Living the Theory:
An Enquiry into the Development
of a Psychotherapist in Training

by

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- To the researchers who have done self-study enquiries – your courage carried me when the process was uncomfortable.

DECLARATION

I herewith declare that "**Living the Theory: An Enquiry into the Development of a Psychotherapist in Training**" is my own work, and that all sources and quotes used have been indicated and acknowledged via complete references. This dissertation was not previously submitted by me for a degree at another university.

Venessa Nabal

ABSTRACT

This dissertation explores the experiences of a psychotherapist in training. Psychotherapeutic training can be described as taxing, because personal change often results from the process, and change can be difficult. This study is an action research enquiry that focused on a living theory methodology. A living theory enquiry strives to find answers to the question of how to improve the practice (in this dissertation, the practice of psychotherapy). In order to find answers to this question, the researcher embarks on a journey of reflective awareness, which highlights whether he or she is able to practise in accordance with his or her personal values. An explicit awareness of both personal and professional values is essential in a living theory enquiry. A living contradiction occurs when a person is unable to consolidate his or her personal and professional values. A living contradiction has a negative impact on a practitioner's well-being, which may in turn influence how that person practises psychotherapy. This dissertation explores such a living contradiction which the researcher experienced during her training as a psychotherapist. A subtext of the dissertation can be described as the Narrative of a psychotherapist (in training) dealing with personal trauma.

KEY WORDS

Action research

Living theory

Self-reflection

Supervision

Trauma

Trainee psychotherapist

Post modernism

Social constructionism

Experiential learning

Values

Living contradiction

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CHAPTER 1

IN THE BEGINNING

Introduction

This dissertation is a living theory enquiry. I studied the process of my own development as a psychotherapist in training and the impact that a traumatic event that occurred during this development process had on this development. In accordance with the living theory method, the study revolves around the question of "How do I improve my practice"?

The research statement of the dissertation is the following:

The study explores the perceptions and experiences of a psychologist in training, focusing on the training journey and by constructing a professional identity that is in line with the psychologist's personal values and beliefs by means of an action research living theory enquiry.

The process of writing the dissertation serves a complementary function in the completion of the qualification: writing the dissertation provided me with an additional space for personal and professional development. I was able to explore my understanding of psychology as a profession and about being a psychotherapist; and I could also construct new understandings pertaining to psychology as a profession and about being a psychotherapist. In addition, I was able to explore the impact that psychology as a profession and the practice of psychology had on my personal and professional values as a psychotherapist in training. In this, I follow Meyerstein and Kompass (as cited in Hall, 2004), who suggest that learning can be "amplified through the convergence of training, therapy and cognitive and experiential learning. This text represents to a point a synthesis of the cognitive (in that it is an academic dissertation) and experiential (as it is focussed on experience)" (p. 102).

Several dissertations, such as those by Hall (2004), Louw (2000), Prentice (2001), Vermooten (2007) and Viljoen (2004) serve as testimonials of the struggles that psychotherapists face and the development that psychotherapists undergo during their training period. As my personal journey progressed, I found that these testimonials were not only comforting to me, but also normalised the emotions I experienced at times. These emotions included a feeling of being overwhelmed, and the frustration of not knowing and being stuck.

This dissertation is a reflection and a report on my journey since the commencement in 2005 of my work towards obtaining my qualification as a psychotherapist. It documents some of the experiences that had a significant impact on my development as a psychotherapist. Due to the personal nature of the topic of the dissertation, writing the dissertation contributed to my personal therapeutic process of healing after I had experienced a traumatic event that triggered a living contradiction. A living contradiction is a state that occurs when a person is unable to live in accordance with his or her personal values in practice (Whitehead, 1989).

Originally, my enquiry was informed by my need to define therapy. This question arose when I was faced with a situation that resembled a therapeutic process even though it was not defined as such. A group of boys I worked with during my first year of Master's training at the University of Pretoria (Mamelodi Campus) inspired what I would like to refer to as 'spontaneous therapy'.

My interest in the therapeutic process then evolved into its current form when I experienced a traumatic event that made it necessary for me to embark on my own personal therapeutic process. This process and the frustration I felt in respect of my own healing led me to question my definitions and understanding of psychology as a profession, as well as the ability of psychotherapy to assist healing.

Living theory enquiry is a member of the action research family of research methods. In a living theory enquiry, there is a strong focus on the researcher's

personal practice. Values are deemed especially important in a living theory enquiry. Whitehead (1989) theorises that a practitioner's effectiveness and practice may be negatively affected if that person is not able to live in accordance with his or her personal values in practice. This inability results in what Whitehead (1989) describes as a living contradiction.

The theory of the research methodology is discussed in depth in the next chapter. The dissertation is situated in a postmodern paradigm, with a strong social constructionist influence. As mentioned above, the dissertation is a living theory enquiry, inspired by action research, which can be associated with social constructionist and postmodern theories.

Richardson and St Pierre (2005) argue that researchers today are fortunate to work within a postmodern climate, as we are living in times where a multitude of approaches to telling and knowing exist side by side. Frank (1995) postulates that "[p]ost modern times are when the capacity for telling one's own story is reclaimed" (p. 7).

Writing Style

The dissertation is a study of a personal lived experience. It documents my (the researcher's) learning and development during the completion of the degree. Because this is a living theory enquiry into a lived experience, my supervisor and I agreed that it would be more authentic to write in a style that is representative of me as a person and as a practitioner.

The learning and knowledge presented in this dissertation often evolved through conversations, with my supervisor, critical friends and myself (when I reflected on previous journal entries or process notes). The conversational writing style of the dissertation is an attempt to mimic the conversational origin of knowledge. Therefore the writing style of the dissertation is conversational, at times even colloquial, similar to that used by Hall (2004) and Vermooten (2007), with an awareness of and respect for the academic context in which the dissertation is nested (Hall, 2004; Vermooten, 2007; Viljoen, 2004).

According to Richardson and St Pierre (2005), "[s]tyles of writing are neither fixed nor neutral but rather reflect the historically shifting domination of particular schools or paradigms. Social scientific writing, like all other forms of writing, is a sociohistorical construction and, therefore, is mutable" (p. 960). Hall (2004) acknowledges that an informal manner of writing is "in flagrant disobedience of the laws of the world of Academic Dissertations" (p. 5), but argues that an informal writing style serves the purpose of easily created and accessible information.

Choosing an informal writing style allowed me to present my reflections in a style that is more natural and representative of me as a person than a rigidly academic and verbose formal style would be. When she explains her use of a less informal writing style, Vermooten (2007) describes style of a dissertation written in this way as a reflection on "part of my process of starting to 'inhabit' my thinking, writing, and doing therapy amongst other things" (p. 2).

A further aim of this informal writing style is to provide an easily accessible document that should be easy to understand for both academic and non-academic readers who may find themselves reading this document. Richardson and St Pierre (2005) confess that for years they found even exemplary qualitative studies difficult to read. They comment as follows:

> Countless numbers of texts I had abandoned half read, half scanned. I would order a new book with great anticipation – the topic was one I was interested in; the author was someone I wanted to read – only to find the text boring. In 'coming out' to colleagues and students about my secret displeasure with much of qualitative writing, I found a community of like minded discontents. Undergraduates, graduates and colleagues alike said they found much of qualitative writing to be – yes – boring. (p. 959)

The Narrative of the traumatic event that triggered the living contradiction that I discuss in the dissertation is written in a more literary writing style. Writing in this style served the purpose of externalising the event I had experienced. It enabled me to distance myself from the content of the Narrative, while

simultaneously enabling me to satisfy my need to add my personal voice to the lived experience. According to Frank (1995), the "sense of need for a personal voice depends on the availability of the means – the rhetorical tools and cultural legitimacy – for expressing this voice" (p. 7). Writing the dissertation served as a platform to raise a personal voice within an academic context.

Denzin and Lincoln (2005) postulate, referring to the book series by AltaMaria, *Ethnographic Alternatives*, that ethnographic or self-study research has the ability to blur the boundaries between the Social Sciences and the Humanities. According to Denzin and Lincoln (2005), "ethnographic research experiment with novel forms of expressing lived experience, including literary, poetic, autobiographical, autobiographical, multivoiced, conversational, critical, visual, performative and co-constructed representations" (p. 20).

Words will never be able totally to capture or describe my journey of becoming a psychotherapist, but the process of writing the dissertation helped me to punctuate the learning and development I experienced during the completion of the qualification.

Richardson and St Pierre (2005) cite Doctorow, who claims that "there is no longer any such thing as fiction or non-fiction, there is only narrative" (p. 961). Despite the blurring of genre and despite our contemporary understanding that all writing is Narrative writing, there is still one key difference that separates fiction from scientific writing. This difference pertains to the claim the author makes for the text. Richardson and St Pierre (2005) explain this concept as follows:

> Declaring one's work is fiction is a different rhetorical move than declaring that one's work is social science. The two genres bring in different audiences and have different impacts on publics and politics – and on how one's 'truth claims' are to be evaluated. These differences should not be overlooked or minimized. (p. 961)

Introducing Theoretical Constructs of Living Theory as an Action Research Method

Values

Living theory research is a value-laden form of enquiry (McNiff, 2002). The aim of a living theory enquiry is to explore areas in professional practice where the person is not living in accordance with his or her personal values. This dissonance informs what Whitehead (1989) refers to as a living contradiction. Unresolved living contradictions can affect the effectiveness of professional conduct. Therefore, a keen awareness of and insight into both personal and professional values is necessary when one undertakes a living theory enquiry.

Reflection

Reflection is useful in the process of identifying values. For this reason, a reflective journal was kept to inform the dissertation. This reflective journal was employed to reflect on conversations I had with my critical self, on my experiences, on dialogues with critical friends and supervisors. Raelin (as cited in Potts, 2002) describes reflection as "the practice of periodically stepping back to ponder the meaning to self and to others in one's immediate environment about what has recently transpired. It illuminates what has been experienced by self and others, providing a basis for future action" (p. 7).

According to Csikszentmihalyi (1990), the process of reflection allows a person to evaluate every piece of information received, to determine whether or not that information has any bearing on the self: "A new piece of information will either create disorder in consciousness, by getting us all worked up to face the threat, or it will reinforce our goals, thereby freeing up psychic energy" (p. 39).

Critical Friends and Validation

Critical friends function as social validation. Critical friends are people that a researcher selects to evaluate the knowledge claims that a living theory

researcher makes. Knowledge claims are validated when critical friends agree with the knowledge claims. According to Whitehead and McNiff (2006), the responsibility of a critical friend is to function both as a friend and as a critic. Critical friends and validation are discussed in Chapter 2.

Ethical Considerations

The dissertation is a self-study enquiry involving an element of wounded storytelling. According to Frank (1995), in wounded storytelling, the physical act of telling one's story becomes the ethical act. Frank (1995) cites Kierkegaard, writing of the ethical person as editor of his or her life. To tell one's life story is to assume responsibility for that life.

Although Whitehead and McNiff (2006) indicate that a person does not require permission when embarking on a self-study enquiry, I have elected to include permission from a number of people. It was through and with conversations with critical friends, clients, supervisors and myself that I was able to explore my development as a psychotherapist in training. A declaration of ethical intent and consent forms (from the contributing voices in this dissertation) are attached as Appendices B to H at the end of the dissertation.

Aims of the Study

This study has numerous overlapping aims. First, the dissertation aims to explore the effect of the identity-transforming process in the context of a psychology training context. In this process, the constructs I held pertaining to psychology as a profession, psychotherapy in practice and the correlation between personal and professional values are explored.

Second, the dissertation aims to illustrate a process of resolving an experienced living contradiction. Through the acknowledgement and resolution of a living contradiction a person is able to live in accordance with a personally constructed living theory. The aim is to illustrate that living contradictions can be resolved in a scientific and ethically responsible manner.

Although the dissertation is an account of my personal experience and learning, additional outcomes of the study is that the self-study and self-reflective process of the dissertation can inspire other practitioners to asking the question 'how can I improve my practice?'. Exploring possible answers to the question 'how do I improve my practice?' resulted in knowledge claims that can be validated through engagement with critical friends or a validation team.

Another outcome of the study is to contribute to the growing body of action research living theory enquiries. Furthermore, the dissertation aims to contribute to the body of South African research into the development of psychotherapists in training.

Outline of the Study

Chapter two explores the methodological underpinnings of the dissertation. The focus of the dissertation highlights the self study process the researcher experienced during her training as a psychotherapist. Specific attention is given to postmodern paradigms, social constructionism, action research and the living theory methodology.

In Chapter three the researchers progress and development as a psychotherapists is tracked by using a timeline to highlight her development and learning. I question my understanding of psychology as a profession and the function of my personal values in practice.

Chapter four provides and additional layer of personal development in the researchers life. In this chapter I explore the effect of a traumatic experience on my development as a psychotherapist.

Chapter five is the epilogue of the study that summarised the development and learning I experienced during the process of becoming a psychotherapist.

CHAPTER 2

**THE THEORETICAL CONTEXT –
MY METHODOLOGY TREE OF KNOWLEDGE**

Rationale for the methodology used in the study

I selected a qualitative design to explore my research question. Qualitative research has opened up possibilities to ask questions in different ways and to arrive at answers that can be correct without being regarded as universal truths. Qualitative research has been described by Bateson (as cited in Denzin and Lincoln, 2005) as interpretive studies of problems and issues in which the researcher is central to the knowledge and insight that the study arrives at. In addition, it incorporates a diverse spectrum of theories and paradigms, some of which allow the researcher to be part of the study, for example, practitioner research (Silverman, 2001).

As a researcher, my interest in this study centres on the less formal and less explicit learning experiences that surround a developing psychotherapist. During the ten years since I first embarked on the journey of becoming a psychotherapist, I was exposed to countless hours of lectures, examinations and assignments. During my postgraduate years, the learning continued on a practical level, especially during my internship year, but this study highlights another potential area for growth and learning for an aspiring or developing psychotherapist: by making myself and my experiences during this process the focus of the research enquiry, I hope to become a self-reflective practitioner with the ability to assess and rectify areas of professional development where and when they arise in my career.

At different times during my training, when I was faced with situations in which I could not really remember any of the reasons for which I chose this path, I found myself asking questions about the meaning of psychology, psychotherapy, people, relationships, the self and the transformative nature of this profession I have chosen.

The research process deals with my experiences during the time I took to complete the postgraduate degree. This implies that I am the research subject and that I focus on unpacking the perceptions I held about myself and the profession at the start of the process and during the process, and particularly on how the last four years have informed the construction of the therapist I see myself becoming.

The enquiry is modelled on an action research living theory, which is also sometimes referred to as a self-study practitioner enquiry (Sullivan, 2006). This study is therefore descriptive of a developmental process (a process involving a transformation of identity) using a self-reflexive, action research approach informed by social constructionism and embedded in postmodernism.

One of the most crucial components of this study is that it is largely informed by the self-reflective practices I have been engaged in during this process. It maps the progression and construction of new insights and meanings that evolved in this process.

It proved to be difficult to find a research method that would be capable of capturing my development as a psychotherapist as I experienced it. I wanted to align this research journey with the postmodern paradigm that I was trained in during my first year of master's (M1) training. Finding a way to document this research journey was a complicated undertaking. Many theories and methods influenced my thoughts and the work I did. Therefore I needed to find a way that would enable me to illustrate the methodology I used in this dissertation in an easily comprehensible manner. I needed to find a way to illustrate my thoughts. Eventually, one evening, after a long day of scratching my head and scribbling squiggles in my journal, I sat back and realised that one of the squiggles almost resembled a tree. This tree-like figure made me realise that my methodology can be illustrated by using the metaphor of a tree. This tree-like doodle is illustrated below.
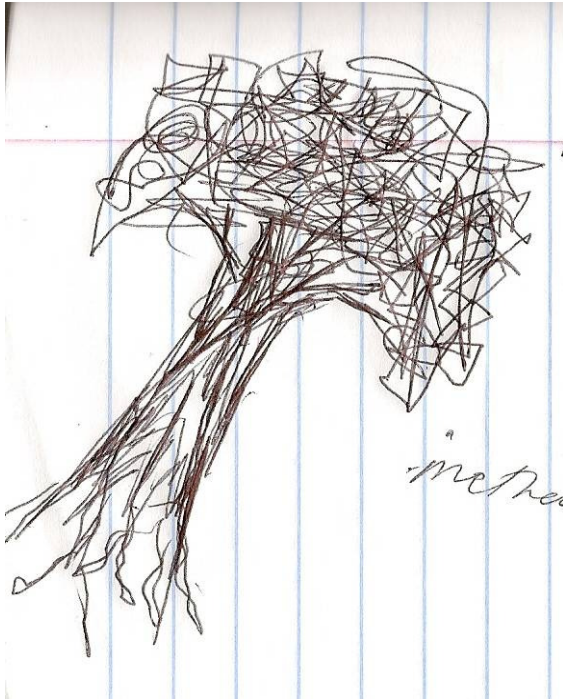
Figure 1: Journal entry, 30 August 2007

Planted in a postmodern paradigm, the roots of my tree of enquiry inform and feed the social constructionist tree trunk and bark, which in their turn support the action research branches of the tree, which are covered by the living theory leaves that provide the final touches of colour on my tree of knowledge.

I thought a tree would be a worthy metaphor for the knowledge I have gained in the process of becoming a psychotherapist, because the metaphor or image of a tree has ancient connotations of wisdom and knowledge. Such connections can be found in texts such the Bible and Tolkien's *The Lord of the Rings*. In Tolkien's second volume of the *Lord of the Rings*, *The Two* Towers, the Ents are wise old trees who contribute to the battle where good prevails over evil (Tolkien, 1999). In the Bible, a tree also played a fundamental role from the very beginning – according to Genesis 2:15-17,"the Lord placed the man in the Garden of Eden to cultivate it and guard it. He said to him, 'You may eat the fruit of any tree in the garden, except the tree that gives knowledge of what is good and what is bad. Thou must not eat the fruit of that tree, if you do, you will die the same day'" (New York International Bible Society, 1978). Adam and Eve, driven by curiosity, ate from the tree of knowledge, but thereafter life as they knew it changed for ever.

Postmodern Roots

According to postmodern theory, a therapist's point of view is no longer an exclusive "either-or" view. The therapist's view has instead become an inclusive position that allows multiple voices that construct the totality of the client to enter the conversations during therapy (Becvar & Becvar, 2003). This inclusive, "both-and" (Auerswald, 1987) view of the world matches the type of person I saw myself as being, and it appears to resonate with my personal values and beliefs. As a researcher, my thinking and attitude toward knowledge creation – and therefore toward research – is therefore guided by a postmodern view of the world.

Defining postmodernism is a complex undertaking. According to Higgs and Smith (2000), defining postmodernism can be seen as a contradiction in terms, partly because of the complex and infinite meanings that are associated with the term. As soon as one finds an encapsulating definition, one undermines the indefinable soul of postmodernism.

I first encountered postmodernism as a theoretical umbrella when I was in high school, in my art and drama classes, for example, when I heard that Andy Warhol and his counterparts established a Brillo box as a work of art. This made me realise that there could be more than one perspective of reality. The visible proof that change could occur and that a more "open-minded" view of the world existed made a lasting impression on my teenage mind at the time. Much later, when I was exposed to postmodernism in psychology, I found that the philosophy that underpinned postmodernism resonated in art, drama, literature, architecture, music and even politics (Beck, 1993).

My experiences and encounters with postmodernism serve as an example that, just as postmodernism has applications in drama and the arts, as well as in psychology, these notions can form a bridge between my already familiar identities and the identities into which I am growing. This bridge assists me in my attempt to answer the research question by helping me to construct my understanding of what becoming a psychotherapist entails.

The birth of a postmodern paradigm heralded an increase in leniency, with a greater tolerance for ambiguity and multiple truths. An emphasis on diversity became synonymous with postmodernism (Beck, 1993). Adams (1997) argues that postmodernism can be seen as a state of mind and a way of being in the world. Postmodernism may provide an alternative to modernism (one which does not exclude modernism) as a way of viewing the world. A modernist view of the world could be described as being more restricted, with the possibility of absolute truths and realities embedded in the modernist view of the world (Hoffman, 2003). With a postmodernist view of the world, "reality" and "truth" become more self-conscious constructs, where the role of language in the construction of meaning, reality and truth is emphasised (Sey, 1999).

I chose postmodernism as the canvas on which to paint the construction of my understanding for various reasons. One of these reasons is the process-oriented nature of postmodernism. Another is the honesty with which postmodernism acknowledges an awareness of a self-reflective attitude, which contributes to the creation of what one seeks to explain or understand (Snyman & Fasser, 2004). Postmodernism can be described as focusing on multiple aspects of being in the world, including how people view themselves or their identity. There is an acknowledgement of the inability of science to resolve all problems and an awareness of the shortcomings of logic and reason in addressing certain issues (Higgs & Smith, 2000).

Postmodernism influences psychotherapy and psychology in significant ways. It provides alternative descriptions of truth, reality, power and diagnosis, amongst other things (Hoffman, 2003). The therapist has moved from being an instructional expert to a person who engages respectfully in a co-constructed conversation during therapy as an equal participant in the conversation with the client (Becvar & Becvar, 2003). This places the client in a potentially more powerful position to take part in the co-creation of his or her re-authored, reframed and empowering life story and to resolve the presenting difficulties.

From a postmodern perspective, the therapist is a participant observer in the therapeutic process (Hoffman, 2003). Similarly, the researcher is a participant observer from a qualitative research perspective, and specifically from an action research perspective. Because the researcher or psychotherapist becomes part of the system, he or she is inevitably affected by the system and any change that occurs in the system (and he or she acknowledges this effect). Therefore the researcher is part of the product of the research.

Kelly (1999) is of the opinion that the constructionist approaches that have increasingly emerged in the social sciences have contributed to the exposure of the self-interested truth claims of meta-narrative approaches in history, culture and society. One constructionist approach is social constructionism, which underpinned this study, and is therefore discussed in more detail below.

The Social Constructionist Tree Trunk

Social constructionism is an approach to knowledge creation that is embedded in postmodernism (Becvar & Becvar, 2003; Gergen, 2001; Terre Blanche & Durrheim, 1999). This approach recognises that perceptions, knowledge and understandings are constructed in ways that are meaningful to the person who owns the specific construction at a given time.

The trunk of my tree of knowledge is covered with tree bark and moss. My understanding of what a tree trunk and tree bark consists of was forever changed by a high school art class I attended when I was 16. The teacher asked us what the colour of a tree trunk is. The class answered unanimously that a tree trunk is brown. She pointed out that we have to take a closer look, because the brown we see as the tree bark does not exist. The colours we see are constructed from many different hues including blue, red, green and yellow. Another significant influence on how we perceive the colour of the tree trunk and tree bark is time. Not only does the amount of time spent looking at "the" colour change our perceptions, but the point in time at which we look at the tree trunk and tree bark also makes a difference, as the light is different at different times. "The colour" of the same tree trunk is constructed from different colours at dawn, midday and at dusk.

Thinking back to this experience and linking it to my chosen metaphor of a tree of knowledge helped me to see that my construction of knowledge was also influenced by a multitude of elements that allowed me to make sense of this journey. In much the same way, social constructionism serves as the colours and light (influenced by time) that enabled me to construct my understanding of this dissertation and the journey I took to construct my tree of knowledge.

Aspects of social constructionism that are useful to this study are the notions of identity transformation as a social construction, the inclusiveness of social constructionism and the role language plays in constructing our realities. The identity-transforming process undergone by the psychotherapist in his or her study process (as discussed in this study) is a socially constructed understanding, informed by multiple voices that contributed to the construction (Viljoen, 2004). The development of a psychotherapist in training has been described as identity-transforming and difficult (Hall, 2004; Louw, 2000; Prentice, 2001; Viljoen, 2004). The identity-transforming process I myself underwent as a psychotherapist in training is therefore a central theme in the dissertation and is addressed more fully in Chapter Three.

The inclusive nature of social constructionism places therapists and researchers inside the therapeutic and research process as participants and not just as detached, neutral and expert observers (Neuman, 1997). This phenomenon, together with the tendency of social constructionism to construct meaning specific to a person or context, assisted me in my endeavour to answer the research question in a personally authentic manner.

Language is a primary tool in constructing people's social and professional realities. People's understanding depends on the conversations that they are exposed to and involved in (Gergen, 1985; Shotter, 1996). Language and communication have an amazing potential for the same words to represent uniquely different things to different people, depending on their personally constructed meaning(s) of the word or words. This idea resonates to some extent with the insight expressed by the German novelist Hermann Hesse (1956/1995), who comments:

> I agree with Siddhartha, our wise friend from the East, who once said: "Words do not express thoughts very well; everything immediately becomes a little different, a little distorted, a little foolish. And yet it also pleases me and seems right that what is of value and wisdom to one man seems nonsense to another". (p. 8)

Gergen (1985, 2001) suggests that people's understanding of their experiences and things and ideas they encounter depends on the discourses and conversations that they are exposed to and involved in. Lyotard (1979) postulates that people's conversations shape their realities and offer them a means of understanding, articulating and living their lives in more deliberate ways. Through conversations people can potentially be mobilised into action. This argument links up with Freire's (1972) notion of the ongoing reflective process he refers to as 'praxis' or informed action. The reflective nature of postmodernism and social constructionism links well, not only with the way I worked in therapy, but also with the action research methodology I chose for this dissertation, where reflection forms an integral part of the study, as recommended by McNiff (2002).

The action research branches

Action research forms the branches of my tree. These branches spread out and grow in various directions, allowing me to develop the potential of my emerging identity as a psychotherapist.

Action research can be defined as a form of self-reflective problem-solving which enables practitioners to understand pressing problems better and to solve them in social settings and which helps them improve their practice (Herr & Anderson, 2005; McKernan, 1988). It can also be seen as a family of approaches with internal debates (Herr & Anderson, 2005).

Action research is an appropriate research vehicle to carry this enquiry, because it allows a researcher to make enquiries into her or his own life, identifying and exploring areas of development (Herr & Anderson, 2005). In many ways, this approach is very different from empirical research, which largely focuses on other people.

Action research embodies the creation of knowledge (McNiff, 2002). The following description of action research by McNiff (2002) resonates with my view of myself as a researcher conducting research that could be meaningful on multiple levels:

> Action research is a term which refers to a practical way of looking at your own work to check that it is as you would like it to be. Because action research is done by you, the practitioner, it is often referred to as practitioner based research; and because it involves you thinking and reflecting on your work, it can also be called a form of self-reflective practice (p. 5)

Lewin (as cited by Louw, 2000) can be seen as the father of action research. He proposed a four-step model or cycle to achieve what he defined as experiential learning when attempting to solve problems (see Figure 2).
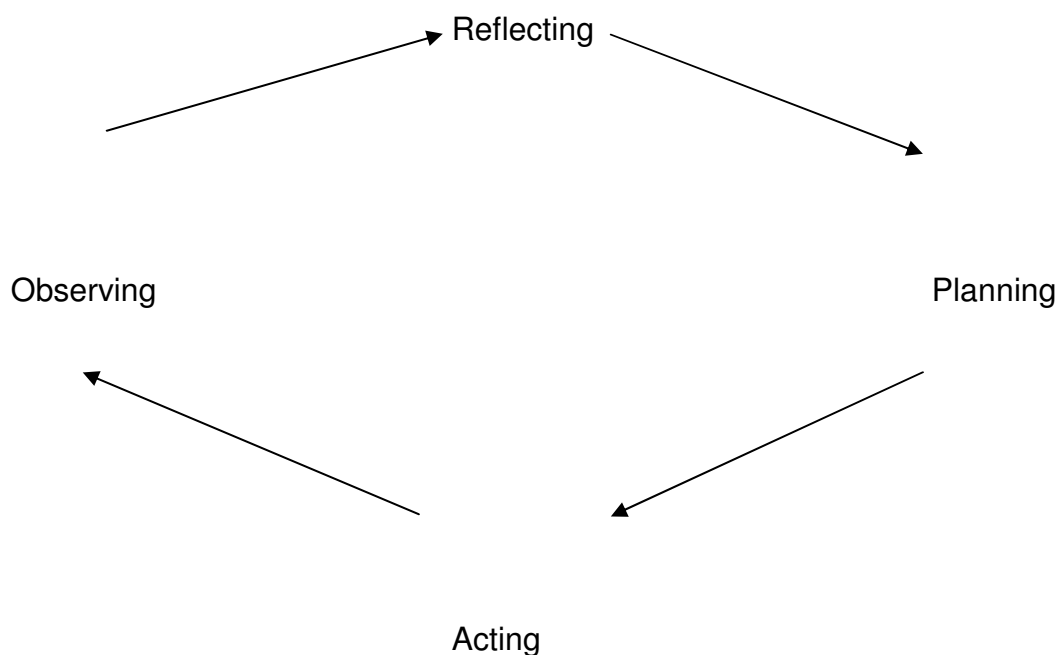
Figure 2: Lewin's problem-solving model (Louw, 2000)

Action research shares a characteristic of postmodernism: it cannot wear a single defining hat. There are diverse explanations about the nature and focus of action research, but, according to McNiff (2002), there nevertheless seems to be general theoretical agreement among the community of action researchers on the underlying principles of action research. For the purposes

of the study, I found the following three principles useful and meaningful. The first principle is that action research is a value-laden approach; therefore the research tends to be influenced by the researcher's personal values and beliefs. This principle ties in with the interventionist or activist stance of action research (McNiff, 2002). The second principle is that all people have a right to speak and be heard. This clearly also implies people's right to illustrate how they have given extra attention to their learning in order to improve their work (Herr & Anderson, 2005). This notion, together with people's need to experience both truth and beauty, informs the principles that action researchers have agreed on. The third principle is that action research employs a cyclical process where learning from previous cycles informs subsequent actions, reflections and learning. By employing this cycle I was able to pinpoint some of the learning I experienced during my training as a psychotherapist.

McKernan (1988) describes action research as "a form of self-reflective problem solving, which enables practitioners to better understand and solve pressing problems in social settings" (p.6). Herr and Anderson (2005) refer to McKernan's (1988) definition but cite several more concise definitions, for example, that of McCutcheon and Jung, who postulate, in addition to McKernan's definition, that an emphasis on collaboration improves a practitioner's practice.

Action research has an innate ability to connect the researcher with the research, as the research becomes part of the researcher's general attitude of enquiry. Battaglia (as cited in Herr & Anderson, 2005) states:

> Action Research is as much a process of asking questions about one's practice as it is deciding what to do about the solutions. Action Research enables you to live your questions; in a way, they become the focal point of your thinking. My questions took on an almost mantra-like quality; they seemed to seep into my thinking and conversation, creep into my reading and writing when I'd least expect. They also kept me focussed. I appreciate how professionally healthy it might be to adopt an "Action Research mentality" whereby one is always thinking

about or attempting to polish another facet of the work one does. Perhaps, then, Action Research is an attitude or becomes an attitude that is brought into one's practice. (p.73)

From this comment I deduced that action research reflects a researcher's interests and concerns on multiple levels. It is evident that when a researcher undertakes an action research enquiry, the researcher's personal values and beliefs will influence this connectedness between the researcher and the research. This resonates with the statement by Battaglia (as cited in Herr & Anderson, 2005) that research is '*for them, for us, for me'.* I accept this premise and therefore expect that an action research question will cut across and introduce possibilities for change on multiple levels in my development as a psychotherapist and as a person. Herr and Anderson (2005) indicate that if a researcher chooses to engage in action research, the "researcher can expect that their work will contribute to their sense of being-in-the-world, to their praxis, and to the larger conversation regarding the topic under study as well as the process of enquiry" (p.70).

Living theory leaves

The leafy canopy of my tree of knowledge is informed by the action research living theory developed by Whitehead and McNiff (2006).

From my reading, it emerged that some writers in the action research landscape criticised the tendency to privilege the group over the individual. This led to a focus on the individual practitioner that originated with Schön (1995). He was interested in understanding how practitioners learn their craft. Action research that focuses on the development of a person's professional and personal selves has been referred to as self-study or autoethnography (Herr & Anderson, 2005). Herr and Anderson (2005) claim that autobiographical data is characteristic of action research, referring to the work of Tenni, Smyth and Boucher (2003), as their research questions were based on their own professional practice or personal experience, inferring that researchers are required to study themselves.

Whitehead and McNiff (2006) expanded on these ideas by developing the action research living theory enquiry. Whitehead (1989) defines living theory by viewing a person's professional practice as

> a form of real-life theorizing. As we practice, we observe what we do and how we reflect on it. We make sense of what we are doing through researching it. We gather data and generate evidence to support our claims that we know what we are doing and why we are doing it (our theories of practice), and we test these knowledge claims for their validity through the critical feedback of others. These theories are our living theories. (p. 32)

An action research living theory enquiry can assist me to incorporate the principles of both postmodernism and social constructionism into my research. The methods embedded in the methodology used in this study allow me to develop what Sullivan (2006) refers to as a new living theory of practice, which incorporates my living epistemology of practice. This illustrates the contention expressed by Somekh (as cited in Sullivan, 2006) that, in an action research approach, epistemology and methodology are interwoven.

Due to the fact that I chose a self-study practitioner enquiry or living theory study into my development as a psychotherapist, I was able to adopt an interrogative stance and was able to explore my professional practice and persona. In the course of this journey, I asked and actively sought answers to questions such as 'how can I improve my practice as a developing psychotherapist?', as suggested by Sullivan (2006). I was faced with a need to match my personal beliefs and values with my professional practice to avoid a situation that Whitehead (1989) refers to as a living contradiction.

A living contradiction is when you find yourself in situations that indicate that you are not "practising what you are preaching". As a person who values people's individuality and the uniqueness of people's ability to heal, I found myself in an ambivalent situation, feeling as if I was in contradiction to my own values, when I saw clients and when I was not capable, for various reasons, of applying these principles in every situation. This sense escalated when

personal experiences further challenged my ability to live my beliefs and values in practice.

Whitehead (as cited in Herr and Anderson, 2005) comments on the idea of promoting action research as a self-reflective process focussed on the individual as follows:

> I believe that the incorporation of "I" as a living contradiction in explanations or the educational development of individuals, has distinguished an original contribution to the Action Research movement … I experience problems or concerns when some of my values are denied in my practice; I imagine ways of improving my practice and choose a course of action; I act and gather evidence which will enable me to take a judgement on the effectiveness of my actions; I evaluate the outcomes of my actions; I modify my concerns, ideas and action in the light of my evaluation (p.25).

In a living theory research enquiry, the researcher becomes the focus of the enquiry (Whitehead, 1989). This seems to fit in with some of the experiences I had during my M1 training. The way we (the students) as individuals saw the world was often challenged and unpacked to gain a fuller understanding of how our beliefs, values and views influence the work we do. It would appear that a living theory enquiry would complete the circle of information I need to best understand myself as a developing psychotherapist.

By choosing to use the living theory in my study, I am building on the postmodern and social constructionist theoretical principles in which my M1 training was embedded. A postmodern researcher cannot assume an expert positivist voice; however, he or she can comment on what he or she has experienced as truth in the process, hoping that elements of the journey might resonate with the reader, just as reading some of the dissertations on the experiences of other writers (Hall, 2004; Louw, 2000; Prentice, 2001; Vermooten, 2007; Viljoen, 2004) resonated for me.

Research method

I trace my therapeutic development by questioning three constructs. These constructs can be summarised as a description of my professional skills (praxis), my professional identity and my personal or private identity. For the purposes of this study, I regard my therapeutic development from 2005 to 2007 and beyond as relevant. The questions I asked regarding the three constructs mentioned above guide the enquiry. I divided the process of my development into three phases, starting with 2005, following my development through 2006, and concluding with my development from 2007 to the present. The three phases on the time line focus on the areas set out below. My exploration of the development of my understanding of the constructs during 2005 and 2006 informs Chapter Three of the study, while the unpacking of my development in 2007 and beyond is the focus of Chapter Four.

In the section looking at the 2005 phase, I question my understanding of psychotherapy and how it developed during M1 training. This section includes reflections on a group of boys and a client I saw at the Itsoseng Clinic in Mamelodi. These encounters challenged the constructs I held, as well as my thinking about psychotherapy, healing and learning from clients. My method to explore this phase is to focus on my reflective journal entries as documents that record my experiences. Through these experiences, I reflect on my understanding of what being a psychotherapist entails. The values I became aware of during my M1 training are also explored.

In the section looking at the 2006 phase, I explore how my understanding of psychotherapy, my development as a psychotherapist and my emerging values evolved in the setting of my internship and how I built it on previous understanding.

In Chapter Four, I explore my development in 2007 and beyond, focusing on a living contradiction that I experienced during my development as a psychotherapist. The living contradiction was triggered by a traumatic event I experienced at the end of my internship. The exploration of this living contradiction follows the action research cycle: I report on my experience of

problems when some of my values were denied in practice. I then search for methods of improving my practice that I can act on. Through my reflective journal I am able to evaluate the outcomes of my actions and adapt my ideas and action accordingly, as suggested by Herr and Anderson (2005). In this process, I bear in mind Herr and Anderson's (2005) caution that action research can be "a messy, somewhat unpredictable process and a key part of the enquiry is a recording of the decisions made in the face of this messiness" (p.78).

What is Considered Data

Data can be described as the actions and phenomena that are recorded, gathered and stored in artefacts such as computer files, notes and video recordings. In this study, data were gathered throughout the research on an ongoing basis to illustrate the action as it unfolds, as proposed by Whitehead and McNiff (2006).

There are a variety of artefacts that can be used in data collection in a living theory study (McNiff, 2002). I elected to use the following as data: reflective journals, psychotherapy process notes, relevant letters, and video recordings, conversations with critical friends, lectures and supervisors, all concerning the subject of the study. I use mainly reflective journaling, conversations with critical friends and supervision notes, all relating to my professional development as a psychotherapist, as data, in line with the ideas of Whitehead and McNiff (2006). These sources of data reflect elements of my personal and professional values, as well as the moments when I experienced disconnectedness between these values because their interconnectedness was not acknowledged.

Values as Critical Standards of Judgement

This is a value-driven research enquiry which reflects my ethics as a psychotherapist, as a researcher and as a person. Action research centres on values (McNiff, 2002). It allows a self-reflective practitioner to be aware and explore what he or she is doing in practice, and why he or she is doing so.

The concept of values can be described as a universal yet individually unique phenomenon. Values can be seen as the guideline people use to direct and inform decisions and behaviours. I therefore agree with McNiff (2002) that all people live according to values. From a social constructionist point of view, professional values are constructed through professional codes of ethics. Apart from these professional values, which can be regarded as external values, values are also influenced by the individual that subscribes to them. There are no overarching structures of personal values to tell people which values to hold. Personal values are constructed through professional and social values that fit in with people's individual truths. Therefore the personal is not detached from the social. Values are constructed through the individual's process of engaging in various conversations or language games that play out in the social realm.

According to Whitehead and McNiff (2006), ontology refers to a theory of being, which influences how people perceive or see themselves in relation to their environment, including other people. Epistemology is a theory of knowledge, revolving around what is known and how it comes to be known. Whitehead and McNiff (2006) indicate that a person's epistemological stance is inevitably influenced by his or her ontological stance. My ontological stance is inclusive, which informs my epistemological stance, as I view myself as part of the processes and people that provide learning and knowledge in my life.

Action researchers who work in a living theory tradition tend to promote and adopt the humanitarian values of care and compassion, a concern with freedom and the right of all to make up their own minds about how to do their research and how to live their lives as they wish, in negotiation with others who wish to do the same (Whitehead & McNiff, 2006). This contrasts with the value of control that is often present in action research enquiries, where the researchers' ontological and epistemological stance is exclusive. In the exclusive stance, learning can be observed as that of an outsider, which resonates with a modernist paradigm. For Whitehead and McNiff (2002), the significance of their ontological values in educational relationships is that they encourage practitioners to create their own theories of practice freely. This

allows them to articulate their values as having to do with the creation and testing of claims to knowledge.

According to McNiff (2002), action research begins with values. A self-reflective practitioner needs to be aware of what forms the essence of his or her life and work. This enables the person to clarify what he or she is doing and why. Difficulties arise when people are not able to live in accordance with their values, and the same applies to not being able to live their values in their professional practice. This informs the living contradiction dilemma as noted before (Herr & Anderson, 2005; McNiff, 2002; Whitehead, 1989). McNiff (2002) postulates that it is in the examination and resolution of these contradictions that people are able to live more fully and in accordance with their values.

I have identified and explored my personal values in two ways. First, the articulation of my personal beliefs and values as having an influence on my professional development serves as data. Second, these values are translated into criteria that I deem necessary in my professional identity, as suggested by McNiff (2002).

Whitehead and McNiff (2006) write about freedom and love as values by which they measure the work they do. My ontological and epistemological values of being able to help people directly influence my measurement criteria for this study. The measurement criteria provide me with data indicative of the transformation I experienced during the completion of this qualification. I used four main measurement criteria. In the first place, I value my need to help and assist people to resolve their emotional difficulties – the criterion is that I value helping people. In the second place, I value the notion that I should not be judgemental of people – the criterion is therefore that I can demonstrate that I do not judge the people I come across in practice. In the third place, I value the notion that people have the ability to heal themselves (because people are resourceful, they can find solutions to their difficulties; but people sometimes need someone to help them see their strengths and help them to make sense of life) – this implies that the criterion is that I can illustrate an increased belief in the resourcefulness or self-determination of people. In the fourth place, I

value the principle that I should remain true to friends and family, and not allow the process of developing as a psychotherapist to detract from the manner I relate in these relationships – the criterion is then that I can illustrate that I have remained true to friends and family during the identity-transforming process of becoming a psychotherapist. Once I am able to demonstrate that I have met the articulated criteria, I will be able to show that change has occurred.

Validation of Claims

The term validation immediately conjures up definitions of the positivist, modernist paradigms I came across when I first started studying. Kvale (1995) refers to validation and its two "accomplices", reliability and generalization, as the positivist trinity.

For some it has become common practice to discard validation as part of a modernist era that no longer dictates knowledge creation. However, one of the fundamental tenets of postmodernism is that it is inclusive, and it therefore adopts a "both-and" perspective that does not necessarily discard what which came before it. Postmodernism does not deny that truth exists, but, instead of supporting the idea of a single universal truth, postmodernism has the concept of multiple truths as one of its central tenets (Kvale, 1995).

However, validation of knowledge could be applicable in a postmodern, social constructionist research enquiry such as this one. Kvale (1995) postulates that the "modernist notion of true knowledge as a mirror of reality is replaced by a postmodern understanding of knowledge as a social construction" (p. 19). The validation of a qualitative action research enquiry required the presence of five prerequisites.

The first prerequisite was the **participation of critical friends** who aided the validation process as they scrutinized my knowledge claims and the validity of my evidence base, in line with what Whitehead and McNiff (2006) suggest. It is through conversations with critical friends that I endeavoured to validate my truth. Kvale (1995) postulates that "truth is constituted through dialogue; valid

knowledge claims emerge as conflicting interpretations and action possibilities are discussed and negotiated among the members of a community" (p. 22).

With the inclusion of critical friends in the study, I can meet the second prerequisite, namely the **triangulation** of the knowledge claims. The triangulation method assists me to construct and validate my knowledge claims, as described by Potter (1999).

The third prerequisite was that I illustrate that my claimed evidence is actual evidence by **articulating the criteria** and my **standards of judgement** that in turn validate my claims as evidence, as suggested by Whitehead and McNiff (2006).

The fourth prerequisite was the **institutional validation** process of the **dissertation** as a component of a tertiary, postgraduate degree, where the research is made available to the scrutiny of the faculty (Whitehead & McNiff, 2006).

Accountability is strongly influenced by personal and social validation. Personal validation is mostly informed by **self-evaluating practices** such as self-reflection. **Social validation** involves discussion with critical friends or validation groups. Both of these processes are represented in the study, and meet the fifth prerequisite proposed by Whitehead and McNiff (2006).

Given that action research is part of a transition from what McNiff (2002) calls traditional scholarship to what she refers to as the "new scholarship" (p. 22), traditional forms are still dominant. This implies that action research reports are often still judged by traditional criteria. Most of these criteria are very technical and ask whether or not the research shows a systematic process of data gathering analysis and interpretation. Nevertheless, McNiff (2002) indicates that even though technical criteria are imported, they are "now complemented by qualitative experiential ones, such as whether people can relate to and learn from your report" (p. 22).

Reflecting on the experiences I had and on the moments when I was distressed or uncomfortable about a situation served as a guide that made my

values more visible. McNiff (2002) suggests including considerations such as the ones articulated in the following questions: Do you show that you are trying to live in terms of what you believe in? Do you show that you can hold yourself accountable for your claims to knowledge? Do you show how you have changed your own thinking and practice, and how this has possibly influenced others educationally?

According to McNiff (2002, p. 18), "Your data will turn into evidence when you can show that it meets your nominated criteria." Meeting the nominated criteria will also serve as proof of the study's educative influence, enabling me to illustrate the development of my own thinking and learning. She describes this as an integral part of the action research process. The second set of data was mostly informed by my reflective notes and conversations with my supervisor and critical friends. The judgement of the value of my work, combined with the judgement of my critical friends, serves as the evidence I need to indicate the value of the change, learning or development that occurred.

Journaling

Part of my journey of developing as a psychotherapist has been documented in a reflective journal. I started the journal as a compulsory part of my theoretical training in 2005, but have maintained it ever since.

My journal has functioned as both friend and foe during the completion of this degree. I remember the difficulty I experienced during my M1 year when I had to sit down and write in my journal. Maybe some of the difficulty was rooted in my anxiety about not knowing what was expected and in the fact that I did not trust the process. I was terrified at the idea that my trainers would read these thoughts and that they might reveal some underlying shortcoming that would hamper my progress and ability to be a psychotherapist. During my theoretical training I made weekly and at times daily entries in the journal. When journaling was no longer compulsory I developed a habit of writing when I needed to capture or clarify my thoughts and not according to a predetermined schedule.

Writing the journal then was very different to the diary entries I had sporadically made during my life. Not only did the journal function as a forum for feedback from the training team, I was also able to draw on the reflections to document my process of becoming a psychotherapist (Sullivan, 2006). Keeping a research journal and reflecting on the complexities of the processes that occur serves as a landscape to structure and construct understanding pertaining not only to the research enquiry, but also to personal agency in general (Herr & Anderson, 2005). Herr and Anderson (2005) describe journaling as important because a lived reality is complex.

Keeping a research journal provides vital information in any action research methodology. Journaling "is a chronicle of research decisions; a record of one's own thoughts, feelings and impressions; as well as a document reflecting on increased understanding that comes with the action research process" (Herr & Anderson, 2005, p. 77).

Journaling is a reflective action and it therefore represents two of the phases in the problem-solving model developed by Lewin (as cited in Louw, 2000), the action research cycle. The two phases are acting and reflecting. Journaling can potentially represent the planning phase. This is due to the nature of the conversation I can have with my thoughts in the past. The journal captures my understanding in different phases of my development and allows me to observe if there has been any development or change.

Critical Friends

I used the benefits of inviting critical friends to aid my construction of meaning and understanding. By inviting the opinions of critical friends, I ensured that the judgement of my work was not held to be only my opinion, but that my work was made available to the scrutiny of others (McNiff, 2002). Critical friends contribute in meaningful ways to the creation of understanding. Herr and Anderson (2005) describe critical friends and validation teams as peers and colleagues who are

> willing to debrief with the researcher, collaboratively make meaning, as well as pose questions regarding how it is that a researcher "knows"

what he or she knows. Critical friends often push researchers to another level of understanding because they ask the researcher to make explicit what they may understand on a more tacit level. Action researchers, because of the intensity and longevity of the research process, can use critical friends as vital sound boards, to help them step back or out of the research enough to more thoroughly understand what it is they are seeing and doing. (p. 78)

Since action researchers are so involved in the research process at multiple levels and in multiple roles, it is common for action researchers to use critical friends (Herr & Anderson, 2005) or a validation team and to write this into the research process. These are usually peers and colleagues, rather than dissertation committee members, willing to participate and evaluate the researcher's knowledge or truth claims.

Critical friends serve as peer evaluators in enhancing the validity of the study (McNiff, 2002). Self-awareness is effected through the process of revealing oneself to others, through others and with the assistance of others (Maguire, 2006).Therefore, critical friends can be viewed as a trusted audience that aids knowledge construction during the research process. My critical friends were present in the acting, reflecting and planning phases of the action research cycle. The action of engaging in conversation with critical friends assisted me in reflecting on the value of the work I had done. The conversations with critical friends, supervisors and lecturers functioned as a key component in planning ways of going forward with the research.

Selection of Participants

This inquiry focuses on my own therapeutic development as a psychotherapist. Although references are made to therapy clients whom I encountered during my training, they are not the subjects of the study. I myself am the subject of the study. My understanding of what psychotherapy and being a psychologist are all about is socially constructed through the interactions and conversations I had with the people I refer to as contributing voices (critical friends, clients and supervisors).

The critical friends who assisted me were selected on the basis of our shared training and supervision contexts. Elizabeth Nel (née Vermooten) was a fellow student; and Trudie le Roux was my supervisor during my internship. These critical friends agreed that their names could be used in the study.

Conclusion

This chapter provided an overview of literature on the methodology that informs this dissertation. Furthermore, the research methods that are employed in this dissertation are explored; and the validity of the research is raised.

Chapter Three focuses on unpacking my understanding of psychotherapy as a practice, my development as a psychotherapist and the ontological values I became aware of during my M1 training in 2005 and my internship in 2006.

CHAPTER 3

**MY CONSTRUCTIONS OF BEING A PSYCHOTHERAPIST AND
PSYCHOTHERAPY**

Introduction

The focus of this chapter is to explore the development of my understanding
of what psychotherapy is, as well as my development as a psychotherapist.
The development of my understanding of psychotherapy and the development
of my identity as a psychotherapist cannot be separated, as change in the one
inevitably leads to change in the other.

At this point of my development, during my internship, I construct
psychotherapy as a process where both the psychotherapist and the client
engage in a process in an attempt to resolve the client's presenting problem.
Various paradigms and psychotherapeutic theories postulate how this process
should be defined. I was exposed to several of these theories during the
completion of this master's degree, as well as during the general course of my
previous studies. Louw (2000) describes the process of becoming a
psychotherapist as challenging to the point of having an impact on the
trainee's identity.

It is important to note that this study is a reflection of my personal emerging
construction of what psychotherapy is and that it therefore does not imply a
universal truth. It is my truth as I have constructed it. The manner in which my
understanding changed has had a direct influence on, and was directly
influenced by, the identity-transforming process of becoming a
psychotherapist.

I indicate this development by using a time line, highlighting events and
learning that contributed to my emerging understanding of these two
constructs. The time line is punctuated from 2005 to 2007 and beyond. I
attempt to illustrate my development by employing the action research

learning cycle discussed in Chapter Two. These illustrations of my growth or development are validated by measuring whether or not my personal values are reflected in my professional practice. In addition, I refer to a reflective journal, process notes and communications with critical friends to support my knowledge claims.

What Informed my Understanding of Psychology

Questions such as the following contributed to my development as a psychotherapist and my understanding of psychotherapy: What does it mean to be a psychotherapist? How do I improve my practice as a psychotherapist? Can psychotherapy really aid healing? Through the action research reflective cycle, I was able to explore these questions, arriving at a point where the answers provided a better understanding of my current identity as a developing psychotherapist.

The Origin of Psychology

The origin of the field of psychology, even before Freud, is explained in ancient Greek and Roman mythology. The field of psychology is named in honour of mythological character named Psyche, meaning "spirit" or "soul" in Latin (Sternberg, 1995). For the complete myth of Psyche, see Appendix A

The moral of the story or myth is that Psyche's curiosity and her search for both knowledge and love can be seen as symbolic of the spirit of inquiry that characterises psychologists' quest to explore the human mind. The myth of Psyche exemplifies many of the phenomena that psychologists study, including curiosity, envy, love, compassion, altruism and perseverance. Sternberg (1995) postulates that the story of Psyche is symbolic of the human spirit, which has been much studied, but is still not fully understood. Despite obstacles, Psyche persisted in her search to find what she needed to make her soul complete. This is similar to a client who takes part in a psychotherapeutic process in search of alternative discourses (Becvar & Becvar, 2003) that will resolve (Hoffman, 2003) the presenting problem that person is experiencing.

Perturbing my Constructs

My views and impressions pertaining to psychology, psychotherapy and what it entails to be a psychotherapist have been constructed since childhood. For the sake of somewhat greater precision, in the study, I focus on my current understanding or construction of these concepts by looking closely mainly at the experiences I have had since I started with this master's degree. This mainly includes the experiences I had during my M1 year (2005), my internship year (2006) and beyond. As Rønnestad and Skovholt (2003) point out, a psychotherapist continues to grow, so my development as a psychotherapist will undoubtedly continue after the completion of this qualification.

Despite the focus on my more recent development, I believe that it may be helpful briefly to contextualise what contributed to my perceptions about the profession prior to 2005. When I was a little girl growing up, I knew that I wanted to be one of two things. I either wanted to be an entertainer (an actress or a singer) or a psychologist. As it turned out, I had a talent for both, so I spent much of my life worshipping two gods. When the concept of being a psychologist was born in me, I thought I would be able to help people by solving their problems for them. This interest can be traced back to my primary school years, when my classmates trusted me with their secrets and problems.

During my childhood years my perception of what psychology entailed was not very different to the impressions I have come across at dinner parties when people find out that there is a psychologist in the room. Phrases such as "please don't read my mind", and "I'd better be careful, otherwise you will analyse me" are often heard. Much of this perception was influenced by what I saw in the media and what I heard people say about psychologists. In turn, these opinions were strongly influenced by the medical model. In the medical model, the expert psychologist interviews and helps the patient by fixing the

"patient's" problems with the psychotherapist's[1] acute and in-depth knowledge of what people need to do to overcome their pathology (Anderson, 1997).

The Modernist-positivist Paradigm

The heyday of Newtonian physics was the mid-nineteenth century (Becvar & Becvar, 2003). This world view or paradigm is based on the epistemology of objectivity. Auerswald (1987) postulates that in psychology a Newtonian problem-solving perspective aims to cure pathology. At the heart of this tradition, one finds an objective expert, looking in at an objective reality. This paradigm is reductionistic – it reduces phenomena to the lowest common denominator. In the instance of psychology, this denominator is the individual, who becomes the sole focus of attention (Auerswald, 1987).

This is an exclusive world view (Anderson, 1997; Becvar & Becvar, 2003; Hoffmann, 2003), where an absolute or single truth, often referred to as a grand Narrative or grand theory, is pursued. Reality is seen as existing independently, and as being constant and absolute. Because reality is seen as being objective, the mind and reality are seen as being independent of each other. The main theories of reality are seen as dichotomies of either…or, good or bad, right or wrong (Auerswald, 1987).

Therefore, the modernist view of the world is strictly governed by laws that allow for a clear "either…or" diagnosis that is deterministic and reactive. It follows a linear route of cause and effect, where A has to lead to B. This linear cause and effect has an historical focus, in which the root of the problem is traced back to an event or occurrence in the past that has ostensibly had a negative impact on an individual's problem or subjective experience. Furthermore, the belief is that if the symptom can be removed, the pathology will be gone and the "disease" will be cured (Becvar & Becvar, 2003).

From a modernist perspective, psychotherapy is seen as a therapist-driven hierarchical system and processes where the relationship between the therapist and the client/patient is that between an expert and a non-expert. In

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[1] For the purpose of the study, I interchangeably make use of the terms psychologist and psychotherapist

this system, the role of the therapist is that of an expert tasked with "fixing" the client/patient by resolving the presenting problem. Anderson (1997) describes the modernist therapist as "a content expert who is a metaknower of how others should live their lives" (p.4). This expert position tasks the therapist with the responsibility to produce change and to ensure symptom resolution for the client or member of a system to alleviate the presenting problem (Anderson, 1997).

The modernist view of the world promotes an objective, value-free hard science in which researchers subscribe to positivistic quantitative research (Terre Blanche & Durrheim, 1999). According to this paradigm, research that is not conducted in an objective manner cannot be regarded as scientific or credible.

The Western medical model is situated within the modernist paradigm (Viljoen, 2004). This medical model is a treatment model that postulates that psychological disturbances can be classified and treated in the same way as a physical illness (Plug, Louw, Gouws & Meyer, 1997). Therefore, according to the Western medical model, pathology exists objectively and can be treated. In psychology based on this Western medical model, treatment is based on a diagnosis made with reference to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). The DSM was invented and is used to categorise mental disorders according to a Western medical model. Pathology is seen as residing "in" an individual, and it can be "fixed" by an "objective" psychotherapist with expertise in pathology (Anderson, 1997; Auerswald, 1987; Becvar & Becvar 2003; Sadock & Sadock, 2003).

The *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR) states that an individual's contexts should be taken into consideration when a diagnosis is made (American Psychological Association [APA], 2004). This reminder is a hopeful undertaking, but in reality such reminders have very little influence on the actual making of a diagnosis if the practitioner is not acutely mindful of the contribution that a client's context can have on a presenting problem. Perhaps there is a lack of systematic method by which context can be accounted for in this paradigm. In systems

theory in psychology and fields such as the sociology of medicine, and many others, such potentially useful systemic methods do exist, but these models are not necessarily taken into account in the medical model. The Western medical model is neither good nor bad. The question is whether it is suited to answer the questions we ask about human behaviour and relationships.

This modernist paradigm was very present during my undergraduate studies, especially in the research methodology and statistics modules. This discourse was even evident in the psychology master's selection process.

The Theoretical Building Blocks to Construct my Learning

Postgraduate Studies

As my journey progressed to postgraduate studies, I began to realise that I would not develop into a clairvoyant, a demigod with the ability to read minds or control people or their behaviour by mere suggestion, tasked with fixing people. However, I must admit that it was a great relief when I realised I would not have to carry a weight of that magnitude on my shoulders.

Many of the perceptions I held have been challenged and changed during the process of becoming a psychotherapist. The manner in which I view and apply myself has changed considerably, but the core need to be able to help people has remained intact. I believe that people are resourceful beings that can be helped to help themselves when they experience psychological or emotional difficulties. Therefore, the modernist view that people require the expertise of an expert psychologist to fix their lives did not resonate with my thinking or with my personal or professional values.

My definition of what help entails has developed significantly during my training. As a lay person, my idea of helping people revolved around making people feel better and not necessarily around allowing them to make the journey and learn the lessons their own psychological discomfort could teach them. Nevertheless, my personal and professional value of a need to help people has always been in sync with what I was doing, until I had an experience that rendered me unable to marry this value with my personal and

professional environment. It was when I was not able to live in accordance with my value of helping people that I experienced a living contradiction, as described by Whitehead (1989).Only after resolving this living contradiction was I able to reintegrate my personal and professional need to live in accordance with the value of helping people (the traumatic event that led to this experience is discussed in Chapter Four).

There are multiple differences between the medical model or modernist paradigm and the postmodern paradigm. Although some of the major tenets of postmodernism have already been discussed in Chapter Two, I would like to focus on the implications of a postmodern paradigm for psychotherapy here.

The postmodern paradigm is an inclusive "both-and" view of the world. Therefore traces of the modernist paradigm could still be evident in this paradigm. This inclusion could be described as taking a step back and broadening the field of possible contributing factors that are causing a client distress and that have led to the presenting problem. Anderson (1997, p.3) describes six philosophical assumptions that she believes to be the basis of postmodernism and that have a direct impact on psychotherapy. First, "[h]uman systems are language- and meaning-generating systems." Second, the "postmodern construction of reality is seen as a form of social action rather than being independent individual mental processes." Third, an "individual mind is a social composition or construction, and self, therefore, becomes a social, relational composition or construction. Therefore the individual is a social process." Fourth, the "reality and meaning we attribute to ourselves and others and to the experiences and events of our lives are interactional phenomena created and experienced by individuals in conversation and action (through language) with one another and with themselves." Fifth, "[l]anguage is generative, gives order and meaning to our lives and our world, and functions as a form of social participation." Finally, "[k]nowledge is relational and is embodied and generated in language and our everyday practices."

In a postmodern view of the world, change or transformation and a reconstruction of realities in the therapeutic situation evolve through, and are the natural consequence of, a generative dialogue and a collaborative relationship between the therapist and the client. Therapy is described as "a language system and a linguistic event in which people are engaged in a collaborative relationship and conversation – a mutual endeavour toward possibility" (Anderson, 1997, p.2). The therapist relinquishes the expert position (Anderson & Goolishian, 1992; Becvar & Becvar, 2003; Hoffmann, 2003) to engage with the clients from a not-knowing position, where the client is viewed as the expert on his or her life. Together, the client and the therapist combine their knowledge to (re)construct an alternative reality that would be more suitable to the client's needs than the client's current reality (Becvar & Becvar, 2003).

There are various psychotherapeutic approaches that are at home in the postmodern paradigm. Becvar and Becvar (2003) list the following as contributors to these psychotherapeutic approaches: Tom Andersen, Steve de Shazer and Insoo Kim Berg, Michael White and David Epston, and Harlene Anderson and Harry Goolishian.

Tom Andersen (as cited in Becvar & Becvar, 2003) worked with a reflective team when engaging in psychotherapy. Andersen questioned the belief that mentally ill patients/clients can be steered into health by an expert. He sought to find alternative ways of helping people by taking their contexts into consideration. Furthermore, he questioned the effectiveness and necessity of separating clients from their family, friends and careers. Andersen questioned the semantics of the term "patient" and referred to the people he sought to help as "clients".

Steve de Shazer and Insoo Kim Berg contributed to the postmodern paradigm with their Solution Focused Therapy (SFT). This is a form of brief therapy influenced by a social constructionist perspective. They also strongly support the notion that language constitutes a person's experienced reality (Becvar & Becvar, 2003). Solution Focussed Therapy concentrates on finding solutions

through conversations that focus on positive language and on a client's strengths and resources.

Michael White and David Epston influenced postmodernism with, amongst other things, their Narrative therapy method of externalising and re-authoring lives and relationships. White (as cited in Becvar and Becvar, 2003) postulates that

> [e]xternalisation involves the objectification of a familiar world so that we may become more aware of the extent to which certain modes of life and thought shape our existence and that we may be in the position to choose to live by other modes of life and thought. (p. 269)

This creates a space where it is easier for the client to view the stories he or she has constructed about him- or herself and adjust these stories to a more fitting account of his or her realities.

For Harlene Anderson and Harry Goolishian, therapy is dependent on therapeutic conversations. "Anderson and Goolishian understand therapy as a process of caring, empathetic conversations within which to evolve new meanings with clients … therapy that allows the therapist to be aware of the depth, existence and experiences of the individual" (Becvar & Becvar, 2003, p. 271).

All of the above authors share the systemic perspective that the therapist is a participant observer and espouses a view of therapy as a reciprocal process for creating alternative realities (Becvar & Becvar, 2003).

Anderson (1997, p. 3) indicates that the outcome of the psychotherapeutic conversation is strongly influenced by "the way a therapist thinks about human beings and our role in their lives, the way a therapist conceptualises and participates in a therapy system, therapy process, and therapy relationship."

Postmodernism moves a psychotherapy system, psychotherapeutic process, and the psychotherapists position along a continuum that implies a shift, change and (hopefully) healing. A central undertaking of psychotherapy,

regardless of whether it is rooted in a modernist or postmodern view of the world, endeavours to aid people to achieve change or healing.

The Identity-transforming Process of Becoming a Psychotherapist

As my perceptions about what psychotherapy entailed were challenged and changed, so the psychotherapist I saw myself becoming was challenged and changed. The constructions I had about psychotherapy and psychotherapists inevitably changed as my construction of psychotherapy changed.

As noted above, psychotherapy, in a postmodern view of the world, expects a psychotherapist to play an important collaborative role in the change or healing process of clients. Becoming able to play this role successfully requires a certain amount of change on the part of the psychotherapist – the process of becoming a psychotherapist is not an easy endeavour.

A psychotherapist in training is likely to experience a certain degree of discomfort during this identity-transforming process (Hall, 2004; Louw, 2000; Prentice, 2001; Rønnestad & Skovholt, 2003; Viljoen, 2004). It has been hypothesized that the process of being trained as a psychotherapist at various universities creates intense psychological discomfort (Prentice, 2001). Andolfi (as cited in Hall, 2004) emphasizes the importance of the personhood of the therapist in the therapeutic context: the therapist's use of self is an important element of therapy; therefore, trainees must be open to self-examination. According to Blokland (1993), psychologists in training almost invariably struggle with personal issues in the process of becoming a psychotherapist.

During the completion of my honours degree, I volunteered to work at the Agape healing community situated in the Mamelodi township, east of Pretoria. Every year, master's students from two prominent universities – the University of South Africa (UNISA) and the University of Johannesburg (UJ) – work at the clinic. During this time, I met a woman whose statement made a lasting impression on my eager mind. Even though I do not remember her name, I will always remember what she said. She arrived and greeted the students. It was clear from her familiarity with the environment, the clients and some of the students that she had been there before. I gathered that she used to be a

student who worked at Agape, and that she was currently completing her internship as a psychotherapist. Someone asked her how she was doing. To this she responded that it is really difficult to find her feet. She stated that she knew who she was when she started with this qualification, but that the lecturers had turned everything she believed in and that she thought she was upside down. "They messed everything up and left me like that," she said. I was surprised by her disappointment and heartfelt reaction. Surely, she was exaggerating, I thought.

Reflecting back on this day, I realise that she was referring to the high change demands this profession makes on those who want to follow it.

Identity.

Louw (2000) describes the vast amount of learning and development that takes place during training as follows:

> The gap between a new MA student and a qualified psychotherapist is a formidable one. During this time the fledging therapist must not only learn the skills and techniques essential to the profession, but must adopt an entirely new identity as a professional and a healer. (p.1)

When viewed from a social constructionist perspective, the training process of becoming a psychotherapist can be experienced as being identity-transforming at times. Viljoen (2004) describes identity as both illusive and elusive, with an ever-changing nature that is dependent on the context and surroundings in which identity finds itself in. The words "illusive" and "elusive" are similar-sounding terms, but they differ considerably in their meaning. This can be used to illustrate how my identity development as a psychotherapist *sounded* correct at times, but upon closer inspection or upon my looking at myself differently were revealed to be the opposite or revealed a contradiction.

This metamorphosis of my identity and the need to look at myself through different lenses links up with a postmodern view of the world. Hoffman (2003) describes postmodernism as seeing the world through different lenses:

A first-order view in family therapy would assume that it is possible to influence another person or family by using this or that technique: I program you; I teach you; I instruct you. A second order view would mean that therapists include themselves as part of what must change; they do not stand outside. This view allows a whole new picture to appear. For one thing, the very notion of "fixing problems" can be seen as part of the problem. (p. 92)

Rønnestad and Skovholt (2003) identify 14 themes they believe play a role in the development of a psychotherapist. I have selected the themes that support this study:

Theme 1: Professional development involves increasing higher order integration of the professional self and the personal self. (p. 27)

Theme 3: Continuous reflection is a prerequisite for optimal learning and professional development at all levels of experience. (p. 29)

Theme 7: Professional development is a life long process. (p. 32)

Theme 9: Clients serve as a major source of influence and serve as primary teachers. (p. 33)

Theme 10: Personal life influences professional functioning and development throughout the professional life span. (p. 34)

In relation to Theme 3, I found that reflection is a useful tool that aided this process of understanding and tracking my identity transformation. The reflective journals we were expected to keep during our M1 year supported this theme. It is through reflecting on reflections, and conversations I had with, and about myself, that I was able to notice the changes that occurred during my development as a psychotherapist. Lewin (1946) was of the opinion that the surest way to understand something was to attempt to change it. By participating in this high change training programme, I was able to obtain a better and growing understanding of myself. I concur with the following statement by Rønnestad and Skovholt (2003): "Reflection is understood as a

continuous and focussed search for a more comprehensive, nuanced and in depth understanding of oneself and others, and the processes and phenomenal that the practitioner meets in his/her work" (p. 29).

Relationships.

Brehm (as cited in Hall, 2004) postulates that intimate or personal relationships are central to our lives. This can explain the discomfort I experienced when the identity-transforming process of a becoming psychotherapist began to affect my relationships and how I perceived them.

Kottler (as cited in Viljoen, 2004, p. 23) is of the opinion that "practicing psychotherapists adopt a unidimensional attitude toward their relationships, whether they be with clients, friends or family". I realised the implications of this comment when a family member cried while telling me about a personal issue. In the past I would have taken her hand or would have given her a hug, but now I almost instinctively refrained from physical personal contact.

The change I experienced while developing as a psychotherapist also affected my personal relationships. No one prepared the significant others in my life for the changes I would be going through. They were left witnessing my development from a person they knew very well to someone they recognised, but did not necessarily know any longer.

Morrisette (as cited in Viljoen, 2004) points out that counsellors devote a considerable amount of time and energy to helping their clients. By doing so, they might lose sight of their own needs as well as those of their families. This often occurs when the counsellor spends more time at work than he or she spends at home. This tendency was evident to me when I experienced a living contradiction. The traumatic event that led to the living contradiction did not affect only me, but also had an impact on a significant other in my life. Not only did the experience leave me feeling unable to take care of myself, but I believe that I was unable to provide the support and help to my significant other that I would have liked to provide.

Recognising my Personal Values in my Work

As is indicated in Chapter Two, this is value-laden research. I have progressively become more aware of my values during the completion of this master's qualification. My values and my ability to live in accordance with them serve as my measurement of growth. As I reflected on each of the years of my master's training, I was able to identify and articulate what the values that I deemed important were. At the end of my internship, I was exposed to an experience that had a significant impact on my values and how I viewed psychology as a profession (this is discussed in Chapter Four). However, in this chapter, I focus on my development during 2005 and 2006.

As a person I value the people in my life, and I need to be able to be there for them. I value helping people. At times I feared that this change process that I had embarked on when I started my training would compromise my ability to live in accordance with these values. With hindsight and after reflecting on this, I realise that the change I experienced has not compromised my values. The change I experienced has helped me to be helpful in different ways, therefore, I am still living in accordance with my value of helping people. I learned that sometimes this requires me to step back and to allow people to help themselves.

I see the value of helping people as my primary value, the value that informs all the other values I hold and live by. Some of these values were not very apparent to me, but the research process has enabled me to identify and articulate additional values that I hold dear. In the review of learning sections below I indicate whether or not the values I am aware of are still present in my practice. In addition, I indicate the times when I discovered a value I hold dear that I was not necessarily aware of before.

Review of the Learning that Occurred – M1 Year (2005)

Development of my Understanding of What Psychotherapy Entails

My perception of what therapy entails was challenged by the postmodern paradigm of the M1 training at the Mamelodi Campus of the University of

Pretoria. Through assignments, keeping a reflective journal, working with clients at the clinic and receiving supervision, I was able to reflect on my perceptions of psychotherapy. Because of these reflections, I was able to plan how I would do psychotherapy differently. Putting the plan into action, and observing the difference, was the next step in the cycle. The journal entry below represents a point where I realised that the postmodern paradigm resonated with the type of psychotherapist I saw myself becoming.

> *We had our second theory discussion today. I found it very helpful. Linda helped me to make sense of quite a few grey areas. I do not know how practical the whole cybernetic and postmodern movement is in practice, but I like what they say and stand for. On the other hand, I recognise people's need to be told by a professional what they should do to fix a problem. I'm just thinking, there must be a reason why Dr Phil is so popular, regardless of whether I necessarily agree with him or not.*

> *Maybe this is why I am fond of the postmodern paradigm. It is a way of thinking – a "meta theory" (for lack of a better word). It does not exclude anything. It includes me as a therapist and my client in a new way of thinking – perhaps more challenging? But, this is all in theory. Time will tell how well, or if I will be able to apply this theory in practice.*

> (Journal entry, 12 April 2005)

Spontaneous Therapy.

As part of our M1 training, we worked at the Itsoseng Clinic, which is based on the University of Pretoria's premises in Mamelodi, a township to the east of Pretoria. We would have lectures in the morning, and once a week we had clinic duty.

At the beginning of the year, the case load was very low. This implied that we had to wait for clients to arrive. On 17 February 2005, a group of boys, ranging in age from 9 to 11 years, approached me. Their little leader indicated that they were looking for a teacher. I explained that I was not a teacher. Still,

they said, can you tell time? Because if I could tell time, I would be able to help them. As I had no clients, I agreed to help them.

> *We had clinic duty today. I am working with Fikile, one of the members of our master's group. We did not see any clients, but Fikile and I had an opportunity to get to know each other a bit better. Two main campus students also arrived for clinic duty.*

<div align="right">(Journal entry, 17 February 2005)</div>

After the merger between the University of Pretoria and Vista University, there were three psychology training programmes – the counselling psychology programme I was involved in at Mamelodi, and a counselling psychology programme and a clinical psychology programme offered at the main campus of the University of Pretoria. The clinical psychology group also did clinic duty at the Itsoseng Clinic in Mamelodi.

> *A group of boys arrived at the clinic today. They asked me to show them how to tell time. Later it emerged that this was part of their homework, and they wanted someone to "teach" them how to tell time. I told them that I am not a teacher. They were persistent that if I could tell time, I would be able to help them. Seeing that I did not have a client, I decided to help them. They were very refreshing, fun. The one boy seems to be their leader. They look like good children. They could have been out in the township getting themselves into all different types of trouble. But they chose to come to the clinic and ask for someone to help them with their homework.*

<div align="right">(Journal entry, 17 February 2005)</div>

That was when our meetings became a weekly arrangement. Initially we did homework. Then, after some time, conversations started happening in which they would share their stories and troubles with the group. The size of the group differed, but three of the boys were weekly attendees.

The format of our meetings changed to the point where we hardly ever did homework any more. We would get together; they would prepare a drama

while I saw my clients (who at this point had started coming to the clinic). At the end we would discuss the drama and why they had chosen the themes they chose. The themes often revolved around parent-child relationships, alcohol abuse, stealing, gambling and people fighting (often parents). They always portrayed these kinds of situation as unacceptable, but the fact that they had such a large vocabulary of these social issues left me with the impression that these scenes might be common occurrences in their lives.

Since these boys were not referred, and they did not come with a presenting problem, I did not see them as therapy clients. I saw these boys from February 2005, but it was only in August 2005 that I started to entertain the thought of their being clients. Gerhard Viljoen was my supervisor at the time. One afternoon I called him to be an audience member of one of the dramas the group had staged for me. Gerhard pointed out the obvious – the group of boys had become clients, without a referral or a presenting problem. At the time I was struggling to settle on a research topic. Gerhard said:

> *"This is your research right here". Gerhard helped me to reframe my meetings with the group of boys and we coined it "Spontaneous therapy". Because they did not arrive with a presenting problem or a referral letter, that does not disqualify them as clients.*
>
> (Journal entry, 8 August 2005).

My construction of what psychotherapy entailed was challenged by reflecting on the possibility that therapeutic moments can occur, even when therapy has not been explicitly requested. Working with the group of boys I mentioned above, I was able to observe their reactions to our time together. The dramas they staged had a social awareness element to them, and the discussions we had after the dramas helped us to understand why behaviours such as violence and stealing are not acceptable. Violence and stealing were some of the social issues they dealt with in the dramas. (These sessions were recorded, but the recordings were unfortunately all lost when all the video equipment and tapes were stolen during a robbery.)

These meetings with this group of boys made me question my construction of what I perceived therapy to be. In my mind, one of the main purposes of therapy is to help a client to accomplish change that will result in the alleviation of the distress or discomfort the client is experiencing. Regardless of the world view a person holds, I choose to believe that the heart of psychotherapy is to help people achieve such change or healing.

If these boys managed to obtain a sense of change as a result of our meetings, even if they did not overtly ask for it, it can be described as a therapeutic intervention. In much the same way, if having a cup of tea at the right time can bring about a change such as calming down a person, that cup of tea can be seen as therapeutic.

What triggers change? I believe that people are resourceful and that they are the experts in of their own lives, as Becvar and Becvar (2003) also suggest. This belief in people's resourcefulness finds an expression in psychotherapeutic approaches rooted in postmodernism, such as Solution Focused Therapy (SFT) or the Narrative approach. The partnership between a client and a psychotherapist engaging in a dialogue to construct new, more appropriate discourses and realities can pave the way for change to occur. When a client leaves the office, the work toward achieving this change continues. That is the invisible part of the process that the psychotherapist cannot witness. The therapist can witness the result of this invisible work, but not the actual "gear change". In this sense, the client remains the person responsible for this change. Reflecting on this invisible aspect became something more prominent during my internship year.

Development as a Psychotherapist

During this time, I became aware of the role I played in my personal relationships with family and friends and how these relationships affected me and the psychotherapist I was in the process of becoming. The influence the training had on my personal relationships became evident during 2005.

> *My thinking has changed a lot during this year. I have gone through*
> *times that I have really felt alone, like nobody understood what I was*

going through. I really need a lot of support this year and I have always believed that I was very lucky in that regard and that there are a lot of people in my life that will provide me with unconditional support. I am, however, beginning to feel that I have the wrong end of the stick. I have been constant support in so many people's lives, but the time I needed them most they only wanted to milk me for more support without paying attention to my needs or requests that I need them.

(Journal entry, 15 June 2006)

During my M1 year, I realised that I served the purpose of a crutch in my family of origin. I have always listened, given advice, even if the theme was recurrent. I realised that by doing that I was playing a part in maintaining some of the unhealthy themes. I found myself realising that I needed to set boundaries and should not allow family matters to upset me the way I had allowed them to do in the past.

When I left for the Phelophepa train,[2] I was so "gatvol" of the constant nagging of the people in my life. I love them, but I am tired of the same old same old. I needed a break… I had time to think on the train and I realised that, yes, I am going through changes and my way of thinking and asserting myself is changing. Does this mean that I am becoming self-centred – to the extent that it is out of character for me? Change is a good thing… I realised that I have difficulty setting boundaries when it comes to how much of myself I give to others. But knowing this and knowing that I must find my balance has been an enormous learning curve for me.

(Journal entry, 15 June 2005)

I cannot stop myself from becoming people's support system, and even if I could, I do not think I would want to.

(Journal entry, 12 August 2005)

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[2] The Phelophela train is a community service train that travels through South Africa to provide services to underprivileged communities. The train is staffed by supervised student psychologists, optometrists, nurses and dentists.

Lecturer's comment on this journal entry:

"From our life experiences we learn where possible 'problem' areas could open up in therapy. Therapists cannot be a client's only support system."

Reflecting on the thoughts above, I realise that I do value helping people. I had to learn that not making the problem "better" in the moment could be much more helpful in the long run. Also, if the clients/family/friends are completely reliant on me, I am not helping them develop to their own resiliency.

With this growing awareness of the function of my relationships and their impact on my life, I embarked on my internship in 2006.

Personal and Professional Values I Became ware of

Trust.

Reflecting on the journal entries, I realised that trust is very important to me as a person – not only is it important to me that people should trust me, but I also find it very difficult to trust someone.

> Some of the feedback I received on my first journal entries was that I come across as a very emotional person on paper, but I do not during lectures. They said that it comes across as if I have trust issues. I do not entirely agree with this. Just because I do not wear my heart on my sleeve in a professional setting that does not mean that I do not trust or express my emotions. I do, to my close friends … Yes, I am cautious about whom I trust, but life has taught me that people are fallible and that trust should be earned.

(Journal entry, 15 June 2005)

My reflection on this journal entry highlighted that trust is not only important in terms of whom I trust in my personal life, but that it is of equal, if not greater,

importance to me to be trustworthy to my clients, as well as to the people in my personal life.

Fairness.

We had our first feedback session today… Linda noted that I have a strong sense of fairness. I agree. The thing is that I have never been overtly aware of it. I believe this is the type of thing I should expect from this course. It is a process where you become aware of what you might be unaware of. I have never given a second thought to my sense of fairness.

(Journal entry, 8 March 2005)

Another instance where I became aware of my value of fairness was an incident at the Itsoseng Clinic. I counselled a young girl that had been raped. One day, after our session, she carried the teddy bear we had been working with to my car.

On our way some men working on the gardens made obscene comments toward her. Her reaction triggered anger in me that resulted in me questioning the fairness of life. Why does a young girl go through an experience such as rape? In my quest to do something about the injustice of it all I reported the men, hoping that that will address my need to provide my client with some justice. This incident highlighted my value of justice and fairness

(Journal entry, 7 April 2005)

Helping.

As indicted earlier, my need to help people is what drives me. I believe that I was able to do that during my M1 year. The clients I saw and the feeling I felt when they terminated therapy because they had achieved their goals was an indication that I was living in accordance to this value. Furthermore, by embarking on this training, I found ways of helping myself, by becoming aware of areas in my life in which I was stuck or with which I was experiencing difficulty.

Critical friends' comments

I have interpreted and translated Trudie's comments, as they were written in Afrikaans. Elizabeth's comments are included exactly as she wrote them. I have not commented on the feedback from the critical friends, regardless of whether I agree or disagree with their comments. Their comments provide a sound-board to evaluate and amplify my learning. Therefore the aim is not to debate areas where we might not agree. The critical friends were asked to comment on my knowledge claims and learning as the dissertation progressed.

Trudie.

> Trudie indicated that one's friends might start to view the developing psychotherapist in a different light as they start noticing the experiences and changes the trainee undergoes.
>
> She questioned if the developing psychotherapist might attempt to manipulate friends, to prevent them noticing the therapist you are becoming. Do your emerging professional values ring true in respect of the person people know in your social relationships?
>
> Furthermore, Trudie questioned the ability of a developing psychotherapist to be both a psychotherapist and just a plain person in the social context with friends. She raised the concern that developing psychotherapists might lose some of their close relationships as a result of their developing professional identity as a psychotherapist.

(Personal communication email, 9 February 2009)

Elizabeth.

> On spontaneous therapy: from reading the above mentioned description of spontaneous therapy, I understand the idea of spontaneous therapy as a type of unplanned action or intervention that results in a desired outcome for a person experiencing some kind of distress or dis-ease.

Elizabeth.

The idea of spontaneous therapy, however, brings into question the possible ethical implications thereof. For example, who defines the idea of therapy within the construct of spontaneous therapy? And where does the client fit into the construct of spontaneous therapy? Both these questions may have some bearing on the power dynamics within the therapeutic relationship. However, the idea of spontaneous healing or resolving of problematic situations resonates with the value of stepping back and allowing people to help themselves.

The idea of spontaneous therapy underscored by the ethically minded values of the therapist may therefore open up space for the clients' often surprising resourcefulness and creativity in their own healing process. In turn, inviting the client's own resourcefulness and creativity in the therapeutic process may also allow for a more cooperative and equal standing of both client and therapist.

Being part of the master's group during the author's training, I was intrigued by her seeming effortless ability to let go of some pre-conceived ideas of what therapists should be like. She appeared to elicit spontaneity, creativity, and often empowerment in her clients and others in the way she approached therapy, friendship and other relationships. This particular way of relating taught me about responsibly letting go, and about being somewhat more comfortable with the unpredictable and the spontaneous.

On becoming a psychotherapist: with regard to the value of wanting to help people, I experienced this particular value at times questioned and even challenged during our master's training. In a similar vein to what the author writes, I learned that the desire to make things better for others, or to "fix" people or their problems, may underscore a disregard for people's own capacity for healing and their sense of agency in their own lives. The need to help people may also have the therapist assume an inordinate amount of responsibility for someone else's life and the choices they make. This may

then become more about fulfilling a therapist's need to help, with the client winding up on the wayside. On the other hand, helping others reconnect with their own resiliency and sense of mastery in their lives may still involve the desire to help without the compulsion to do so.

On trust: the author's description of trust resonates with the seeming several re-inventions and revolutions of the idea of trust during my development as fledgling therapist. Some of these descriptions involve being trustworthy as a therapist like the author mentioned, but also trusting your clients and trusting yourself. The construct of trust appears to refer again to the intensely relational endeavour of psychotherapy, with the person of the therapist as the tool of the trade.

(Personal communication email, 9 March 2009)

Review of the Learning that Occurred – Internship (2006)

Development of my Understanding of What Psychotherapy Entails

I completed my internship in 2006 at the University of Johannesburg Student Services Bureau. The environment was completely different to working at the Itsoseng Clinic in Mamelodi. I mainly saw students, and occasionally a teenager that required career guidance.

The case load was extremely high and learning had to happen at a rapid pace. I was one of two interns at the Student Services Bureau, and we had completed our M1 theoretical training at different institutions. Because of this, we were able to learn a lot from each other. Due to the case load, supervision was frequent and filled with challenges and learning.

During the first week of my internship, my supervisor, Trudie le Roux, shared the following with the interns:

Trudie called us to her office. We did some orientation work. Then she told us that this will be one of the most difficult years of our lives and that we should not make any life-altering decisions this year (like get married, divorced, fall pregnant, etc.). We will need all our energy and focus to make a success of our internship.

(Journal entry, 9 January 2006)

Looking back, I realise that this comment helped me to remain focused on my work during my internship. It was a very difficult time and we did work extremely hard, but this comment helped me to normalise the times when I felt defeated, tired and unsuccessful.

During my internship, I realised that many of the students were wary of attending therapy. Not all the clients came of their own accord and many were referred by the clinic or their lecturers. It appeared that the word "therapy" made them nervous. Because of this, I experimented with semantics.

I did something different. I have noticed that some of the students say that they do not want to be in therapy, because they are not crazy. The semantics and socially constructed meanings some of the students had were getting in the way of working towards resolving their difficulties. Therefore I decided that I will not use the word therapy. When a student comes to see me I will ask them why they are there and what they would like to call the time we will be spending together while we attempt to address the reason they came for therapy.

(Journal entry, 9 March 2008)

Once we managed to remove the semantic obstacle, it was much easier to work at resolving the client's presenting problem. This illustrated to me how deeply entrenched some perceptions of psychotherapy can be. Words such as "scepticism", "fear" and "distrust" could be used to describe the feelings some of the students had about psychotherapy. I imagine that it was perceptions like these that informed the postmodern approach to psychotherapy (Anderson, 1997; Auerswald, 1987; Becvar & Becvar, 2003).

I saw a client called Hannah[3]. She was a B Com student in her third year. She approached the Student Services Bureau for trauma counselling after she had been involved in an armed robbery where she was held hostage and threatened with rape and death.

Hannah taught me how much change and work takes place once a client leaves my office. This resonated with my belief that people are resourceful and capable of taking ownership of their lives. I saw her for less than ten sessions, and each time she came back she had made significant shifts toward achieving the goals she set for herself. I like to refer to this as the invisible part of the healing process.

Apart from teaching me about the invisible aspect of psychotherapy and healing, Hannah's case had a significant influence on my development as a psychotherapist. Therefore I will use this case extensively to address the core struggle I had to deal with in my identity formation in the context of my own trauma. This will be discussed in Chapter 4.

Development as a Psychotherapist

Loneliness and Personal Relationships.

Identity transformation continued during the internship year. Due to the case load we had at the Student Service Bureau, we received at least two hours of supervision per week, and there was an open door policy if we needed to discuss a case.

Supervision was a platform to receive feedback on my development as psychotherapist throughout my training. It was usually the feedback that challenged my perceptions and the way I worked that was most uncomfortable, but that created the highest potential for change.

During a supervision session with Trudie in my internship year, I mentioned that I was experiencing difficulties with my personal relationships. Some of the therapy sessions were becoming more difficult. Maybe it was because the

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[3] To protect the identity of the client, her identity is disguised by making use of a pseudonym.

case load was escalating, or because I was tired. Maybe it was a combination of both. So much happens during the day that affects me emotionally. I found myself stuck between wanting to share my experiences and feelings (the ones that would not breach client confidentiality), and simply being too tired to explain them. This resulted in my just keeping quiet and not sharing with the people at home.

> *Being a psychologist is a very lonely profession. Due to all the confidentially issues, you cannot really go home in the evening and talk about your day. At work, you are surrounded by people, but because the conversation is never about you (it is about your client), one sometimes feels isolated.*

(Journal entry, 7 February 2006)

Hall (2004) postulates that a "theme of desire for greater emotional connection is present, connected to a feeling of no longer fitting into contexts where the becoming psychologist used to be comfortable prior to training, and consequent feelings of isolation and loneliness become pertinent" (p. i).

Peer supervision, supervision and a psychodrama group (consisting of psychologists, intern psychologists and an occupational therapist) became the only platform where I felt heard and understood. In these moments I was able to speak to people that understood the frustrations and tiredness I was experiencing. It was people who spoke the same language I was – the language of psychology. Due to these conversations I was able to normalise many of my concerns, frustrations and excitement. However, this occurred only at great cost to my personal relationships. I did not feel understood by family or friends. My life revolved around psychology and psychotherapy and people that understood the excitement and challenges the work consists of.

Regardless of the support these conversations provided to me, I still felt extremely alone. Not being able to share with my significant others compounded this feeling loneliness. Apart from the confidentiality aspect of sharing my experiences with family and friends, I felt unable to share many of my experiences. I was uncertain about how the change I was experiencing

affected the dynamics of these relationships and their ability to facilitate the conversations I needed to have. This resulted in both myself and my significant others feeling disconnected. Reflecting on these feelings, they seem self-centred and maybe even selfish, but even these feelings have been part of my development process.

Personal and Professional Values I Became Aware of

Trust and help.

During my internship I was able to live in accordance with the values I became aware of during 2005 (help, trust). I regard the number of cases that were successfully terminated when the clients achieved their goals as an indication of my being able to help my clients. Since the clients achieved their goals, I feel that they did trust me.

Help and trust were also evident on a personal level. Because I was able to trust my supervisor enough to let her guide me, she was able to help me bridge the difficulties that surfaced when a case triggered transference.

Forgiveness.

Another value that I realised was very important to me as a person is forgiveness. Many of the clients I saw managed to move forward in their therapeutic process when they were able to forgive. This forgiveness could apply to a parent, a family member and assailant or even the self. My clients taught me that there is something very healing about forgiveness.

Critical friends' comments

Trudie.

Trudie questioned whether my sense of being tired did not perhaps influence my receptiveness to the work load or supervision and whether by doing so, I alienated myself from the process. She pointed out that the work load I experienced was similar to that in all the other years when students have completed their internship at the Student Services Bureau.

She questioned if my mistrust in my ability as a psychotherapists could be seen as a defence mechanism that presented as a sense of being tired. Furthermore, Trudie experienced me as using my history as an actress to protect myself when I doubted my ability.

Trudie noted that she saw growth when I started addressing my issues with death and dying. There was an incident when the interns were called to order, as we were not performing or behaving as was expected. Trudie noted that she noticed more development after this incident. "You really started growing and developing your own identity as a psychotherapist." This resulted in less hiding behind the actress. She noticed that I started using my acting ability and knowledge of dramas more metaphorically during therapy sessions.

(personal communication email, 9 February 2009)

Elizabeth.

On becoming a psychotherapist: the author's description of feeling lonely also resonates with my experience of feeling disconnected and not understood. It presented itself during my training as feelings of boredom in ordinary conversations, and a general struggle to not notice the process between people and even in movies! However, I now understand that the construct of loneliness and disconnectedness appears to be interwoven within the nature of the work as psychotherapist.

A fledgling therapist may nevertheless need to find ways to negotiate the effect of loneliness and disconnectedness. One of the ways I've found to negotiate these effects is to embrace what the loneliness teaches me. This particular lesson involved allowing relationships where I'm not in a therapeutic role to matter to me, and to allow myself to need people and relationships. The idea of loneliness and disconnectedness thus appears to have a bearing on the identity of the psychotherapist.

On values: developing the narrative of forgiveness in therapy may imply a shift in the power dynamics in a relationship – whether to a parent, an assailant, and the self. Thereby the client may hopefully a gain a sense of not having to hold on to the pain or discomfort, but finding themselves able to let go of what needs to be let go of. The narrative of forgiveness in therapy may relate to the idea that therapy is an identity re-authoring process for the client as well. The construct of therapy thereby has implications not only for the identity of the therapist, but especially also for that of the client. These ideas bring to mind an anecdote I had heard about a woman who underwent a traumatic rape experience.

> Afterwards, her comments about her healing process centred on ideas of not being defined as a rape victim, nor as a rape survivor, but by her name – thus as herself. She further described her definition of herself as a woman, a mother, a wife, a sister, and a daughter, among others.
>
> How does one learn to become a therapist? A person may learn about theories and ideas about people and how they relate to themselves, others, and their various environments, and also about theories and ideas about constructions of therapy. Even this does not really teach a fledgling psychotherapist how to do therapy? These ideas may relate to the identity transforming nature of being a psychotherapist. It is something that gradually becomes shaped as part of identity.

(Personal communication email, 9 March 2009)

Conclusion

In this chapter I looked at what informed my construct of psychology and psychotherapy. I identified the theoretical building blocks related to postmodernism that I used to construct my learning during my M1 training and my internship. The review of the learning I had achieved provided the space to identify the theory and the learning in my practice. It also provided an opportunity to become aware of my personal values and how they influence my practice. The learning was evaluated by two critical friends.

This chapter illustrates that my development as a fledging psychotherapist, as well as my growing understanding of psychology, was on track.

In Chapter Four, I explore the effect a traumatic event had when it interfered with this process of developing as a psychotherapist. The traumatic event

made me rethink my values by exploring the living contradiction it triggered. This created an opportunity to internalise my values.

CHAPTER 4
UNPACKING THE LIVING CONTRADICTION

Introduction

The focus of this chapter is the resolution of the living contradiction I experienced after I was exposed to a situation that led me to question the synergy between my personal and professional values. I found that I was unable to realise my personal values in my practice authentically. The living contradiction had a significant impact on my development as a psychotherapist, my understanding of psychotherapy and my values.

In this chapter, I relate a very private Narrative of my living contradiction; as I explained in Chapter One, the writing style is more literary than academic. The resolution of the Narrative slowly transforms into a more public Narrative, which then makes the writing style of part of this chapter more compatible, although not strictly so, with academic requirements.

My Living Contradiction

I found the most difficult and uncomfortable part of my process of becoming a psychotherapist the period when I found myself experiencing a living contradiction. I did not plan the incidents that led to the living contradiction, nor did it form a part of the syllabus the university offered in our master's training. I prefer to see the experience as part of the meta-picture of life, where growth and learning continuously occur.

It was nearly the end of October 2006 and I had almost completed my internship. Two thirds of the requirements to complete the qualification had already been met, leaving the end of the journey to complete this degree in sight. The mini-dissertation was the third component I had to finalise and it was progressing well. I had a sense of pride and relief that this journey was coming to its end. Then I found myself stuck and unable to move forward to complete this last leg.

I found myself questioning my values and beliefs as well as my ability to incorporate them into the person I thought I was becoming. I questioned my belief in myself, in people and their nature, my abilities as a psychotherapist and my trust in psychotherapy and psychology in general. The main question that occupied my mind was "how can I possibly help clients, if I cannot even help myself?".

I recount the incident that led to the living contradiction in a stylistically more literary manner. The reason I have elected to write in this literary manner is due to its fit with the Narrative metaphor. Furthermore, this way of writing provided me with a platform where the conceptualisation of my thoughts flowed more comfortably. Writing in a Narrative style enabled me to provide an authentic description and it served as an externalisation method that allowed me a safe and non-threatening platform to recount the events of that day.

'Musical Chairs'

Somewhere between being awake and sleep I woke up in a fright. Before I could open my eyes, I became aware of the most peculiar and painful sensation in my mouth. It felt as though my tongue was stuck to my palate. My mouth was as dry as the scorched Karoo earth when the rain refuses to come. Slowly I managed to open my eyes and reached for the glass of water on the bedside table to moisten and loosen my tongue. It was a thirst like none I had ever experienced and it refused to subside. As the water steadily replenished my senses, I started remembering the day before – it was not a dream, yesterday was as real as the cracks on my lips and the bruises on my body.

The traffic was slightly less congested than the day before. I thought to myself that this was going to be one of those very long days when I leave home at 6:00 to come back only at 23:00 after my psychodrama group. If only I had realised how long that day would turn out to be, I might have had a second cup of coffee. As the hour-long drive started, I became aware of Hannah (the client whose case I would be presenting in a short while) entering my mind. Maybe she was rehearsing the case presentation to my supervisors with me. I

was so proud of Hannah. She was one of "those" clients that I can imagine remembering for ever.

Hannah's story started when she approached me at the Student Services Bureau, after she had been held up in an armed house robbery. She struggled with the trauma of her experience, but her determination to reclaim her life was inspiring. Her dedication to resolve the trauma as well as the secondary issues that surfaced due to the trauma was what motivated me to select her story as my final case presentation for my internship, a case presentation that would indicate my growth and competency as an intern psychologist, competency that would influence the psychotherapist I was in the process of becoming.

It was 26 October 2006 and the day started like any other day. I was peripherally aware of the butterfly sensation at the pit of my stomach, which I ascribed to the case I had to present to my supervisors and colleague before the end of the day. The previous presentation had not gone well at all, and a lot was riding on this, the last case presentation of my internship year, and the official opportunity to showcase my work and the progress I had made.

I arrived at work, parked my car in my usual spot and reminded myself that the year was stampeding to an end, and that my exhausted intern self would be able to rest in a short while. Just one more month before the students went on holiday; I could not wait.

When I entered the office, my colleague, friend and fellow intern, who had fought with me in the trenches of internship, greeted me and we shared a little "pep-talk" moment before our final case presentations. The case presentations started and he went first. When it came to Hannah and her story, it went extremely well and the feedback was fantastic. Again Hannah impressed me – I had learned so much from this client. Her guts, her spirit, her bravery….

That evening I left the cool comfort of my office and entered the unnaturally blazing heat for October. Floating on a cloud of contentment, I set off for my psychodrama group. I hoped that we would have a good night, as our

numbers had declined slightly over the last two meetings. We only met once a month, but it was usually a pleasant experience, as the group doubled as a peer supervision and support group. To my disappointment, the group was too small for a drama and we decided to go to a nearby restaurant for supper instead. On my way home, I thought that I was actually grateful and that an early night might just be what I needed, as I was starting a training course on energy psychology the next day.

As I was driving, I had the strangest sensation to speak to people I had not spoken to for a long time. Ironically, none of them was available, so I ended up leaving multiple "checking in" voice messages to remembered people. I arrived home at an unusual 21:00, parked my car in the garage and started carrying my belongings from the car into the house. After I had dropped the first load in the study, I turned round to collect the last load, only to find myself turning into the barrels of three handguns being cocked. Click… click… click. Three armed men had followed me into the house. At first I thought they were looking for someone, but after being thrown to the ground I knew what was happening: I was becoming a crime statistic. In a sense, I was experiencing parts of Hannah's story in a new way.

I have kept the ending of the Narrative of this event open-ended because, even with all the similarities between Hannah's trauma and my own, the resolution of the trauma will be unique to each individual. However, as the process unfolds in the thesis, the resolution of the Narrative of the night of the robbery will become evident. The trauma of this event and the resulting living contradiction were not the only influences that contributed to the change and development I experienced. The trauma of this event uprooted my life completely, but other influences contributed to putting my life back together again.

Impact on my Development

When I started writing this section, I struggled to follow the flow of my development under the headings I used in Chapter 3. In Chapter 3 I looked at my development in terms of the following hierarchy: my understanding of

psychology or psychotherapy (this is the meta-narrative that governs the way I think about the profession), my development and understanding of being a psychotherapist (which is informed to a large extent by the meta-narrative of the psychology profession) and my values.

These constructs now relate differently to each other because of the transformation I experienced. My values have become the fundamental starting point that informs my life and my practice. I have created my own set of values. The fact that the order turned around implies that psychology (as a profession) no longer serves as the grand Narrative in my life. The process has become much more personal.

My Values

What are values? Although values play a leading role in nearly every explanatory theory in the broad realm of the social and behavioural sciences, there is very little multidisciplinary research material on values available (De Gruyter, 1993).

I therefore turned to that popular forum, Wikipedia, for some ideas. According to Wikipedia (Values, 2009), a value is a belief, a mission, or a philosophy that is meaningful, whether we are consciously aware of them or not. Every individual has a core set of personal values that can range from the commonplace, such as the belief in hard work and punctuality, to the more psychological, such as self-reliance, concern for others, and harmony of purpose. Values shape our lives and are the key to becoming a significant individual. They are the processes that we will invest time, energy, money and resources to move towards. Values are ever-receding, qualitative goals that can never be fully and finally attained – they point us toward the Infinite.

McNiff (2002) describes values as universal phenomenon that serves as a moral compass to guide actions and thoughts. A value system can be taught by one generation to another. Large companies have adopted the principle of values into their business plan, where the company values are often displayed on walls, advertisements and communications. Values seem to be present everywhere one looks. Yet being surrounded by values does not imply that

people subscribe to the same values. Values need to be real life practices, and not just abstract concepts.

Obtaining clarity on the origins of my values turned out to be more complex than I had thought, mainly due to the carry-over effect of values from amongst other sources, providing cultural, social and historical influences. I had to ask myself whether or not a certain value was truly my own, or whether it was a value I had accepted only because I had been taught that value. The first value I have a very clear memory of that my mother taught me is to treat others as you would like to be treated. She always referred to this as the golden rule in life. It is very possible that this particular lesson became the cornerstone on which I constructed the rest of the values I hold dear as a person.

Apart from personal relationships that influenced my value system, there are also formal or external institutional values that had an impact on my values. The meta-narrative of psychology also taught me value systems during my training. We are expected to internalise values such as unconditional positive regard for clients, empathy, not allowing thoughts and conversations about clients to travel out of our office (we are to close our door and go home and not let them occupy our mind) and the ethical codes prescribed by the Health Professions Council of South Africa (HPCSA).

I tried to adhere to these values as best I could during my M1 training and my internship year, but these values provided little or no comfort when I was experiencing my living contradiction. When I reflected on some of my process notes about Hannah, my attempt to adhere to these values left a sense of "painting by numbers". I wrote all the right words, but since the transformation I had experienced, the words appeared shallow, and unable to capture the essence of what the client experienced. For example: "It appears that the client is slowly recovering from the shock of the trauma" (Process notes, 28 August 2006). The words felt meaningless, as though they captured nothing she actually experienced. With this I am not suggesting that all psychotherapists in training should experience a traumatic event to assist their understanding of their clients. However, my personal experience with trauma

and the influences I experiences after the event helped me to develop or construct a sense of empathy that feels authentic to me. Perhaps psychotherapists should use what is available to them in their lived worlds to aid their development. This implies a qualitative transformation of my understanding of what values are. Now I have more than just a cognitive awareness of my values – my values have become a part of my fibre, and serves as the basis of my practice and person.

Whitehead and McNiff (2006) explain the relational nature of values as rooted in the following understanding:

> Like Bateson we appreciate that we are connected to all things through invisible ties, with space and boundaries, and like Capra we understand that these ties are invisible and intangible, but that they are no less real. We recognise our self as belonging to and as part of and inclusive and relational universe. (p. 86)

Values are relational and develop in relation to the people in our lives. Raz (as cited in Whitehead & McNiff, 2006) is of the opinion that we create our identities in terms of our attachments. Therefore our lives as human beings have to have a context of other people if our values are to make any sense. It was because of the relational element of values that I experienced discomfort (as discussed in Chapter Three) when my personal relationships were affected by the process of becoming a psychotherapist.

Values in Action.

Whitehead and McNiff (2006) postulate that the values we live by give meaning to our lives, especially when they are embodied in our practice. Values have power when we aspire to achieve them, not when we merely understand that they are desirable.

Whitehead and McNiff (2006) believe that the values they live and work by can contribute to the sustainability of humanity: "… the values we are endorsing are, in our view, a kind that encourage inclusion and caring relationships. These values are especially important to action research, with

its acknowledged potentials for emancipatory practices" (p. 25). Therefore, when values are lived in action, they can have an empowering effect on a person. Value is given to the abstract concept by what we do with it, when we make it come to life: "There is no getting away from the idea that the meaning we give to our lives is in terms of which values we choose to espouse and make real through our living practices" (Whitehead & McNiff, 2006, p. 86).

My Ontological Values

In Chapter 3, I explored the meaning of my embodied ontological values through their emergence in my development as a psychotherapist in training.

My ontological value is to treat others as I would like to be treated. This supports the underlying values I identified in Chapter Three. They are the values of helping people, trust, forgiveness and fairness. As a therapist, I also believe in clients' capacity for hope and healing, and their own resourcefulness Ontological values are the foundation values that give direction to our other values: "Ontology is a theory of being and it helps us to understand how and why we live our lives as we do" (Whitehead & McNiff, 2006, p. 86).

Whitehead and McNiff (2006) agree with Bullough and Pinnegar (as cited in Whitehead & McNiff, 2006) that "the consideration of one's ontology, of one's being in and toward the world, should be a central feature of any discussion of the value of self-study research" (p. 86). Whitehead and McNiff (2006) understand their ontological values as deeply spiritual connections between themselves and others. These are embodied values which they strive to make external and explicit through their practices and theories.

During my M1 training and my internship, it felt as if I was more or less able to live in accordance with my values, even if they were sometimes challenged. All of the identified values revolve around my value of treating others as I would like to be treated. It was during the period after the traumatic event of the robbery that my ontological values were severely challenged.

Living Contradiction

During the time after the robbery I was unable to merge my personal and professional values in a congruent manner. I was experiencing what Whitehead (1989) refers to as a living contradiction. Whitehead takes as a starting point of his research the idea that we experience ourselves as living contradictions when our values are denied in our practice.

Whitehead (as cited in Potts, 2002) states that "flowing from the experience of living contradiction the desire to live our values more fully in practice stimulates our imaginations (our originality of mind) to create possible ways of acting that might satisfy the desire" (p. 8). McNiff (2002) postulates that it is in the examination and resolution of these living contradictions that we are able to live more fully and in accordance with our values. According to Zohar and Marshal (as cited in Potts, 2002),

> the intelligence with which we address and solve problems of meaning and value, the intelligence with which we can place our actions and our lives in a wider, richer, meaning-giving context, the intelligence with which we can assess that one course of action or one life-path is more meaningful than another. (p. 14)

In the two years after the incident I felt my belief in these values fade. Even if I still wanted to help people, I did not believe that I was able to. My reasoning was that if I could not help myself resolve my feelings about this traumatic event, how would I be able to help a client? Not only had I lost confidence in my ability to be a psychotherapist, I had also lost my sense of trust. I did not trust the process of healing or psychology's ability to heal, because I did not feel any improvement, regardless of what I did.

It made me question if my sense of pride and accomplishment with Hannah and her progress was smoke in mirrors. Either I was short-sighted, or I was naïve to believe that the progress she claimed was real. Or the alternative was that I was much weaker than my client. In hindsight, this thinking highlighted how many of the positivist beliefs still resided in my mind. Why should a psychotherapist be "stronger" than a client? Does that not feed into

the demigod metaphor I have so strongly distanced myself from in Chapter Three?

The effect of the living contradiction and my attempts to resolve it are discussed below under the headings of the development of my understanding of psychotherapy and of becoming a psychotherapist.

Standards of judgement

My values become the living standard by which I make my judgements about the quality of my practices, in line with the approach described by Whitehead and McNiff (2006). The criteria on which I base my development as a psychotherapist and a person are based on these identified values that govern my life.

It was the discomfort of experiencing a living contradiction that forced me to take a closer look at what was happening to my personal values in my professional capacity as a psychotherapist.

Review of Learning – 2007 and Beyond

Development as a Psychotherapist

My development as a psychotherapist during this time was more interpersonal than that in the previous years (discussed in Chapter Three). The traumatic event that affected me so strongly occurred near the end of my internship. Due to the fact that my research and data were stolen during the robbery, I had to restart the research process. This implied that I could not actively practice until my research was completed. My learning about my development as a psychotherapist centred around being the person in need of change as I struggled to resolve the trauma of the event.

What I learned about psychotherapy during this phase is that timing is important. I pursued multiple routes to resolve the stuckness that resulted from the trauma. It took time for meaningful change to occur, which was a frustrating process in itself, because I wanted normality to return as suddenly as I lost it. In an attempt to resolve the trauma, I went for Eye Movement

Desensitization and Reprocessing (EMDR) treatment, I wrote letters, I wrote in my journal, I scaled my progress, and I went for hypnosis and burned the clothes I wore that night. Most of these techniques provided some relief, for a while, but it was not lasting. I remained in a position where I was petrified and unable to put what happened behind me.

One of the main contributing factors was that my life partner and I had to testify in and deal with the court case resulting from the traumatic event, and that the case dragged on for over a year. Each time I had to face the one assailant that had been caught, I relived that night and all the progress I made came undone. When the assailant was found guilty and sentenced to thirty years in prison, I though it would bring relief. Logically, the sentence felt fitting for the events that occurred that night, and for some time it did bring relief, but again it was short-lived. I was always afraid and unable to sleep properly, regardless of where I was. Because I could not resolve the fear that I was stuck in, my confidence in my ability to help people started to fade, to the point where I lost the desire to help other people completely.

Exploring the Stuckness

A few weeks after the robbery, I had to have some maintenance work done in my office at the Student Services Bureau at UJ. After the maintenance team had left my offices, I went back. One of the men that had been in my office smelled like one of the men that was in the house the night of the robbery. I had no control over my reaction, in that moment even my office had become unsafe and I experienced an abreaction. I reflected on this incident in my journal, writing that my fear made sense in terms of the DSM-criteria symptoms of a post-traumatic event (APA, 2004). A year after the robbery, I could not make sense of the fear and I became despondent. Writing in the journal became increasingly difficult. There was an entry that I describe as a picture saying a thousand words.

Figure 3: Journal entry, 4 October 2007

One of the effects of the stuckness was that I started to doubt the progress my clients had made in therapy with me during my internship, clients such as Hannah. Prior to the incident I had begun to feel confident and even proud of the work that I had done with my clients. The confidence that I would be a competent psychotherapist was gradually growing. Being stuck made me question not only my ability to aid healing, but also the ability of psychotherapy truly to assist in the healing process.

This stuckness also effected my functioning in my personal relationships. As much as the training and internship affected my relationships (discussed in Chapter Three), so did this living contradiction. During my M1 and internship, my need to live in accordance with my value of helping others, including the people with whom I have a personal relationship, remained intact. The challenge was in finding suitable ways of providing help that fits with the training. However, on 11 August 2007, I made the following journal entry:

> *During this year I have been confronted by two scenarios. Two people, a close friend and a family member needed help with their children. Both found themselves in situations where the opinion of a psychologist would be helpful to the situations. The first thing I told them was that I was not allowed to give them a professional opinion, because I am not*

allowed to practise during my dissertation year. I was very relieved that I could hide under the excuse of not being ethically allowed to give them advice. Truth of the matter was that I did not know how to advise them. I do not trust that I would be able to help them.

I know, based on internal satisfaction and reports from lecturers, supervisors, clients and colleagues that I am a capable therapist (said with humility and awareness of the immense room for growth and development). Yet, I find myself doubting my abilities, because I could not provide them with a "5 step plan" or intervention that would make things easier for them. Logically I know that this is not the way it works, I do not provide 5 step programme solutions to problems. But at times like these I wish I could.

Reflecting back on this conversation I had with myself made me realise that the dissertation year provided me with the time to start healing. I was hiding behind all the valid reasons I handed out as an excuse not to be helpful to my family and friends, because I did not trust my ability still to provide help. I had become what Jung referred to as a wounded healer (Sedgewick, 1984). But instead of my wounds mobilising me to help others, they deterred me from doing so. It was only after the resolution of my living contradiction and the development that followed that I feel comfortable to say that my wounds are now informing my ability to heal. Sedgewick (as cited in Viljoen, 2004, p. 28) explains the concept of a wounded healer as follows:

By heavily ascending the analyst's vulnerability – his wholeness rather than his "clean hands" perfection – Jung deepens the countertransference issue. It is no longer the analyst's openness, "mental health" or "knowledge" that is the major determinant; rather it is his own hurt that gives him the measure of power to heal.

Whether countertransference is desirable for a psychotherapist or not, albeit an interesting debate, is not a part of this study. However, I have appropriated the wounded healer metaphor because it aided the development of my construction of myself as a psychotherapist.

I was a person who valued presenting myself as being in control of myself and my emotions. The fact that I had become vulnerable was very difficult to hide, therefore the excuse of not being allowed to help others served a very functional purpose. It bought me time to reconstruct myself into a person that will be able to live in accordance with her values. Because my vulnerability made me very uncomfortable, I was driven to "fix" myself as soon as possible, but regardless of what I did, I remained stuck. I now realise that I needed to work through the frustration, because the time was not yet right for change to occur. I experienced the frustration and despair I had sometimes witnessed in my clients when a resolution eluded them.

My sense of stuckness escalated to the extent where I questioned the contribution I had made to Hannah's therapeutic progress.

> *This stuckness makes me question my effectiveness as a psychotherapist and even as a person. I wonder if this inability to resolve this was an indication of a weak character and even weaker ego strength. Hannah could "get over it" and reclaim her life, and yet the "psychotherapist" that aided the process was rendered petrified and unable to function. Maybe Hannah's progress had nothing to do with me or my ability as a psychotherapist. Maybe it was all her – as it should be. The postmodern paradigm speaks of the resourcefulness of people and their ability to construct meaning of their own lives as they are, at the end of the day, the ultimate experts of their life. I only served as a witness to the resilience of my client. I am angry, disappointed, petrified and stuck. I had lost all faith in psychology as a profession.*
>
> <div align="right">(Journal entry 15 March, 2008)</div>

Discovering a Resolution

In the end there were several influences that worked toward my resolving the living contradiction and becoming unstuck.

Learning through Reflection.

Initially reflecting navigated me toward my sense of stuckness. Because I was so focused on the traumatic event, I was unable to see any alternatives or solutions. When I worked in Kroonstad for a while, I began reflecting on my situation in a different manner. The reflections were not as problem-focused as they had been in the past. The people I worked with during this time contributed significantly to this shift; it was because of them that I was able to reclaim my value of wanting to help people.

In May 2007 I started consulting at a start-up mine in Kroonstad, a little town in the Free State province. The Free State is one of the nine provinces in South Africa, situated approximately in the middle of the country. My mandate was to design and facilitate an induction process based on adult learning principles, as set out by Glasser and Roadcap (2007), Kolb (1993) and Sharlanova (2004). Although the pilot group mainly consisted of operators,[4], the process was also designed to be appropriate for management. The content included modules on the history of the company, safety, security, health and a life skills module in which participants were challenged to set their goals, find their personal purpose and figure out what their personal values were and how that would all influence their career and life in general.

While I was working with this community, I found my need to help other people slowly started returning. Not only did occasionally working in Kroonstad remove me physically from the environment in which the traumatic event had taken place, but it exposed me to people who reminded me of my values. The unemployment rate in the Free State is extremely high, with the result that participants are generally very eager and grateful, and really endeavour to make the best of the opportunity.

The process of facilitation reminded me of the therapeutic process where the client is given an equal voice and responsibility to resolve a problem and participate in the process. As participants shared their stories of loss, despair,

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[4] Operators in this context are people operating machinery or driving large earth-moving equipment.

faith, hope and resilience, the process reminded me of a therapeutic process. It was in taking a step back and reflecting on the experiences of the participants that I was able to restart reflecting on the Narrative and sense of stuckness I was experiencing:

> *As the participants shared their experiences I realised that themes of trauma due to rape, murder and crime, as well as loss and stuckness, were common constructs to the participants. Being employed provided them with hope and a resilience to change their lives for the better. They refused to give up, regardless of their dire socio-economic circumstances.*

(Journal entry, 27 November 2007)

The induction process was designed with adult learning in mind, and I relied especially on the work of Glasser and Roadcap (2007), Kolb (1993) and Sharlanova (2004). David Kolb (1993) was the first of these to publish in this area. His learning cycle was influenced by, amongst others, John Dewey's claim that learning must be grounded in experience, Kurt Lewin's notions on the importance of active learning, and Jean Piaget's emphasis of the importance of the interaction between a person and his or her environment on learning (also see Glasser & Roadcap, 2007). I recognised stages of Lewin's (1946) action research cycles as I experienced, and reflected on the process the participants were part of. Kolb's (1993) action learning cycle resonated strongly with the action research cycle of Lewin (as cited in Louw, 2000) discussed in Chapter Two of the current study. Being exposed to an event does not necessarily lead to learning. Kolb (as cited in Sharlanova, 2004), like Lewin (1946), postulated that reflection on the event and planning what to do with the new knowledge or planning what to differently leads to learning. Sharlanova (2004) cites Kolb, indicating that, "[l]earning is a process, in which knowledge is created through transformation of experience". My learning did not flow from being exposed to a similar situation as Hannah; my learning was discovered in reflecting and acting on the experience and the impact it had had on my development as a psychotherapist.

The participants involved in the induction process in Kroonstad inspired me to revisit reflecting on my sense of stuckness. Because I regained my need to help people, my value of hope and resilience followed suit. I found that I was able to reflect on my stuckness without holding onto my Narrative of the traumatic event. I started separating issues accompanying the traumatic event and worked on them individually.

Writing the Dissertation.

Pillay and Kritzinger (2007) and Viljoen (2004) support the notion that the process of writing a dissertation can be seen or used as a learning opportunity to enhance the development of psychotherapists in training. In writing this dissertation, I have not only have completed the research requirements of the degree, but I have also learned more about myself as a person and as a developing psychotherapist. The dissertation serves as a summary and proof of the development I have experienced during the time it took to complete the degree.

I regard writing as a tool to aid healing. Initially, the journal served as my platform to express my development and frustrations. However, writing in this way only did not lead to a resolution. If I reflect on the journal entry where I drew a picture of an ostrich with its head stuck in the sand (see page 75), I can see that my understanding of the stuckness I experienced has changed. My understanding now is that it was not so much that I was unable to write, as it was that I was not able to continue writing as a victim without resolution. Writing the dissertation forced me to write in a different way and with a different motivation. Writing and reflecting has served as two new nutrients for my tree of knowledge. In doing this study I was able to combine both the writing and the reflecting techniques, which aided my development as well as the resolution of my living contradiction and thus the establishment of my own (dynamic) living theory.

Therapy.

Servan-Schreiber (2009) suggests that successful psychotherapy is a process of "discovering unexpected resources, we exceed our old capacity to

understand and manage our emotions – and those of others" (p. 118). I regard my development since the training started and especially since the traumatic event occurred as a therapeutic process.

Hall (2004) draws the parallel between the process of becoming a psychotherapist and the therapeutic process. Prentice (2001) postulates that if one conceptualises the process of becoming a psychotherapist or psychologist as being similar to therapy, in that old rules become apparent, awareness often leads to change. Furthermore, Prentice (2001) emphasises that self-reflection can be a by-product of the process of becoming a psychotherapist. According to Hall (2004), an awareness of these implications is useful for therapists, because, as he warns, "it seems that, in having eaten the apple, we become the serpent, offering the apple to others" (p. 101).

A formal long-term therapeutic process might have been able to assist me to deal with the traumatic event sooner. Financially, this was not a viable option for me and I made do with what therapeutic interventions I could sporadically afford. This was a lesson to me as a psychotherapist that many people cannot afford long-term psychotherapy. Even if people are privileged enough to be on a medical aid, the average allocation for psychotherapy (as an outpatient) would cover only three sessions. I experienced my healing as being time-dependent, and (in retrospect) as occurring at the right time, but time is expensive and very few people can afford it. This brings me the challenge of developing my practice to aid my clients as effectively as possible, given the financial and time constraints clients and psychotherapists are faced with.

Timing.

Change occurs when a person or client is ready for the change to occur. I was not consciously aware that I was not ready to change and each time I attempted an intervention to aid my healing, I pressured myself to change. Not surprisingly, I only managed to frustrate myself into a sense of stuckness. I went for Eye Movement Desensitization and Reprocessing (EMDR) treatment after the traumatic event occurred. The psychotherapists asked me what lesson or insights the event had taught me. Although this is a question I had

asked clients in the past and it theoretically made sense as a reframing technique, I was unable to answer the question at the time, because I saw no lesson. I could report no learning that had occurred yet, because the question was asked too soon and the experience was still too recent. From this experience, I developed an awareness that the right question at the wrong time will lose all its potential to aid a client if I am not mindful of where the person is in his or her process of healing and his or her ability to answer the questions constructively.

There was not one specific day or incident that resolved my living contradiction and sense of being stuck. Every attempt at resolving the Narrative of the traumatic event contributed to the resolution. I now realise that the experience taught me about living and practising in accordance with my values and that I experience a sense of stuckness if I cannot live in accordance with my values. Furthermore, the experience taught me that I take time to process shock and I should be patient with myself and my clients when healing does not occur according my schedule.

The time I spent resolving my living contradiction initially felt as if I had experienced no development as a psychotherapist. I now realise that this was the time when I experienced the most fundamental development. The process of learning and development was very different in comparison to my M1 training and the internship. There was no syllabus for the lessons I was learning. In the words of English singer and songwriter, John Lennon (1940-1980), "Life is what happens while you are busy making other plans" (Lennon, 2009, n.p.). The lessons pertained to my ability to function as a psychotherapist when life happens.

Development of my understanding of psychology and psychotherapy

Because I was not allowed to practise before my research was completed and I still needed an income, I steered away from practising psychology during 2007. I did not actively think about the profession as much as I used to during my M1 training and internship. It was in writing the dissertation that I was able to look at how my perceptions of the profession had developed.

Regardless of how the profession is constructed, it took time for me to find my own authentic fit within the profession. I have developed a understanding that just doing lip service, even if you agree with what you have been taught during your training as a psychotherapist, does not imply that old beliefs (even the ones that you are not necessarily consciously aware of) will be replaced.

It takes time to internalise what fits with you and how to negotiate your way around what does not work for you in a meaningful way. I have realised how important it is to be aware and question the positivist residue that is still in my mind about the profession and to reconstruct my role and responsibilities in accordance with what I believe and value. The way I thought I had failed Hannah, regardless of her satisfaction with the therapy, may be indicative of a such a positivist impression of the power relationship between the client and the therapist. My personal issues weighed more heavily in my mind than the client's experience of change.

The examples of my development of my understanding of psychotherapy given above are only a few of the things I learned. I also realised that psychotherapy as a process is influenced by the psychotherapist. Therefore any change or development in the psychotherapist will affect his or her psychotherapy. I no longer see the constructs of myself practising psychotherapy and being a psychotherapist as separate anymore (as I did in the period I describe in Chapter Three). Change in the one will lead to change in the other, like the two opposite "ends" of a tree – roots and leaves.

Conclusion

This chapter has explored the living contradiction I experienced focusing on my sense of stuckness when I was unable to live work in accordance with my personal values. Interventions that enabled me to make progress and move forward, like therapy, writing, writing the dissertation and the passage of time have been discussed.

CHAPTER 5
EPILOGUE

Introduction

In conclusion I would like to highlight the points of growth and overlap between the research process and my topic. This dissertation explored my development as a psychotherapist in training. Because it is an action research living theory dissertation, I was able to explore myself as the research topic, as described by Hymer (2007), Louw (2000), McNiff (2002), Sullivan (2006) and Whitehead and McNiff (2006). Therefore the topic of the study focused on my own development and the effect it had on my ability to practise as a psychotherapist, as suggested by Hymer (2007).

My Living Theory in Action

Knowledge can be said often to unfold during the process of doing action research (Bhana, 1999; Herr & Anderson, 2005; Kemmis & McTaggart, 2005; Louw, 2000; Whitehead & McNiff, 2006). My living theory therefore developed during the process of "doing" action research and not as a final result of it. An action research living theory enquiry revolves around finding answers to the question "how do I improve my practice?". Because the question is not "how *did* I improve my practice?", a living theory enquiry is a continuous process which does not provide a neatly wrapped result that a researcher can produce as a living theory.

My exposure to Kolb's (1993) work on experiential learning, when I was working in Kroonstad during 2007 – 2008 (as discussed in the previous chapter), serves as an example of the growth of my knowledge during an action research enquiry. I did not include the work of Kolb (1993) in my literature review – instead, I found that my knowledge of Kolb (1993) emerged as a result of the continuous process, which in a sense closes the loop regarding the action research model in which I have been working.

Learning through Writing

There are three requirements for the completion this degree: the theoretical training, the internship and the dissertation. The dissertation has the potential to serve as a summary of the learning, growth and development that occurred during the process of developing as a psychotherapist in training (Pillay & Kritzinger, 2007; Viljoen, 2004). My action research living theory enquiry helped me to crystallize the learning and development that occurred. Furthermore, writing about my development helped to resolve and reconstruct the discomfort I experienced due to the high change context of training to become a psychotherapist, as also described by Blokland (1993), Du Preez (2005), Hall (2004), Louw (2000), Prentice (2001), Rønnestad and Skovholt (2003) and Vermooten (2007).

In this dissertation, writing is a method of data analysis, as I used writing to think, as proposed by Richardson and St Pierre (2005), and to reflect on my thoughts. Richardson and St Pierre (2005) postulate that writing is a tool that crystallizes and excavates thoughts, and the following comment they made resonated with my experience:

> As I wrote I watched word after word appear on the computer screen – ideas, theories, I had not thought about before I wrote them. Sometimes I wrote something so marvellous it startled me. I doubt I could have thought such a thought by thinking alone. *(*p. 970)

The hierarchy that governs my view of psychology and the value of values

At the commencement of my training as a psychotherapist, my understanding of being a psychotherapist was influenced by my constructions of psychology as a profession. This construction consisted of a hierarchy in which professional bodies such as the HPCSA and academic institutions that provide relevant theoretical training were at the top. The manner in which a psychotherapist or psychiatrist practises psychotherapy is informed by these professional bodies, as they guide our practice.

The dissertation, being an action research enquiry, is a value-laden research enquiry, as explained by McNiff (2002). It therefore highlighted the role of values in practice. In Chapter Three, I explored the effect training and my development as a psychotherapist had on my values. These values were initially governed by the above-mentioned hierarchy. As discussed in Chapter Four, because I looked at the influences on my practice in the context of such a static hierarchical manner, I was often left with a sense that the values I was living in my practice were not my own, regardless of the logical merit they might or might not have.

The process of completing this dissertation reconstructed my understanding of the hierarchy that informs my practice. Completing this dissertation taught me that my values are central to my ability to practise in an authentic manner. Once I have clarity on my values as the pivotal point of my practice, I believe I will be able to incorporate the expectations of psychology as a profession, including those of governing bodies such as the HPCSA and legislation.

Chapter Four explored a living contradiction, when I was unable to consolidate my personal and professional values after being exposed to a traumatic event. The process of completing the dissertation not only provided an opportunity to identify the living contradiction, but also served as a process of resolution. The living theory dissertation taught me to examine my practice and my resolve to practise what I preach.

Suggestions for possible further research

This dissertation is an enquiry into my development as a psychotherapist in training. Given that multiple truths are acknowledged in line with the postmodern paradigm, as proposed by Anderson and Goolishian (1992), Becvar and Becvar (2003), Gergen (1985, 2001) and Hoffman (2003), I anticipate that there might be readers who may have different views on the subject at hand, and who would like to explore these issues for themselves, in a similar or different way.

My personal development as a psychotherapist in training serves as the research topic of this dissertation. In alignment with a postmodern paradigm

as described by Becvar and Becvar (2003) and Hoffman (2003), my development will not end with the completion of the dissertation – a similar point is made by other authors (Hall, 2004; Hymer, 2007; Louw, 2000; Rønnestad & Skovholt, 2003; Sullivan, 2006; Vermooten, 2007; Viljoen, 2004). As new experiences perturb my sense of values in practice, the research will continue in an informal manner (not as part of an academic requirement).

When searching for literature on therapists who where exposed to traumatic events, I was unable to find relevant information. However, there is literature available on therapists who experience second-hand trauma or vicarious trauma as result of working with traumatised clients (Danieli, 1994; McCann & Pearlman, 1990; Schauben & Frazier, 2006; Solomon, 1992). Although the process of writing this dissertation has been empowering, it has also been a difficult and at times threatening process that left me feeling exposed. This sense of exposure might be a factor contributing to the lack of literature on therapists dealing with personal trauma. I am of the opinion that research in this area could assist other therapists dealing with similar situations.

Employing a dissertation as a medium to document personal growth is becoming increasingly popular as seen in the work of Hall (2004), Hymer (2007), Lennie (2007), Louw (2000), McNiff (2002), Pillay and Kritzinger (2007), Prentice (2001) and Vermooten (2007). Further research in the area of personal development may contribute to the growing body of emancipatory knowledge.

Vermooten (2007) cites Barry when describing the concept of contribution as referring to the pragmatic use or the utility of the knowledge generated in a study. With this enquiry I hope to contribute on a pragmatic level with some possibly useful ideas about the therapeutic development of fledgling psychotherapists.

Concluding remarks

This dissertation served as a mirror in which I could look back at my actions. At times I was unable to see my intentions in the reflected images, but the process of writing the dissertation aided the process of altering my constructions so that my intent became visible in the reflection. This is a dissertation that is rooted in self-knowledge. This process and the nature of self-knowledge is movingly captured in the words of *The Prophet* by the Lebanese poet Kahlil Gibran (1883-1930):.

> And a man said, Speak to us of Self-Knowledge.
> And he answered saying:
> Your hearts know in silence the secrets of the days and the nights.
> But your ears thirst for the sound of your heart's knowledge.
> You would know in word that which you have always known in thought.
> You would touch with your fingers the naked body of your dreams.
>
> And it is well you should.
> The hidden well-spring of your soul needs to rise and run murmuring to the sea;
> And the treasure of your infinite depths would be revealed to your eyes.
> But let there be no scales to weigh your unknown treasure;
> And seek not the depths of your knowledge with staff or sounding line.
> For self is a sea boundless and measureless.
>
> Say not, "I have found the truth," but rather, "I have found a truth."
> Say not, "I have found the path of the soul."
> Say rather, "I have met the soul walking upon my path."
> For the soul walks on all paths.
> The soul walks not upon a line, neither does it grow like a reed.
> The soul unfolds itself, like a lotus of countless petals.
>
> <div align="right">(Gibran, 2005, p. 62)</div>

REFERENCES

Adams, D. J. (1997). Towards a theoretical understanding of postmodernism. [Electronic version]. *Cross Currents: Association for Religion and Intellectual Life,* 47(4),1–15. Retrieved February 9, 2007, from http://www.crosscurrents.org/adams.htm

American Psychological Association. (2004). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Anderson, H. (1997). *Conversation, language and possibilities: A postmodern approach to therapy*. New York: Basic Books.

Anderson, H. D., & Goolishian, H. A. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K. F. Gergen (Eds.), *Therapy as social construction* (pp. 25–39). London: Sage.

Auerswald, E. H. (1987). Epistemological confusion in family therapy and research. *Family Process, 26*, 317–330.

Beck, C. (1993). Postmodernism, pedagogy, and philosophy of education. *Ontario Institute for Studies in Education.* Retrieved January 8, 2009, from http://www.ed.uiuc.ed/EPS/PES-Yearbook/93_docs/BECB.HTM

Becvar, D. S., & Becvar, R. J. (2003). *Family therapy: a systemic integration* (5th ed.). Boston: Allyn and Bacon.

Bhana, A. (1999). Participatory action research: a practical guide for realistic radicals. In M. Terre Blanche, & K. Durrheim (Eds.), *Research in practice: Applied methods for social sciences* (pp. 227–238). Cape Town: University of Cape Town.

Blokland, L. M. (1993). *Psychotherapy training: The Mamelodi experience.* Unpublished master's dissertation in Clinical Psychology, University of South Africa, Pretoria.

Csikszentmihalyi, M. (1990). *Flow*: *The psychology of optimal experience.* New York: HarperCollins.

Danieli, Y. (1994) Countertransference trauma and training. In J. P. Wilson, & J. D. Lindy (Eds.), *Countertransference in the treatment of PTSD* (Chapter 15). New York: Guilford.

De Gruyter, A. (1993). *The origin of values*. Retrieved February 15, 2009, from http://eebweb.arizona.edu/MICHOD/Books/Origin%20%20Values.htm

Denzin, N. K., & Lincoln, Y. S. (2005). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed.) (pp. 1– 32). Thousand Oaks, CA: Sage.

Du Preez, E. (2005).*The social construction of counsellor identity in a South African context*. Unpublished D.Phil thesis, University of Pretoria, Pretoria.

Frank, A. W. (1995). *The wounded storyteller: Body, illness and ethics*. Chicago: University of Chicago Press.

Freire, P. (1972). *Pedagogy of the oppressed*. Harmondworth: Penguin.

Gergen, K. (1985). The social constructionist movement in modern psychology. *American Psychologist, 40*, 266–275.

Gergen, K.J. (2001). *Social construction in context.* London: Sage.

Gibran, K. (2005). *The prophet.* Johannesburg: AD Donker.

Glasser, R., & Roadcap, B. (2007). Designing experiential learning in adult
organisations. *HRDQ experience learning*. Retrieved February 15,
2009, from
http://www.hrdq.com/downloads/DELIAO_ELM%20Article.pdf

Hall, J. (2004). Eating the apple: *The impact of becoming a clinical
psychologist on personal relationships*. Unpublished master's
dissertation, University of Pretoria, Pretoria.

Herr, K., & Anderson, G. L. (2005). *The action research dissertation: A guide
for students and faculty*. Thousand Oaks, CA: Sage.

Hesse, H. (1995). *The journey to the east.* London: Picador. (Original work
published in 1956).

Higgs, P., & Smith, J. (2000). *Rethinking our world.* Kenwyn: Juta.

Hoffman, L. (2003). *Exchanging voices: A collaborative approach to family
therapy.* London: Karnac.

Hymer, B. (2007). *How do I understand and communicate my values and
beliefs in my work as an educator in the field of giftedness?*
Unpublished D.Ed.Psy thesis, University of Newcastle, Newcastle.

Kelly, K. (1999). From encounter to text: Data gathering in interpretive
research. In M. Terre Blanche, & K. Durrheim (Eds.), *Research in
practice: Applied methods for social sciences* (pp. 379–397). Cape
Town: University of Cape Town.

Kemmis, S., & McTaggart, R. (2005). Participatory action research:
Communicative action and the public sphere. In N. K. Denzin, & Y. S.

Lincoln (Eds.), *The Sage handbook of qualitative research* (3rd ed.) (pp. 559–604). Thousand Oaks, CA: Sage.

Kolb, D. A. (1993). The process of experiential learning. In M. Thorpe, R. Edwards, & A. Hanson (Eds.), *Culture and processes of adult learning* (pp. 138–158). London: Routledge.

Kvale, S. (1995). The social construction of validity. *Qualitative Inquiry*, *1*(1), 19–40.

Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing.* Thousand Oaks, CA: Sage.

Lennie, C. (2007). The role of personal development groups in counsellor training: Understanding factors contributing to self-awareness in the personal development group. *British Journal of Guidance and Counselling, 35*(1), 115–129.

Lennon, J. (n/d). "Beautiful Boy". Retrieved March 20, 2009, from http://www.quotationspage.com/quote/571.html

Lewin, K. (1946). Action research and minority problems. *Journal of Social Issues, 2*, 34–36.

Louw, W. P. (2000). *The learning and teaching of systematic therapy – An action research approach*. Unpublished master's dissertation, University of South Africa, Pretoria.

Lyotard, J. (1979). The postmodern condition: A report on knowledge. [Electronic version]. Manchester: Manchester University Press. Retrieved June 5, 2005, from http://marxists.org/reference/subject/philosophy/works/fr/lyotard.htm

Maguire, M. H. (2006). Autoethnography: Answerability/responsibility in authoring self and others in the Social Sciences/Humanities [Electronic version]. *Forum: Qualitative Social Research, 7*(2), 1-13. Retrieved November 21, 2007, from http://www.qualitative-research.net/fqs-texte/2-06/06-2-16-e-p.html

McCann, L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3*(1) 131–135. Retrieved February 24, 2009, from http://www.springerlink.com/content/n25210478583h48r/

McKernan, J. (1988). The countenance of curriculum action research: Traditional, collaborative, and emancipatory-critical conceptions. *Journal of Curriculum and Supervision*, *3*(3), 173–200.

McNiff, J. (2002). *Action research for professional development: Concise advice for new action researchers* (3rd ed.). [Electronic version]. Retrieved July 2, 2007, from file://E:\ActionresearchbookletJMcNiff.htm

Neuman, W. L. (1997). *Social research methods* (3rd ed*.)*. Boston: Allyn and Bacon.

Pillay, A. L., & Kritzinger, A. M. (2007). The dissertation as a component in the training of clinical psychologists. *South African Journal of Psychology, 37*(3), 638–655.

Potter, C. (1999). Programme evaluation. In M. Terre Blanche, & K. Durrheim (Eds.), *Research in practice: Applied methods for social sciences* (pp. 209–226). Cape Town: University of Cape Town.

Potts, M. (2002). *How can I use my values and my experience of schools in South Africa to influence my own education and the education of others.* Retrieved July 6, 2007, from http://www.actionresearch.net/values.shtml

Plug, C., Louw, D. A. P., Gouws, L. A., & Meyer, W. F. (1997). *Verklarende en Vertalende Sielkundewoordeboek.* Johannesburg: Heinemann.

Prentice, J. (2001). *Difficulties in the choreography of training in clinical psychology.* Unpublished master's dissertation, University of South Africa, Pretoria.

Richardson, L., & St Pierre, E. A. (2005). Writing: A method of inquiry. In N. K. Denzin, & Y. S. Lincoln (Eds.), *The SAGE handbook of Qualitative Research* (3rd ed.) (pp. 959–978). Thousand Oaks, CA: Sage.

Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counsellor and therapist: Research findings and perspectives. *Journal of Career Development, 30*(1), 5 –44.

Sadock, B. J., & Sadock, V. A. (2003). *Kaplan & Sadock's synopsis of psychiatry: Behavioral sciences / Clinical psychiatry* (9th ed.). Philadelphia: Lippincott, Williams & Wilkins.

Schauben, L. J., & Frazier, P. A. (2006). Vicarious trauma: The effects on female counsellors of working with sexual violence survivors. *Psychology of Women Quarterly, 19*(1), 49–64. Retrieved February 24, 2009 from http://www3.interscience.wiley.com/journal/119962612/abstract

Schön, D. (1995). The new scholarship requires a new epistemology. *Change: The Magazine of Higher Learning*, *27*(6), 27–34.

Sedgewick, D. (1984). *The wounded healer: Countertransference from a Jungian perspective.* London: Routledge.

Servan-Schreiber, D. (2009). Brood awakening. *Psychologies,* February/March, 118.

Sey, J. (1999). Postmodernism: a critical practice? In M. Terre Blanche, & K. Durrheim (Eds.), *Research in practice: Applied methods for social sciences* (pp. 462–475). Cape Town: University of Cape Town.

Sharlanova, V. (2004). Experiential learning. *Trakia Journal of Sciences, 2*(4) 36–39. Retrieved February 15, 2009, from http://www.uni-sz.bg/tsj/Volume2_4/EXPERIENTIAL%20LEARNING.pdf

Shotter, J. (1996). *Vico, Wittgenstein, and Bakhtin: "Practical trust" in dialogical communities.* Retrieved September 5, 2007, from http://www.massey.ac.nz/-alock/virtual/js.htm

Silverman, D. (2001). *Interpreting qualitative data.* London: Sage.

Snyman, S., & Fasser, R. (2004). Thoughts on ethics, psychotherapy and postmodernism. *South African Journal of Psychology, 34*(1), 72-83.

Solomon, Z. (1992). From the frontline to home front: A study of secondary traumatization. *Family Process, 31*(3), 45-63.

Sternberg, R. J. (1995). *In search of the human mind.* Miami, FL: Harcourt Brace.

Sullivan, B. (2006). *An living theory of a practice of social justice: Realising the right of traveller children to educational quality.* Unpublished PhD thesis, University of Limerick, Limerick.

Tenni, C., Smyth, A., & Boucher, C. (2003). The researcher as autobiographer: Analysing data written about oneself. [Electronic version]. *The Qualitative Report, 8*(1), Retrieved October 9, 2007 from http://www.nova.edu/ssss/QR/QR8-1/tenni.html

Terre Blanche, M., & Durrheim, K. (1999). Histories of the present: social science research in context. In M. Terre Blanche & K. Durrheim (Eds.), *Research in Practice: applied methods for the social sciences* (pp.1–16). Cape Town: University of Cape Town Press.

Tolkien, J. R. R. (1999). *The two towers.* London: HarperCollins.

Values. 2009. *Wikipedia*. Retrieved on Ferburary 15, 2009, from http://humanscience.wikia.com/wiki/Values

Vermooten, E. (2007). *Fiction writing as symbolic constructionist inquiry in ego state therapy.* Unpublished master's dissertation, University of Pretoria, Pretoria.

Viljoen, G. A. (2004). *The well-being of young psychotherapists: A social constructionist approach*. Unpublished DLitt et Phil thesis, University of South Africa, Pretoria.

Whitehead, J. (1989). Creating a living educational theory from questions of the kind, "How do I improve my practice?". *Cambridge Journal of Education*, *19*(1),137–153. Retrieved 22 January, 2007, from http://www.bath.ac.uk/~edsajw/bk93/5anal.pdf

Whitehead, J., & McNiff, J. (2006). *Action research living theory*. London: Sage.

APPENDIX A: THE MYTH OF PSYCHE

The name of the field of psychology is derived from ancient Greek and Roman mythology. The field of psychology is named in honour of a mythological figure named Psyche, meaning spirit or soul in Latin (Sternberg, 1995). There are several versions of the Psyche myth - the version below is based on that presented by Sternberg (1995).

According to myth, there was once a very beautiful woman named Psyche. She was the youngest of the three daughters of a great king. She was so beautiful, both physically and spiritually, that people came from far and wide to see and admire her. As she lived in the time of the gods, Venus, the goddess of beauty, quickly became displeased and jealous of the attention Psyche, a mere mortal, was attracting, making people forget the goddess in their contemplation of the human woman.

To reclaim her title and the admiration of mortals and gods for her own beauty, Venus devised a plan to get rid of Psyche. She asked her son Cupid, the god of love, to make Psyche fall in love with the most detestable creature in the whole world.

It was easy to put the plan into action. Despite her beauty, none had fallen in love with Psyche, and she had no suitors. Because her parents were desperate to see their daughter married, her parents agreed when Cupid told them to leave Psyche on a hilltop, where she would be betrothed to an ugly and vile winged serpent. Unfortunately, Venus did not anticipate the effect Psyche would have on Cupid when he saw her. On the hilltop, Cupid fell in love with Psyche. Instead of taking her to the monster, he took her to his castle and made her his wife. However, because Psyche was a mortal, Cupid was not allowed to let his wife know who he was or what he looked like. Therefore, he only visited her at night and made her promise that she would never look at him. Although she was living a life of mystery, Psyche was blissfully happy for some time.

Eventually, Psyche's sisters, who had seen the lovely palace where Psyche lived, became jealous and thought of a plan to ruin her. They poisoned her mind, telling Psyche that if her husband was so secretive about his identity and appearance, there must be something terribly wrong with him. They argued that Psyche had ended up with the dreadful winged serpent after all.

The seeds of suspicion that her sisters had sown in her mind grew and soon Psyche could no longer bear not knowing what her husband looked like or who he was. One night, while Cupid slept, she carefully carried a lamp to his bed to gaze upon his face. But instead of a monster, she saw someone with the handsomest face one could imagine, and her hands started to tremble at the sight of her beloved husband. As she trembled, though, oil fell from her lamp and burned Cupid's shoulder badly. He awoke, and finding that his wife had betrayed him, he fled.

Psyche deeply regretted her betrayal and faithlessness, which had made her hurt and lose Cupid, and she vowed that she would show Cupid how much she loved him by spending the rest of her life searching for him. Cupid flew to his mother and asked her to treat his wound. When Venus heard that Cupid had married Psyche and that Psyche had betrayed her pledge to Cupid, Venus decided to punish Psyche severely.

In the meantime, Psyche had prayed to all the gods for help, but none of them wanted to risk the wrath of Venus. Finally, in desperation, Psyche prayed to Venus herself. When Psyche begged for forgiveness from Venus, Venus belittled Psyche as faithless and plain and told her that her only hope for redemption was to perform certain tasks. Venus had no intention of forgiving Psyche, so the tasks were impossible. Even though the tasks seemed impossible, Psyche hoped that she would find her lost love on her travels to complete the tasks.

Psyche's first task was to separate seeds. Venus mixed an enormous pile of tiny wheat, poppy and millet seeds with the instruction that they had to be

separated into categories before nightfall. Psyche despaired, but a colony of ants, showing compassion, helped her to sort them. Venus returned, and seeing what had happened, became even angrier. Venus then gave Psyche even more impossible tasks. Psyche managed to complete each task, each time with the help of others.

Cupid, who was now healed, began to long for his wife and went to her. After gently scolding her for her earlier faithlessness, he forgave her and assured her that her search was over. He longed to reunite with her and so he approached Jupiter, the king of the gods, and beseeched him to grant Psyche immortality. Jupiter agreed and announced that Cupid and Psyche were formally married. It is said that, in the end, even Venus approved of Jupiter's decision – as Psyche was now immortal, her son had a suitable match. Also, with Psyche in the heavens rather than on earth, people would no longer be distracted by Psyche's beauty and would worship Venus once again.

APPENDIX B: DECLERATION OF ETHICAL INTENT

RESEARCH PROPOSAL AND ETHICS COMMITTEE
(RESPEthics)

FACULTY OF HUMANITIES

UNIVERSITY OF PRETORIA

DECLARATION OF ETHICAL INTENT
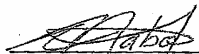
We declare that we are fully aware of the stance taken by the RESPEthics Committee, Faculty of Humanities, regarding the importance of obtaining informed consent from research participants.

We acknowledge their concerns and reservations regarding the lack of written informed consent documents due to the fact that we deem it impossible to obtain such in the current research project.
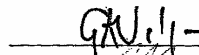
We declare that, in the course of the research, we will take due care to protect and safeguard the rights and autonomy of all parties, which includes the participants, the University of Pretoria, RESPEthics, our Department and all outside parties with whom we make contact either physically, verbally or through documents and documentation.

We undertake to be ethical in all our dealings and at all times during the research endeavour.
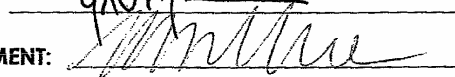
STUDENT: _____

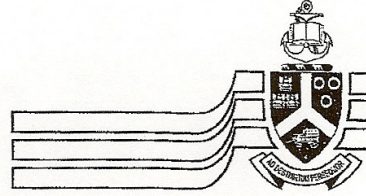SUPERVISOR: _____

HEAD OF DEPARTMENT: _____

PROJECT TITLE: *Living the theory: An enquiry into the development of a psychotherapist in training.*

APPENDIX C: INFORMED CONSENT - TRUDIE LE ROUX

INFORMED CONSENT FORM

University of Pretoria

Pretoria, 0002

Republic of South Africa

Tel: 012-420 2329   Fax: 012-420 2404

www.up.ac.za

Faculty Humanities

Department Psychology

11 November 2007

Researcher: Venessa Nabal

Contact details: P.O. Box 11853

                Zwartkop, Centurion, 0051

Tel nr: 082 408 5588

INFORMED CONSENT FORM

1. **TITLE OF STUDY:**

   Living the theory: An enquiry into the development of a psychotherapist in training.

2. **PURPOSE OF STUDY:**

   The purpose of the study is to employ an action research living theory enquiry to explore the researcher's development as a therapist and her quest of finding a living theory that reflects her personal values in practice.

3. **PROCEDURE TO BE FOLLOWED IN THE STUDY:**

   You are invited to participate in the study in the following ways:

   - By being a critical friend you will serve as the audience and a critical evaluator of the constructed knowledge claims.
   - By making the content of the research available to the scrutiny of a peer evaluators, your participation and contribution will have a direct impact on the validity of the study.

1

- As the researcher I will document my development as a psychotherapist in training and your contributions to this formulation will be included in the study.

4. **ANONYMITY OF SUBJECT AND CONFIDENTIALITY:**

Should you wish to remain anonymous as a critical friend a pseudonym will be used to conceal your identity. Should you wish to remain anonymous, confidentiality will be maintained concerning personal identifiable data such as actual names and locations. The research data will be destroyed should you decide to withdraw from the inquiry. You as the critical friend, the researcher's supervisor, and the myself as the researcher will have access to the research data.

5. **DISCOMFORTS AND RISKS FROM PARTICIPATING IN THE STUDY:**
There are no anticipated risks that the researcher can foresee for you being exposed to as a critical friend. You are free to withdraw from the study at any time. Your function as a critical friend will require you to aid the construction of my understanding, therefore should you experience any discomfort during the process.

6. **POSSIBLE BENEFITS:**
No guarantee of benefit has been made to induce your participation, however you may benefit from participating should the process of learning by means of creating a living theory resonate on a personal level.

7. **FREEDOM TO WITHDRAW:**
Your participation in the study is voluntary and this means you reserve the right to discontinue participation at any stage without any negative consequences.

9. **PARTICIPANT'S PERMISSION:**
- I have read and understand the above description of the study.

2

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INFORMED CONSENT FORM

- I have had an opportunity to ask questions and have had them all answered.
- I hereby acknowledge the above and give my voluntary consent for participation in this study in the following areas:

- I give consent that I will function as a critical friend and that the communications (conversations and emails) between myself and the researcher will contribute to the construction of her understanding of herself as a developing psychotherapist.

- I further understand that if I participate I may withdraw at any time without penalty. I understand that should I have any questions regarding this research and its conduct, I should contact the researcher.
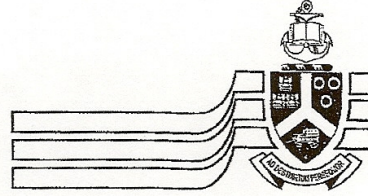
_____
Participant Signature

_09-11-07 ._
Date

_____
Researcher Signature

_09/11/07_
Date

3

APPENDIX D: INFORMED CONSENT ELIZABETH NEL

INFORMED CONSENT FORM

University of Pretoria

Pretoria, 0002

Republic of South Africa

Tel: 012-420 2329 Fax: 012-420 2404

www.up.ac.za

Faculty Humanities

Department Psychology

11 November 2007

Researcher: Venessa Nabal

Contact details: P.O. Box 11853

Zwartkop, Centurion, 0051

Tel nr: 082 408 5588

INFORMED CONSENT FORM

1. **TITLE OF STUDY:**

Living the theory: An enquiry into the development of a psychotherapist in training.

2. **PURPOSE OF STUDY:**

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3. **PROCEDURE TO BE FOLLOWED IN THE STUDY:**

You are invited to participate in the study in the following ways:

- By being a critical friend you will serve as the audience and a critical evaluator of the constructed knowledge claims.
- By making the content of the research available to the scrutiny of a peer evaluators, your participation and contribution will have a direct impact on the validity of the study.

1

INFORMED CONSENT FORM

- As the researcher I will document my development as a psychotherapist in training and your contributions to this formulation will be included in the study.

4. **ANONYMITY OF SUBJECT AND CONFIDENTIALITY:**

Should you wish to remain anonymous as a critical friend a pseudonym will be used to conceal your identity. Should you wish to remain anonymous, confidentiality will be maintained concerning personal identifiable data such as actual names and locations. The research data will be destroyed should you decide to withdraw from the inquiry. You as the critical friend, the researcher's supervisor, and the myself as the researcher will have access to the research data.

5. **DISCOMFORTS AND RISKS FROM PARTICIPATING IN THE STUDY:**

There are no anticipated risks that the researcher can foresee for you being exposed to as a critical friend. You are free to withdraw from the study at any time. Your function as a critical friend will require you to aid the construction of my understanding, therefore should you experience any discomfort during the process.

6. **POSSIBLE BENEFITS:**

No guarantee of benefit has been made to induce your participation, however you may benefit from participating should the process of learning by means of creating a living theory resonate on a personal level.

7. **FREEDOM TO WITHDRAW:**

Your participation in the study is voluntary and this means you reserve the right to discontinue participation at any stage without any negative consequences.

9. **PARTICIPANT'S PERMISSION:**

- I have read and understand the above description of the study.

2

INFORMED CONSENT FORM

- I have had an opportunity to ask questions and have had them all answered.
- I hereby acknowledge the above and give my voluntary consent for participation in this study in the following areas:

   - I give consent that I will function as a critical friend and that the communications (conversations and emails) between myself and the researcher will contribute to the construction of her understanding of herself as a developing psychotherapist.

- I further understand that if I participate I may withdraw at any time without penalty. I understand that should I have any questions regarding this research and its conduct, I should contact the researcher.

_____

Participant Signature

Elizabeth Nel

_____

Researcher Signature

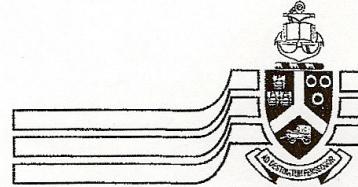Venessa Nabal

___10/04/2008___

Date

___10/04/2008___

Date

APPENDIX E: CONSENT ITSOSENG CLINIC

INFORMED CONSENT FORM

University of Pretoria

Pretoria, 0002

Republic of South Africa

Tel: 012-420 2329   Fax: 012-420 2404

www.up.ac.za

Faculty Humanities

Department Psychology

Researcher: Venessa Nabal

Contact details: P.O. Box 11853

Zwartkop, Centurion, 0051

Tel nr: · 082 408 5588

24 April 2008

Letter of Permission

Dear Dr. L Blokland

With this letter I would like to request your permission to refer to some of the experiences I had at the Itsoseng Clinic during my theoretical training in the research I am conducting. I am currently completing my Master's degree in counselling psychology at the University of Pretoria: Mamelodi Campus. The research is being done as the final requirement to conclude my studies.

The title of the study is:

Living the theory: An enquiry into the development of a psychotherapist in training.

Seeing that my development as a psychotherapist was strongly influenced by the experiences and observations I had at the Itsoseng Clinic, I would like to obtain your permission to make use of these experiences for my research purposes.

The aim of my dissertation is to focus and illustrate my professional development as a psychotherapist. The methodology I will be using is learning theory. This implies that the

1

INFORMED CONSENT FORM

study is mostly informed by my personal reflections during the time it has taken me to complete the degree.

Even though the study will focus on my experiences as a developing psychotherapist and I will not explicitly be making use of my client files, as some of my reflections pertain to the learning that occurred as result of therapeutic conversations, observations and interactions I deem it necessary to obtain your permission.

The reflections will mainly center around two experiences I had at the Itsoseng clinic.

Firstly, I refer to the group of boys I saw at the Itsoseng Clinic. These boys were a group of children I engaged with in after school activities in a spontaneous arrangement which was as much their doing as it was mine. Even though they were never formal clients, I would like to obtain permission to make use of my reflective notes on my observations concerning them as our interaction occurred within the context of the Itsoseng Clinic.

Secondly, I would like to refer to a client I saw at the Itsoseng Clinic. I do not require access to her files, as my research concerns how I thought about psychotherapy and healing and not about the content of the therapy. I have not been able to make contact with this client as her contact details have changed. I have completed a Declaration of Ethical Intent form to assure that the study will be conducted in an ethical manner.

The following steps have been taken to assure ethical practices during the research;
- Pseudonyms will be used and no other identifiable information that could reveal the identity of the clients or persons concerned will be included in the study.
- I have completed a declaration of ethical intent form.
- Written permission will be obtained from the University of Pretoria: Mamelodi campus coordinator Mr. E. Smith.

I hope that this will be sufficient information to obtain your permission. Should you need any more information, please feel free to contact me.

2

INFORMED CONSENT FORM

Dr. L Blokland
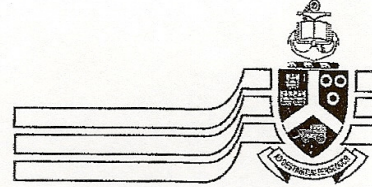
Coordinator: Itsoseng Cllinic

Venessa Nabal

Researcher

24/4/2008

Date

24/04/2008

Date

3

INFORMED CONSENT FORM

University of Pretoria

Pretoria, 0002

Republic of South Africa

Tel: 012-420 2329   Fax: 012-420 2404

www.up.ac.za
Faculty Humanities
Department Psychology

Researcher: Venessa Nabal
Contact details: P.O. Box 11853
                Zwartkop, Centurion, 0051
Tel nr: 082 408 5588

24 April 2008

Letter of Permission

Dear Mr. Edwin Smith

With this letter I would like to request your permission to refer to some of the
experiences I had at the Itsoseng Clinic during my theoretical training in the research I
am conducting. I am currently completing my Master's degree in counselling psychology
at the University of Pretoria: Mamelodi Campus. The research is being done as the final
requirement to conclude my studies.

The title of the study is:

Living the theory: An enquiry into the development of a psychotherapist in training.

Seeing that my development as a psychotherapist was strongly influenced by the
experiences and observations I had at the Itsoseng Clinic, I would like to obtain your
permission to make use of these experiences for my research purposes.

The aim of my dissertation is to focus and illustrate my professional development as a
psychotherapist. The methodology I will be using is learning theory. This implies that the

1

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study is mostly informed by my personal reflections during the time it has taken me to complete the degree.

Even though the study will focus on my experiences as a developing psychotherapist and I will not explicitly be making use of my client files, as some of my reflections pertain to the learning that occurred as result of therapeutic conversations, observations and interactions I deem it necessary to obtain your permission.

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Secondly, I would like to refer to a client I saw at the Itsoseng Clinic. I do not require access to her files, as my research concerns how I thought about psychotherapy and healing and not about the content of the therapy. I have not been able to make contact with this client as her contact details have changed. I have completed a Declaration of Ethical Intent form to assure that the study will be conducted in an ethical manner.

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- I have completed a declaration of ethical intent form.
- Written permission will be obtained from the University of Pretoria: Mamelodi campus coordinator Mr. E. Smith.

I hope that this will be sufficient information to obtain your permission. Should you need any more information, please feel free to contact me.

2

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INFORMED CONSENT FORM

_____
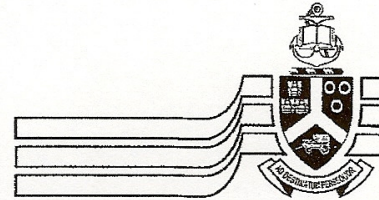Mr. Edwin T. Smith
Director: Mamelodi Campus
University of Pretoria

_____
Venessa Nabal
Researcher

OFFICE OF THE DIRECTOR

2008 -04- 24

UNIVERSITY OF PRETORIA
MAMELODI CAMPUS
Date   PRETORIA 0001

_____
24/04/2008
Date

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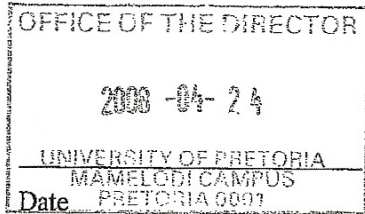
APPENDIX G: CONSENT - UNIVERSITY OF JOHANNESBURG STUDENT

SERVICES BUREAU

INFORMED CONSENT FORM

Researcher: Venessa Nabal

Contact details: P.O. Box 11853

Zwartkop, Centurion, 0051

Tel nr: 082 408 5588

University of Pretoria

Pretoria, 0002

Republic of South Africa

Tel: 012-420 2329   Fax: 012-420 2404

www.up.ac.za

Faculty Humanities

Department Psychology

11 November 2007

INFORMED CONSENT FORM

1. **TITLE OF STUDY:**

   Living the theory: An enquiry into the development of a psychotherapist in training.

2. **PURPOSE OF STUDY:**

   The purpose of the study is to illustrate and document the construction of the researcher's professional persona as a psychotherapist. In so doing the researcher will construct a living theory where her personal values resonates in her professional practice.

3. **PROCEDURE TO BE FOLLOWED IN THE STUDY:**

   You are invited to participate in the study in the following ways:
   - Much of the researchers constructions are based on her experiences she had during her internship where her clients informed many of the lessons she learned. As a result the researcher would like to be granted access to the files of the students she saw for therapy during her internship.

1

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INFORMED CONSENT FORM

4.   **ANONYMITY OF SUBJECT AND CONFIDENTIALITY:**

The researcher will mainly refer to the subjects in a reflective nature by focussing on the lessons she learned from the clients. Confidentiality will be maintained concerning personal identifiable data such as actual names. All personal identifiable data gained from the therapies itself will be treated as confidential as well. In assuring confidentiality, pseudonyms are used throughout the study.

Mrs Trudie Le Roux
Senior Co-Ordinator: Therapeutic Counselling
Counselling Psychologist

Venessa Nabal
Researcher

01-11-07
Date

09/11/07
Date

2

APPENDIX H: STUDENT SERVICES BUREAU'S CONSENT - HANNAH

Personal identifiable information has been removed to protect the identity of the client.

Studentediensburo / Student Services Bureau

Afspraak Inligting / Appointment Information

Datum / Date   28 AUGUST 2006

Van / Surname

Voorletters / Initials

Noemnaam / First name

Studentenommer / Student number

ID-nommer / ID-number

Telefoon nommer / Telephone number

VIR AMPTELIKE GEBRUIK ALLEENLIK / FOR OFFICE USE ONLY

Rede vir afspraak / Reason for appointment   COUNSELLING

Tyd / Time   9:00

Voorligter / Counsellor   VANESSA

NOTA / COMMENT

Handtekening / Signature _____ Datum / Date 28/08/2006