

CHAPTER 5

INTERACTIONAL THEORY

5.1 Introduction

The aim of the study is to take a broad integrative view of the experience of breast cancer. This meant that, to obtain a picture as complete as possible on how patients experience having breast cancer, no one theory or just one method could be followed. Therefore, quantitative as well as qualitative methodological approaches were used. In the previous chapters, theories relating to, for example, coping and locus of control, are discussed. In this chapter, an overview of the theory upon which the qualitative research was based and the reasons for the inclusion of therapeutic interviews as method of inquiry, is given.

In order to arrive at a theoretical framework for an understanding of the psychological experience of having cancer, one is forced to remain aware of different psychological theories, as well as the nature of the disease. Different psychological theories such as social learning theory, coping theories, theories of locus of control and self-efficacy are all directly applicable and are discussed in previous chapters. Psychological theories, however, deal with hypothetical ways of thinking about man and life itself. When it comes to people's experience of illness and specifically a disease such as cancer, specific psychological theories need to be addressed if research in the field of psycho-oncology (Guex, 1994) is to be undertaken.

Bandura (1966, 1977) pointed out that the relative influences exerted by interdependent factors, differ in various settings and for different behaviours. He showed that there are

times when environmental factors exercise powerful constraints on behaviour and other times when personal aspects are the overriding determinants over the environmental factors. This means that in social learning theory, people are neither driven by inner forces, nor buffeted by environmental stimuli. Behaviour is rather explained by a continuous interaction of the two. The particular theory of coping discussed in previous chapters (Lazarus, 1966; Lazarus & Folkman, 1984; Lazarus, 1991) also complements the interactional theory of research therapy that will be used as framework for the qualitative research. Although a wide variety of theories have been used during this research, they share the quality of being relational.

5.2 A personal attempt to arrive at a theoretical understanding of the experience of breast cancer

Knowledge of all the above mentioned and other theories and the disease itself is a requirement for doing research in psycho oncology. Being a researcher and a therapist, enables the researcher to find her own way of making sense of data presented by her own and other studies. The researcher is also placed in a more personal environment, where direct contact with patients is necessary in order to obtain qualitative data through therapeutic interviews and therapy sessions.

Being with a patient who underwent a bilateral mastectomy a few days previously, confronts one with not only the patient's emotions, but also with one's own emotions. During these therapeutic interviews I realised once again that the researcher is part of the research process. It is impossible to describe the patient's experience of having cancer, without taking account of the fact that she expressed her experience of having cancer within her relationship towards me as researcher within that particular "here and now" situation. One cannot do research in this way without becoming part of the

process, including one's own thoughts, feelings, experience, one's own view of therapy and theory, one's own feelings and thoughts on death and illness. One has to be able to become part of it, but then also be able to retreat and reflect on what has happened during an interview. Only by being part of the patient's world, is it possible to get a glimpse of what it is to have breast cancer. Only then, can one reflect and analyse.

In the qualitative research process I found it of extreme value to discuss the interviews with a second "observer", my supervisor, who could also enter this world because it is not foreign to him. As a researcher, psychologist, but also as a cancer patient, he experienced this "going in and becoming part of" and the "distancing and analysing" process.

While listening to these patients expressing their emotional experience of having breast cancer, I could rely on my knowledge of the disease and its different treatments and side effects. This knowledge saved them from having to explain, for example, the side effects of chemotherapy or radiotherapy. I understood the different stages of having cancer. That meant that I knew that after a year, many mastectomy patients found a way of living with cancer. I could also recognise the different defence mechanisms, such as distancing, when sadness became too overwhelming. I had the knowledge of the results of the quantitative study to assist me in understanding what the patients were trying to convey to me about their individual experiences of having cancer.

Although this approach towards research felt unique and valuable to me as a researcher, the idea that the researcher is part of the process has been acknowledged by previous philosophers and researchers (Buber, 1947; Sullivan, 1954; Stolorow, Atwood & Brandchaft, 1994; Carkhuff & Berenson, 1967; Esser, 2000; Hoskins, 2000).

With all the available theories already discussed in previous chapters and the knowledge gained from my personal experience and those of my supervisor, one theory seemed to be particularly well suited in describing patients' experience of having cancer. Being trained in interactional therapy and finding this a style of therapy with which I feel comfortable, I chose interactional therapy research for the qualitative part of the study.

5.3 Development of interactional therapy

Interactional psychology is more an approach than a specific theory employing specific techniques (Carkhuff & Berenson, 1967; Swart & Wiehahn, 1979; Hychner, 1991). The interactional therapist uses tools from different theories as they are needed and is therefore not restricted. The techniques are used as the therapist finds them useful to bring about changes in the therapeutic relationship, which would achieve the goals of therapy for that specific client. However, this orientation or epistemology did not happen overnight, but was the result of a development of different paradigms from which interactional research became possible. In order to function in an interactional way and to implement this in the way research is conducted, one needs to think about the world in a specific way, one needs a personal belief system or epistemology according to which one operates on a day to day basis which provides one with a vision through which one constructs and gives meaning to one's life (Becvar & Becvar, 1988). This belief system or epistemology is a socially constructed meaning and therefore not fixed or rigid (Marques, 1999). The theory of interactional psychology developed through different scientific movements and practical attempts at finding ways to deal with human problems. It was a move away from the pure scientific way of thinking of the world but used some of its concepts.

5.3.1 Development of an interactional view

As already stated, the importance of interpersonal relations in psychology is not new. Sullivan (1953) brought it to the foreground. He stressed the importance of the interpersonal situation in understanding the phenomena with which psychology deals. He stated: *“Every constructive effort of the psychiatrist, today, is a strategy of interpersonal field operations which (1) seeks to map the areas of disjunctive force that block the efficient collaboration of the patient and others, and (2) seeks to expand the patient’s awareness so that this unnecessary blockage can be brought to an end”* (p. 376). In psycho-oncology, it is the work of the therapist to use the relationship with the patient to determine these “blocks” to healthy emotional functioning and to use the relationship as the healing tool. For example, one often finds that patients find it too difficult to talk about their feelings of anger, fear and resentment because other people expect them to be brave and to keep a positive appearance. They become incongruent in their behaviour and more anxious because they cannot express their emotions. Within the therapeutic relationship, a climate is established where they can feel safe enough to express these emotions and that in itself has a healing effect upon them

Sullivan (1954) described the field of psychiatry as the field of interpersonal relations and said that: “since it has been alleged that this is a perfect valid area for the application of scientific method, we have come to the conclusion that the data of psychiatry arise only in participant observation” (p. 3). The idea that therapeutic interviews where the observer is just as much part of the research process as the participant, has thus also become part of the modern psycho-analytic approach (Stolorow, Atwood & Brandchaft, 1994; Sedgwick, 1994) and it is fundamental to interactional therapy (Carkhuff, & Berenson, 1967). The two-way relationship with particular emphasis on warmth and empathy had also been described and practised by Rogers (1942). Textbooks

(Brammer & Shostrom, 1977; Shertzer & Stone, 1974) prescribed during my training at pre-graduate level, set the fundamentals of the importance of the relationship in my own training. This was followed up much later, by my training as a clinical psychologist with a personal inclination towards interactional psychotherapy and a special interest in research based on this approach.

One of the fundamental concepts in interactional psychology is the concept of cybernetics. This is a word used by Plato to describe the art of steering men and it was in a political sense, referring to different strategies that might be used (Keeny & Ross, 1985). There is thus a historical link between politics and interactional psychology. They share the common underlying notion of communication that includes “who-does-what-to-whom-when” (Keeny & Ross, 1985). The same authors also showed how the strategic, political, functional and interactional consequences in communication are emphasised rather than giving the content.

Cybernetics implicate a relationship between change and stability and was defined as “all change can be understood as the effort to maintain some constancy and all constancy as maintained through change” (Keeny & Ross, 1985). The important role of the person who observes and the role of objectivity came into play when it was realised that the observer becomes part of the process. The idea of second order cybernetics developed, which postulated that there cannot be such a thing as a separate observed system. The way the observer describes his observations is coloured by his own culture, family and language (Boscolo, Cecchin, Hoffman & Penn, 1987).

The different points of view of how it is possible for a researcher to describe what he perceives, is also fundamental to the understanding of the development of interactional theory and research. Answers on how the viewpoint that the researcher is part of the

process, established itself can be found in the development of phenomenological philosophy. Of particular interest, is the notion of the philosopher Husserl, who moved away from the notion that researchers can objectively and separately describe the world (Iturrate, 1976). He described consciousness as: *“the actualization of a kinship that binds subject and object together as codeterminants of experience”* (Iturrate, 1976, p.100) .

Forthcoming from the philosophical and scientific fields, the strategic approach developed. The main figures in this movement were people such as Bateson, Jackson, Weakland and Haley (Grove & Haley, 1993; Kotze, 1983; Becvar, D.S. & Becvar, R.J., 1996). These people were familiar with the concept of cybernetics in the 1940's and started to focus not only on content, but also on patterns of communication.

Of particular interest during this time was the work of Bateson whose goal was to find an appropriate framework for the behavioural sciences. During 1953 he was joined by Jay Haley and John Weakland who formed a research team that became well known for their analysis of the communication patterns of schizophrenic patients. They formulated the double bind hypothesis (Becvar, D.S. & Becvar, R.J., 1996). The importance of this theory is that it moved away from the notion that insight is a prerequisite for cure or change and described schizophrenia as an interpersonal and relational phenomenon. According to Becvar and Becvar (1996) the bridge between intrapsychic and systemic approaches to therapy was made by Ackerman, who combined psychodynamics and the social role of an individual to describe the ongoing maintenance of change and stability in the person, the family and the culture.

During the 1960's a group called the Mental Research Institute (MRI) was established, with Don Jackson as one of the leading communication researchers (Becvar & Becvar,

1996). His contributions were in the establishment of basic rules of communication and the concepts of homeostasis in families. During the 1960's and 1970's Jay Haley was a leading figure at the Philadelphia Child Guidance Clinic where the social context of human problems were emphasised (Haley 1963; Haley & Hofman, 1967). Other important members at this institute who contributed to the interactional approach, were Watzlawick and Weakland who developed a briefer form of therapy with the aim of finding efficient solutions to presenting problems (Weakland, Fisch, Watzlawick & Bodin, 1971; Watzlawick, 1983; Nardone & Watzlawick, 1993). They postulated that in order to solve problems, one has to understand how problems are created and maintained. Of importance to this study, however, is more how this paradigm is applicable to the way research is conducted.

5.3.2 The interactive relationship between researcher and patient

Buber (1947) a philosopher, said: *"I cannot depict or denote or describe the man in whom, through whom, something has been said to me. Were I to attempt it, that would be the end of saying. This man is not my object; I have got to do with him"* (p.27). This quotation described my feelings aptly after talking to patients with breast cancer. One cannot distance yourself, you have to be with the patient in order to understand. This perspective that emphasises the researcher's participation in constructing what is observed, is called "constructivism" (Keeny & Ross, 1985; Hoskins, 2000). Although the focus of these interviews was on the experience of breast cancer patients, my own subjectivity was part of the interview and also of the interactional descriptions of experience. The study is thus an intersubjective interpretation of the relationship that took place during the interviews. This intersubjective interpretation of the interviews was further broadened by additional views of my supervisor who listened to the recorded versions of the interviews.

It is important to be aware of being part of the process to be able to distinguish between one's own needs and that of the patient during the process. Kahn (1991) described this dilemma of being part of the process aptly, when he said: "*What seems important is that we think through the implications of each strategy we explore, that we pay attention to the effects on the client, and above all, that we scrupulously consider whether what we do is for the client or for ourselves*" (p. 146).

In interactional psychology, the aims of therapy are clarified and the relationship is used to reach these goals. Seen from another angle, interactional psychology can also be called relationship psychology (Beyers, personal communication, 1999). Swart and Wiehahn (1977) stated that there are manoeuvres on the part of the psychotherapist in interaction with the patient that change the relationships of the patient. Although the therapist is part of this process it is said that he is more "in control" of the process than the patient (Grove & Haley, 1993). With clear aims and the strategies to realise them, this form of therapy becomes a tool for research purposes and can become measurable.

5.4 Research using interactional analysis as framework

This manner of interactional therapy and doing research becomes an art, with the therapist having to adapt to the demands of the relationship constantly. Using the relationship as the main tool of therapy, it is immaterial whether the therapeutic interview was conducted in my office, a hospital room or the patient's home. There is no attempt to create an impression of standardisation. Yet, the context will also be taken into account, as the context has an influence on the nature of the relationship.

The researcher should keep an open mind towards the process of which he is part and should always heed the warning of Buber (1947) who said :"*I always have been to*

admire genuine acts of research, when those who carry them out know what they are doing and do not lose sight of the limits of the realm in which they are moving” (p. 29).

In qualitative research, concepts such as reliability and validity are not found in the research methods or the number of cases studied, but contained in the description of the researcher who is part of the research process. This idea of the responsibility of the researcher was already described by Buber in 1947 when he stated: *“The idea of responsibility is to be brought back from the province of specialised ethics, of an “ought” that swings free in the air, into that of lived life. Genuine responsibility exists only where there is real responding.*

Responding to what?

To what happens to one, to what is to be seen and heard and felt. Each concrete hour allotted to the person, with its content drawn from the world and from destiny, is speech for the man who is attentive. Attentive for no more than that is needed in order to make a beginning with the reading of the signs that are given to you. For that very reason, the whole apparatus of our civilization is necessary to preserve men from this attentiveness and its consequences. For the attentive man would no longer, as his custom is, “master” the situation the very moment after it stepped up to him: it would be laid upon him to go up to it and into it. More-over, nothing that he believed he possessed as always available would help him, no knowledge and no technique, no system and no program, for now he would have to do with what cannot be classified, with concretion itself. This speech has no alphabet, each of its sounds is a new creation and only to be grasped as such.

It will, then, be expected of the attentive man that he faces creation as it happens. It happens as speech, and not as speech rushing out over his head but as speech directed precisely at him. And if one were to ask another if he too heard and he said he did, they

would have agreed only about an experience and not about something being experienced "(p.34).

The above quotation expresses my own thoughts and feelings while being part of the qualitative research process. I was aware of being responsible for the quality of the research process and realised that I, (myself) and my supervisor had to become transparent in this research process in order to report responsibly what was experienced during the interviews. It was important to be aware of our own experience and thoughts because only by being aware of our subjectivity could we report what was found in the investigation. In other words : *"Transcendentalism contends that the "objectively true world" of science is a constitution of higher degree, grounded on experience and on pre-scientific thought, and that, consequently, only a radical investigation into subjectivity, the source of all validity, can arrive at the ultimate meaning of being in the world"* (Iturrate, 1976).

Within this basic understanding that the researcher is part of the research process different options of doing therapy research were open. In order to decide on how to conduct the research interviews, a broader understanding of therapeutic research was necessary.

5.5 Psychotherapy research: the process

The type of qualitative research administered in this study can be described as psychotherapeutic research. The aim of this type of research is not only to gather information, but also to systematically attend to the relationship to understand what type of change had taken place during therapy or during the process of interviewing. Psychotherapy research requires judgement of the therapist that goes beyond the direct

application of knowledge obtained (Polkinghorne 1999). In this study, the aim is not only on information gathering as to how the patients experienced the news that their cancer had recurred, but also how they deal with this experience during the interview. The outcome of this research with patients will probably influence therapy.

There are different ways of doing psychotherapy research (Mahrer, 1999; Kvale, 1996). One could, for example, study the significant change processes as described by Greenberg (1999). This involves the observation, measurement and description of critical changes that take place during therapy. Another method of psychotherapy research is called "Discovery-Oriented Psychotherapy Research (Mahrer & Boulet, 1999). This way of doing psychotherapy research starts by asking questions such as: *"What are the impressive, significant, or valued changes or events that can occur in psychotherapy sessions?"* (p. 1481). These questions are then answered systematically way by a panel of judges who listen to tape recordings made during therapy sessions. Another method of psychotherapy research proposed by Honos-Webb, Lani and Stiles (1999) is to determine markers that indicate different stages in psychotherapy. These stages will indicate progression towards the goals of psychotherapy.

To avoid the trap of falling into subjectivity in therapy research, some researchers have developed extravagant models to be able to quantify results (Mahrer & Boulet, 1999; Edwards, 1998). Others used a more descriptive technique by analysing the discourse that took place (Labov & Fanshel, 1977).

Smith (1999) warned against a "naive pragmatism" in research which leads only to the study of "what works" (p. 1496). In order to prevent this study from falling into the trap of unsystematic research the interactional model of doing research will be adhered to. This method of doing research is discussed in the following section.

5.5.1 Interactional psychotherapy research: guidelines for describing therapeutic interviews

Interactional psychology is concerned with happenings between people rather than within a person. It focuses on the interaction between individuals, themselves, and their world in the “here and now”. Each person develops one or more styles of interaction with other people and his world and has to fulfil many different roles such as mother, child or the role of the cancer patient (Beyers & Vorster, 1991). Interactional psychology studies the interactional patterns an individual exhibits and its aim is to enable an individual to adapt her interactional styles in order to cope successfully with demanding situations (Yalom, 1974). For example, a breast cancer patient whose illness has been in remission for the last five years, may still assume the “sick” role of a cancer patient. She benefits from the sympathy of others and is reluctant to take on normal responsibilities. Within the interactional relationship with the therapist, such a patient may become aware of her interactional style and may adapt this in order to cope better with the demands of her other roles, such as that of a wife for her husband or mother for her children. The role of the therapist is to understand the patterns of interaction of the individual before it can be changed. The therapist acts as a sounding board or a mirror to the patient, who becomes aware of her own interactional styles. The therapist adapts his/her style to remove reinforcement for dysfunctional patterns of behaviour in order to diminish those behaviours of the patient. Using the same example of the patient with breast cancer whose disease has been in remission for five years but who still acts pathetically or helplessly in order to gain sympathy from others, will not get sympathy from the therapist but will be supported whenever she shows assertive behaviour. Within the safe therapeutic relationship, the patient will feel secure enough to change from exhibiting dependent behaviour towards more independent self-actualising behaviour.

As with all psychotherapies, the relationship between the therapist and patient is of utmost importance (Yalom, 1974; Swart and Wiehahn, 1979; Kahn, 1991). Interactional therapy is not a mechanistic approach, it can only be successful within a warm, emphatic and safe relationship between patient and therapist.

Nardone and Watzlawick (1993) further developed the understanding of the interactional patterns of individuals within this relationship. They focussed on the following questions:

- i) What are the client's observable behaviours and usual behaviour patterns?
- ii) How does the client define the problem?
- iii) In whose company does the problem manifest itself?
- iv) In whose company does the problem appear, worsen, disguise itself, or disappear?
- v) Where does it usually appear?
- vi) How often does it appear and how serious is it?
- vii) What has been done so far to solve the problem?
- viii) Who would be most affected by the disappearance of the problem?

The Swart and Wiehahn (1979) and Beyers and Vorster (1991) approach of analysing psychotherapy, and more specifically psychotherapeutic research descriptively, seems more to the point and useful. This was the approach used for the analysis of the therapeutic interviews.

5.6 Conclusion

The plurality of methods used in this study should provide answers to the formulated hypotheses. The value it places on the diversity of human nature will hopefully provide suggestions on how to improve our understanding of and behaviour towards patients with cancer. It is an attempt to clinically valid and meaningful research that complements the more traditional way of practising research.

The following chapter contains a discussion of the methods followed in conducting this study.