used a qualitative research method in the study. Qualitative research entails the description and analysis of the individual and collective behaviour, convictions and perceptions of one or more persons. The researcher interprets the phenomenon in terms of the meaning that the person ascribes to it (McMillan & Schumacher, 2001). In the study I will interpret the meaning that our relationship had for both Thando and myself. I will also discuss the meaning that Thando ascribes to the changes that occurred in her as well as the events that she believes led to these changes.

1.6.1 Research design

An intrinsic case study (Stake, 2000) was used as a research design. According to McMillan and Schumacher (2001), a case study design is used when the analysis of the data focus on one phenomenon, in this case the therapeutic relationship between Thando and me and the changes that were facilitated through it. This design was chosen to permit an in-depth understanding of this relationship.

1.6.2 Selection of participants

Thando selected family members, her headmaster and one of her schoolteachers to participate in the study. The identified people were requested in writing to participate in the study and they agreed with the understanding that their names remain confidential.

1.6.3 Data collection

I used unstructured interviews with a schedule as my primary data collection method. De Vos (1998) describes unstructured interviews as the social interaction between two individuals with the aim of gathering information that is relevant to the research. The aim of the unstructured interview is to actively enter the world of the participant and to understand the world from theory that is grounded in the behaviour and feelings of the participant(s) (Denzin cited in Schurink, 1998).

The schedule that accompanied the interview included guidelines for questions on the themes that I wished to explore. The schedule helps to make sure that all relevant or important areas are covered during the interviews (De Vos, 1998). I identified themes beforehand that were explored during the interviews.

I observed and made notes of Thando's nonverbal behaviour during the interviews. The interviews were conducted at the UP Centre for Child and Adult Guidance and at Thando's home.

I continuously kept a journal of my own feelings, thoughts and impressions of the research. The journal entries include reflections on the process and the research process as a whole.

1.6.4 Data analysis and interpretation

For the purpose of the study I transcribed all the interviews. My aim was to analyse and interpret all the gathered information in order to identify themes for further exploration. The journal and field notes were taken into consideration during the data analysis procedure. After analysis the data were interpreted using the ecosystemic paradigm as the theoretical framework.

1.7 FINDING YOUR WAY THROUGH OUR STORY

The framework of the chapters of the study is as follows:

Chapter 1 – The aim of chapter 1 is to give the reader a short preview of what to expect in the chapters to follow. The chapter contains an overview of the research question and how it developed. I also contextualised the research process.

Chapter 2 – Chapter 2 introduces the reader to Thando and myself. I also describe where and how our relationship started. Finally I discuss why Thando and I decided to do this study.

Chapter 3 – This chapter presents the theoretical framework in which the study takes place. It also explores the literature relevant for a better understanding of dyslexia.

Chapter 4 – The research process is discussed in terms of the research design and the method of data collection. A detailed discussion of the data analysis and data interpretation procedures is also provided.

Chapter 5 – The analysis and interpretation of the results is presented in this chapter.

Chapter 6 –Chapter 6 contains a summary of the research. I also discuss the issue of labelling and the problems I encountered in writing about the relationship between Thando and myself in academic language without losing the magic we wanted to share.

Chapter 7 – Chapter 7 is a short overview of Thando's life at present. It shares the continuation of our relationship and reveals a secret that was significant for the closure and finality of our relationship in 2004.

CHAPTER 2

HOW I MET THANDO

2.1 INTRODUCTION

The aim of this chapter is to introduce the reader to Thando and myself. In this chapter I provide background information as to where and when the special therapeutic relationship between Thando and me started. I also offer some insights into why I decided to write the dissertation.

2.2 MEETING ONE ANOTHER FOR THE FIRST TIME

Thando and I met on 23 March 2004. At the time I was working as an intern counselling psychologist at the Centre for Child and Adult Guidance at the University of Pretoria. Thando was referred to the Centre by her headmaster for a psychological assessment to determine whether she should be granted an amanuensis to write her Grade 12 final examinations. An amanuensis is a grant awarded to a person by the Education Department that allows the final matriculation examination to be conducted orally. When I first met Thando I thought that this would be just another psychological assessment and that I would not see her again after the feedback session.

On the day of the assessment Thando immediately told me that she has dyslexia. I was a bit nervous and had, as Corey (1996) would state, ambivalent feelings about first meeting the client.

According to Corey (1996), young therapists should show a willingness to be confronted with their anxieties as opposed to denying them through pretence. I asked myself why I was so particularly anxious with this specific client and I realised that I was anxious and nervous because I had never worked with a dyslexic person before. Up until that day I

had never known someone who had dyslexia and never really read any literature on dyslexia.

2.3 HONESTY: THE KEY INGREDIENT

I decided to tell Thando that I was not familiar with dyslexia and that she would have to be my source of information when it came to understanding the condition. I decided not to pretend to know anything about dyslexia but to allow her to teach me about dyslexia as she experiences it in her life. My focus was thus on her unique experience of her diagnosed dyslexia and not on some general description of this condition.

While I was working on her assessment results I identified a few problems that I wanted to discuss and explore with her. At the feedback session a few days later I suggested to Thando that she should come for therapy. I was not sure how she would respond to this suggestion. Much to my surprise, she responded very well. She commented that she was glad that I had suggested therapy because she actually wanted to see someone for the problems that were identified.

2.4 THE START OF THE THERAPEUTIC RELATIONSHIP

A few days later Thando and I started our therapeutic work. It was soon evident that Thando needed help with her schoolwork and the preparation for her matric exams. We started working on her schoolwork almost every day. I first started by reading the work to her. We then made keywords and mind maps and in the end we used a tape recorder. I read the work on the tape recorder for her and she would then take it home and study from the recorded work.

2.5 SOMETHING UNEXPECTED HAPPENED

Prior to the July exams Thando was failing all of her subjects. As the therapy progressed, her schoolwork improved significantly, she was more motivated, and she passed her

midyear exams with distinctions in some of her subjects. It was only then that I realised something positive was happening in therapy, and it was then that the desire to tell the story of our therapeutic relationship started to grow.

2.6 LOOKING FOR GUIDANCE

By July 2004 I had read several articles and books on helping a person with dyslexia (e.g. Cronin, 1997; Edwards, 1994; Jordan, 1996; Miles, 1983; Miles & Miles, 1999; Ryden, 1997). These books were, however, all written by overseas specialists in the field of dyslexia. The authors of all of these sources focused on dyslexia and the treatment of aspects of dyslexia, such as schoolwork, reading, writing and the diagnosis itself. No source provided any guidelines on how the person should be helped in psychotherapy. Even rarer were texts dealing particularly with adults diagnosed with dyslexia, and with problems that could be directly related to the dyslexia diagnosis.

Seeing as both Thando and I live in South Africa I looked into local sources that might address the therapeutic relationship between a therapist and a client diagnosed with dyslexia. I could not find any. I approached the Centre for Dyslexia in Pretoria, which referred me to their website. However, the website only provided information on a book to be published on dyslexia and how the centre assists mothers with young children diagnosed with dyslexia with a system called audio blocks. The centre could thus not provide me with any information on the therapeutic relationship between a therapist and a client diagnosed with dyslexia.

2.7 WRITING OUR STORY

It was through these quests to find information that my need to write our story of our therapeutic relationship started to emerge. I want to welcome the reader to an unforgettable story of Thando's courage, willpower and willingness to change. It was an

amazing experience and privilege for me to share it with her. I hope that it will also be an unforgettable experience for you, the reader.

CHAPTER 3

OUR THERAPEUTIC RELATIONSHIP – A LITERATURE REVIEW

3.1 INTRODUCTION

This chapter commences with a broad description of the difference between the traditional scientific approach and the ecosystemic approach. Terminology relevant for a better understanding of the presented literature is also discussed and clarified, and the literature relevant to the study is explored. The chapter focuses on the ecosystemic paradigm, Auerswald's concept of the ecological detective, the foundational premises of therapy, the collaborative approach and the "not-knowing" approach. In addition, a broad overview of the literature available on dyslexia is given. The relevance of the literature on dyslexia to the study is also discussed.

The purpose of the literature review is to indicate my theoretical position in the therapeutic relationship which was constructed to facilitate change in the client's presenting complaint of dyslexia.

The words and sentences written in italics are Thando's own words and are used to support the discussed literature.

3.2 THE TRADITIONAL SCIENTIFIC APPROACH VERSUS THE ECOSYSTEMIC APPROACH

In psychology a distinction is made between the traditional scientific approach and the ecosystemic approach. A better understanding of the ecosystemic approach may be gained in a comparison between the two approaches. This comparison also positions the ecosystemic approach as the focus of this study.

According to Fourie (1998), the epistemology of the traditional approach rests on objectivity which focuses on the ‘real’ nature of things. The epistemology of the ecosystemic approach focuses on constructivism and relativity. A traditional paradigm emphasises reductionism and linear causality, while the ecosystemic paradigm focuses on holism and fit. Theories within the traditional approach are mechanistic while ecosystemic theories are cybernetic. Research in the traditional approach is done in order to prove and validate findings, while ecosystemic research is undertaken in order to make sense of and describe the research findings. The traditional approach uses an objective methodology whereas the ecosystemic approach uses a consensual methodology. A comparison of the purpose of results is that traditionally, research findings are to give proof and apply results mechanically, while ecosystemic research uses their results as guidelines and applies them creatively.

3.3 DISCUSSION OF RELEVANT TERMINOLOGY

In this section I discuss important terminology to give the reader a better understanding of the presented literature. The important terms will be defined.

3.3.1 Communicative action

According to Anderson and Goolishian (1992), “communicative action means to be engaged in some meaning-generating discourse or dialogue within the system for which the communication has relevance. A therapeutic system is a system for which the communication has relevance specific to its dialogical exchange” (p.27). Thando and I were a therapeutic system because our communication had relevance that was specific to our dialogical exchange.

3.3.2 Simple cybernetics (first order cybernetics)

At the level of simple cybernetics, therapists place themselves outside the system as an observer of what is going on inside the system. We attempt to understand how the

system operates by observing what goes in and what goes out of the system. According to simple cybernetics, therapists are not part of the system and they are also not concerned with why the system does what it does. The focus of simple cybernetics is on describing what is happening to the system from the perspective of an outsider (Becvar & Becvar, 1996).

Keeney (1982) states that cybernetics is principally concerned with changing our conceptual lens from substance to form, instead of parts to wholes. Cybernetics examines in its world both parts and wholes in terms of their patterns of organisation. The criteria of distinction used by the cybernetician centres on whether one is immersed in a descriptive universe that utilises metaphors of matter, force and energy, or one based on metaphors of pattern, form, information and organisation (Keeney, 1982).

3.3.3 Cybernetics of cybernetics (second order cybernetics)

Second order cybernetics, or deviation-amplifying mutual causal processes as it is sometimes called, suggests that there are two possible cybernetic feedback types. The negative feedback type (morphostasis) introduced in first order cybernetics (or simple cybernetics) accounts for stability, while positive feedback (morphogenesis) leads to change in a system and is introduced in second order cybernetics.

In second order cybernetics, or cybernetics of cybernetics, the therapist is no longer only an outside observer. We move into a larger context where observers are included in the system that they are observing (Becvar & Becvar, 1996). According to Anderson (1997), observers influence and interpret that which they study. The distinction is no longer out there but in the observers themselves. The observers now form part of the system that they are observing. Simple cybernetics may be described as an observer-independent system. However, second order cybernetics describes an observer-dependent system (Anderson, 1997).

3.3.4 Diagnosis

According to Reber and Reber (2001), a diagnosis is the identification of a disease, disorder, syndrome or condition. In making a diagnosis the central concern is the classification or categorisation of individuals. In recent years psychology has shifted from identifying and labelling a presumed underlying ‘disease’ or ‘mental illness’ to a more objective characterisation of the displayed symptoms (Reber & Reber, 2001).

3.3.5 Ecosystemic or ecological systems approach

The ecosystemic or ecological systems approach is an operational style that describes a way of thinking and theorising. At the level of theory the ecological model allows for the use of a variety of theoretical models which have to do with interactional processes and information exchange (Auerswald, 1985). Clarifying and emphasising the interfaces between the systems leads to interactional processes and information exchange. According to Auerswald (1985), at an operational level, the ecological systems approach designs the strategies of evolution and exchange more clearly. These strategies of evolution and change allow for the development of a whole new technology in the production of change.

According to Fourie (1998), “the term ecosystemic approach combines the focus on systems and on ecology and emphasises the complicated interlinked and ever-changing networks of ideas and meanings within and between systems” (p.17).

3.3.6 Epistemology

According to Rohmann (2000), epistemology is the study of knowledge. It is also one of the five classical fields of philosophical enquiry. According to Reber and Reber (2001), “epistemology is the branch of philosophy that is concerned with the origins, nature, methods and limits of human knowledge” (p. 246). Rohmann (2000) adds that

Epistemology asks the questions What is knowledge? How do we obtain it? How can we verify it? What are its limits? What is the relationship between the knower and the known? (Knowledge in this sense is assumed to be knowledge of what is *true*, but the nature of what is TRUTH itself is for the most part considered more the province of logic and metaphysics than of epistemology) (p.118).

3.3.7 Knowledge

According to Reber and Reber (2001), knowledge is

collectively, the body of information possessed by a person or, by extension, by a group of persons or a culture. Those mental components that result from any and all processes, be they innately given or experientially acquired. The term is used in both senses here with the clear implication that knowledge is deep or profound and that it is more than simply a compendium of dispositions to respond or a collection of conditioned responses (pp. 380-381).

3.3.8 Paradigm

According to De Vos, Schurink and Strydom (1998), the term “paradigm” originated in linguistics. In linguistics it means the various forms a word can take in some languages. Most dictionaries define the word as an “example of pattern.”

In the human sciences the term finds its origin in the book *The structure of scientific revolution* by Thomas Kuhn (1970). Kuhn uses this concept to refer to the nature, growth and development of the sciences – specifically the natural sciences (De Vos et al., 1998).

According to Reber and Reber (2001), a paradigm is an orientation to or plan for research using a particular focus.

Auerswald (1987) used the word paradigm in his work on the ecological systems paradigm. He defines the term “paradigm” in the following way: “to denote a set of

rules, used by a specific group, to define a sub-unit of a universal reality” (Auerswald, 1987, p. 321).

3.4 THE ECOSYSTEMIC PARADIGM

Keeney (1979) introduced an alternative paradigm which is based on cybernetics, ecology and systems theory. He termed this paradigm an “ecosystemic epistemology.” He suggests that the focus of diagnosis must be on knowing the problematic situation in an ecological and systemic way. According to Auerswald (1985), epistemology is “the study or a theory of the nature and grounds of knowledge” (p.1). He also refers to it as “a set of immanent rules used in thought by large groups of people to define reality” (Auerswald, 1985, p.1). Ecosystemic epistemology is the ecosystemic approach in the study of systems. An ecosystemic approach is followed in order to gain knowledge about a system to enable the therapist to make a diagnosis based on ecology, cybernetics and systems theory. According to Keeney (1979), the epistemology that the therapist follows leads to the particular way in which the therapist arranges the observed data and makes the diagnosis.

In ecosystemic epistemology a “system” is defined as a cybernetic network that processes information. In the therapeutic situation the therapist and client(s) form a therapeutic system. In such a system the cybernetic network refers to the context of complexly intertwined human relationships in which the relevant information that is processed includes symptomatic and therapeutic communications (Keeney, 1979). Thando and I had a complex intertwined relationship because we shared symptomatic and therapeutic conversations. The symptomatic conversations revolved around aspects such as her dyslexia and issues that stemmed from her diagnosed dyslexia, such as her fear of being judged or called stupid. She also expressed the need to be accepted as normal. We would then enter into therapeutic communications to address the mentioned issues.

Keeney (1979) refers to the therapeutic system as an ecological relationship system. According to the ecosystemic paradigm, the symptoms are inextricably part of the

relationship system in such a way that the site and nature of the symptom manifestation may shift. Thando and I had an ecological relationship system. As co-therapists Thando and I focused in each session on the symptoms she wished to discuss. Without our consciously knowing and recognising it, this brought about change in the manifestation of the symptom. Thando can now tell people about her dyslexia and she is also more confident. For instance, she states the following: *“I feel at peace with myself. I have come to terms with me being dyslexic.”*

Symptoms should be viewed as relationship metaphors, in other words, as communication about relationships. This implies that the therapist must look for the communicative function of symptoms in the ecological relationship system. The goal of therapy is thus to change the ecological relationship system so that the metaphors of relationship also change. The therapist must see the symptom as part of a relationship system rather than as being exclusively located in one individual (Keeney, 1979). It was clear from the start of our therapeutic relationship that Thando’s symptoms were part of a number of relationship systems and not only located within her. Thando’s fear of being judged and called stupid manifested through years of being in relationships with strangers, friends and family members who judged her and called her stupid. This created a strong need in her to be accepted as a normal person. At one stage she said: *“Once you tell somebody you are dyslexic they treat you different and they shouldn’t do that, it’s not nice. I don’t want to be treated different.”*

The therapist should diagnose and treat the relationship network instead of focusing exclusively on any isolated part of the system (Keeney, 1979). The focus of the therapeutic relationship was thus to be sensitive towards the relationship networks involved in Thando’s presenting complaint of dyslexia rather than to focus on isolated parts. Thando’s fear of being judged and called stupid manifested through years of destructive relationship networks that taught her to believe that she was not normal.

According to the ecosystemic paradigm, the therapist is part of the system he or she is diagnosing and treating (Keeney, 1979). In my and Thando’s case, I was no longer an

outsider but an insider who was constantly influencing the relationship system. Thando and I created a therapeutic system in which the problems were mutually defined by Thando and me as languaged between the two of us (we diagnosed these to be her schoolwork and problems related to the diagnosed dyslexia).

The self of the therapist, as well as the way that therapists diagnose, affect the system they are treating (Keeney, 1979). I was aware of this aspect in therapy and therefore asked Thando to work with me in therapy. Thando made the following comment: *“It’s a two-way street. I would bring something to therapy and you would say okay what are we doing today and I would give you the work and you would say let us start. It was us and we because we are a team.”*

Keeney (1979) states that the simultaneous interaction between the therapist and identified client (as well as all the other parts of the therapeutic situation) characterises a whole system. He adds that, in order for the therapist to diagnose and do therapy, the whole system must include the therapist, identified patient, symptom and other components of the problematic situation in mutual simultaneous interaction. Our system included Thando (the client) (in line with Auerswald, 1987, I like to call her my co-therapist), myself (Ilze, the therapist), Thando’s diagnosed dyslexia as well as problems related to the diagnosed dyslexia, Thando’s school work, matric exams and other relationship systems that included her mother, friends, family members and schoolteachers. These relationship systems were all in mutual simultaneous interaction with one another.

The way in which one interacts and becomes part of the system will determine whether change will occur or not (Keeney, 1979). That is why I entered our therapeutic relationship by naming Thando my co-therapist. If I had entered the relationship as a therapist who “knows” about dyslexia and treated Thando as a typical case, her experience might have been similar to her experience with her previous therapist. Thando commented on a previous therapeutic relationship that she had with a therapist in Namibia by saying the following: *“Our relationship was quite unusual because I would*

say something and you would respond, it was something unusual, because the first therapist I went to he just wrote down, no comment and I will ask him something and he will go mmmhh and mmmhh is not an answer.” I believe that this was the foundation for what we accomplished in therapy.

In cybernetics of cybernetics the therapist is no longer only an outside observer. The therapist and client move into a larger context where the observer is included in the system that he or she is observing (Becvar & Becvar, 1996). I was not an outside observer in Thando's world but existed in the therapeutic relationship with her. I was there to share her feelings and experiences. I had to be included into the system to make adequate observations of all the relationship systems in order to facilitate change. Thando commented on our therapeutic relationship with the following words: *“You treated it like teamwork”*.

According to Anderson (1997), observers influence and interpret that which they study. I wanted to influence and interpret what Thando brought to the therapeutic system. I wanted to know how she understands her diagnosed dyslexia and use this to influence her understanding and guide her to different interpretations of her diagnosed dyslexia and her experience thereof.

In cybernetics of cybernetics the focus is on an observer-dependent system. Cybernetics of cybernetics has moved from a focus on observed systems to one on observing systems. The observer became a part of the system that I observed. The distinction is no longer out there but in the observer (Anderson, 1997).

The distinction is no longer between the system in the context of its relationship with outside systems but in the relationship system (Keeney, 1982). This relationship system included Thando and myself. It was therefore important that I be aware of the influence I had on the relationship as well as how I interpreted what Thando brought to the therapy sessions. I usually discussed my interpretations of what she said with her in order to make sure that my interpretation(s) were correct. The distinction I made was to shift

roles. Thando was no longer the client and Ilze the therapist. Thando was my co-therapist. Another distinction was not to focus on the dyslexia only but to find other ways in which we can language about dyslexia. According to Anderson and Goolishian (1988), the people who are in a problem context “dialogue” or “language” about what they call a problem. These people also comprise the social system that is the target of treatment.

According to Keeney (1982), the therapist is a participator in the construction of a world of experience. I participated as the therapist in constructing Thando’s old world of experiences with her diagnosed dyslexia. The aim of this was to move on to create a new, positive world of experiences that would include Thando’s diagnosed dyslexia. Thando indicated that she is more confident now and that she wants to tell other people about her dyslexia to make a difference in their lives. At one stage Thando said the following: *“You have changed me, you really made me positive and that is unusual. I know that there is a difference.”*

Seeing the therapy as a participatory universe suggests that ethics, and not objectivity, is the foundation of therapy (Keeney, 1982). For me, therapy was a participatory universe that would not have been possible without Thando as my co-therapist. I strived at all times during our therapeutic relationship to treat her with respect and dignity in order to uphold the ethical foundation of our therapeutic relationship.

3.5 AUERSWALD’S CONCEPT OF THE ECOLOGICAL DETECTIVE

Auerswald (1987) works within an ecological systems paradigm. It is from this perspective that he has developed the concept of a non-blaming ecological detective.

Auerswald (1987) describes the ecological systems paradigm as follows:

It is an epistemology, a new system of thought rules used to define universal reality. It is sufficiently developed to make it useable in the design of community – based health and human service delivery systems. More than that

it is sufficiently developed to be used as a basis for the solutions of even larger human problems (p. 329).

Auerswald (1987) experimented with the ways in which clients respond when they are in distress. He was looking for ways that would be congruent with the new epistemology and that could provide a unifying context for the use of the variety of techniques that are available. He advocates casting the therapist (or as he puts it, the co-therapist(s), because the presence of two thinkers and actors is synergistic) in the initial role of the non-blaming ecological detective.

The initial task of the therapist in this context is to look for the event shape in time space. Such an exploration includes the situation that led to the client's distress call (Auerswald, 1987). The events that initially lead to Thando's distress call were her matric exams. Thando had to apply for an amanuensis grant in order to be granted an oral matric examination. In order to get the grant Thando had to be assessed to confirm that the previous diagnosis of dyslexia was indeed correct. During the assessment procedures I identified other event shapes in time space that were causing her distress. After all these events had taken place and Thando was awarded the amanuensis grant we could start to address the other events. Other event shapes in time space included her fear of being judged and called stupid by friends, family members and strangers. She also doubted her own abilities and had low self-confidence and self-esteem. Thando made the following comments: *"It's not something you tell everybody, some people don't understand and where do you start explaining, so they think once you have the dyslexia you are stupid you can't read you can't do anything". "I think it is easier to talk to a stranger than to talk to a person that you know, because the person you know you have to see them every day and it is not nice to be judged"*.

The events that contributed to the shape of the client's problem will be found outside the constricted time space of the office of the therapist (Auerswald, 1985). The events that contributed to the shape of Thando's distress call and the problems that related to her diagnosed dyslexia were found with her father who judged her and called her stupid, her

mother's sisters who called her the stupid one and strangers who judged her when they learned of her diagnosed dyslexia.

After the event shapes in time space have been identified the therapist can start to construct a plan of action. In this plan the therapist attempts to alter the evolution of the event shape by adding a therapeutic event (or events) for the purpose of alleviating the distress (Auerswald, 1987). My therapeutic plan with Thando was to alleviate her distress call by offering to help her with her schoolwork, tests and exams in order for her to pass her matric.

Every event shape is different and the kind of techniques that therapists use in their exploratory process and in the plan of action depends on a combination of the nature of event shapes and what techniques the therapist is comfortable with (Auerswald, 1987). Thando and I created the techniques we used together. She needed help with her schoolwork in order to pass matric. In the beginning I used to read the work to her and we would make notes and keywords for her to take home and study. Later on we realised that this method is not as effective as we hoped it would be. We then started using a tape recorder. I would read her schoolwork on the tape recorder and she would then take the recorded work home and study it. This worked perfectly as Thando started passing her tests and exams. The therapeutic aspects of our relationship were created around her schoolwork and the events she and I decided to discuss together.

The aim of this approach is to transform the client's system as an ecosystem and not to produce linear change within the system (Auerswald, 1985). In Thando's case linear change would have taken place if we had focused on changing her. Changing her might have entailed focusing on her ability to read and write instead of using a tape recorder and having her take her exams orally. Instead of doing this we changed the system by applying for the amanuensis grant so that she could take her tests and exams orally and by using non-conventional ways to study her schoolwork. The focus of change was thus not the individual Thando, but the systems (schoolwork) involved in her life.

In an ecosystemic intervention the therapist explores the event shapes in time space (Auerswald, 1985). Auerswald (1985) calls this approach doing detective work in order to “see” the event shape which would then help the therapist to “see” the solution. Today, looking back on a year of hard work, I realise that I did detective work with Thando in order to “see” the event shape which then helped me to “see” the solution. I now realise that without the (unintentional) detective work I would not have seen the event shapes which suggested the solution. Thando had the following to say about my detective work: *“At first we started off very rocky because I was a bit traumatised. I had sleepless nights but then later on I started to feel better it is nice to talk to somebody about it. I had sleepless nights about what we had discussed because you were bringing up the old wounds that I buried you were like taking them out and what I did was when something happened to me, anything I did not want was to swallow it and put it behind me and move forward, but you were like digging it out.”*

The basic premise of the ecosystemic epistemology is that the therapist situate the behaviour into the surrounding contextual time space (Auerswald, 1985). I now realise that I worked, in therapy, towards finding the contextual time space that caused Thando not to trust people and to fear that they would call her stupid and judge her.

3.6 THE FOUNDATIONAL PREMISES OF THERAPY

Anderson and Goolishian (1988) introduced the following premises in order to answer questions like: what is therapy? What are the goals of therapy? How is the target of treatment identified? What is change? What is the role of the therapist? They see human systems as language and meaning generating systems. Communication and discourse define a social organisation. In other words, a sociocultural system is the product of social communication instead of communication being a product of organisation. Any human system is a linguistic or communicative system. This includes the therapeutic system (Anderson & Goolishian, 1988). According to Anderson and Goolishian (1988), therapy is a linguistic activity where the therapist and client are in conversation about a problem in order to develop new meaning and understanding. The goal of therapy is to

participate in conversations that continually loosen and open up, instead of constrict and close down. In the therapeutic conversation fixed meanings and behaviours (the sense people make of things and their actions) are broadened, shifted, given room and changed. No other outcome is required (Anderson & Goolishian, 1988).

The therapist and client construct meaning and understanding socially and inter-subjectively. Inter-subjective understanding means that two or more people agree (or understand) that they are experiencing the same event in the same way. Meaning and understanding is thus involved in an inter-subjective experience. The therapist and client must, however, understand that any agreement is fragile and continually open to renegotiation and dispute. They will only arrive at any form of meaning or understanding when they have reached communicative action. This implies that they engage in some meaning-generating discourse or dialogue within a system for which the communication has relevance (Anderson & Goolishian, 1988).

A therapy system is a system that is distinguished by the “problem” instead of a social structure that distinguishes “the problem” (Anderson & Goolishian, 1988). Our system was distinguished by the diagnosed dyslexia that was the “problem”, as well as by problems that could directly be related to the diagnosed dyslexia. Problems that could directly be related to the diagnosed dyslexia were her distress call to write her matric exams as well as problems that stemmed from her diagnosed dyslexia such as being judged, called stupid and treated differently by strangers and people familiar to her.

A therapeutic system is thus a problem-organising, problem-dissolving system (Anderson & Goolishian, 1988). The aim of our therapeutic system was to organise the problems in order to function as a problem-dissolving system. We first organised our problem into ways of how we were going to approach her schoolwork and matric exams and then gradually moved on to dissolving the problem. Organising the problem did not happen immediately but occurred over time as we started using more effective techniques, like the tape recorder, to assist us in dissolving the problem.

Therapy is a linguistic event that takes place in a therapeutic conversation. In a therapeutic conversation both the therapist and the client search for and explore meaning and ideas through dialogue (Anderson & Goolishian, 1988). Thando and I actively searched for meaning and a better understanding of her problem through ongoing dialogues. In line with Anderson and Goolishian's (1988) goal for such dialogues, our conversations aimed to facilitate the dissolving of the problem.

Change in a therapeutic relationship is the evolution of new meaning through dialogue (Anderson & Goolishian, 1988). The following statement by Thando explains the new meaning that evolved in our relationship: *"I've learnt a lot from you. First when I started out, I don't know I never used to smile, and I wasn't really happy and it took me hours to sleep."* New meaning evolved with regards to Thando's view of her diagnosed dyslexia, as is evident in the following statements: *"I also saw that, it doesn't mean that I am dyslexic that I should let people walk all over me. So that I have to feel embarrassed that I have dyslexia". "I feel at peace with myself. I have come to terms with me being dyslexic."*

The therapist takes up the role of a master conversational artist, or an architect of dialogue. The role of the therapist is to be a participant-observer and a participant-manager of a therapeutic conversation. When a therapist and client dialogue about a problem, it allows for the client to "control" what is discussed and what not (Anderson & Goolishian, 1988).

I always allowed Thando to control what is discussed in the therapy session and what not. She could at any time during the sessions decide what she wanted to discuss. I thus gave her the freedom to decide what will happen where and when in the sessions.

As the conversational artist the therapist creates the space in which clients can feel comfortable to dialogue about their problems (Anderson & Goolishian, 1988). At one stage I asked Thando if our relationship was sacred to her and if she felt comfortable in our relationship. She said the following: *"Can you see I'm comfortable because now I*

can ask you about it, see.” “I love it because I am comfortable here, then I know I feel safe here.”

In the conversational space, the problem is organised in such a way that it may dissolve. Although the client “controls” what is brought to the therapy sessions, the therapist as the participant-observer and participant-manager is also acknowledged, as the influence of the therapist on a therapeutic relationship can never be ignored (Anderson & Goolishian, 1988). I was always aware of my influence on the therapeutic relationship. I remember an incident when there was a misunderstanding between Thando, myself and her headmaster. The misunderstanding had a big influence on the trust between Thando and me. Fortunately we cleared up the misunderstanding and I could regain the trust that was lost. This made me realise what a profound influence I really had on our therapeutic relationship.

Thando made the following comment about her “control” in the therapeutic relationship: *“Ja, I felt that I had the control, not really, not with you I don’t feel that I had to control something because I told you to me it was teamwork, you know we are a team.”*

3.7 THERAPY SYSTEMS AS PROBLEM-ORGANISING, PROBLEM DISSOLVING SYSTEMS

The systems that family therapists treat are those who share a context, constructed in language, about the problem. These systems can be smaller or larger than a family or may even consist of relative strangers. The target of treatment is thus the social system comprised of the people who “dialogue” or “language” about what they call a problem (Anderson & Goolishian, 1988).

When they are languaging within the domain of the problem it is the specific problem that distinguishes the system. The system does not distinguish the problem (Anderson & Goolishian, 1988). Our relationship system was thus distinguished by the specific problems that Thando brought to the therapy session. Our relationship system was

distinguished as one in which we focused on her schoolwork and matric exams as well as problems such as her fear of being judged or called stupid that related directly to her diagnosed dyslexia. In our case we can say that the problems formed, generated and distinguished our therapeutic relationship. The problems chose us to language about them; we did not choose them. In other words, systems do not make problems but languaging about problems in a specific way creates the system(s). Such defined systems are referred to as problem-determined systems. In dialogue new meaning is constantly evolving and no “problem” will exist forever. Within time all problems will dissolve. In these systems clients are afforded the opportunity to organise the problem in a way that best suits them. Through the languaging process the organised problem can now be dissolved. It creates the surety for clients that their “problem” will not exist forever but will be dissolved in good time through languaging (Anderson & Goolishian, 1988). There are still many problems related to Thando’s diagnosed dyslexia that need to be discussed. Although I would have wanted to dissolve all of these problems by languaging about them I know that it is not possible. This is due to external factors such as family members and strangers that are negative and discouraging. This may be the result of a lack of knowledge about dyslexia and an inability to accept people for who they are. Such factors also play a role in the success of problem-dissolving relationship systems.

One of the problems that Thando still wants us to discuss is what she calls her “Thando mode”. “Thando mode” is when she gets aggressive and outraged at the men in her life. This seems to stem from a relationship of rejection and denial from her father. Thando expresses the need to work on her “Thando mode” with the following words: *“Like we said we are going to work on Thando mode, if we can work on Thando mode then I have had some progress. I think I’m taking everything I have and I am taking it bottled up and that in Thando mode, I take it out on the wrong person.”*

3.8 GENERAL AND INTERRELATED ELEMENTS CENTRAL TO A THERAPEUTIC CONVERSATION

The therapist must keep his or her enquiry within the parameters of the problem as it is described by the client (Anderson & Goolishian, 1988). In the therapeutic relationship with Thando I tried to keep my enquiries within the parameters of the problem as she described it. I knew from the start that she did not trust people. I therefore focused my attention on how she described the problem in order not to make her uncomfortable or betray her trust.

This position can expand to options for generating new meaning. These new meanings must be created in such a way that it respects all members of the problem-organising system – this includes the therapist. The therapist must be able to entertain contradictory and multiple ideas simultaneously. Respect and enthusiasm should be demonstrated in all ideas presented in the therapeutic relationship. This implies that the therapist does not judge the “rightness” or “wrongness” of any of the participant’s views (Anderson & Goolishian, 1988). I asked Thando the following: “*Do you feel that there is unconditional acceptance from my side?*” Her answer was: “*Yes.*”

The therapist must use cooperative rather than uncooperative language. This means that the therapist must take everything the client says seriously, no matter how shocking or astonishing it might be (Anderson & Goolishian, 1988). I had to take everything Thando said seriously in order to maintain her trust in me. Trust is a big problem for Thando. For the therapeutic relationship to be successful, Thando thus had to experience that I regard what she says as serious.

To understand the client, the therapist learns, understand and converse in the client’s language. The language is the metaphor for the client’s experience. The words, language and meaning generated by clients indicate what is going on in their life (Anderson & Goolishian, 1988). The therapist must never try to understand too quickly, as this lessens the opportunity for dialogue and leads to more opportunity for misunderstanding. The

therapist should ask questions in such a way that the answers may lead to new questions. Questions are the tools of the therapist in a therapeutic conversation. The reason why the therapist uses questions is to maximise the production of new information. It is the responsibility of the therapist to create a conversational context that allows for mutual collaboration in the problem-defining process (Anderson & Goolishian, 1988).

In addition, therapists must maintain a dialogical conversation with themselves (Anderson & Goolishian, 1988). I kept a reflective journal as well as process notes throughout my therapy with Thando. In the journal I kept notes of my own feelings and experience of the process. I also kept a journal during the interview sessions with Thando for the purposes of this study. It is interesting how my experience of the two processes differ in the two sets of notes. The journal serves as a pointer for me as to how therapy (in other words the interaction with the client) has influenced my own life and views on life.

3.9 THE COLLABORATIVE APPROACH

Anderson (1997) developed the collaborative systems approach. Today it is simply called the collaborative approach. These terms refer to her conceptualisation of therapy as “a language system and a linguistic event in which people are engaged in a collaborative relationship and conversation – a mutual endeavour towards possibility” (Anderson, 1997, p.2). The collaborative therapist-client relationship is less hierarchical, authoritative and dualistic and more horizontal, democratic and egalitarian than more traditional approaches to therapy.

The collaborative therapy system is like a conversational partnership in which the therapist and client mutually define membership, determine boundaries and select the target of treatment (Anderson, 1997). The membership of our collaborative therapy system was mutually defined by Thando and me. We were the main members with people like her mother, friends, family members and schoolteachers entering the system when it was necessary and useful in the therapy process. Determining the boundaries and

our closeness in the therapy sessions was very important to Thando. The closeness that was created within the therapeutic relationship was comfortable for Thando. Late in our therapeutic relationship I realised that Thando and I were starting to move closer to one another. I asked the following question to make sure that she was comfortable with the closeness between us because I didn't want to overstep any boundaries. *"You and I did get closer, is our closeness at a stage where it is comfortable for you?"* She replied with the following words: *"Ja, it is, we are comfortable. We are close in a way that I tell you everything about me but it is nice like that."*

The targets of treatment were initially identified by me during the assessment session. I discussed the targets of treatment with Thando and we agreed on what we should start working on first. The targets of treatment were so intertwined with one another that work on the one automatically lead to working with the others.

In a collaborative system the participants are aware of who is in relevant conversation with whom about the problem outside the therapy room. The client decides what is germane to the therapy conversation and who should be included. The therapist must respect this (Anderson, 1997). I was aware of who Thando conversed with about the problem outside the therapy room. She was also aware of the fact that I was an intern psychologist at a training facility which obliged me to discuss my therapy clients with one or both of my supervisors. I always told Thando when I was going to discuss our therapy session(s) with one of my supervisors so that we could speak about what I was going to discuss with my supervisors beforehand. My aim with this was to ensure that Thando's trust in me was never betrayed.

The therapist and client decide, collaboratively session by session and conversation by conversation, who should be involved in sessions, when they should be involved and what they are going to talk about (Anderson, 1997). According to Anderson (1997), this encourages the client's cooperation in the sessions because the therapist is not a dictator who decides on behalf of the client what is happening in therapy but a negotiator who allows the client to co-decide how the therapy should be structured and conducted.

Thando and I always decided together who should be involved in the sessions, when they should be involved and what we would talk about. The sessions that were used for her schoolwork were sometimes shared by her schoolteacher and mother. When we languaged about the other targets of treatment only the two of us were involved. However, other people like her father, friends and other family members were mentioned as we languaged about the problems.

I believed that I should be a negotiator and not a dictator to ensure that the therapeutic relationship remained a comfortable and safe space for Thando. This had a tremendous influence on the success of the therapy as well as Thando's experience of therapy both then and in future. At one stage I asked Thando the following question: *“What in our relationship made you realise that you are actually accepted and it's fun for me to be with you as well?”* She answered by saying: *“I don't know, I can see it, you are always pleasant and say it is good to be here. You showed you care, you are not selfish, you show that you care and what you do you do it with love, not because it's a job or you have to do it, but you are doing it because you love doing what you're doing.”*

3.10 THE “NOT-KNOWING” APPROACH

The concept of a not-knowing stance in a therapeutic relationship differs from previous understandings. A not-knowing position requires that our understandings, explanations and interpretations in therapy not be limited by prior experiences or any previously formed theoretical truths and knowledge. In a not-knowing stance, the therapist's actions communicate an abundant, genuine curiosity. From a not-knowing stance therapists position themselves in such a way that they are always in a state of being informed by the client (Anderson & Goolishian, 1992).

The “not-knowing” approach is encapsulated in the following statement by Harry Goolishian (cited in Winderman, 1989):

In the therapy room I am a learner. I adopt a “puzzling” position. This flips the position of the client and the therapist. The client is now the knower, and the therapist is the not-knower. It is not just the therapist trying to understand the client, collecting information and data and placing it on some kind of cognitive map in a unilateral way. Rather, it is a mutual search in which client and therapist puzzle together in search for understanding, to develop a story that has not been told before. (p.12)

When I entered therapy with Thando I was in the fortunate position of not knowing anything about dyslexia, and I had never before worked with people who have been diagnosed with dyslexia. This rendered me the opportunity to approach the therapy with a not-knowing stance which allowed for an abundant genuine curiosity on my side. I was always taught and informed by Thando. I also positioned the therapy to be just that. My position was that I did not know, but she did and I could be taught by her through my abundant curiosity of her experience of her diagnosed dyslexia.

I was honest with Thando in admitting that I did not know anything about dyslexia and therefore needed her to teach me and guide me along our therapeutic journey. I asked Thando the following question: “*Was I open to also learn from you?*” She answered my question in the following manner: “*Ja, you were always willing to learn. Like the first time we started recording, it was nice that you were honest when you said ‘to be honest I know nothing about it’ you did not pretend you know something when you did not. The way that you treated me when we started reading. You asked me how you should read to me and you pulled up my chair next to you and showed me where to follow you as you were showing me where you were reading with the pencil. This made me trust you more, the more I thought of you the more I opened up and I trusted you even more and then I felt relaxed.*”

3.11 FOCUSING ON DYSLEXIA

3.11.1 Definition: What is dyslexia?

This section provides the reader with an idea of how dyslexia is viewed in the literature.

Dyslexia causes difficulties with reading, writing and spelling. Short-term memory, mathematics, concentration, personal organisation and sequencing may also be affected. Dyslexia usually arises from a weakness in the processing of language-based information. Biological in origin, it tends to run in families, but environmental factors also contribute. Dyslexia can occur at any level of intellectual ability. It is not the result of poor motivation, emotional disturbance, sensory impairment or lack of opportunities, but it may occur alongside all of these. The effects of dyslexia can be largely overcome by skilled specialist teaching and the use of compensatory strategies (The Dyslexia Institute, 2002).

Although the above information may be relevant to the treatment of dyslexia, I did not focus on these criteria when I was working with Thando. Although we acknowledged that these criteria exist and that Thando's diagnosis of dyslexia was made according to these criteria, the focus of our therapeutic relationship was to explore Thando's unique experience of the effects of her diagnosed dyslexia.

3.11.2 Dyslexia: A view from the literature

The literature that I studied on dyslexia to better my understanding of this condition is based on research from overseas countries like the United Kingdom and The United States of America. In South Africa there is a paucity of literature on dyslexia. I contacted the Centre for Dyslexia in Pretoria to see if they could provide me with any information on dyslexia. However, since they focus on assisting young children diagnosed with dyslexia, they could offer little guidance for adults living with the diagnosis.

A literature search revealed a vast number of studies conducted on children diagnosed with dyslexia in England and the United States. The focus of these works is mainly on how to diagnose dyslexia through the administration of certain tests (e.g. Edwards, 1994; Jordan, 1996; Miles & Miles, 1999). Some research focus on the stressors and difficulties faced by people who have been diagnosed with dyslexia (e.g. Cronin, 1997; Jordan, 1996; Ryden, 1997;). Their main focus is, however, on school-aged children, although some sources provide information on adults diagnosed with dyslexia (Cronin, 1997; Jordan, 1996). For example, Cronin (1997) provides information on survival skills, helpful hints and learning styles for the adult dyslexic. Jordan (1996) provides information on how to overcome failure and develop self-confidence. He generalises his findings to both adults and children. These books also provide strategies of how to overcome dyslexia and focus on well-known people like Einstein and Edison who also had dyslexia to prove to the reader that it is possible to rise above the condition (Jordan, 1996).

Miles and Miles (1999) focus on counselling people with dyslexia. They report that counselling is available from many different sources; however, this is a British source and this situation does not hold true for many South African contexts. If we consider the lack of information available on dyslexia in the South African context we can conclude that there are few adequate counselling techniques available for South African counsellors working with adults diagnosed with dyslexia.

Miles and Miles (1999) also state that counsellors of people with dyslexia should have appropriate experience of dyslexia. However, my experience of my therapy with Thando suggests that a lack of knowledge and experience with dyslexia may indeed be an advantage in a therapeutic relationship.

3.11.3 From diagnosed dyslexia to a personal experience of dyslexia

In Thando's previous encounters with therapists she was always seen and treated as the person diagnosed with dyslexia. She was thus labelled as the dyslexic person. It is thus possible that the therapists missed the unique person behind the diagnosis of dyslexia. My aim in our therapeutic relationship was to steer away from scientifically researched explanations (Jordan, 1996; Miles & Miles, 1999; Edwards, 1994). Rather, I focused on and was curious about her personal experience of her dyslexia over the past 21 years.

3.11.4 Why did we do it differently?

Thando and I approached the therapy differently because we did not rely on any previous studies or scientific knowledge of dyslexia. We relied on one another for guidance and we worked together as a team. We did not focus exclusively on Thando's dyslexia. We decided to find ways in which Thando can reach her goals and dreams, namely to write matric without the dyslexia preventing her from doing so. We boldly, without giving it any thought, challenged the school system and succeeded. We believed in one another and trusted one another. Both of us gave one hundred percent of ourselves. We encouraged one another and we believed in what we were doing. We supported one another and did what worked for us at any given moment. We shared the same dream and goal, namely to prove that a person with dyslexia can accomplish anything. Thando and I did not work against one another but next to one another in order to succeed. This is what made the difference.

These differences challenged us in the end to write Thando's story of her unique experience of her diagnosed dyslexia. This is her story with no influence from previously conducted studies to prove that her experience is valid. Her experience is valid on its own and in its uniqueness.

CHAPTER 4

RESEARCH DESIGN AND RESEARCH PROCESS

4.1 INTRODUCTION

In this chapter the research design will be discussed in detail. Qualitative research with special reference to data analysis methods as well as data analysis strategies will be discussed. The structure of the research process will also be provided.

4.2 PURPOSE OF THE RESEARCH

The purpose of this study is to describe and investigate the events that took place in a therapeutic relationship that facilitated change in one client's presenting complaint of dyslexia. The data were gathered through five unstructured interviews with Thando and through the use of incomplete sentence tests prior to and following the therapeutic intervention. I am asking this research question because it is important for Thando and me to know whether our hard work of the past year helped to bring about change in her presenting complaint of dyslexia. Thando and I decided to do the research because we are positive that change did take place and we would like to share it with the reader.

4.3 RESEARCH PARADIGM

Schurink (1998, p. 240) describes a paradigm as “a set of beliefs that constitutes the researcher's ontology, epistemology and methodology.” According to Schurink (1998), ontology gives an indication of the researcher's perceptions of the nature of the reality that needs to be studied while epistemology describes the researcher's perception of where he or she stands in relation to the reality of the world. Methodology is the science which guides the researcher to the reality of the world.

The values and perceptions that people form must be taken into consideration in our search for knowledge (Anderson & Arsenault, 1998). I had to take Thando's values and perception of her diagnosed dyslexia into consideration in order to gain knowledge of how she understands her dyslexia. My knowledge of her dyslexia was thus gained through our discussions of her perception of her dyslexia.

The participants' reality is presented through their own perspectives and scientific methods, and these give a small indication of the truth as seen by the participants (Henning, 2004). In the research process I wanted Thando to share how intensely real and true her dyslexia is for her. I thus wanted to share her truthful experience of her diagnosed dyslexia over the past 21 years.

Knowledge is constructed through descriptions of people's intentions, values, meaning-giving abilities and self-knowledge (Henning, 2004). Thando's knowledge of her dyslexia and the meaning that she ascribes to it is shared in this study to construct knowledge of her experience of dyslexia.

Researchers' search for knowledge is influenced by their own perspectives and subjectivity as well as the knowledge that they have gathered (Anderson & Arsenault, 1998). In qualitative research we focus on an individual's interpretation of reality (Anderson & Arsenault, 1998). In the research process I wanted to share Thando's interpretation of what her diagnosed dyslexia means for her.

A case study was used in this study as a qualitative research methodology. Methodology refers to the purpose and procedures that the researcher follows. This includes the methods that complement one another and which lead to results and data that reflect the research question and which fit the purpose of the study (Henning, 2004).

The fundamental assumption of the qualitative research paradigm is that a better understanding of the world can be gained through observation and conversation with

clients in their natural environment instead of experimental manipulation conducted in artificial conditions (Anderson & Arsenault, 1998). Denzin and Lincoln (1994) state that qualitative research can be defined as a multi-perspective approach (utilising different qualitative techniques and data collection methods) to social interaction with the aim to describe, make sense of and interpreting or reconstructing the interaction in terms of the meaning that the subject(s) attach to it (p. 2).

A better understanding of Thando's experience of her diagnosed dyslexia was gained through the conversations that I had with her and the observations that I made during the interview sessions and through our therapeutic relationship. If my approach was one where I used experiments and artificial settings we would not have been able to share Thando's unique experience of how she approached her schoolwork and how she sat for her matric exams.

According to Willig (2001) the qualitative researcher is concerned with meaning. This means that the researcher is interested in how people make sense of the world and how they experience events. In Thando's case I was interested in how she makes sense of her diagnosed dyslexia and how she experiences her world.

The researcher's aim is to understand what it is like to experience particular conditions and how people manage the situations that they find themselves in (Willig, 2001). The aim of this study is to describe how Thando experiences her dyslexia and how she has managed the situations that her dyslexia has created for her.

Qualitative researchers are concerned with the quality and texture of experience and not the identification of cause and effect relationships. They are interested in the meanings attributed to certain events by the research participants themselves (Willig, 2001). Thando will share how meaningful completing her matric exams was for her. We will also indicate how meaningful my help was in enabling her to write her matric.

Qualitative researchers study people in their own environment, within naturally occurring settings. These are called “open systems” where conditions continuously develop and interact with one another to give rise to a process of ongoing change. My research for the study took me to the places and people (like her school, her house, her schoolteacher and mother) that contributed to the process of ongoing change that was taking place in Thando.

The participant and the researcher’s interpretation of the events themselves contribute to the process (Willig, 2001). The way in which Thando and I interpreted her schoolwork and studies contributed to the process of our therapeutic relationship.

Prediction of outcome is thus not a meaningful goal for qualitative researchers. They would rather ask questions about the process so that they can understand the process as it is experienced by the participant(s). Researchers in this paradigm refrain from making their own assumptions about the process (Willig, 2001). The goal of the interviews in this study was to understand the process as it was experienced by Thando. Making my own assumptions would mean that whatever emerged would not be a true reflection of Thando’s experience of our therapeutic relationship.

The following characteristics of qualitative research indicate why it is appropriate for me to research my involvement with Thando:

- Qualitative research is ideal for the process of discovery (Corsini, 2002; Mouton & Marais, 1999; Neuman, 1997).
- Qualitative research makes for enjoyable reading (Banister, Burman, Parker, Taylor & Tindall, 2001; Berg, 1998; Neuman, 1997).
- It contains rich descriptions, colourful detail and unusual characteristics (instead of a formal, neutral tone with statistics) (Neuman, 1997).
- Qualitative research projects are inherently multi-method in focus (Denzin & Lincoln, 2000).

- Depth and richness are obtained when multiple methodologies are combined with various empirical materials, perspectives and observers in a single study. This also makes for a more rigorous and complex study (Denzin & Lincoln, 2000).

The goal of the study was not to explain human behaviour in terms of universal laws or generalisations (Mouton cited in Schurink, 1998), but rather to engage the reader in a journey of how Thando's courage and willpower changed her life for the better.

The qualitative researcher is not only interested in the objective, measurable facts or events but also in the ways that participants give meaning to and interpret their own experience of events (Gerson & Horowitz, 2002). In this study my intent was to give Thando a voice. This was important due to her sense of never having had a voice at school, with her family members, father, strangers and previous therapists. Helping her to find her voice has enabled her to tell the reader how she experienced the therapeutic relationship and how the therapeutic relationship facilitated change in her life.

4.4 RESEARCH DESIGN

Mouton (2001) describes a research design as a plan or blueprint of how researchers plan to conduct their research. The research design gives structure to the procedure that they will follow, as well as the data that they will gather and the data analysis strategies to be used (Leedy & Ormrod, 2001).

A case study was used as a research design in this research project. Stake (2000) identifies three types of case studies: intrinsic, instrumental and collective case studies. For the purpose of this study we will focus on the intrinsic case study. According to Stake (2000), the intrinsic case study is undertaken because the researcher wants a better understanding of the particular case. The research is not undertaken because the case represents other cases or because it illustrates a particular trait or problem, but because in all its particularity and ordinariness the case itself is of interest (Stake, 2000).

I decided to use the intrinsic case study because it allows me the opportunity to give the reader a better understanding of Thando as a unique case. I am discussing her experience of her diagnosed dyslexia in a therapeutic relationship with me because her experience is of interest to me. I am interested in her and the changes that occurred in her during our therapeutic relationship and not in a particular trait or problem. Thando is thus my focus of interest in this study. As such, the selection of an intrinsic case study was deemed appropriate.

Within such a design, the researcher temporarily subordinates all other curiosities at least just temporarily so that the stories of those who are ‘living the case’ will be teased out (Stake, 2000). I willingly subordinated all other curiosities so that I could tease out Thando’s story in order to present a faithful version of her story to the reader.

The purpose of the case study is not to come to understand some abstract construct or generic phenomena. Neither is its purpose to build any theory – although the researcher might at other times be doing just that. The study is undertaken because of an intrinsic interest in the particular individual (Stake, 2000). I undertook this study because I not only had an interest in Thando but because I had a burning desire to share the wonderful life-changing experiences that she and I had in our therapeutic relationship.

The case researcher looks for both the common and the particular in the case. In Thando’s case the common experience is the diagnosis of dyslexia. What is particular in her case is her unique experience of her diagnosed dyslexia, her ability to complete her matric despite all odds, and the role played by our therapeutic relationship. The end result however, regularly portrays something of the uncommon (Stouffer cited in Stake, 2000) drawing from all of the following:

- The nature of the case
- The case’s historical background
- The physical setting
- Other contexts (e.g., economic, political, legal and aesthetic)

- Other cases through which this case is recognised
- Those informants through which the case can be known

The qualitative case researcher has the following major conceptual responsibilities:

- Bounding the case, conceptualising the object of study
- Selecting phenomena, themes, or issues – that is, the research questions – to emphasise
- Seeking patterns of data to develop the issues
- Triangulating key observations and base for interpretation
- Selecting alternative interpretations to pursue
- Developing assertions or generalisations about the case (Stake, 2000, p. 448)

The more the researcher has an intrinsic interest in the case, the more the focus of the study will be on the uniqueness of the case, the particular context of the case, the issues of the case and the story that is told through the case (Stake, 2000). This study is just that: it is a study of a unique case (namely, a person named Thando), in a particular context (the therapeutic relationship we shared) in which particular issues were addressed (like matric exams) in order to tell Thando's unique story.

Nisbet and Watts (1984) indicate the following advantages of case studies:

- The results are easily obtained and understood by both academic and non-academic groups of people, because it is written in non-professional language.
- It is understood immediately.
- The case study focuses on unique characteristics that can be lost in huge amounts of work. These unique characteristics lead to a better understanding of the situation.
- Case studies are realistic.
- It can lead to insight in other similar situations and cases, which makes the interpretation of similar situations easier.
- One researcher can undertake the research without using a team of researchers.

Case studies also have certain restrictions. Nisbet and Watts (1984) mention the following:

- The results are not always generalisable.
- Case studies are not open to cross-control which can lead to selectivity, biasness and subjectivity.

4.5 DATA COLLECTION METHOD

The following qualitative data collection methods were used.

4.5.1 Unstructured interviews with a schedule

Greef (2002) refers to unstructured interviews as a conversation with a purpose. The aim of the researcher is to understand the person's feelings and meanings which they ascribe to their experiences. During the interviews with Thando I aspired to understand Thando's unique experience of the change that occurred while she was in therapy.

Following De Vos (1998), the aim of the interviews was to actively experience the meaning and interpretation that Thando has ascribed to the therapeutic relationship in order to share it with the reader. The interviews were conducted at the Centre for Child and Adult Guidance and at Thando's home. Thando chose these two venues as she felt comfortable and safe in both environments.

I used a schedule during the interviews that consisted of questions from themes that I identified. Themes were identified beforehand and were discussed during the interviews. I also identified themes during the initial interviews which I then discussed with Thando during the interviews that followed. Themes that were identified were her fear of being judged and called stupid, as well as themes such as teamwork, commitment, control and confidence. The purpose of this was to make sure that the questions correlated with the gathered data in order to answer the research question. The purpose of the schedule is to

make sure that all the relevant and important areas are covered during the interviews (De Vos, 1998).

According to Schurink (1998), the advantages of the unstructured interview are that reality can be reconstructed from the point of view of the interviewee. In the unstructured interview the interviewer can obtain an “insider view” of the social phenomena. It also enables the interviewer to explore other avenues of research that might emerge from the interview. This form of interviewing also provides the interviewer with the opportunity to discuss socially and personally sensitive subjects (Schurink, 1998). I chose the unstructured interview because it allowed me to discuss Thando’s diagnosed dyslexia and the issues related to the diagnosis with her. It is a very sensitive subject for her on both a social and personal level. Because it is such a sensitive subject she does not usually discuss it. I thus feel honoured and privileged that she trusted me enough to share such a personal and sensitive subject with me. I used the unstructured interview because I wanted to access Thando’s unique experience of our therapeutic relationship. A set questionnaire might have provided or guided socially accepted answers.

Anderson and Arsenault (1998) believe that individuals are more involved in interviews than with questionnaires. Interviews enable the interviewer to obtain more complete information because the interviewer can ask for further explanations of answers if deemed necessary. The interview enables the researcher to observe participants’ nonverbal behaviour as well as the context in which the participants function (Anderson & Arsenault, 1998).

One disadvantage of unstructured interviews is that they are time consuming. A great deal of information is gathered in this way which can make the process of ordering and interpretation difficult (De Vos, 1998). Anderson and Arsenault (1998) indicate that it is difficult for the researcher to document responses especially when the researcher needs to make notes. This could lead to a loss of important information. They also point out that the validity and reliability of the information rests with the researcher. Different

researchers can encourage different responses especially when the questions and procedures are not standardised. The context in which the interviews take place can in itself be a disadvantage especially when the interviews are interrupted or if time limits are implemented (Anderson & Arsenault, 1998).

4.5.2 Supplementary data collection methods

- Written submissions were obtained from Thando's family members, school teacher and headmaster. The purpose of the letters is to indicate if the positive change that took place in Thando during therapy also influenced her relationships in the other systems in her life.
- An incomplete sentence test was used both as a pre- and post test evaluation and comparison. These tests were administered to assist me to gauge how Thando experienced herself before and after the therapy sessions. They also provide an indication of how Thando wishes to express herself.

4.5.3 Case notes and observations

According to Greef (2002), case notes are written expressions of the researcher's experience of the data collection, everything that the researcher hears and sees and everything that the researcher thinks of during the process. The case notes include all the important information gathered during the interview process as well as the researcher's research experience, and further comprise a description of the environment and decisions that were made during the research process in order to steer the research in a certain direction (Anderson & Arsenault, 1998). In this study, all my observations of Thando, for example, her voice tone and nonverbal behaviour, have been documented.

4.5.4 Reflective journal

I kept a reflective journal throughout the research process to indicate my own thoughts, feelings and impressions of the research. The journal also contains reflections on the process of the research as a whole. The researcher is subjectively involved in the research process. It is therefore necessary for qualitative researchers to keep record of their thoughts, feelings and opinions in order to be aware of any influence that their own subjectivity might have on the study.

4.6 SELECTION OF PARTICIPANTS

In qualitative research the process of selection of participants is seen as dynamic instead of static (McMillan & Schumacher, 2001). When I realised that the therapeutic relationship between Thando and me was proving to be a success I asked her if she would be willing to participate in the study. She agreed, stating that she wants to make a difference in someone else's life. I also asked Thando to identify people in her life whom she would want to participate in the study. She then identified her family members, school teacher and headmaster. They were asked to participate in the study through a letter, and signed an informed consent form. Five interviews were conducted with Thando. She dictated her answers to the post-test incomplete sentences to me, and I transcribed her answers verbatim.

4.7 DATA ANALYSIS AND INTERPRETATION

4.7.1 Data management

According to Schurink (1998), one of the most important aspects of data analysis is the data management. I strove to keep records of all the data that were gathered during the research process. All the interviews and case notes that accompany them were numbered. The interviews were transcribed verbatim and are accompanied by the analysis that was made of each of the interviews. The reflective journal is dated to

indicate when certain entries about the research were made. At the end of the study the gathered data will be destroyed.

4.7.2 Data analysis

According to McMillan and Schumacher (2001), there is no “right” way in which to analyse the data. The data can be analysed in more than one way. Data analysis is a continuous process that is integrated in all the phases of qualitative research. Qualitative research is a systematic process of selection, categorisation, comparisons, synthesis and interpretation in order to give an explanation of the single phenomena that is studied (McMillan & Schumacher, 2001).

Gerson and Horowitz (2002) indicate that data analysis starts at the beginning of the first interview. The researcher must analyse the data gathered from the first interview in order to identify certain themes. In this study, each interview was analysed separately and the observations, case notes and the researcher’s own subjective involvement was also taken into consideration. I first read through all the interviews separately in order to form a complete image of each interview. Following this, I read through the interviews as a whole, after which the formal analysis started (Gerson & Horowitz, 2002).

4.7.3 Interpretation of data

After the analysis, the data were interpreted in terms of the theoretical framework in order to identify connections between the analysed data and the theoretical framework. An example of this is my “teamwork” approach which saw Thando and I as co-therapists (Auerswald, 1985). I was always honest with Thando when I did not know something and also took on the role of a “not-knowing” therapist (Anderson & Goolishian, 1992) who had to be informed by the client, Thando. I thus showed an abundant curiosity for that which she brought to the therapy session (Anderson & Goolishian, 1992). Thando and I were a problem-organising system in which we language about the problem in order to dissolve it (Anderson & Goolishian, 1988)

4.8 RELIABILITY AND VALIDITY

Internal validity can be defined as the way in which the research design and the gathered data allow the researcher to make accurate conclusions about a specific phenomenon (Leedy & Ormrod, 2001). Some participants tend to change their behaviour or answers because they are aware of the fact that they are participating in research. It can thus happen that the participant(s) change their answers to ensure the approval of the researcher (Leedy & Ormrod, 2001). I strived to enhance the internal validity of the study by showing sensitivity to Thando's behaviour and changes in behaviour, to ensure an authentic response from her.

Multiple strategies during the data collection process were used to further promote the internal validity of the study. This can also be called triangulation of information. The use of different techniques can enhance the validity and trustworthiness of the results (McMillan & Schumacher, 2001). In this study, strategies to promote the trustworthiness of the research included the recording of the interviews and consistent verification of the information with the participant to ensure that the information collected was accurate according to the participant's meaning and intentions. After each interview the interviews were transcribed verbatim and can thus be considered a true version of the interviews.

Qualitative researchers strive for reliability in their research. However, the possibility does exist that different researchers may ask the research questions differently, which can then influence the data. In this study, trustworthiness was aspired to through a relationship of trust with the participant and the ethical behaviour of the researcher to ensure that the participant feels safe to share the information requested.

Research should also adhere to the requirements of external validity. External validity refers to the extent in which the results can be generalised to situations that do not form part of the research (Leedy & Ormrod, 2001). As discussed earlier the aim of qualitative

research is not to generalise results but to investigate and describe a phenomena. However, the results can be used to promote and encourage other therapists and people working with individuals diagnosed with dyslexia. According to Henning (2004), the principle of generalisability in qualitative studies does not imply a generalisation of the results of the individual participant to the rest of the population, but rather suggests the use of the results, if these are of value, to enhance and better other people's lives.

4.9 THE ROLE OF THE RESEARCHER

The relationship between the researcher and the participants is the key concept in the research design and exerts significant influence on the process and results of the research. Qualitative studies regard the research relationship as a process and not a variable. The aim is not to form a standardised relationship but to create a relationship that maximises the knowledge of each participant and situation (Tashakkori & Teddlie, 2003).

During the interviews the researcher and participant are in constant interaction with one another. The researcher is the head data collector who is thus subjectively involved in the process of data collection (Anderson & Arsenault, 1998). Researchers must be aware of their assumptions and own moral prejudice so that they can move them aside and focus on the phenomenon from the perspective of the participant. This occurs so that the phenomenon can be heard in the "voice" of the participant (Gerson & Horowitz, 2002).

During qualitative research it is necessary to constantly implement a disciplined form of subjectivity. Researchers should also be aware of their subjective feelings and prejudice that can influence the research process (McMillan & Schumacher, 2001). They should continuously note the role that they fulfil in the process of data collection. I am aware of the fact that I was in direct contact with Thando and that the results had been influenced by my own feelings, ideas and prejudice. I was personally involved in the research, which made it impossible for me not to have an influence on the results of the research. I do not see this as a disadvantage because I had positive contributions to make through my involvement in the study.

Schurink (1998, p. 283) states the role of the researcher as follows: “The observer must attempt to mentally operate on two different levels: becoming an insider while remaining an outsider.” This challenges the researcher not to become too involved on the one hand and on the other hand not to become too separated from the real meaning of the participant’s social reality. Gay and Airasian (2003) describe the task of the qualitative researcher as a difficult one. They are of the opinion that the researcher moves on a fine line between being both involved and unbiased.

In this study, I was at all times aware of the abovementioned challenges and strived to strike this balance during the research process.

4.10 ETHICAL IMPLICATIONS

The participants in the study were at all times treated with respect and dignity. The following ethical principals were implemented (University of Pretoria, 2003).

- The principal of voluntary participation implies that participants took part in the research of their own free will. The participants were welcome to retract from the study at any time.
- The principal of informed consent implies that the participants were at all times aware of the purpose, goals, advantages, research procedure and the demands of the research on them before signing the consent forms (Willig, 2001). The researcher also determined whether the participants were legally competent to sign the consent forms (De Vos, 1998).
- The principal of safety in participation applied, which meant that the participants were not exposed to any risks or harm for the duration of the research.

The principle of confidentiality and anonymity means that the information that is shared by the participants is treated as confidential and anonymous. Only Thando’s real name has been used in the study, for which she has already given consent.

CHAPTER 5

POSSIBLE ANSWERS TO THE RESEARCH QUESTION

5.1 INTRODUCTION

The aim of the chapter is to provide the reader with possible answers to the question of what facilitated change in one client's presenting complaint of dyslexia. The chapter will focus on how Thando described and experienced herself before the start of the therapeutic relationship. The focus will then move to how her description and experience of herself changed during the therapeutic relationship. I will also indicate how her family members and teachers experienced her differently after the therapeutic intervention. Finally I will discuss the methods and processes that were involved to facilitate change.

The possible answers to the questions were obtained through recorded interviews, incomplete sentence tests both pre- and post-intervention and letters submitted to me by Thando's mother, family members, school teacher and headmaster describing their experience of the change that occurred in her.

5.2 HOW THANDO EXPERIENCED AND DESCRIBED HERSELF BEFORE THE THERAPEUTIC INTERVENTION

The following quotes provide an indication of how Thando experienced and described herself before the start of our therapeutic relationship. It is apparent that Thando's self-esteem was low at this time, and that she had a negative view of herself. These quotes also reflect Thando's experience of how hostile the world can be.

5.2.1 Descriptions and expressions from the incomplete sentence test

The following quotes derive from an incomplete sentence test that Thando completed the day she came to the Centre to be assessed. She completed the test on her own, and her

difficulties with spelling many of the words helped us to confirm her previous diagnosis of dyslexia. It is through these negative descriptions of herself that our therapeutic relationship started.

I want to know: “why is life so difficult.”

Thando wrote: “...why is life so diff.” She did not complete the word *difficult* as she struggles to write “big” words. This is one way to indicate a diagnosis of dyslexia.

Boys: “are nice most of my friends are boys they are very kind and understand they don’t judge you.” Thando wrote “...they don’t just you”. She could not complete the word *judge* and had to be asked what word she wanted to use in the sentence. She thus spells the word as she hears it.

I regret: “when something comes my way and I let go of it.”

The best: “time was when I was in a special school, I could do anything without worrying, am I dumb and do they know that I am different from them.”

People: “some people are kind, nice, loving some people are rude, mad, crazy.”

I feel: “there is so much things out there, there is so much to do and see.”

My greatest fear: “is that I can’t read or write. I want to be normal.”

I can’t: “do sport that is why I don’t like it.”

When I was younger: “I had so much fun. I had no worries about life, love, work and school.”

I am nervous: “when I have to write a test.”

I suffer: “I feel that I am the only one who can’t read or write.”

I failed: “in me because I have little faith in myself.”

Reading: “I hate reading because I feel so dumb. I feel like nobody must know about my problem.”

The future: “I am married with two kids a boy and a girl and they won’t be born like me.”

I need:

Thando did not complete this sentence, but left it blank

I am happiest when: “I can get full marks for a test.”

Sometimes: “I feel I need my own plan where I am happy nobody to judge me.”

I hate: “that I don’t believe in myself.”

I wish: “I was born normal.”

5.2.2 Descriptions and expressions from the interviews

During the interviews Thando explained how she experienced and described herself before the therapeutic intervention. The following quotes express her feelings of her diagnosed dyslexia and how she feels people see and react towards her because of her diagnosis.

“It is not something you tell everybody, some people doesn’t understand and where do you start explaining, so they think once you have the dyslexia you are stupid, that’s it, you can’t read, you can’t do anything.”

“I think it is easier to talk to a stranger than talking to a person you know, because the person you know you know you have to see them everyday and it is not nice to be judged, I have been judged so many times.”

“Once you tell someone you are dyslexic they treat you different and they shouldn’t do that it’s not nice. I don’t know why they do it they treat you like you are disabled or something, why do they treat a person different, they are still the exact same person, they do that, and I don’t want to be treated different.”

“I don’t want people to know, that’s the thing. It is the way I was brought up, it’s a secret, you are supposed to keep it under the carpet, because whenever we told my family they were like, oh her, the stupid one.”

Ilze: *“Why didn’t your mother want you to tell your friend about your dyslexia?”*

Thando: *“Because she didn’t want me to get judged or get hurt because she saw that as soon as I tell somebody I get judged and I get hurt the people treat me different. Oh ja, so that you can’t read, that’s the way they are going to say it and that hurts.”*

The following quotes indicate how Thando experienced school.

“In the class the first time when I went there I felt so stupid, extremely stupid, I wouldn’t answer any questions even if I knew the answer to it.”

“The only time I don’t want people to look at me is in class.”

Ilze: *“What would it do to you if the people at school knew about your dyslexia and talked about it?”*

Thando: *“I don’t know, then they will treat me different, it is either they will treat me stupid or they think I am stupid, one of the two.”*

Thando believed that people can sense or see that she has dyslexia. This caused a tremendous amount of stress and anxiety for her. She once even asked me if one could see dyslexia written on her forehead.

Ilze: “You have this little voice at the back of your head that makes you believe that people can see it or sense it somehow?”

Thando: “I believe they can sense it or they can see it because I did this or I did not do that.”

Ilze: “And if they know what will happen?”

Thando: “No, then it is not fine with me because they all treat me different and I don’t want to be treated different. It would be nice if they knew and they treated me in the exact same way.”

Ilze: “So you would, if a person knows that you have dyslexia and the person says to you ‘let me read it for you,’ then you won’t feel that they are treating you differently?”

Thando: “It should have been better if they said ‘let me read it with you’ than for you. Do not already judge me you don’t know what I can and what I can’t read what I have difficulty with or not.”

Thando’s social life was greatly affected by her fear to tell people that she has dyslexia. The following exchange indicates how Thando experienced her social life and why she did not make friends easily.

Thando: “My social life was never such a problem, the thing is I never wanted to mix with people, so that was not a problem for me to make friends very easy, but when you know them you have to tell them about your dyslexia.”

Ilze: “What do you think is currently preventing you from telling a good friend that you have dyslexia?”

Thando: “I’m scared. I don’t want to be judged, it is not nice. I wish I could explain the feeling. Once they know, and they judge you, they treat you different; it’s not a nice feeling.”

During this comment I could feel and see the fear and anxiety on Thando's face when she had to think about telling someone she holds dear that she has dyslexia. I almost burst into tears with her because I had not before realised the fear and the pain that she carried with her. It is a fear and anxiety that I am not able to describe in words.

Ilze: "So would you say the biggest thing for you is not being dyslexic, but being judged?"

Thando: "Ja, people treat you different. I promise you if you tell the person you have something then they treat you different, they don't treat you like the way they used to. That is why I don't tell them that I am dyslexic, they treat me completely different and I can't have that happening."

Ilze: "So would you say that an important thing for you in having dyslexia is not having dyslexia but being judged?"

Thando: "Treated like an outcast."

Ilze: "How would you want to be treated?"

Thando: "In the exact same way you know... People don't want me, that's how I feel, it's not nice when you treat me like a baby or an outcast, you show it in my face constantly. It is like a constant reminder."

Thando's reaction to my suggestion that we enter a therapeutic relationship was accepted with the following words:

"I'm thinking that I first need to heal from what happened to me in the past and get everything out of my system because I was used to getting hurt, my past followed me everywhere and it gave me a fright as well."

With these words Thando indicated that she was aware of the issues that she needs to face and that she needs help and guidance to face her fears and problems.

5.3 WHAT CHANGES OCCURRED IN THANDO THROUGH THE THERAPEUTIC RELATIONSHIP?

This section documents the changes that occurred in Thando during our therapeutic relationship. The movement from Thando's earlier descriptions of herself to the way in which she describes and experiences herself currently is highlighted.

5.3.1 Descriptions and expressions from the post-incomplete sentence test

During our final interview session I asked Thando to complete the incomplete sentence test again. My aim with redoing the test was to see if there had been any movement or change in her expression of herself and her experience of the world since the previous test was done. This time my approach was, however, a little different. I asked her the questions and she provided the answers to me orally, which I then wrote down verbatim. Thando was much calmer and relaxed while she completed the post-incomplete sentence test because she did not have to write anything. She answered the questions as follows:

I want to know: "How to switch off Thando mode."

Boys: "I don't trust them they always scheme or lie."

I regret: "I have no regrets. I make sure that whatever I do I come to terms with it and it will teach me something in the long run."

The best is: "when I can spell names without a dictionary. Then I am proud of myself."

People: "I am starting to trust them a little bit."

I feel: "at peace with myself. I have come to terms with my being dyslexic."

My greatest fear: “Letting a good friend know that I am dyslexic. I am so scared for that.”

I can’t: “I don’t think I should use the word I can’t anymore because I can.”

When I was younger: “I want to put the past to rest. I don’t want to live in the past anymore. Since I have peace with myself.”

I am nervous: “when I have to go to school or see my friend who does not know that I am dyslexic.”

I suffer: “I think I did suffer. I think I learned from it and I am a better person.”

I failed: “when I stopped believing in myself. When I allow people to take over my life.”

Reading: “I have improved in my reading. I know I do better now and I am proud of myself.”

The future: “I am going to be famous.”

I need: “to be accepted by the world. I need a better understanding of something they don’t know.”

I am happiest when: “I spend time with my neighbour’s little girl.”

Sometimes: “I wonder how life would be without me.”

I hate: “rapists with all my heart. To me they are cowards. I hate snakes because they are evil. I also hate tiny spots.”

I wish: “to make a difference in my life and to touch other people’s lives.”

5.3.2 Descriptions and expressions from the post-therapy interviews

The aim of the interviews was to indicate whether the therapeutic relationship had brought about change or not. The following quotes that have been combined from five interviews that I conducted with Thando suggest the areas of her life in which the therapy helped to facilitate change.

“Since I have come to therapy I’m a much better person than I was in the beginning. You know I am more calm, understand life much better and I am more patient and I am not embarrassed of who I am. I can hold my head up high.”

Thando: *“Therapy gave me a boost.”*

Ilze: *“In what areas of your life did it give you a boost?”*

Thando: *“It has given me more confidence; it actually gave me a boost that I should follow my dream. I always wanted to be a singer but I am thinking no, I shouldn’t become one because I won’t be able to read. I should just stick to something everybody can do, but somehow it gave me a boost, and it pushed me forward, to show that anything is possible, don’t judge yourself.”*

Thando had to write a paper in school and she decided to write about her dyslexia as the topic of her paper. She discussed this with me during one of the interviews and commented on her decision to write about dyslexia as follows:

Ilze: *“What gave you the courage to write about your dyslexia?”*

Thando: *“The person I was writing with and therapy helped me.”*

Ilze: *“Did you really feel that therapy helped?”*

Thando: *“It’s actually given me courage especially when writing about it; it’s actually given me courage to say hey I’m dyslexic.”*

Ilze: *“Courage that you would probably not have had in the beginning of the year?”*

Thando: *“Ja, it did because I struggled a lot before and now I am thinking but I did nothing wrong, this is not my fault, and I didn’t wake up one morning being dyslexic, you know, then I am thinking I should do it; it’s giving me a chance to stand up to my fear and also to stand up to people.”*

I asked Thando if therapy also had a positive influence on her schoolwork and, if yes, how it had a positive influence on her schoolwork. The reader will see that she comments on some of her subjects that she started to pass. This was positive change for her because she had difficulty passing any of her matric subjects before we started working on her schoolwork in therapy. One of the wishes that she had expressed in the beginning of the year was to pass her subjects – this wish was finally coming true.

Ilze: *“Was therapy a place where you could say to me, ‘hey I’m battling with this work, help me’, without being scared to ask for my help, without me thinking you can’t do the work?”*

Thando: *“No, that never crossed my mind, not once. You know I passed my English and my Afrikaans, remember I brought it to you and it never crossed my mind. You have taught me a lot and you gave me confidence.”*

Thando said in the beginning of the year that she hates reading because she can’t read. Therapy has, however, changed her view about reading as well as her own ability to read. She said the following about reading and her own ability to read:

“I really felt relaxed and I was looking forward to reading. I was thinking next year I would find a nice book and we will read it together. I never liked books, but then I think about Maru (her prescribed English prose book), it is a nice thing, but if you have the right person to do it with, as a team, then it is nice.”

“You gave me the confidence to read even if I make a mistake.”

Thando and I called the dissertation that I am writing about our therapeutic relationship “the book” because when we started to discuss the dissertation it did not have a title. She commented on how the book has also helped her:

“The book has given me the courage to say: ‘look at me today’. You know the first time I came up here I was very nervous and quiet and shy and now I have all the confidence in the world.”

“It has given me the guts to say, ‘stop bullying me: I may be a bit slower than you but I’m not stupid.’”

The year of therapy has helped Thando to realize a lot about herself and her diagnosed dyslexia. During the interviews Thando commented on the changes that she could make in her life and the way in which she saw herself and her dyslexia with the help and guidance of the therapeutic relationship. She made the following comments on the changes that occurred in her:

“Ja, it also tries to make me a little bit brave to show that it is not a disease, it’s not a sickness, and it is not something that I must be ashamed of.”

“I can accept myself and this is nice, it is because I never had that confidence and now I do.”

“I’m very happy. I’m much better than I was in the beginning of the year.”

“It has given me fighting spirit and self-confidence because I also saw that just because I am dyslexic I should not let people walk on top of me. So that I have to feel embarrassed that I’m dyslexic. I used to feel that it is a disease or something, but then at least at the end of the day I can see I am proud to be one, this is me.”

“I believe with my whole heart that I am going to reach great frontiers. I do because I want to prove that hey look at me I am not stupid.”

“You’ve changed me, you really made me positive and that is unusual and I know that there is a difference. I take the negative side and I make it a positive.”

Ilze: *“Do you still feel that you are stupid?”*

Thando: *“I don’t think I’m stupid. I have this peace, I made peace with myself that I think was never there and it is a wonderful feeling.”*

Ilze: *“Are you comfortable with me?”*

Thando: *“I am, I really am, and I think you put me in the position where I can learn how to trust because trust is a big thing for me.”*

During the last interview I asked Thando if she was still scared that people would judge her when she tells them that she has dyslexia. She was more positive about friendship and also realised that if people do not like her because she has dyslexia it is their problem and that they do not deserve her as their friend.

Ilze: *“Are you still today scared that if you tell somebody that they will judge you?”*

Thando: *“I’m only scared of one person.”*

The one person that Thando cannot tell that she has dyslexia is a good friend. He would like to be in a romantic relationship with her. Thando avoids it, however, because she is afraid that he would not want to be in a serious relationship with her if he finds out about her dyslexia. This fear reflects the emotional scars that years of judgment have left on Thando.

Ilze: *“So it is okay if you meet new people and you tell them about your dyslexia?”*

Thando: *“Ja, it is fine with me. If I meet somebody new and we are going to be friends for a long time, I’m going to tell them: ‘hey, I am dyslexic and this is who I am but don’t treat me otherwise because if you do, then bye’. I am Thando Jacobs and if you don’t*

like it then tough cookies. There will be somebody else who is going to appreciate me, who is going to appreciate our friendship; you know, who is going to be supportive at the end of the day.”

These words suggest that Thando’s self-image has improved and that she is far more positive about herself and her relationships. Thando no longer walks as if she has the world on her shoulders. Rather, she sees opportunities for her to grow in any situation she might find herself in. She is more positive and happy and there is a peacefulness that surrounds her that has never been there. Thando is an amazing young woman who has the potential to reach all her goals and dreams. She says:

“I am not scared of anything or anybody. I’m not scared of being judged. In the beginning I was scared even of complete strangers but nowadays it doesn’t bother me one single bit.”

“My eyes are sparkly and I have a smile on my face, but it is a real smile not just a smile.”

5.3.3 Changes that occurred in Thando according to her family members, schoolteacher and headmaster

Thando’s family, schoolteacher and headmaster were asked to comment on the changes they experienced in her since she started therapy. Her schoolteacher and headmaster were asked to comment on her schoolwork and her relationship with her peers in school. Her mother and cousin commented on the changes in her schoolwork as well as the emotional changes that they experienced in her.

5.3.3.1 The schoolteacher

Her schoolteacher reports that Thando's academic performance has improved significantly. The teacher has given her this feedback, which boosted Thando's self-esteem greatly. The teacher commented:

“Sy het begin sukses behaal deur toetse te slaag. Erkenning het 'n groot rol gespeel om haar selfvertroue te verbeter. Thando het akademies beslis verbeter.” [She reached success by passing her subjects. Acknowledgement played an important role in the improvement of her self-confidence. Thando has definitely improved academically.]

5.3.3.2 The headmaster

According to her headmaster, she is more confident with her peers, which has improved her overall self-confidence. The headmaster also experienced a decrease in her anxiety about school and her schoolwork. She wrote:

“Ek reken tog dat sy op sosiale gebied met groter selfvertroue opgetree het, en dat daar 'n afname in haar angsvlak was.” [I believe that she has acted with more confidence in the social arena, and that there has been a drop in her level of anxiety.]

5.3.3.3 Her mother

Thando's mother feels that Thando's self-confidence has improved drastically. She says that Thando is now ready to face the world ahead of her. She believes that the schoolwork that Thando and I did together helped Thando to improve her spelling. Thando's mother states that:

“Thando has gained more confidence in her self and is now even more brave to face the world ahead of her. She has even improved her spelling dramatically I am so proud of her.”

5.3.3.4 Her cousin

According to her cousin, Thando's reading and writing has improved. Thando is doing a lot of reading and writing on her own now and she loves reading and writing. She believes that Thando has become a much better person since she has been in therapy, and that the therapy proved to her that she can improve. Thando's cousin states:

“While taking these extra classes she has improved much more than before. There is a lot of reading and writing she can do for herself. The extra classes that she is taking show that within a matter of time and care that she can be a much better person. She loves reading and writing and these classes have proven that she can and will do much better. Not forgetting her spelling was not that good, but now it is much better.”

Although a lot of changes have taken place, there are still a number of problems that need to be addressed. Thando and I will continue our therapeutic conversations so that we can continually evolve towards the “dissolving” of the problem(s) (Anderson & Goolishian, 1988).

5.4 WHAT IN THE THERAPEUTIC RELATIONSHIP FACILITATED THE CHANGE?

There is not one single event, process or method that I can point out as the reason for the change. However, it appears that a number of things that happened during our therapeutic relationship contributed to the changes that occurred.

I want to welcome the reader on a journey with me, as I explore what happened in our therapeutic relationship to facilitate change in Thando's presenting complaint of dyslexia.

The first and most important is that there was trust between us. This is supported in the following remarks that Thando made:

“When I came to you at least I knew something would be done.”

“I really felt that I could trust you.”

Secondly, our relationship was like a two-way street for Thando; in other words, it was a relationship of mutual giving and taking. It was characterised by a sense of sharing with one another. Thando states:

Thando: “It was like our talking, you were saying what happened to you, something like that, then I am talking back, it’s no longer a conversation, it’s a two-way street, you know, it is no more a one-way street and it felt nice.”

Ilze: “Did you feel that I became a part of your life then?”

Thando: “Ja.”

I was not just somebody she had to go and see; **I was someone she could depend on.** This seems to be another important ingredient of a successful therapeutic relationship. Clients should always feel that they can depend on their therapist.

Ilze: “Not just this somebody that I have to go and see?”

Thando: “Ja, and that somebody who I can depend on.”

Thando and I became very close. I did, however, know that closeness can be a problem for her. I therefore enquired about how she experienced our closeness and, whether our closeness was positive or negative for the therapeutic relationship.

Ilze: “Now I want to come to something like closeness. I know that being close to people is a big thing for you. We just spoke about you feeling that there is more of a friendship now than just a therapist/client relationship, that two-way street, but that there is closeness between us. That closeness that..., I think naturally developed, what do you think, did it naturally develop, can I call it that?”

Thando: “Ja”

Ilze: “It wasn’t something that we did, not something you or I did?”

Thando: “Ja, it came naturally.”

Ilze: “So in therapy and also from not being close, being therapist/client we also grew closer to one another but we were in a closeness spot that was comfortable for you.”

Thando: “Ja”

Ilze: “Am I also distant?”

Thando: “Ja.”

Ilze: “Would you say that I am too distant?”

Thando: “Sometimes, but then that helps because, I know then you will never get to that, never where I feel that, hey Thando, take control, get yourself out of here.”

Ilze: “What would you call that, you not getting to close and me keeping my distance?”

Thando: “I would say I love it because I’m comfortable here, then I know, I feel safe here, I do.”

Thando has seldom had stability in her life. She has moved around often and had to adjust to several situations at the same time. In therapy, we scheduled her appointment at the same time every week, and I was always there to accommodate her. **Therapy thus brought a sense of stability into her life with regular contact sessions at specified times.**

Ilze: “Would you say that therapy brought a bit of stability for you?”

Thando: “Yes.”

Ilze: “Stability that you did not have in the beginning of the year?”

Thando: “I did not have any stability then.”

A key factor to the success of our relationship was that I never judged Thando. I never felt the need to judge her and I could never see why I would want to judge her. She has been judged so many times and I knew that if I were to judge her it would mean the end of a life-changing experience not only for me but also for her. I did not want to do that to her as she has been disappointed to many times before. Thando states:

“I could tell you anything and you never judged me. You were supportive. I don’t know how you approached it but you never judged me.”

The way in which I approached Thando to help her with her schoolwork and matric exams played an important role in the successes that she reached in school. It was never difficult to work with Thando because she was always willing to learn and worked very hard. Her hard work encouraged me to work even harder. I knew from the start that Thando would pass her matric I never doubted her. She has not proven me wrong yet.

Ilze: “The way in which I approached you when you said that you wanted us to read Maru and we started getting into our mode of me helping you read the work that you need for school. Did you feel comfortable with the way in which I approached you to help you?”

Thando: “Ja, you didn’t say I will help you, you said we will read Maru together. You never said I will read Maru to you.”

I approached our therapy sessions as teamwork. I never wanted Thando to feel that I am the superior one, that I know best or that I have all the answers. I had to learn from her in order to make the therapy sessions, especially the ones where we worked on her schoolwork, a success and worth her while.

Ilze: “So the fact that I created the sense that I wanted us to be a team, I didn’t really want to create that, I wanted us to be a team because we couldn’t do it without one another, so we were a team; did that help?”

Thando: “Yes, it helped a lot, especially when you said that we are a team and we are still a team right now, that is nice, I promise.”

Ilze: “When I suggested that you and I read your work together and I helped you with your matric, what was different with me than with your friend that made you stick with me?”

Thando: “I think it was really you treated it like teamwork.”

Ilze: “Did you feel that you had the control in the relationship?”

Thando: “Ja, I felt that I had the control, not really no, with you, I didn’t feel that I had to control something because to me it was like teamwork, you know we are a team.”

Ilze: “Was therapy working with you or against you?”

Thando: “Therapy was working with me because you said: ‘I will help you and let us work together.’ It was nice because it was like teamwork, a bigger team.”

Ilze: “So at no stage in our conversations and us working on your schoolwork was there a stage where you felt panicky?”

Thando: “No, I felt comfortable, I felt relaxed and I had confidence because whenever we had Afrikaans homework I wouldn’t worry because I knew I would do it with my therapist. Why must I go home and struggle by myself while I have you.”

Thando and I spent many hours with her schoolwork. She visited me almost every day to do homework or to study for a test or the exams. We started out by making key words and notes of the work that she had to study. We then moved on to mind maps and at one stage she phoned me to repeat the work she had to study. All of these methods were effective only for a short while. We then moved on to a tape recorder. This was the most effective method we could use. Thando could now listen to the work without having to read anything. This removed much of Thando’s anxiety and stress because she did not have to read anything. This was a good combination with the school tests and exams that she took orally.

The number of hours that we spent together on her schoolwork played a significant role in creating the special relationship and bond that developed between Thando and me.

Ilze: “Did you also feel because I wanted to support you through all your tests, all your homework and all your exams 100%. Did you feel that you had that support?”

Thando: “Yes, because you would ask me, even if I didn’t see you, you would call me and ask me about my homework and you would phone to ask how did the class test go, and it was nice because it meant that there is somebody in my corner now.”

Thando reminisces:

“Making key words, do you remember that, taking these huge words and trying to break them up and trying to make a picture out of this and making a picture out of that?”

The methods that Thando and I used to study were based on trial and error until we found the tape recorder to be the best method. Thando remarks:

***Thando:** “You were always willing to learn. Like the first time we started recording, it was nice when you said ‘to be honest I know nothing about it’, and that was nice because now I am thinking at least you are honest. You didn’t pretend you know something when you don’t, and the way you started treating me. You would pull up the chair and take a pencil to help me follow where you were reading. So that we read together as a team.”*

***Ilze:** “Were you scared at that stage that I might judge you?”*

***Thando:** “No, it made me trust you much more. The more I thought of you the more I opened up and the more I trusted you and I felt relaxed. I don’t have to feel like I’m going to make a mistake or I am going to read like a dyslexic. You know that I can’t read and that I am not stupid. I did not always have to be clever twenty-four seven, so I felt relaxed.”*

During the interview sessions Thando never wanted me to say that therapy helped her. At one stage I asked her why she does not want me to use the word therapy. She then explained that her previous experience with therapy was not a good one and it actually prevented her from going to a therapist for a long time. She also said that the relationship we had was completely different and that is why she refers to “we” and “us”, because **it was the two of us that worked towards the changes that occurred in her; it was not “therapy” but people that brought about change.**

***Ilze:** “In the previous interview sessions you never wanted to refer to the word therapy. You always wanted to refer to the relationship that you and I had. Why is the word therapy such a no-no word for you?”*

Thando: “No, it is not a no-no word. You know, when I go, ‘I’m going to see my therapist’, I don’t mention your name: I am proud of having a therapist. But then I think about it; it’s not therapy that differ, a therapy that sat down and helped me... it was you, I mean it was Ilze. If I had a problem I phoned you, if I am upset the first person who comes to mind is you, not therapy. That is why I get a little bit pissed off when you say, ‘but how is therapy helping you;’ therapy did nothing. The person behind it did something.”

I finally asked Thando why she thinks that the relationship between us was such a success. She commented on a few things that she believes were the reason(s) why our relationship was a success.

“You showed that you care. You’re not being selfish; you show that you care and what you do you do it with love. Not because it is a job or you have to do it, but you are doing it because you love doing what you’re doing.”

“You don’t antagonise and you really understand.”

“And when I came here with my problems even before we start studying, you always sat back, you’re not selfish and you really listened. I know you are looking out for the best for me.”

“A person can see you are willing to try, you are really willing. You haven’t let me give up on a fight yet.”

“Since I started spending time with you and we started dealing with the issues, you said: ‘Don’t worry, we are a team.’ You know, that was nice and I knew somebody was there for me. I have a safety net. You’re not only there because you get paid for it. No, you were there because you cared about me that was just so nice.”

CHAPTER 6

SIGNIFICANT ELEMENTS OF OUR THERAPEUTIC RELATIONSHIP

I honor the place in you where, if you are there in that place in you, and I am there in that place in me, there is only one of us. Namasté (Ebsen, 2001, p. 1).

6.1 INTRODUCTION

The aim of this chapter is to indicate the significant events in our therapeutic relationship that facilitated change in Thando's presenting complaint of dyslexia. I will discuss the elements that Thando believes brought about the changes in her. I will discuss the elements that I feel contributed to the changes that took place in Thando and which, in the end, led to the success of our therapeutic relationship. I will share my experience of our relationship and the transformation that took place in me on a personal as well as professional level. I will conclude by discussing the issue of labelling as well as how difficult it was to write such a personal and life-changing experience in academic language.

6.2 CHANGE – THANDO'S VIEW

There is no doubt in Thando's mind that a lot of processes took place in our therapeutic relationship to facilitate the change that occurred in her. Thando pointed to a few elements in the therapeutic relationship that contributed to facilitate change in her presenting complaint of dyslexia.

She said that it was not therapy but the therapist, the person Ilze, that helped to facilitate the change. It was thus the person behind the therapy that facilitated the change. Our relationship was built on trust. Trust was one of the key factors in the change that took place. The trust between us helped her to see that it is possible to trust people.

Thando always felt that she could depend on me to help her with the problems that she brought to therapy. We depended on one another for support, guidance and encouragement through the process of change that was unintentionally brought about by our therapeutic relationship.

According to Thando, change occurred because I was committed to the process of change and I was not selfish or treated our relationship as just another job that I had to do because I got paid to do it.

The stability that I brought into her life through the therapeutic relationship made her feel safe. The safety of the therapeutic relationship gave her the courage to allow change to take place in her life.

Thando ascribes the success of her schoolwork and matric exams to the teamwork of the therapeutic relationship. We could not have done it without one another. We worked hard and long hours to succeed in making her dream to write matric come true. The relationship was a two-way street in which we both worked towards changing the general opinion that she would not be able to write her matric. It was a relationship of giving, taking and sharing with one another. There were days when we were discouraged and disappointed by people and situations but these did not prevent us from believing in ourselves and our ability to do it. We had one another and the successes that we reached to encourage us not to remain discouraged for too long.

To Thando our therapeutic relationship is no longer a therapist/client relationship but one in which a close friendship developed.

6.3 A FINAL WORD FROM THANDO

We can all agree that change did take place. Thando would like, in a final word or two, to indicate how she was changed by the therapeutic relationship. She is so excited about

the positive effect that the therapeutic relationship had on her that she volunteered to do a fifth interview to share her final thoughts on the changes that occurred in her life.

She believes that she is calmer and a much better person. She understands life better and is more patient with herself and she is not embarrassed about who she is. She can now hold her head high and has the courage and confidence to follow her dreams. According to her, she is at peace with herself and she has come to terms with being dyslexic.

6.4 CHANGE - ILZE'S VIEW

Thando and I spent a great deal of time together over the past year. I can honestly say that until this study, I never gave any thought to what we did in therapy to facilitate change in her presenting complaint of dyslexia. I know today that Thando is a completely different person than the one who walked through my office door more than a year ago. She is more confident, self-assured and it does not look as if she is carrying the whole world on her shoulders.

I believe that it was my commitment and genuine belief in Thando that brought about the change. If I had not believed in her she would not have believed in herself, and she would then never have made the changes she did. The freedom I gave her to be herself and the abundant curiosity that I showed about her and her problems provided the opportunity for change. I supported and encouraged Thando in everything she aspired to. This gave her the courage to change her view of herself and provided an opportunity for her to make peace with the diagnosis of dyslexia.

Change occurred because I allowed Thando to share her unique experience of her diagnosed dyslexia with me. We did not have any prior knowledge or scientific explanations to guide us. It was thus a unique experience of dyslexia that we explored, and which is shared in these pages.

6.5 MY PERSONAL AND PROFESSIONAL TRANSFORMATION

6.5.1 Professional transformation

I will not doubt my own professional ability to help someone bring about positive change in their life. I have learned that no textbook can prepare me for the client who sits in front of me. I had always thought that it was to the therapist's disadvantage if he or she did not know anything about a client's presenting complaint. However, after my encounter with Thando, I now believe that it can be an advantage in therapy. My relationship with Thando taught me to focus on the uniqueness of each client and to allow clients to guide me in the changes that we want to bring about in their life. In future I will make my clients my co-therapists so that we can learn from one another. I will always strive to be humble in every opportunity afforded me by my future clients to share their pain and happiness. It is an opportunity that I will grab with the responsibility that it deserves.

6.5.2 Personal transformation

Words cannot begin to describe how I experienced our relationship on a personal level. The relationship provided me with a sense of connecting to someone's innermost person and being connected to it in the same way. It is to understand something that words lack to explain. It is knowing the unknowable. It is like feeling and experiencing something as if it is your own, yet you know that it is not yours. I was allowed the privilege of experiencing these changes, being trusted enough and trusting in return. It is an exceptionally strong bond that does not bind but liberate.

I am still overwhelmed by the privilege Thando granted me to share her innermost feelings and pain. It scares me to think that there is something different about me that allowed Thando to share such a special relationship with me. She looked into that innermost person, that part of me that I cannot hide by pretending. It scares me because

of my inability to explain it. I do, however, see it as more than a privilege and I am grateful to Thando for making me aware of this.

Thando brought out the real Ilze in our relationship. She allowed me to see that the real me should be shared with the outer world. In our relationship I could express myself for who I truly am, without fearing rejection. When we were together I was allowed to be myself completely and it is this that enlightened me. The part of me that connected with Thando was like a character in the internal world of my psychic drama that found a stage on which to be expressed (Holmes, 1992; McDougall, 1986). I was allowed to be more of myself in our relationship. A part of me that is different from the rest of me was liberated and born into the world. I experienced the truth that lies in Sartre's (1965) idea that "if you want your characters to live, liberate them" (p. 37).

Thando taught me that a relationship of love makes anything possible. She taught me the beauty of being human, of being able to cope with what life provides, no matter how difficult.

Thando made me feel accepted and loved for who I am – not for what I do or even pretend to be. She gave me the space to truly discover myself and the courage to be myself. For this I will be forever grateful to her and hope to share with others what she has taught me.

6.5.3 How the dissertation influenced me personally

The dissertation was so much more than just a study that I had to complete in order to fulfil the requirements for my degree. The dissertation was a personal journey of self-discovery. I feel privileged that Thando trusted me enough to share such a personal journey with her. I learned that a dissertation is not a study in which you use people to reach your own goals. Research showed me that you have to respect and treat your participant(s) with dignity. The research is also a personal journey for the participant(s) and should be meaningful for them too.

I experienced this research as a big responsibility that challenged my integrity and ethical position. The research conveys who I am and I am proud of the story and relationship that Thando and I shared. The dissertation has made me humble and I feel privileged to be able to work with people. Working with people has and will be one of the biggest responsibilities and challenges that I will face on a personal as well as professional level both now and in future.

By documenting Thando's story I hope that other therapists and those belonging to the academic world will have the opportunity to understand the situation in which Thando, and those she represents, find themselves. The research allowed me to give Thando's voice legitimacy in a world where much value is placed on labels and diagnosis, and perhaps less value is ascribed to the discovery of the person behind the label.

Research has taught me to give only of myself and to be honest and sensitive towards the needs of those who are being studied. It is our duty as psychologists to see potential and to speak out for those who cannot speak for themselves. I kept all of this in mind to ensure that the research and I remained ethical and true throughout the process.

6.6 THE PROBLEM OF LABELLING

Labelling can be hurtful or even devastating for the person who is labelled. We unfortunately live in a society where it is common to label people. It is for this reason that I tried to steer away from labelling Thando.

I cannot deny that Thando was diagnosed with dyslexia. I was, however sensitive in my choice of words when I discussed her diagnosed dyslexia. In my discussions I tried to avoid terms like "the dyslexic" or statements such as "dyslexics are" and instead used terms like "the diagnosis of dyslexia" or "Thando's diagnosed dyslexia".

A fine line exists between labelling and respectful communication about a diagnosed problem. Hopefully we will be sensitive about labelling people in future when we think about Thando's story and the devastating effects continued labelling may have on her life.

6.7 USING ACADEMIC LANGUAGE

It was not easy to discuss the therapeutic relationship Thando and I had in academically sound language. Why not? We never planned for our relationship to be a study. I just realised one day that something amazing was happening between the two of us that had to be shared with the world.

I never realised that we worked within the realms of a specific theory during our relationship. It was only when I had to find theory to describe what we did in therapy that I realised that we had worked according to the theories of Auerwald, Keeney and Anderson and Goolishian. The first time that the study made sense to me in an academic way was when I interviewed Thando to find answers to my research question.

Although this is an academic description of the therapeutic relationship between Thando and me and the changes that occurred in it, we hope that you have enjoyed reading it as much as we enjoyed writing it. Do not see this dissertation as just another academic study. See it as a story that can change your belief in yourself and the abilities of others. Believe in one another for then only will we change the world into a better place for all.

CHAPTER 7

THANDO'S LIFE AT PRESENT

7.1 INTRODUCTION

In this chapter I give a broad overview of Thando's life at present as well as my continued influence in her life. I will also share some of the goals Thando has reached as well as the goals that she is currently working towards.

7.2 THANDO: DECEMBER 2004

It is a wonderful privilege and pleasure for Thando and me to confirm that she has passed her matric exams. Although this came as a surprise to many people (even to Thando to some extent), I always believed that she would be able to finish her matric. Thando also believed in herself, although doubt in her ability to pass her matric was created by one of her teachers who told her that if she did not pass her matric then she should return to school to redo the subjects that she did not pass. My response to this is that teachers should believe more in the abilities of their students – especially those as committed and hard working as Thando. One of Thando's family members did not believe that she had passed until she saw Thando's matric certificate. Hopefully this achievement will change the family's overall view of Thando and her ability to reach her future goals and dreams.

7.3 THANDO TODAY

Thando is currently pursuing a singing career in Namibia and a modelling and acting career in South Africa. I have no doubt in my mind that she will make a success of one of these career opportunities, or even all three.

Thando is travelling between Namibia and South Africa because she wants to complete her modelling and acting courses in South Africa. She has found a record company in

Namibia that has already made a demo CD of her singing and it seems as if they are interested in signing a contract with her. This has given Thando more confidence and she now believes in her ability to reach her goal and dream of becoming a singer.

Thando is also studying for her learner's license and practising for her driver's license so that she can be more independent.

7.4 THANDO AND ILZE: A CONTINUOUS RELATIONSHIP

Thando and I speak to one another over the phone and have met once or twice for coffee as social visits. I am currently helping her to study for her learner's license. I am also helping her to apply to write her learner's license orally. When a decision has been made about her singing career, I will help Thando to study the words of the songs that she has to sing.

Thando does not want to go to someone else to help her with the work she has to study. I am thus currently acting as her tutor. Thando and her mother requested that we continue with the therapeutic relationship that we had in 2004. They want us to continue our therapeutic relationship because of the positive impact it has had on Thando's life. I also feel that this would be to her advantage, because Thando still finds it difficult to trust others.

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