

## *Chapter One*

# **INTRODUCTION**

*There are definitive moments, moments we use as references, because they break our sense of continuity, they change the direction of time. We look at these events and we can say that after them things were never the same again.*

*Margaret Atwood 1993*

## 1.1 INTRODUCTION

Over the past century, family therapy as a discipline has moved through a number of paradigmatic shifts, from an individual-focused and intrapsychic conceptualisation of pathology, to the systemic, interpersonally focused approach where problem formation accentuated dysfunction within the family unit, and later to the broader focus of postmodernism where the search for 'objective truth' is replaced with a search for meaning (Booth & Cottone, 2000).

This dissertation explores the 'lived experience' of nine clinical psychology masters students who have undergone an extensive experiential family therapy module and have all recently completed their practical internship year. The duration of the experiential component of the module was six months, during which the students presented their families of origin by the means of genograms and family sculpting. This study looks at their perceptions, one year after the course was completed, in an attempt to ascertain some of the subjective and collective experiences regarding the effect of the module.

The Clinical Psychology Masters course at the University of Pretoria is, in general, regarded as a very intense and comprehensive training programme. The family therapy module contains both a theoretical and an experiential component, with training in second order systemic and social constructionist approaches. The experiential component provides an opportunity for students to explore their own family of origin through the presentation of genograms and family sculpting within the group setting. The presentations were not restricted to the students alone as they included the participation of the two lecturers who presented their families of origin.

The clinical masters group consisted of nine students. In my experience there was a noticeable level of cohesion present in the group by the time the family module was introduced in the second quarter of the year. The module was very flexible, with emphasis placed on experiential, self-reflexive processes instead of academic theoretical models in a traditional teaching context.

Presentations of family of origin genograms, I believe, have the potential to grant greater insight into the roles we play within our family systems and the generalization of these roles to other contexts, such as in the training group and in therapy with clients. The use of family sculpting and the presentation of genograms, within training, may facilitate the creation or evolution of a new reality by allowing identified behavioural patterns to be explored within a unique setting.

## **1.2 AIM OF THE RESEARCH**

The purpose of this study is to explore the 2002 clinical psychology masters students' experience of the genogram and family sculpting module. This research aims to describe the subjective and collective experience of the experiential genogram and family sculpting module with the aim of exploring and identifying relevant emotional, cognitive, social and therapeutic effects of this module. Any differences in the individuals' experience in their family unit, extended family unit, social effects and differences in the role as therapist will be noted. The secondary aim of this study will be an examination of the benefits and difficulties of the module for the training of psychologists.

## **1.3 MOTIVATION FOR THE RESEARCH**

Genograms and family sculpting is reviewed in Chapter 2 using mostly international studies as the topic has received little research interest in South Africa to date. International research interest in the use of genograms and family sculpting has primarily focused on their use during therapy with clients and their families. Very little literature is available that pertains directly to psychologists themselves and the use of these experiential techniques with students in general. The available literature related to the effects of genogram or family sculpting in training seems to be restricted to short workshops, programmes or technique training sessions. In addition, it seems that most of the research on the use of genograms and family sculpting is

often quantitative in nature and therefore obscures the context and the 'lived experience' of the participants.

A number of studies have shown that genograms are used in different settings and have been found to be valuable in many ways. Milewski-Hertlein (2001) discussed the benefits of using the genogram in clinical practice as part of therapy. Genograms permit the therapist to gain an understanding of which social patterns impact on the client's life, as well as important relationships in his or her life. Kramer (1985) proposes that the clinician's role in therapy is to draw the family "as part of the diagnostic plan" (in Milewski-Hertlein, 2001, p.24). Beck (1987) saw the genogram as a very valuable tool in order to provide information for the clinician regarding unfinished business involving anger and pain. Genograms can also provide information regarding trends in family functioning that have been persistent over many generations (Kerr & Bowen, 1988). The transgenerational data aids the clinician and the client to understand the patterns in the client's life and generates more areas that require intervention (Milewski-Hertlein 2001). McGoldrick and Gerson (1985) used genograms in family therapy. They saw the benefit of using genograms as a tool to involve the whole family which could enable clinicians and the clients to see the bigger picture, unblock the system, clarify family patterns, and reframe and detoxify patterns. Thus, there appears to be a variety of literature available on genograms in general and their benefit when used in therapy.

On the contrary there is very little literature available on psychotherapy training and the effect thereof on the trainees' wider social context. There is even less research related to the use of genograms and family sculpture experiential models in training and specifically the use of this method in South African clinical psychology training programmes. The 2002 University of Pretoria genogram presentations afforded the clinical psychology trainees the opportunity to look at the discourses around their families of origin. Magnuson (2000) believed that genograms should be used while training therapists in order to enhance professional self-awareness. This pertains to the therapist's insight into issues in their own lives that might impact on their

role as a therapist. Timm and Blow (1999) advocate a pro-active training program where therapists are assisted to identify knowledge gained from their own lives and apply it to clients. Their belief is that past experiences carry possible obstacles and strengths. This position is also predicated on the fundamental belief that in order to become proficient and ethical therapists, students must gain an understanding of themselves and others. The use of genograms facilitates examination of their own assumptions, beliefs, and perceptions about themselves, others, and how the world works. The student is then in a position to choose consciously how these assumptions, beliefs and perceptions influence them in their work and how to use it in such a way as to effect as much change as possible in clients (Halevy, 1998).

With regard to the South African context, cultural sensitivity is of particularly importance for psychologists as cultural identity and beliefs make up an integral part of the family discourse (Marchetti-Mercer & Cleaver, 2000). Genograms can be used as an effective tool to promote both cultural awareness and sensitivity through exposure to other cultures (Hardy & Laszloffy, 1993), which in turn challenges the participants to explore their personal cultural attitudes and beliefs (Kelly, 1990). Racial and cultural stereotypes, which could negatively affect therapy, are often challenged when genograms are used as a training tool, as students often discover similarities between their own families and those from different cultures (Marchetti-Mercer & Cleaver, 2000).

Thus, genograms can be used as an effective educational tool in which the main focus is to enable students to “visualize and understand their family system, and their own place within it, rather than to change it” (Bahr, 1990, p. 244). Genograms are used with the primary objective of personalizing the concepts and principles in the family and illustrating key aspects such as association within generations and recurrence of family traits.

As well as exploring the above findings within the South African context, it is also necessary to ascertain the impact of the experiential family therapy module and the effect of such training on future therapists. Thus, the

exploration of the 2002 students' experiences will provide a description of the South African experience of genograms and family sculpting within a clinical psychology training programme, in addition it will identify possible benefits and complications experienced by the students. The evaluation of how effective a module such as this can be for the training of therapists is beyond the scope of this study.

The motivation for this study is therefore, to explore the experience of an experiential family therapy module as a component in the training of psychotherapists in South Africa, as it appears that this aspect has not been sufficiently addressed.

#### **1.4 THEORETICAL FRAMEWORK**

The epistemology that directs this research falls within a postmodern framework. The experience of family sculpting and genograms will be viewed from within a broad systems theory approach. From a systemic standpoint, subjectivity is inevitable; we act on the world rather than merely reacting to it and thus the principle of neutrality in this study is replaced with one of curiosity (Becvar & Becvar, 1996; Cecchin, 1987). System theory thus acknowledges bias in all research and recognises that although the researcher's perceptions and analysis of information may represent a valid way in which to make sense of this experience, this understanding does not represent an absolute truth. From a systems perspective it is understood that there is no single, objectively measurable 'truth': each student's experience of the same event is unique. It is thus not the intention of this study to reveal an external, absolute truth of experience, but rather to evolve a new, shared understanding of our various experiences.

Although the systems perspective is an independent approach in its own right, it constitutes one contribution to the theory and practice of behavioural science. Systems theory seeks to suspend belief in one truth, rather making an allowance for the existence of different truths (Owen, 1992; Lynch, 1997)

and as such the basic tenets of the theory allow for the incorporation of other approaches that came beforehand and thereafter. Embracing one theory does not require or imply the rejection of other theories (Becvar & Becvar, 1996). In this study, where relevant, other paradigms will be incorporated in order to gain a broader perspective of the experience.

As this is an exploratory study with the goal of identifying emotional, cognitive, social and therapeutic factors involved in the experience of a family therapy training module, general systems theory, which focuses on the complex inter-relationships between various systems, permits a broad perspective to be taken that is inclusive rather than exclusive. Thus in this study the whole system as well as the subsystems are relevant. A holistic view is taken, where individuals are seen to be interwoven inextricably on a relationship level, and thus can never be studied in isolation (Becvar & Becvar, 1996). Thus the therapeutic focus is shifted from discrete events or entities to the processes and contexts that give meaning to the events (Becvar & Becvar, 1996).

The assumptions adhered to by the systemic therapist are vastly different from the Cartesian-Newtonian school of thought, in that the goal is not to formulate objective descriptions of a static and measurable reality; instead it is a subjective qualitative description of constantly changing realities and truths (Hanson, 1995). Thus the focal point is the myriad of possible patterns that occur within the family system. By entertaining a wide range of possible family patterns this framework engenders a sense of curiosity regarding interconnections of interaction (Cecchin, 1987). As systems can only be understood when viewed in terms of their context and all units or parts of the system are significant, this provides the framework for the recognition of patterns, functions and recursive feedback loops (Keeney, 1983b). The researcher's and participants' perspectives represent a view of the system which implies a form of 'punctuation'. However, the aim of this research is to provide a description of a part of a whole, knowing that no researcher can grasp the whole in its entirety.

## 1.5 CONTEXT OF THE STUDY

The context of this study is the 2002 clinical psychology masters training programme, with specific focus on the family therapy module. This programme is, in turn, embedded within the larger context of the South African environment. Although the South African context is diverse in terms of social, political, religious, cultural and socio-economic orientation, only aspects of this diversity seem to be reflected in the training group. However, the 2002 training group was representative in terms of gender distribution within the profession, where approximately 60% of clinical psychology interns are female (Statistics South Africa, 2000, in Pillay & Kramers, 2003).

The 2002 training group consisted of nine individuals of which four were male and five were female. The home language distribution was four Afrikaans speaking members, four English speaking members and one Tswana speaking member. Sexual orientation distribution consisted of seven heterosexuals and two homosexuals. Marital status distribution included two married individuals, two cohabiting and five single participants'. The ages ranged between 24 and 38. In terms of religion there were five Christians, of which one was actively church going. The remainder of the group's religious orientations were undisclosed. Class discussions were conducted predominantly in English. All members originated from a middle class background.

The diverse backgrounds of the group members may have played a role in making the genogram presentation by individuals more of a risk, in terms of members possibly feeling misunderstood or judged by people from different backgrounds. While this uniquely diverse context may have impacted on the genogram content with regards to possible non-disclosure, the diversity, however, provided a platform for the trainees to be exposed to a wider scope of experience, and the similarities between trainees' family experiences may



have enhanced empathy and group cohesion. The impact of this diversity will be addressed in this study.

The University of Pretoria's Family Therapy module was introduced with the presentation of genograms and family sculpting before the theory of family therapy was dealt with. The module began on a practical level without a theoretical introduction to the aims of the course, or academic information regarding how a genogram should be constructed. The module leader did the first presentation. The students then, in voluntary order, presented their families of origin, and the co-lecturer presented her family at the end of the module. There were no restrictions on the format of the genogram and presentations included non-family members such as boyfriends, close friends, mentors and pets. The content of the genogram included personality traits of different members, their interrelations, conflicts and family patterns. After each presentation photographs of the family were displayed to the group which had the effect of bringing the family members into the here and now in addition to charting a history.

The group reconvened in a different room, after a short break, and the second part of the module, the family sculpting, took place. The family sculpting performed a 'doing' function akin to psychodrama, where group members, including lecturers, were asked to role-play various family members. The presenter would nominate which group members would play which family members, before positioning them physically in relation to each other. Both the first and second presentations included feedback from the group. The lecturers asked the group to write letters to each presenter after each presentation regarding their reflections. The letters received served as another form of feedback from group members or lecturers. The process of feedback enhanced insight regarding family dynamics and, at times, facilitated the exploration of some unacknowledged, hitherto invisible patterns. At the end of the presentation the lecturers and the group checked on how the presenter was feeling. Attempts were made at various stages of the process to contain some of the presenter's emotions but not in a manner that took

away the process and the affect. Instead containment was offered in the context of a cohesive, supportive group.

Although the genograms are not formally evaluated, the fact that this family therapy module takes place within the larger context of a therapy training programme may have influenced disclosure and anxiety levels during the presentation of genograms, due to the fact that lecturers cannot possibly be completely free of judgement. Reciprocally, the experience of genogram presentation and family sculpting also influences the context within which it occurs. Thus this experiential family therapy module may impact on the individual members' experience of the training programme, their experience of their families and their experience of doing therapy.

## **1.6 PROCESS OF ENQUIRY**

This section serves as a brief description of the research design; an extensive discussion is presented in Chapter 4. A qualitative research approach was selected for two reasons. Qualitative research lends itself particularly well when studying the 'lived realities' of people and, secondly, this approach also allows the information gained from the study to guide the research process.

In-depth semi-structured open-ended interview was selected as it has the benefit of greater freedom and fewer restrictions for the participant. The interview thus reveals information closer to the 'lived' experience of the trainees than a structured interview which presupposes direction and meaning. This fits the exploratory nature and aim of this study where many 'truths' exist; no one 'truth' is more true than any other. Although the questions in the interviews are, in general, similar, the interviews were driven by the responses and information that the participants brought and thus some ad hoc questions were based on the content of the interview in question. Specific themes were introduced to ensure that a range of experiences had been covered and explored. These themes were informed by the results gained from a preliminary research study where I, in conjunction with three

colleagues, wrote a paper entailing our perceptions involving the use of genograms and family sculpting in training. The information from the interviews was collated to ascertain central themes of experience.

A thematic analysis, adhering to Kvale's (1996) seven step guidelines, was carried out in order to identify the various emotional, cognitive, social and therapeutic factors of the training experience.

The information gained in the study was shared during the research process with the participants and on completion the study was made available to all participants and a copy was given to the university family therapy faculty head.

## **1.7 OVERVIEW OF THE FOLLOWING CHAPTERS**

Chapter 1 provided a brief introduction to the topic and described the researcher's motivation to do the research. Chapter 2 discusses the existing research in the field of genograms and family sculpting as well as training in general. Chapter 3 describes the worldviews of modernism and postmodernism, and briefly presents the epistemologies of positivism, simple cybernetics, phenomenology, second order cybernetics, family systems approach and the MRI approach which built on the cybernetics approach and applied it to families. Chapter 4 presents a description of the process of enquiry of the research. It details the research method and discusses the various stages of the research. In Chapter 5 the participants are introduced followed by an exploration of the meaning units that emerged from the interviews and the focus group. These are collated into a number of common themes and are presented with limited theory so as to keep the reported experience as close to the 'lived experience' as possible. Chapter 6 is an integrated discussion of the findings attached to the relevant theory. The process of reflection is continued by considering the participants' final views of their experiences as well as the impact of the research process on the

researcher. Chapter 7 presents broad conclusions, discusses the limitations of the study and explores recommendations for further study.

## **1.8 CONCLUSION**

In summary this study seeks to explore the subjective and collective experiences of the use of genograms and family sculpting within the clinical psychology masters training programme. The broad systemic approach acknowledges the dynamic and recursive interactions which occur between and within systems. Investigation conducted from within this framework cannot be viewed as a search for truth. Rather it is seen as a search for understanding of different realities that moves away from empiricist conceptualisations of constructed reality as a definable, 'objective' truth (Durrheim, 1997). The researcher thus describes an aspect of a co-created reality which does not profess to be the whole and within which the reality is punctuated by researcher and participants alike. In the process this study is intended to provide insight into the effect of this experiential module on the students concerned.

*Chapter Two*

**LITERATURE REVIEW:  
GENOGRAMS, FAMILY  
SCULPTING AND TRAINING**

*Wisdom is like a baobab tree; no one individual can embrace it.*

*Ghanaian proverb*

## **2.1 INTRODUCTION**

Genograms, family sculpting and training have received little research interest in South Africa to date and as a result the accumulation of literature reviewed in this chapter is mostly from international studies. The research interest in the use of genograms and family sculpting has primarily focused on their use during therapy with clients and their families. Comparatively speaking, there is a scarcity of literature available that pertains directly to psychologists themselves (Viljoen, Beukes & Louw, 1999). There is even less literature available on psychotherapy training and the effect thereof on the trainees' wider social context. Of the small amount of extant literature, I found no literature pertaining directly to clinical psychologist trainees' experience of their presentation of genograms and family sculpting. As a result I have used literature related to the use of experiential programmes in training in general and have looked at the use of genograms and family sculpting used with clients and in supervision as well as their use in disciplines other than psychology. As this study focuses on the experience for the trainee psychologist, I have included information regarding the psychologist's self in training.

## **2.2 DEFINITION OF CONCEPTS**

### **2.2.1 The Family and related concepts**

"The family is a naturally occurring human context that evolves out of the history of its transactions within itself and with the wider social environment" (Bardill, 1997, p.204).

The traditional definition of what constitutes a family has changed dramatically over the past few decades. According to Freeman (1993) the idea of the 'vanishing family' is perhaps an extreme characterisation, but emphasizes the fact that families have changed in important ways in the last thirty to forty years. Haley (1986) believes that "a family is an ongoing group subject to changing external influences, with a history and a future together and with stages of development as well as habitual patterns among the members" (p. 57). The parameters that define the term family have become increasingly flexible and any definition needs to reflect the changing nature of families, as definitions provide guidelines for determining what is normal and what constitutes a problem within a family. However, the systems perspective does not accept one single definition of a family, and thus does not categorise according to the constructs of normal or abnormal. This is particularly relevant to South Africa where the newer family structures are developing at a rapid rate. These include single parent, cohabiting, intergenerational, same-sex, stepfamilies, childless, parentless, child-headed families, homeless and foster parent families. Freeman (1993) states that each of these families has a unique set of needs and resources available to cope with the problems of daily living and for giving meaning to the lives of its members.

Although it is difficult to simply define what physically constitutes a family, a description of the psychological aspects is somewhat easier and broader. Schaefer & Lindsey (in Berg-Cross, 2000) believe that the most important dimensions inherent in the concept family are: a sense of mutual commitment and continuity; a sense of history; the potential for and expectation of long-lasting relationships that are both extensive and intense and the social responsibility of the adults for the welfare and development of any children in the group. Since "people develop their sense of self and their interpersonal skills in their families of origin" (Braverman, 1982, p.630), I believe that the physical and psychological characteristics of a 'family' are a tremendous resource as they provide a myriad of information pertaining to the evolution of the self.

A collection of the studies in the literature review reiterate that it is from these relationships that we define ourselves as people; we then apply this *modus operandi* in our interactions within the broader social context of our lives. This is stated more specifically by Bardill (1997) as he stresses the importance of looking not only at current relational influences but also at the transgenerational transmission of relational patterns and how they have influenced the here-and-now. One's family of origin is a powerful reference group as it provides the context for the individual members. The formulation of meanings and perceptions have been created and passed on by generations (Bardill, 1997). Our belief system has its basis in the rules, values, principles and beliefs of our family. As Bardill (1997) states, "the family of origin serves as the co-creator of a life paradigm for its members [and] ... provides the basic deferring socialization dynamics for all of us" (p.205). The system dynamics that play a role in the family unit can be seen by examining these interconnected family relationships. As we get older, the need to understand our family becomes part of the need to understand ourselves. The lifetime quest for self is in part a journey to discover the meaning and richness of the clan to which we belong (Berg-Cross, 2000).

Society has changed substantially in the past century with a move away from community living and the extended family to the Westernised form of nuclear and single family living being prevalent. In this process individuals have become alienated and estranged from the former support systems that were characterised by community involvement. This change in society could be one of the contributing factors to feelings of loneliness and isolation.

Moustakas (1996) speaks of existential loneliness and saw it as an inevitable and unavoidable part of human experience. He attributed loneliness or a fear of loneliness to changes in social patterns (Moustakas, 1996). He believed that existential loneliness was necessary for an individual to become fully aware of himself or herself as an isolated and solitary person. This element of human experience he considered part of genuine experience and thus valuable. Wolfe (1941) believes that out of our depths of despair and feelings



of powerlessness come the understanding and experience of unique ways of being aware and expressing experience.

In terms of systemic thinking, the individual can be seen as consisting of four subsystems, specifically biological, intrapsychic, ecological and metaphysical (Jordaan & Jordaan, 1985). The various subsystems comprise the individual as a system which falls within a larger system, namely the family, which is in turn also part of a more encompassing system that is society (Keeney, 1983b). Thus we could infer that the broader changes in society can be seen to be reflected in the dynamic evolving nature of the family, which in turn can be seen to be reflected in the intrapsychic systems of individuals. That is, patterns in society are reflected in the family system which are in turn reflected in the individual, and the reciprocal also holds true: patterns and behaviour in the individual system may also be reflected in society. This illustrates the systemic pattern of recursive loops between the various systems, with feedback to the interconnected systems (Becvar & Becvar, 2000). Even the object relations view, where there is an understanding that internal objects and their relationship to one another within the intrapsychic structure are a reflection of the original family system, can thus be seen to acknowledge systemic interconnection (Fairbairn, 1954).

In order to explore the families interactional dynamics it is advantageous to have some knowledge of how family myths originate and the functions they serve. Family myths, according to Andolfi & Angelo (1987/1988), involve the combination of real elements and fantasy and are a translation of family members' emotional needs. They are cultured in the primordial soup of unresolved emotional issues such as loss, abandonment, deprivation, separation and individuation (Anderson & Bagarozzi, in Andolfi & Angelo 1987/1988). Andolfi and Angelo (1987/1988) state that family myths "tend to keep in balance a group of opinions and ideas that are very important for the survival of the system in which they develop" (p.36). Ferreira (in Andolfi & Angelo, 1987/1988, p. 36) defines family myths as "a series of fairly well-integrated beliefs shared by all family members, concerning each other and their mutual position in the family life, beliefs that go unchallenged by

everyone involved in spite of the distortions which they may conspicuously imply” (p.36). Family myths come with a number of prescriptions regarding behaviours, roles and values. They also influence the manner in which we interpret our reality (Andolfi & Angelo, 1987/1988). It is almost as if we are masked by a myth infused veil that translates the reality of our world. Bagarozzi & Anderson (in Andolfi & Angelo, 1987/1988) believe that myths and the resultant roles they repeatedly create have evolved and adapted over many generations. In order to demystify these prescriptions the plot needs to be historically explored and the fantasy and reality elements need to be extracted for the new story to be revealed. The genogram and family sculpting process allows for greater accessibility of family interactional history in addition to revealing the individuals’ needs and the families’ prescriptions.

### **2.2.2 Genogram**

A genogram is a method of schematically representing family structure and relationships displaying two or more generations (Bardill, 1997; Pistole, 1995). It graphically represents the patterns of functioning within a family context over time. The main aim of the genogram and the discussions around the family drawings is to enhance the awareness of the influence of the family of origin (Lesage-Higgins, 1999). As genograms evolved they moved from positivistic presentations of the biological family to the inclusion of the broader emotional system within the individual’s sociocultural context (Milewski-Hertlein, 2001). The skeletal tree diagram structure of the family is initially charted and then other information such as interaction patterns, personality traits and major life–cycles are added (Berg-Cross, 2000).

#### **2.2.2.1 Constructing a genogram**

The genograms in this particular family therapy module can be seen as a more detailed version of the classical family tree but with the inclusion of procreated family and non-family members (partners, pets). The presentations included an indication of stressful events (such as divorce, rape, affairs), difficult and conflictual relationships and various personality

traits of individuals. Thus it serves the function of providing information regarding the interaction and relationship between the various members. The use of colour in genograms in this module had no specific meaning, as artistic and expressive leeway was given to students to visually present relationships by means of using colour and lines creatively. Using colour in genograms is not new. Lewis (in Milewski-Hertlein, 2001) used colour-coded genograms where the client, after having completed the genogram design, would be asked to code the genogram using colours to depict things like overtly controlling behaviour, drug problems or alcohol problems. The participants in this study used unique ways to visually display the different families, for instance, displaying a distant paternal family fraught with conflict as horizontally joined to the vertical presentation of the maternal family. Thus the visual representation of the family was flexible, not only in the unique definitions of what family means to each individual, but also in the design of the actual diagram and the varied use of colour. This flexibility allowed for the construction of different meaning systems, which meant that the social context of one's life could be readily addressed.

### **2.2.3 Family sculpting**

Family sculpting is the process of recreating in space the relationships between family members through the formation of a physical scene (Heinl, 1987). This process involves physical placing of family members in different positions that are related to a specific time in the family and depict the interrelations of family members (Simon, in Baldo & Softas-Nall, 1997). Although this technique is primarily non-verbal it is not exclusively a non-verbal process; it does however place the emphasis on non-verbal expression as opposed to articulation skills (Hearn & Lawrence, 1985). The physical proximity of family members symbolises the emotional position they hold in interaction with each other. This task involves processes such as memorizing, organizing, as well as structuring family experiences by using facial expressions and postures (Heinl, 1987). Thus "the sculptor constructs the sculpt by translating his 'internal image' of family relationships into the external three-dimensional configuration of the sculpt" (Heinl, 1987, p. 189).

By visually focusing on emotional and relational aspects of the family of origin, the process moves away from the individual as the focus, and shifts to observing the interaction between the members in the system (Lesage-Higgins, 1999). Family sculpting is an established technique that is used in family therapy with clients and to a lesser degree in supervision and training of therapists/counsellors (Heinl, 1987).

#### **2.2.4 Training**

Reber (1985) gives a definition of training as any “program or set of procedures designed to yield as an end product an organism capable of making some specific response(s) or engaging in some complex skilled activity” (p.807). It seems, however, that the technique and method used in training in order to achieve the end result has been under dispute since the conception of therapy training.

Historically the first generation of family therapists were trained through supervision of various case studies. At a later stage both psychodynamic and systems theories were added to the training. It was not until the emergence of the growth therapists that an emphasis on experiential learning started emerging. This brought about the use of simulated families, role-playing and an interest in the family of origin as a resource for training (Braverman, 1982).

In psychotherapy when experiential training is used there is a shift from the material being presented to the individual. The extent to which trainees' personal lives, together with their families of origin, should be integrated and included in training remains a controversial and unresolved issue. Prentice (2001) believes that in the process of being trained to become psychologists, we are continuously involved in a cycle of negotiating and renegotiating meanings and rules within our many contexts. At the same time we are subjected to constant evaluation and commentary on ourselves. In this process one is both the studier and the object being studied. Andolfi (1979) sees training the whole person as opposed to focusing on specific skills as essential, as the therapist's self is an important tool in therapy and thus

trainees must be open to self-exploration such as that promoted in the family therapy experiential module of this study. Aponte and Winter (1987) comment that the great division in the family therapy field is related to the two opposing beliefs regarding teaching of personal skills versus technical skills to trainee therapists. External modules focus on technical skills, therapists' behaviours and responses; theorists such as Haley and Minuchin would be examples of such. The internal models, for instance those of Bowen and Satir, highlight the need to help the therapist resolve personal conflicts, problems, and identify blind spots with the aim of enhancing the therapists' creativity and insight. This debate will be discussed further in section 2.5 of this chapter.

It has become very common to use a personal group experience as the foundation of training programs or growth workshops. The advantage of such an experience is that knowledge that you may previously have understood only at a cognitive level can be learnt and understood on an emotional level (Yalom, 1995). With regard to group experience Yalom (1995) states:

“You learn how important it is to be accepted by the group; what self-disclosure really entails; how difficult it is to reveal your secret world, your fantasies, feelings of vulnerability, hostility, and tenderness. You learn to appreciate you own strengths as well as weaknesses. You learn about your own preferred role in the group. Perhaps most striking of all, you learn about the role of the leader by becoming aware of your own dependency and your unrealistic appraisal of the leader's power and knowledge” (p519).

I believe that both role-playing and the group experience may directly or vicariously further develop trainees' understanding of themselves and others and thus enhance empathy in therapy. Rogers (in Greenberg & Goldman, 1988) emphasizes his belief that “the most effective learning occurs experientially in the same type of facilitative environment as the patient-therapist relationship” (p. 696). Andolfi (2001) believes that it is essential for a therapist “to relate to other people, to understand their pain or their

problems, and the capacity to know yourself well, knowing how you function in your own different parts, plus having a great deal of curiosity” (p242). Whilst presenting a genogram the trainee wears many hats, including those of student, curious spectator, group member, family member and, to a certain extent, client.

## **2.3 GENOGRAMS**

### **2.3.1 Historical perspective**

Genograms as a technique was originally developed by anthropologists; however, it was not until Murray Bowen developed its clinical utility that it was used as a therapeutic tool (Berg-Cross, 2000). Bowen, a psychiatrist, created genograms as a process through which to explore family systems. His theory dates back to the 1950's. He saw the family as “one emotional unit and the individual as part of that unit rather than as an autonomous psychological entity.” (Matlack, 2001, p. 81). The research done in this field revealed that family relationships have an order and predictability. Bowen's approach can be seen as structural in nature and he has been criticised for constructing genograms in an affective vacuum (Beck, 1987). Bowen's work was established further in 1999 by Monica McGoldrick, with her exploration of the family life cycle, using the genogram as a tool to chart the long-term view of development. This has led to the reappearance of genograms in therapy (Matlack, 2001). Bardill (1997) sees the genogram as a basic tool used as a starting point to understand family systems, serving the same function as the stethoscope does for the physician. In therapy, the genogram can thus be seen as a graphic clinical summary where a large amount of information is tangibly represented to display the family relationships and patterns (Bardill, 1997). More traditional genograms tended to include only biological relatives. Modern genograms now include the greater emotional system, encompassing many contexts within the individuals' life (Milewski-Hertlein, 2001).

### **2.3.2 Information available at a glance**

Genograms can be seen as a medium that can be used in order to gain a deeper understanding of family systems and their interactional patterns (Bardill, 1997). Genograms contain both demographic information such as ages and dates of marriage as well as clinically relevant information such as substance abuse or medical and psychological diagnoses (Pistole, 1995). The graphic display is constructed using generally accepted symbols such as squares and circles to represent gender, triangles for pregnancy, connecting or broken lines for family members or cohabitate relationships, single and double slashes to indicate marriage or divorce, a cross to indicate death. Dates and letters and names are added and children are represented by lines drawn from the marriage connection line (Bardill, 1997). Any definition of family can be allowed to include both fictive kin (non biological kin) and discretionary kin (family accumulated through marriage) in order to gain a comprehensive understanding of the system (Milewski–Hertlein, 2001).

Bardill (1997) states:

“The mapping of interconnected family relationships over time draws attention to the systemic dynamics that act powerfully on the family unit. Not only are present relational influences apparent in genograms, but the transgenerational patterns and their connection to clarify graphically the dynamics of family of origin serves as a specific context for its members. This means that meanings and perceptions have been formulated and passed along through the generations. Family rules, values, and beliefs serve as the basis for a family’s specific life paradigm” (p. 205).

A genogram can reflect a varied amount of information regarding relational patterns and decision-making patterns within families. One can look at the rules of what is accepted and prohibited in a family, how love and affection is expressed or withheld, the spiritual influences, how families across the generations deal with illness, job changes, abuse, rule infringement, the

significant historical events such as marriages, deaths, separations, divorces and myriad other factors, and the impact they have on the family (Bardill, 1997). One indispensable aspect of a genogram, according to Andolfi (2001), is that it can “make the problem become more relative” (p. 248); that is, problems are no longer highlighted as the focal point in isolation but instead they are seen in terms of the whole picture, involving all familial influences and history. They are seen more clearly, set in perspective against the all encompassing systems within which they exist in reality.

Thus the genogram can provide information on a range of relational realities and may bring up confounding issues related to specific family incidences and pressures (loss of parent, siblings and so on) that remain unresolved or require intervention. Pertinent issues that may have clinical relevance become readily accessible for discussion; for instance, the circumstances surrounding the birth of a child. Information is thus available and can be used to aid understanding of the extent to which the client uses the past to frame their current problem (Bardill, 1997). It serves the function of a “quick gestalt” which enables a vast amount of information to be presented at a glance (Pistole, 1995, p. 135).

One of the advantages of the genogram is that it can aid therapists and families to visualise multigenerational influences. It can also trace transgenerational issues surrounding a presenting problem (Berg-Cross, 2000).

In Berg-Cross’s (2000) discussion on the value of genograms she states:

“Genograms are ... an indispensable tool for any family therapist wishing to understand the ‘real’ (operative) culture in which a client grew up. Looking at a genogram, one can explore values and attitudes of critical family members throughout the life cycle. How individuals react to the entrances and exits of family members, as well as family crises, lets a therapist in on what



resources the family has and what limitations prevent effective problem solving” (p. 25).

The particular manner in which a family responds to crises can be considered in terms of past and current connections within both the family of origin and the extended family system (Bardill, 1997). As a result of their value, genograms are used as a tool in a variety of contexts.

### **2.3.3 The use of genograms in various settings**

The literature review reveals different clinical applications of the genogram in a variety of settings. It appears that genograms are used sporadically in individual therapy to gain insight into the client's psyche (Watchel, 1982) although they are used more extensively in family therapy as a data-gathering device and an assessment tool (McGoldrick & Gerson, 1985). At times genograms are used with a specific focus such as intimacy (Sherman, 1993) or sexual dysfunction (Berman & Hoff, 1987). Genograms have had practical uses in other disciplines, such as in medicine in terms of researching genetic biological pathologies, and with social work, placement genograms are drawn in order to highlight the multiple separation issues and the various roles a child has played in foster families (Berg-Cross, 2000). This information can then be used very successfully in the therapeutic care of foster children. Genograms have also been used in training workshops related to particular milestones, for instance the transition from adolescence into young adulthood. Genograms have been used in creative ways as a training tool in academic institutions for training therapists; however, their use remains very specific and focused on achieving a particular objective, for instance, to teach systems thinking by illustrating family system concepts (Pistole, 1998); to raise cultural awareness and sensitivity while reducing bias (Hardy & Laszloffy, 1993) or to clarify family systems concepts and “help students visualize and understand their family system and their own place within it” (Bahr, 1990, p. 243). An account of any training module with student therapists that involves genograms and family sculpting in an in-depth exploration of family of origin dynamics as well as roles, boundaries, functional behaviour and individuals’

needs within it does not seem to be represented in the literature available. It appears that genograms have been used more substantially in supervision of trainee therapists during their practical internships; however, in the majority of cases the trainee presents his or her clients' genograms rather than his or her own. A brief discussion illustrating the use of genograms in various therapeutic and training settings follows.

Milewski-Hertlein (2001) believes it is beneficial to use the genogram with clients in clinical practice as part of individual therapy. Kramer (1985) proposes that the clinician's role in therapy is to draw the family "as part of the diagnostic plan" (in Milewski-Hertlein, 2001, p.24). Beck (1987) sees the genogram as a very valuable tool in order to provide information for the clinician regarding unfinished business involving anger and pain. Genograms can also provide the therapist with information regarding trends in family functioning that have been persistent over many generations (Kerr & Bowen, 1988). The transgenerational data aids the clinician and the client in understanding the patterns in the client's life and generates more areas that require intervention (Milewski-Hertlein, 2001).

McGolderick & Gerson (1985) used genograms with family therapy. They see genograms as a means to involve the whole family, to enable clinicians and client to see the bigger picture, to assist in unblocking the system, clarify family patterns and reframe or detoxify patterns. In marital and family therapy case studies, the genogram was found to provide valuable information regarding transgenerational patterns and how they influence present functioning. LeBoy (in Matlack, 2001) maintains that "how we define ourselves in an intimate relationship comes from what we have learned in our families" (p.80). Some behavioural traits and interpersonal relationship patterns are inculcated subconsciously from parent to child throughout generations. These invisible patterns cannot be addressed until an awareness of the family dynamics and behaviours is revealed; this awareness can alleviate the 'stuckness' often felt with family members that exist within a circular pattern of repetitive behaviour (Matlack, 2001). This finding can be generalised to the participants of this study, as it appears that only once the

behaviour and patterns are explicit and visible, does one have the option of addressing it. Once an interactional pattern is revealed one becomes aware of it, which may very well influence one's experience of it in the future.

Daughhete (2001) discusses the use of genograms in counselling centres to help college students with their transition from adolescence into young adult life. Common themes present amongst students in this developmental stage include individuation from their families, formation of their own identities, selection of career paths and the development of intimate relationships. The use of genograms was valuable in that it dealt with family patterns and interrelationships. The overall benefits that were mentioned in this study included the process of creating greater insight and awareness of behaviour and family patterns, which in turn promoted healing and growth. In summary awareness of familial patterns was found to reduce the tendency to continue the same behaviour (Daughhete, 2001).

Pistole (1995) sees the use of the genogram in supervision as a good strategy with which to explore options for the therapists' clients and to enhance trainee counsellors' development as therapists. However, she believes that it is the supervisor's responsibility to provide a learning environment which is appropriate, safe, supportive and consultative to the trainee counsellors. She states, trainee counsellors are:

*"More anxious (Ronnestad & Skovholt, 1993; Stoltenberg & Delworth, 1987), more easily overwhelmed (D. Friedman & N.J.Kaslow, 1986), and more vulnerable (Eckler-Hart, 1987). They tend to be more self-than client-focused (Stoltenberg & Delworth, 1987), ... and less sure of their competence (Borders, 1989; Eckler-Hart, 1987; D.Friedman & N.J. Kaslow, 1986)"*  
*(in Pistole, 1995, p 133).*

Pistole (1995) used the genogram with beginning students in various counselling programs in school and in group supervision for the trainees to explore their clients within a group. This was used because genograms

provide a tangible, user-friendly structure within which to organise a vast amount of information graphically (Pistole, 1995). The use of genograms in training enhances the development of conceptual skills incorporating cognitive, emotional, behavioural and interactional aspects in the understanding of clients.

Bahr's (1990) article discusses the use of genograms and family chronology assignments with undergraduate family science students. Her students had to submit a three-part assignment, in which they were to draw a three-generation genogram, design a family chronology listing significant events on a time-line, and complete a written analysis regarding the particular family processes that they could identify. The instructors in the course then selected some broad family processes such as "generational transmission of desirable and undesirable patterns" (p.247) for a general group discussion. Bahr (1990) believes that the genogram is effective as an educational tool; in her module the main focus was to enable students to "personalize family concepts and principles and ... to illustrate and clarify certain key components of the family experience" (p. 243) such as association within generations and reoccurrence of family traits. According to Bahr (1990), additional benefits from the use of genograms in training were that the instructors gained a greater understanding of their students. Furthermore, the "teacher's" encouragement and reaction to the students' attempts to précis how they fit in to their transgenerational family, resulted in enhanced group cohesion (Bahr, 1990, P.244). She did, however, note that over the past several years some of the students have found the information-gathering process emotionally painful. As with other studies surveyed, her students were also free to avoid the possible negative effects of investigating their family of origin by doing an alternative assignment.

Halevy (1998) at the New England Graduate school used genograms in a counselling course as well as in professional development workshops for psychologists and mental health counsellors to improve cultural competency. The focus of her genogram application in these courses was, however, to plot the skeletal family diagram with comments and links throughout to issues

such as race, gender, class, and sexual orientation in order to highlight their assumptions and biases and thus improve their cultural competency as therapists. Keiley, Dolbin, Hill, Karuppaswamy, Liu, Natrajan, Poulsen, Robbins & Robinson (2002) experienced a similar genogram module at a Midwestern University with graduate level marriage and family therapy trainees. The focus of the program was to enable therapists in training to explore their cultural heritage and to be exposed to the cultural and gender issues of their peers. The participants in the module gained an understanding of how these cultural issues have a pervasive influence on the everyday lives of people.

Many academic giants in the field of psychology acknowledge the benefit of exploring their own family of origin with the aid of genograms. Bowen advocates that “the most powerful training ground for the therapist is work with his or her own family” (in McDaniel & Landau-Stanton, 1991, p. 460). To indicate his convictions, in an unprecedented gesture, he presented his own family of origin at a Philadelphia conference in 1967. In his training with psychiatrists he showed how residents that worked on their family-of-origin were most successful in the course and thereafter (McDaniel & Landau-Stanton, 1991). Other trainers such as Whitaker illustrated family therapy theory with the aid of narratives about their own families of origin. Wynne, from a psychoanalytical background, promoted therapists exploring their own family problems (McDaniel & Landau-Stanton, 1991). Hawkins and Killorin (in Kane, 1996) developed a one-day experiential workshop specifically for large groups of clients to assist with family-of-origin work. This workshop has been adapted by Kane (1996) for use in an introductory course on marriage and family therapy counselling. The experiential component of this course was used with a group with a ratio of fifteen students to one facilitator. The course entails approximately one hour of theory followed by a two hour experiential component which included the use of polar sculpture (the student sits in chairs selected to represent primary parents and processes how they feel with varied proximity to the other chair), introduction of themselves as one of their family members, and family sculpture where they portrayed family scenes. The students are, however, encouraged not to process the experience and

are advised to address issues with their own therapist. Although the training did not include a genogram, the experiential method permits a trainee to explore interpersonal issues and practice skills within a safe arena (Haber, 1990). Pistole (1998) discusses the use of genograms in training graduate family therapy students to enhance systemic thinking. There was a large element of theory in the form of lectures and assigned reading before the construction of the students' genograms. The students were also permitted to choose whether to select their own families of origin or design fictitious families. The genograms were not presented to the class but were drawn and submitted to the lecturer along with an assignment linked to the family system perspective for evaluation and grading.

Yalom (1995) addresses this issue of dual roles:

“A leader who wears two hats (group leader and program administrator) compounds the problem even further for the group members who feel restricted by the presence of someone who may in the future play an evaluative role in their careers. Mere reassurance to the group that the leader will maintain strictest confidentiality or neutrality is insufficient to deal with this very real concern of the members” (p. 521).

The literature survey reveals that the majority of genograms used during training were subject to evaluation by the lecturers. This dual relationship could play a role in hindering the degree of disclosure on the part of presenters and subsequently the degree of exploration and potential growth.

There appear to be a number of benefits reported regarding trainees' exploration of their family of origin dynamics with the aid of genogram presentation before embarking on a therapeutic career. Bardill (1997) believes that the process of constructing a genogram highlights one's family structure and relationships over a time period and in so doing creates a conscious awareness of one's family of origin. An opportunity for growth may be available with the combination of this cognitive awareness of one's family

dynamics in conjunction with emotional awareness of oneself as a family member. Actively constructing one's genogram can thus create a cognitive and emotional awareness which may enable the exploration of how our family dynamics play a role in our actions, thoughts and feelings (Bardill, 1997). Brems, Tryck, Garlock, Freemon and Bernzott (1995) believe that "regardless of whether family dysfunction has led the psychology student to her or his career choice or whether the training received has heightened the student's awareness of family-of-origin conflicts, training must address the student's concerns by providing confidential opportunities for early detection and intervention" (p.440).

As a result of the lack of studies on extensive family-of-origin genogram exploration, used with clinical psychology students, a brief discussion of the use of this medium at the University of Pretoria will be described.

#### **2.3.4 Genogram presentation at the University of Pretoria**

The genogram and family sculpting course at the University of Pretoria incorporates aspects of the varied uses of this medium that have been described in the previous section (2.3.3), although there were many contrasts in both the aims and the execution of the family therapy module. The mere time frame of six months, that it took to complete the experiential aspect of this module, stands out as vastly different to the other applications of genogram or family sculpting reported in the literature study. A contrasting and important aspect of this training programme is that the lecturers involved in the presentations were not in an evaluative position of receiving and observing students; instead the lecturers were part of the process, having to present, receive and give feedback as members of the group without an academic evaluative role. At the time of the presentations the two lecturers concerned were not involved in any other course with the students and there was no academic score or evaluation related to this component of the course.

Our presentations did not have definite objectives within a defined systematic process; on the contrary, the presentations were flexible, created by the

individuals' unique meanings attached to what they thought was important. Thus there was a feeling of freedom, where one could tell one's story according to one's own broad definition of genogram and family. The feedback received from the group 'audience' was not standardized in terms of specific academic objectives to link, for instance, generational patterns, but instead was led by curiosity, which has the potential to facilitate a greater understanding of the systems presented as well as allowing space for the expression of hypotheses about behavioural patterns and interactional functions that may be served. Andolfi in an interview with Barletta (2001) advocates a curiosity and willingness "to enter other people's lives" as well as a respectful level of invasiveness as an essential characteristic of a therapist (p. 243). Possibly because there were no set parameters in this module the challenges in the form of feedback and questions during the different presentations were vastly diverse and seemed to be a response merely to each individual's self-narrative. After the genogram presentation the presenter was asked to describe the effect of the genogram and how they felt at that moment in time and thus time was set aside for some reflection.

## **2.4. FAMILY SCULPTING**

### **2.4.1 Historical Perspective**

Family sculpting as an expressive technique has historical roots in existential and humanistic psychology; emphasis is placed on experiential growth as opposed to the more formal cognitive theoretical understanding of the family system or the traditional psychoanalytical process of unravelling the past (Luann, 1991). Family sculpting is linked to psychodrama as they both involve the physical expression of emotions related to family experiences. Psychodrama was introduced in the 1970's by "Moreno, the creator of psychodrama, [he] introduced us to the power of experiential techniques in developing insights, overcoming resistance, and working through unresolved pain" (Kane, 1996). The technique of family sculpting as a therapeutic process was adapted and further developed during the 1970's in the studies



of space, time and action in family therapy by Duhl, Kantor and Duhl (1973) and in the work by Virginia Satir (1972). Sculpting was a systemic intervention used by Satir. She positioned members of the group according to how she perceived their interactional process and then interacted with each member of the sculpture regarding his or her experience of that position. Thereafter she invited each member to create a new sculpture by placing members in preferred positions (Satir, 1998). Family sculpting as an experiential technique can be seen as a combination of Satir's psychodrama work and Perls's gestalt therapy (Root, 1989). This powerful intervention enables affective expression at a nonverbal level which transcends the incongruence often found in verbal communication (Root, 1989). One of its powerful features is that because it is a "dynamic, active, nonlinear process [it] portrays relationships in space and time so that events or attitudes may be perceived and experienced simultaneously" (Duhl et al., 1973, p.52). The advantage of this technique is that it can provide "meanings, metaphors, and images of relationships in a way that can be shared by all who participate and observe" (Duhl et al., 1973, p.52).

#### **2.4.2 Why is it used and what are the benefits?**

The process of sculpting means that people and objects are positioned in order to communicate relationships. This form of expression transcends the limitations of language and communication complications. According to Papp, Silverstein & Carter (in Lesage-Higgins, 1999) "sculpting cuts through intellectualisation, defensiveness and projection of blame" (p.35). Why and how family sculpting has this ability is possibly related to the sheer "immediacy of sculpting [that brings with it so much information] which [subsequently] produces its intensity" (Hearn & Lawrence, 1985, p. 115). Family sculpting lends itself to group format but it is recommended that the group have a sense of cohesion before disclosing personal information about their lives and families (Lesage-Higgins, 1999). I believe that the challenge, however, is to ensure that the experience is both bearable and useful. That is, in order to ensure the discoveries are user-friendly (to don a computer term) I believe the attitude of the group members and the occurrence of

feedback play a pivotal role. Hearn & Laurence (1985) state that “an attitude of genuine *attentiveness* to the material the family produces and a willingness to go forward on the part of the therapist can enable the family to take itself seriously, but not to despair [after all] families, like therapists, need to feel rewarded when they are prepared to take risks!” (p.115-116).

Hearn & Lawrence (1985) comment that the value of family sculpting is that it is a process that is inescapably concrete, in that it “transforms the ‘hunches’ of the therapist and / or family members into ‘hard data’” (p. 114). I question their use of the words ‘hard data’ and believe that one must still be vigilant that this data is not reified as the *truth* but instead seen as the tangible representation and physical organisation of a family dependant on the presenter’s perception of his/her family at that time, and that each family member could create a different sculpt according to their reality, and their experience of the same family. Thus there may be many ‘truths’ for the same family. “Family systems are alive and constantly changing” (Duhl et al., 1973, p.50); personal space within families is balanced and negotiated and thus the formation of a family sculpture is never static over time.

Heinl (1987) believes that the more information contained in the family sculpting the greater the impact produced by the experience. This also ensures a greater congruence between the sculptor’s internal image of family relationships and the ‘reality’ he/she depicts in the sculpture. The emotional impact is thus heightened with each meaningful connection identified and recognized. When a family sculpting is congruent the presenter is able to identify with the feedback; this is a circular process which may enhance understanding of the sculptor’s family dynamics, which then allows the sculptor to reassess his/her understanding of the family (Heinl, 1987).

Family sculpting, as a therapeutic tool, offers a backward glance at the history of the family, while demonstrating the ‘here and now’ emotional significance of family relationships. In addition the sculpture can also offer a glance forward at possible expectations. Thus it can be past, present and/or future centred (Lesage-Higgins, 1999).

### **2.4.3 Family sculpting application in various fields**

The literature available reveals that family sculpting has been used over the past three decades in numerous fields in an attempt to achieve diverse goals. Family sculpting as a technique is most often used by therapists to assist “family members to become aware of feelings about one another” (Hearn & Lawrence, 1981, p. 341), which heightens recognition and understanding of family interactions (Hernandez, 1998). With the use of either props or symbols, family sculpting is also used quite extensively with individuals, with couples as an emotional assessment tool, with families and in group settings such as workers in the workplace (Hernandez, 1998). To a lesser extent family sculpting is used with children, and with students as a training technique, using either simulated families or the student’s family of origin (Hearn & Lawrence, 1985).

Marchetti-Mercer & Clever (2000) speak of the use of family sculpting in training masters level psychology students to improve cross-cultural understandings amongst the students. The outcome of their study shows recognition by students of the similarities of families across various cultures, which served to deconstruct the dominant discourse of difference. In a study based on college students dealing with emotional attachments to their families and struggling to individuate, family choreography, which is an expansion of family sculpting, was used as a tool to reflect family relationships. The process of sculpting provided insight into how their behaviour and roles in their families contributed to maintaining the current family patterns, and the subsequent re-sculpturing provided possible options for change. It was found that not only had students gained from the sculpting of their own families, but also gained insight “vicariously from the struggles and working-through process of [fellow students]” (Lawson, 1988, p.247). Studies have shown the benefit of using family sculpting in premarital counselling to indicate the various communication and problem solving styles, values, expectations and relationships present in the families of origin (Lesage-Higgins, 1999). Kerr and Bowen (1988) believe that discussing families of origin within a group

provides a platform where individuals may find parallels between past and current relationships and thus gain insight from others' presentations. Family sculpting has been used by practitioners from a variety of disciplines as an experiential therapy for clients; for instance, it has been used with eating disorders in order to address the clinical issues that often accompany them, such as problems with self-awareness, identity & interpersonal relationships and family dynamics (Hornyak & Baker, 1989; Root, 1989).

#### **2.4.4 Family Sculpting at the University of Pretoria**

This process of family sculpting does not adhere to the traditional presentation where "information was not talked about but experienced through action and observation [in a nonverbal manner]" (Duhl et al., 1973, p.47). The process had greater leanings towards socially constructed sculpting which involved some discussion of familial relations during the sculpting. The use of family sculpting was similar to some aspects reported in the literature, in that the presenter of the genogram would elect group members to enact his/her family members' and these members would be placed according to how the presenter viewed his/her family. Poses that were used included placing some members with their backs to each other, outside the room, standing, sitting down, hands pushing away and so forth. The presenting group member would then sculpt different tableaux and consider the family's interactions. In each setting, for example a family dinner, the group members would actively participate by asking questions. "The actors were asked to verbalize how it felt to be in the role and space" (Duhl et al., 1973. p. 56) that was allocated to them and in so doing, give feedback to the presenter. These questions and comments may have challenged the genogram presenter or clarified relationships to the observers. This psychodrama feedback may provide alternative meanings and the presenter is left with the task of assimilating how appropriate and accurate the feelings attached to certain family members were.

In some of the presentations the family sculpting presenter was then asked to place the family in new preferred positions. Duhl, Kantor and Duhl (1973)

believe that this process gives permission to fantasies and wishes regarding how you would like your family sculpture to look and they add that it is somewhere “between the reality of what is and what one wishes that all changing behaviour, all strivings, struggles, and growth take place” (p. 61). At times, individuals in the training group portraying family members moved themselves and asked ‘what if’ questions around the impact of their movement. Thus the process was dynamic, with the presenter directing the process and physically displaying his meaning interpretation of his family, and the group members being actively involved in feedback and questioning of different aspects, including the effect of various position changes. The family sculpting had echoes of Yalom’s (1995) ‘corrective emotional experience’ as presenters were able to interact and test new familial patterns with the risk of congruent feedback. At times the feedback may have resulted in an ‘a-ha’ realisation. This process “can be scary, and interpreting a baggage-laden lineage is not always easy [but most of all] key relationship patterns tend to surface repeatedly” (Matlack, 2001, p.81) such as enmeshment, parentified children, triangulation, conflictual rifts and therapists’ roles within the family.

In Lesage-Higgins’ (1999) use of family sculpting with premarital couples she states that generally the individuals placed in a position in a sculpture may discuss how they feel about their position, as if they were actually that family member. This was an integral part of the University of Pretoria’s family sculpting process as role-players reported on their role experiences during and after the sculpt. As Berger (in Hearn & Lawrence, 1985) states, “It is very difficult to pretend in this world. Normally one becomes what one plays at” (p118). At the end of the sculpt, all participants were subsequently de-rolled, and the focus was shifted to the presenter in terms of how he/she felt and what his/her requirements were in terms of containment. Lecturers and students were also available if the presenter needed support or containment support after the presentation.

## **2.5 TRAINING**

Since the inception of family therapy, various schools have taken different views on what constitutes appropriate family therapy training. The question, “when is it training and when could it be redefined as actual therapy?” has been posed. The extent of the opposing mind-sets is illustrated in the following quotations.

The clinical students bill of rights in the USA states:

“No teacher may inquire into the personal life of a therapy student, no matter how benevolently, unless, (1) he can justify how this information is relevant to the immediate therapy task in a case, and (2) he can state specifically how this inquiry will change the therapist’s behavior in the way desired” (in Haber, 1990, p.379)

Kantor and Kupferman have responded stating:

“We believe, however, that more ‘casualties’ occur when experiences such as [exploring issues that handicap their professional work] are not part of the training. Then .... unidentified boundary profile features of a trainee can trigger serious trouble with certain client systems, and the existence of and bases for the resulting forming structures aren’t even seen by the trainee’s teachers” (in Haber, 1990, p. 379).

To date, some institutions still advocate skill-based training while others advocate transgenerational training with the family-of-origin as the focal point (McDaniel & Landau-Stanton, 1991). A number of systemic thinkers have different perceptions of what ingredients are necessary in training therapists. Satir and Baldwin believe that the development of the human aspect of the therapist is vital (in Haber, 1990). Minuchin and Fishman drive towards fostering therapeutic spontaneity by using different aspects of the self of the therapist (in Haber, 1990). Whitaker and Keith’s aim is to train therapists to trust and make use of their inner symbols (in Haber, 1990). The Palo Alto group, on the other hand, trained therapists by engendering problem-solving

skills. Haley (in McDaniel & Landau-Stanton, 1991) believed that training should assist trainees to acquire the necessary skills to solve the problems that present themselves in therapy only and advocated that any training program dealing with personal issues of the therapist should be avoided. He vehemently rejected the notion that trainees should explore their own personality or personal issues during their training, and did not believe that personal issues would influence therapist's behaviour with clients. Haley stated, "the task is to teach therapy as a skill .... a person's personal life is too important to be tampered with by teachers" (in McDaniel & Landau-Stanton, 1991, p.459). In contrast, Bowen's aim is to ensure that trainees embrace their anxiety rationally, and differentiate from their family-of-origin (Haber, 1990). "The literature available for the training of marital and family therapists remains skewed toward the cognitive domain. There is thus a continuing need to articulate experiential components, particularly for family-of-origin work, in training programs" (Kane, 1996, p.481). Framo (1979) (in Braverman, 1982) states that "when we train students formally we continue the training they got from their parents, brothers, sisters, grandparents, aunts and uncles" (p.630). Braverman (1982) believes that family therapists who place emphasis on personal growth rather than problem-solving approaches, regard self-knowledge and family of origin experience to be extremely important for the therapist.

Internal models, such as experiential therapy, argue that therapy is conducted by people (Aponte & Winter, 1987) and thus it entails a social relationship involving the blending of therapists' and clients' systems. Kaplan & Kaplan (in Deacon, 1996) believe that "the therapist, to a certain extent, is always in the family system, and therefore should be aware of his/her reactions and feelings toward the system" (p.172). Brems et al. (1995), from a psychodynamic approach, reiterate this need with their belief that for adequate psychotherapy to take place the psychotherapist needs to have a thorough understanding of him/herself and his/her family of origin; self-exploration reduces the risk of detrimental countertransferences taking place in therapy. The fear is that families in therapy may present clinical triggers for the therapist. Clinical triggers are those issues which give rise to a reaction in the therapist which

relates to personal issues in the therapist's family of origin (Guerin & Hubbard, 1987). In order to minimise this process taking place within the therapeutic environment, therapists need to explore their experiences within their families of origin to gain some understanding of how they have shaped them. Kramer (in Deacon, 1996) says that we learn how to tackle various issues from our families, such as, triangulation, secrets, gender views, survival tactics, sexuality, anxiety, stress, depression and life-cycle issues, and that these learnings are brought with us as therapists into the therapy. If the therapist's performance is influenced by life experiences, worldviews, and personal and professional relationships then, I believe, it is imperative that trainee therapists start the journey of greater self-awareness to protect both themselves and the therapeutic system.

The debate around whether to teach skills or to teach family therapy experientially though advocating family of origin work continues. I believe that one of the possible approaches to training family therapy students lies somewhere in the middle. By using a 'both-and' option a module could incorporate both the cognitive and the experiential realms in training. The University of Pretoria in the Family Therapy module used this 'both-and' approach as the training integrated theory, skill training, experiential group family role-playing and family of origin work in the form of genograms and family sculpting. In contrast to the family therapy training reviewed in the literature, the University of Pretoria appears to have an extensive and intensive experiential family therapy module with a 2:9 lecturer:student ratio which spans six months with approximately four hours allocated to each individual's presentation.

The literature that pertains to experiential family therapy courses collectively expresses a great need for more experiential modules for therapists in training and encourages the use of different approaches in varying degrees. "Although genograms have demonstrated their worth as a teaching tool to convey family systems concepts to graduate students, little research has been conducted on the efficacy [or experience] of genograms in college counselling settings" (Daughetee, 2001, p.73). My goals in this study are to bring about



some understanding regarding the experience of genograms and family sculpting in one group of training psychologists.

### **2.5.1 The role of a group in training**

The context of the family therapy experiential training module takes place in a group. The participation of group members includes role-playing as family members, questions and feedback regarding the experience and emotions which were both challenging and encouraging at times. Yalom (1995) describes the influence of the group as installing hope, conveying information, philanthropic, cathartic, normalising and providing the corrective recapitulations of the primary family group. The concept of 'installation of hope' is essential in a genogram process as Yalom (1995) suggests it pertains to the confidence that group members have regarding the efficacy of the group and in order for group members to risk there would have to be a benefit. The experiential process of genograms and, to an even greater extent, family sculpting maximizes the involvement of the group (Haber, 1990). Haber (1990) believes that the value of the training group must be used and enhanced to create a context that maximizes the development of personal and interpersonal resources.

The corpus of research pertaining to group work reveals that group members attribute great value to the exploration of issues with the aid of other group members. In a longitudinal study of a crisis group 42% responded that the group members as opposed to the therapist had been helpful; 28% felt that both had helped and 5% contributed their change to the therapist alone (Donovan, Bennett & McElroy, in Yalom, 1995). Yalom believes this finding to be significant for group therapists as it could enable them to see the benefit of directing their focus towards facilitating the interaction of members.

## **2.5.2 The Family therapy training module at the University of Pretoria**

I believe that this module at the University of Pretoria is predicated on the fundamental belief that in order to become an effective therapist, the student needs the opportunity to explore his/her family of origin to gain insight into his/her assumptions, beliefs, roles, prescriptions, influences and worldviews. The genograms and family sculpting exercises provide a format for students to examine their families of origin in addition to the assumptions and beliefs originating in their families and “how these assumptions and beliefs will influence the way they chose to conduct therapy” (Halevy, 1998, p.233). The experiential training module pertaining to this study was presented to an existing process group who were experiencing many of the hurdles that Yalom mentioned in the quote in section 2.2.4. I believe that the level of disclosure and vulnerability, however, is much more demanding than in a process training group as it involves the presentation of families of origin. Although the degree of risk and exposure is much greater, the possibility of the experience having value in terms of facilitation of self-awareness and the enrichment of the training experience is also greater. Yalom also states that as a group member one is exposed to the incredible power of the group – “power to wound and to heal” (1995, p.518). In my experience groups develop a pace, a tone, an intensity and various implicit agendas and underlying rules. Thus it is important to have responsibly led groups where communication and constructive working relationships are facilitated as the group experience can be an extremely influential part of the students’ training.

## **2.5.3 Being a student in psychotherapy training**

As a student in a clinical psychology masters training course, Prentice (2001) recalls feeling confused and at times feeling unsafe. He was aware that he was being scrutinised which he found unsettling. He believes that trainees often feel that their personal belief system is subject to construction and reconstruction as new theories encourage examination of exiting beliefs. The trainee’s personal philosophy is inevitably exposed to evaluation and re-

evaluation as he/she is exposed to new ways of thinking but in the case of genogram and family sculpting presentations, it is not only the trainee's own philosophy that is possibly exposed and challenged but also that of his/her entire family of origin. Trainees are then left with debates and issues that need to be examined with a possible view to a partial resolution. It is not surprising then that Prentice (2001) and Blokland (1993) believe that psychologists in training inevitably struggle to separate 'self' as therapist from 'self' as non-therapist. Prentice (2001) believes that a tension inevitably exists between retaining and altering or evolving the self as a result of the training. Thus trainees are left in a tumultuous world of change, where they must attempt to remain autonomous and endeavour to preserve the parts that they see as inherently themselves. Blokland (1993) believes that training is characterised by intrapersonal change. Intrapersonal change influences and changes interpersonal interactions, with a pervasive effect in all contexts.

Research conducted by Truell (2001) reinforces the notion of change linked with individuals undergoing psychotherapy training. Counselling graduates from a UK university showed that significant disruptions in relationships with family and friends were experienced. He expresses, quite strongly, that there is "a body of evidence that suggests that working as a counsellor, psychotherapist or psychiatrist can be psychologically damaging" (Truell, 2001, p.67). Dryden and Thorne (1991) believe that "almost all trainees at some stage of their training are likely to experience periods of distress or bewilderment and may even at times become subject to incapacitating anxiety or depression" (p.4). Truell (2001) believes that the counselling trainers have to address these issues more effectively. I feel that the process of psychotherapy training involves many aspects of change pervasive in all contexts and this would inevitably be experienced as highly disruptive but the responsibility of the psychological well being does not lie solely with the lecturers. Efran and Lukens (1985) add that creating an environment that is safe and where self-change is possible is not the sole responsibility of the therapist. I believe that this notion can be generalised to the training context and thus the challenge and partial responsibility of the lecturers, in my opinion lies, in creating an environment that is safe in terms of risking and where

containment is sufficient and spacious enough to allow for growth. However, I believe, there is a requirement of resilience for an individual in therapy or a trainee therapist to embark on the journey of self-reflection as this journey of discovery and growth does not come without pain. Blockland (1993) says that becoming a therapist involves similar processes of change to those experienced by the client in therapy that is, transformation of old issues and perceptions, re-evaluation and self-transformation. In training the intense connection between the members of the training group together with the presence of lecturers focusing on a healthy environment, characterised by elements of safety and containment, plays a role in curtailing the potentially destructive effects of training. In conclusion, I therefore believe that the individual him/herself holds much of the responsibility for his/her psychological well being. In addition I feel that if all aspects of training that involve change and adjustment are sheltered or *cottonwoolled* in a protective environment so as to ensure minimal or no discomfort and pain, the insight, awareness and their effect would be diluted and real change or growth would not occur. As Blockland (1993) reported in her study of psychotherapy students, the trainees describe the process as simultaneously rewarding and painful; thus personal growth was juxtaposed with losses and a sense of loneliness.

## **2.6 CONCLUSION**

The various concepts pertinent to this study were described in a context characterised by the knowledge that there never is one absolute reified definition of any concept. As there were no studies that reported directly on the experience of genograms and family sculpting during clinical psychology master training, a literature review incorporating training in general as well as genograms and family sculpting used in other forums was presented. Genograms and family sculpting were historically traced from their inception in therapy, with emphasis placed on the unique ways in which they condense and translate information. Cognisance was also taken of the potentially powerful emotional impact that these methods may have. The ongoing debate of skill based versus experiential training of therapists was represented as was the role of the group in these training programmes.

Studies were presented that reported on the experience of being a student in psychotherapy training courses with a view to providing a backdrop and context for this study. A brief discussion on systems was introduced in terms of families, highlighting the interconnected nature of the individual system within the family system, which is embedded within a higher system - society. The systems perspective will be discussed in greater detail in Chapter 3 which describes the theoretical framework of this study.

## *Chapter Three*

# **THE EPISTEMOLOGICAL FRAMEWORK**

*The activity of knowing is itself a human phenomenon.  
How can we turn the tools of knowledge-making on*

*ourselves when we are the tool makers? There is no absolute point outside human phenomena from which to investigate. Moreover, the knowledge gained when we study ourselves changes the object that we are studying.*

*Donald Polkinghorne 1984*

### **3.1 INTRODUCTION**

The experiences that are explored in this study are viewed from within a broad systemic theoretical approach. In philosophy epistemology by definition pertains to “how we know what we know, or how we can make valid knowledge claims based on a particular theoretical framework” (Becvar & Becvar, 2000 p. xiv). My epistemological approach to this research is tainted by my personal belief system that is the lens through which I see my world, thus bias is inevitable and I recognize that the way I see things and analyse information is one way to think about this experience and not the only way. It is also my belief, as Becvar and Becvar (2000) state, that the systemic/cybernetic perspective is one contribution to the pool of behavioural science, theory and practice, and as such this independent approach allows for the incorporation of other theories that came beforehand and for those that follow thereafter. Where appropriate and relevant, other theories, such as the psychodynamic or narrative perspective, are marginally incorporated into the analysis to enable a greater depth and a more holistic picture of the experience being studied. As the epistemology chosen has implications for the research, the evolution of this theory as well as the epistemological assumptions on which it is based need to be made transparent to the reader.

This chapter represents an attempt to describe the different assumptions in the positivist-empirical tradition and the systemic perspective within the modernist paradigm. The discussion will then focus on the progression to postmodernism and specifically second order cybernetics. In order to

understand the systemic paradigm it is essential to look at the historical evolution of different worldviews and note their role in the progression towards the broad systemic perspective.

## **3.2 MODERNISM**

### **3.2.1 Scientific Tradition**

In medieval times (before 1500) the dominant science was more organic than the contemporary science of today. It used as its basis “reason and faith and its main goal was to understand the meaning and significant of things, rather than prediction and control” (Capra, 1982, p. 53). What we regard today as formal Science evolved during the Scientific Revolution from the work of Nicolas Copernicus, René Descartes, Isaac Newton, Galileo Galilei and Frances Bacon. During the sixteenth and seventeenth century, physics came to be seen as an exact science and it has been reified as “the only valid approach to knowledge” (Capra, 1982, p. 31). The new method of analysis involved mathematical explanations and analytical reasoning, combined with scientific experimentation in order to formulate laws of nature (Capra, 1982). Traditional scientific notions are inculcated in Western society and as such we are socialised to be less resistant to thoughts and behaviour that incorporate the philosophical assumptions of the scientific tradition. It should be noted that when we speak of theory constructed in the Lockean tradition or positivism, logical empiricism or the Cartesian-Newtonian school of thought, there are a number of shared assumptions that underpin these models and they are all securely rooted in scientific doctrine (Becvar & Becvar, 2000). Gergen refers to this as the world of modernism (Gergen, 1982). A description of the key assumptions of the modernist model follows.

### **3.2.2 Scientific psychology: Cartesian-Newtonian perspective**

The mechanistic and reductionistic views of classical physics had for hundreds of years been presumed to be accurate descriptions of reality and as such the traditional psychologists framed their theories and methodologies in terms of the natural sciences (Harre, 2002). Methods of classical physics were applied to the study of the human mind and society in an attempt to gain credibility by making claims based on valid knowledge. As William James noted (in Becvar & Becvar, 2000) "I wished by treating psychology like a natural science, to help her become one" (p.321). With this emergence of science-based studies the emancipation of psychology from the domain of philosophy was effected.

The Cartesian-Newtonian school of thought conforms to traditional scientific notions of cause and effect relations and concomitant predictability of outcome and effectiveness of appropriate treatment (Gergen, 1982). From this standpoint, relationships can be seen as dichotomous interactions between distinct entities, which follow prescribed laws in a predictable manner; all individuals can be broken down into their component parts, and must necessarily be studied in isolation in order to be understood (Becvar & Becvar, 1996). Thus empiricism, objectivity and quantitative examination of the discrete entity that is the individual are all notions central to the Cartesian-Newtonian approach to psychology. They also all reflect the basic assumption that absolute objectivity on the part of the researcher is achievable, and that absolute truth can be discovered through objective study (Gergen, 1982). As Leedy (1989) describes "The role of research is to provide a method for obtaining answers by inquiringly studying the facts, within the parameters of the scientific method" (p. 3).

Students of Cartesian-Newtonian thought believe that laws exist which govern human behaviour, and that these laws are absolute and external to us, rather than of our own creation, as held in systemic theory (Becvar & Becvar, 1996). The philosopher John Locke developed the atomistic view of society; he believed that "there were laws of nature governing human society similar to those governing the physical universe" (Capra, 1982, p. 69). Thus the world



is seen to be deterministic and people are reactive (Gergen, 1982). In order to discover these laws, which are seen to reveal the absolute truth sought by scientists, we must reduce the problem to its component parts; "its basic building block, the human being" (Capra, 1982, p.69). A problem can only be understood and solved by analysing the forces acting on these component parts (Becvar & Becvar, 1996). Both behaviourism and psychoanalysis have been markedly influenced by Locke's envisioning of the human mind as a blank slate, where the environment and the individuals' sensory experiences are credited for the knowledge and development that takes place (Capra, 1982).

According to Bateson, "the Newtonian world ascribes reality to objects and achieves its simplicity by excluding the context of the context - excluding indeed all metarelationships" (Keeney, 1983b, p.32). The Cartesian-Newtonian world, in its search for external absolute rules governing all behaviour, reduces the individual to the status of an object, reacting predictably to prescribed rules: A acts on B with foreseeable, measurable results; meaning comes from the exterior world wherein we exist, and we reorganise it rather than create it (Becvar & Becvar, 1996).

"Classical science was constructed by the Cartesian method of analysing the world into parts and arranging those parts according to causal laws" (Capra, 1982, p. 85). Thus according to Cartesian-Newtonian thought, linear causality can be traced, that is, A acts on B to create a predictable outcome, in a unidirectional manner. These cause and effect "relationships are tied to a concept of time as absolute" (Becvar & Becvar, 2000, p. 320). Consequent to this assumption, Cartesian-Newtonian therapy asks *why* and as such the history of the problem and thus of the identified patient within whom the problem resides is necessarily important (Becvar & Becvar, 1996). The problem is understood to have been precipitated by a factor or factors external to the individual and distinct from the problem itself in a lineal and predictable manner. Precipitation of symptomatic behaviour is understood in terms of material causation (which has to do with the material substance of a phenomenon, for example the implication of neurotransmitters in the

explanation of pathology) and efficient causation (which is the force that brings about an effect) (Bopp & Weeks, 1984). Use of this scientific experimental technique ensures elimination of subjective judgements thereby facilitating the development of robust scientific theories.

The Cartesian-Newtonian understanding of the mind and body as being essentially separate is inherent in the assumption that the mind and reality exist independently of one another; thus an individual A (subject/mind) can objectively view B (object/reality) (Becvar & Becvar, 1996). This premise led to the belief that objective measurement and value-free science are possible, and to widespread mistrust of the subjective dimension.

Mechanistic and reductionist approach involving absolute objectivity, quantitative measurement, observation and experimentation are the cornerstones of Cartesian-Newtonian pursuit of knowledge (Capra, 1982). Valid knowledge can only be based on that which can be observed. As reality is seen as a constant absolute phenomenon it thus exists independent of us as observers and as such one studies “the relationship among the classes of observable phenomena” (Gergen, 1982, p.7). Any problem is considered to be solvable if we can successfully answer the question “why”. From this viewpoint, the therapist is seen as “expert”; by virtue of this elevated position, he or she is able to issue directives, which the identified patient is honour-bound to follow, if treatment is to be successful (Becvar & Becvar, 1996).

The modernist assumptions discussed above, Durrheim (1997) contends, have been the focus of attack of systemic and post empiricist thinking. However, any “alternatives to this [positivist-empirical] research paradigm are often viewed as doing something other than science” (Becvar & Becvar, 2000, p.340) and ultimately viewed as inferior. The following discussion deals with the paradigmatic shift within the modernist perspective to the systemic theory. This development includes the gestalt-switch from a linear to a recursive worldview, which is deemed by Bateson (1979) as one of the great events of his lifetime.

### 3.2.3 THE SYSTEMIC PERSPECTIVE: SIMPLE CYBERNETICS

Why would the simple cybernetics perspective exclude thinking in terms of linear causality, yet still be included with the modernists' perspectives? Watzlawick, Bavelas & Jackson (1967) use the metaphor of a "black box" to describe the system. In this approach symptoms are regarded as an input into the system instead of an "expression of intrapsychic conflict" (p.44). The description of a system as a black box implies that it is possible to observe objectively that which goes into and comes out of the box in order to attempt to understand and analyse how it operates (Van Rooyen, 1995). An observer, outside the system, can influence the system unilaterally and observe and describe various patterns, boundaries, roles and rules of the system (Van Rooyen, 1995). It is this notion of an outside observer seen as capable of objective observation (and control) that places simple cybernetics firmly within the modernist paradigm: indicating that problems exist "out there" in a "real, knowable reality" (Becvar & Becvar, 2000, p.89).

The original form of Cybernetics was an engineering model. It was derived from the collaboration of a number of people during the 1940's namely Bateson, Mead, McCulloch, Von Newmann, Von Foerster and Weiner, who all came from a variety of disciplines such as mathematics, communications, physics, physiology, anthropology, biology and psychology (Becvar & Becvar, 2000; Keeney, 1983b). Cybernetics is basically the study of self-corrective phenomena where results of past performance are integrated back into the system, which influences future behaviour (Guttman, 1991). During the 1950's system thinking began to gather momentum and evolve. A number of synonymous terms have been used for the term cybernetics, such as systems theory, general systems theory and ecosystemic theory (Becvar & Becvar, 2000; Meyer, Moore & Viljoen, 1997), and these terms have been used interchangeably in the following discussion.

The systemic evolution was assisted by the introduction of a number of shifts such as the focus on the context as apposed to the individual, and a shift from isolations to community cooperation and development (Becvar & Becvar,

2000). The assumptions adhered to by the systemic researcher are vastly different to those of reductive-positive science (Hoshmand, 1989). A holistic view is taken, where individuals are seen to be interwoven inextricably on a relationship level, and thus can never be studied in isolation as Cecchin (1987) states "one's behavior is always in relation to the behavior of others" (p.405). According to Bateson (1971) "all members of a family containing schizophrenia [are] equally victims and ... the family as a whole – including the patient – [requires] to be changed." (p. 243). These relationship patterns are the focus of attention, seen in terms of circular systems of interrelations. Feedback mechanisms within the system maintain internal equilibrium and as such the system tends towards homeostasis. Symptoms are thus seen to be manifestations of dysfunction within the system in that they represent attempts at a systemic level to maintain this balance (Becvar & Becvar, 1996). Thus the system as a whole is the focus, rather than the individual in isolation. As a function of this circularity, all behaviours are relative, complementary and interdependent; people interact in mutually influential, dialectical ways; they are not merely reactive (Becvar & Becvar, 1996).

The systemic view holds that complex phenomena cannot be understood in terms of their constituent elements alone (Reber, 1995). The focus shifts from subunits to viewing the entire system and the larger context within which it is embedded as the entity of analysis. According to Guttman (1991) a system is seen as "a unified whole that consists of interrelated parts, such that the whole can be identified as being different from the sum of its parts and any change in one part affects the rest of the system" (p. 41). Thus "systems theory looks at the world in terms of the interrelatedness and interdependence of all phenomena, and in this framework an integrated whole whose properties cannot be reduced to those of its parts is called a system" (Capra, 1982, p.43). By applying this view to the therapeutic arena the focus is shifted from the relevant events or individuals to the systems, processes and contexts that give meaning to the events (Becvar & Becvar, 1996). From this point of view everything is seen in terms of relational context as apposed to discrete problems that reside within individuals. As Yalom (1995) states:

“From whatever perspective we study human society – whether we scan humanity’s broad evolutionary history or scrutinize the development of the single individual - we are at all times obliged to consider the human being in the matrix of his or her interpersonal relationships” (p.17).

Thus the act of diagnosis is in itself meaningless, as it locates the problem exclusively within the individual. Properties emerge as a function of interrelation between entities; thus the result of interaction is more than the sum of the natures of the relevant entities (Bopp & Weeks, 1984): the whole is more than the sum of the parts (Denton, 1990). As interaction according to this point of view is seen to be circular and dialectical in nature, and because every part of the system interacts and influences every other part in myriad ways, it is impossible to remove an element of a system without dramatically altering the system itself. As Keeney (1983a) states, change in any element has consequences for all other elements in the system resulting in the systems wholeness being disturbed. A study of individuals in isolation (i.e. the Cartesian-Newtonian concept of atomism) is therefore invalid as each element of the system influences and is influenced by all other parts of the system. What Cartesian-Newtonian therapists refer to as the ‘presenting problem’ is seen by systemic theorists as an integral part of the system. Systemic therapists believe that the nature of symptom manifestation may shift (Becvar & Becvar, 1996), meaning that difficulty in any part of the whole may manifest symptoms in another part, and relief of one symptom may precipitate manifestation of another (Keeney, 1979). Systemically orientated therapists must thus strive to understand and appreciate the characteristic processes and patterns involved in the therapeutic context (Keeney, 1982) and in so doing they do not look at individuals out of context, but as “people who are in a world of others” inextricably intertwined (Harre, in Owen, 1992, p.59).

The idea of the individual as object is contrary to the systemic point of view, which postulates that lineal, cause/effect relationships do not exist, and therefore the subject/object dichotomy as put forward by Cartesian-Newtonian

theorists is also invalid. Rather, we are concurrently subject and object at all times (Becvar & Becvar, 1996). We can therefore be seen as creators of our own reality, as we bring our personal perceptions to bear on it, giving our own meaning and order to it. Also, systemic thought is concerned with patterns of relationship that are described by metaphors of form and pattern (Keeney, 1979). The focus shifts from “why” to “what”, with emphasis placed on the present manifestation of the problem rather than its history (Becvar & Becvar, 1996). We are concerned with what happens around the manifestation of problems rather than where it originated. System members’ behaviour shows order, pattern, redundancy and organisation because the behaviour of each member is in a sense cognitively congruent with the behaviour of each other member. Although we are seen to act in accordance with certain rules, these rules are idiosyncratic and of our own creation. Family structure denotes a class of communicative behavioural patterns, and it is the pattern that must be the focus of therapeutic attention (Bogdan, 1984).

The ecosystemic viewpoint acknowledges complementarity as apposed to dualism. “Descartes himself, although he introduced the... [concept of dualism], nevertheless considered the interplay between the two an essential aspect of human nature” (Capra, 1982). The existence of ‘both sides of the coin’ is taken cognisance of. Instead of rejecting one dimension in favour of the other, the utility of both must be considered: only as things are contrasted can we observe difference and thereby understand the meaning of each (Becvar & Becvar, 1996). Bateson (1979) saw the interaction within relationships as a kind of dance with symmetry and complimentary patterns. Keeney (1983a) believes that relationships should be viewed with double descriptions and by combining the interaction and punctuations of both individuals, “a sense of the whole will begin to emerge” (p. 37).

The systems perspective uses the concepts circularity and evolutionary feedback as apposed to linear causality. Keeney (1979) points out that problems arise when one thinks in terms of linear causality (i.e. in a manner congruent with Cartesian-Newtonian thought) while trying to identify relationship systems; seeing, for example, the system in terms of roles, values

and norms rather than as a whole. Bateson (in Cecchin, 1987) believed that linear explanations for behaviour had the detrimental effect of terminating curiosity, conversations and other possible descriptions. Ecosystemic thought emphasises reciprocity, recursion and shared responsibility (Becvar & Becvar, 1996). Within this perspective meaning is derived from the relationship between individuals. Thus meaning is co-created (Becvar & Becvar, 2000). The Cartesian-Newtonian understanding is reframed in terms of information and relationship; instead of dividing the therapeutic context into its component parts of identified patient, therapist, symptom (Keeney, 1979), the 'patient's symptom' and the 'therapist's intervention' are seen as communications in a network of relational interaction (Keeney, 1979). If the circularity of a system can be seen as being made up of patterned circuits and populated by differences that produce information (Penn, 1982), events that exchange information in a system or context can no longer be viewed as sequential or lineal deterministic changing of events.

Understanding of any phenomenon requires consideration of that phenomenon within the greater context of all relevant circuits (Bateson, in Keeney, 1979). A and B exist in continuous mutual interaction and consequently influence each other mutually and dialectically; they are equally the cause of and affected by each other's behaviour (Becvar & Becvar, 1996). This circular process is known as feedback, and is recognised in feedback loops being the impact of behaviour on systems and the resultant response of the systems. It refers to continuous exchange of information within the system, and between the system and the outside world. (Becvar & Becvar, 2000).

Bateson (in Guttman, 1991) described the variability and uniformity that exists in human behaviour as schismogenesis that is "differentiation in the norms of individual behaviour resulting from cumulative interaction between individuals" (p.42). Thus each component of a system or parts of the system acts in reaction to the other resulting in these forces being in constant dynamic interaction with one another. Bateson (in Guttman, 1991) categorises behaviour within the systems as either symmetrical behaviour or

complimentary behaviour. Symmetrical behaviour is seen as inputs into a system that are similar or equal and thus escalate the outcome resulting in disruption or even destruction of the system or the relationships. (I shout loud, he shouts loud). This can also be labelled as positive feedback as it allows for change (morphogenesis) to take place within the system (Guttman, 1991). When the behaviour or the inputs into the system are opposite, this is seen as a complementary behaviour which allows the system to maintain equilibrium (I am angry she withdraws). This negative feedback maintains the status quo, confirming and reinforcing the equilibrium (morphostasis) of the system (Becvar & Becvar, 1996).

Thus in contrast to the linear model, behaviour of an identified patient within a family would be seen as an attempt to maintain stability (homeostasis) of the system by one part of the system activating mechanisms to restore the balance. Thus systems are self-regulating and self-corrective. The recursive nature or circularity of systems is thus one of the core features of cybernetics. With this view of systems, the linear cause/effect approach is simply one way in which we choose to punctuate experience, that is, we choose to reflect “partial arc(s) of a larger pattern of circularity” (Becvar & Becvar, 2000, p. 66).

While simple systemic thought, as discussed above, has moved research from a perspective characterised by traditional scientific norms to one where we think holistically in terms of relationships addressing the circularity nature of phenomenon with mutual influence, feedback loops and shared responsibility, it still does not recognise the observer as part of the system where the two systems, observer and observed, interacting within a larger context (Becvar & Becvar, 2000).

“First-order cybernetics, therapists/theorists describe what is going on inside the system from a position outside the system. Thus, consistent with a modernist stance, they assess and attempt to change behavior relative to the normative standards and criteria accepted within the larger societal context. From



such a perspective, one defines problems as existing 'out there' in a real, knowable reality" (Becvar & Becvar, 2000, p. 88-89.)

Dissatisfaction with the position of the outside objective observer contributed to the development of second order cybernetics, or the cybernetics of cybernetics. The position of simple cybernetics, focusing on the interactions within and between systems, was recognised as overly controlling and mechanistic where the therapist was seen as a kind of repairman who fixed problems (Hoffman, 1995). Second-order cybernetics is concerned with the interactions within and between the observer and the observed (Moore, 1997) and thus it is consistent with postmodernism as it sees the observer as part of that which is being observed.

### **3.3 POSTMODERNISM**

Postmodernism emerged in response to modernism with the aim of undermining and challenging the modernist modes of scientific reasoning. Notions such as objective knowledge and absolute truth are replaced with subjective reality and multiverses (Becvar & Becvar, 2000; Hoffman, 1995). Lyotard considers the postmodern era to be characterised by a "disbelief in universal systems of thought" (in Kvale, 1996, p.41) and instead the postmodern view offers alternative visions of knowledge, truth and the self and sees meanings as mutable (Durrheim, 1997). In postmodernism, language is seen as the means by which people come to understand and know their world and in this process concurrently construct it (Becvar & Becvar, 2000). A number of theoretical approaches fall within postmodernism such as second order cybernetics, constructivism, social constructionism, and the narrative perspective; however, my area of focus will be second order cybernetics; that is, cybernetics of cybernetics. Although phenomenology is not placed within postmodernism (Durrheim, 1997) its emphasis on the subjective experience of the individual makes it part of the evolution towards second order cybernetics. As this study looks at the subjective and collective

experience of participants it is therefore necessary to give a brief discussion of this approach.

### **3.3.1 Phenomenology**

Phenomenology is concerned with the description and analysis of human consciousness as it is perceived and experienced, independent of theories. The development of the approach is credited to Husserl and Brentano (Abrams, 1993; Gergen, 2000; Meyer, Moore & Viljoen, 1997; Reber, 1995). Phenomenology can be seen as a response to behaviourism which involves removing the emphasis from external behaviour and making the internal processes and experiences the focal point that is the subjective experience of the individual (Durrheim, 1997). The existence of 'objective reality' is not denied but instead the area of concern is the subjective experience of the individual. While the focus in this approach is still on the individual it nevertheless grants subjectivity to the individual and moves away from studying the individual as an object (Reber, 1995). Although this approach is individualistic, Husserl's concept of intentionality acknowledges the human consciousness as always directed towards an object: "to be conscious is always to be conscious of something" (Abrams, 1993, p.225). Thus the concept of intentionality is fundamentally relational in that one's experience always requires another for the experience to have content (Gergen, 2000).

### **3.3.2 Shift to second order cybernetics**

The movement from first order cybernetics (simple systems) to second order cybernetics (cybernetics of cybernetics) entails two shifts, namely the shift of the observer from outside the system to within, and the shift in how reality is conceived. (Becvar & Becvar, 2000; Hoffman, 1995; Keeney, 1983a).

#### ***3.3.2.1 Relativity and Interdependence as apposed to absolute objectivity***

From second order cybernetic standpoint there has been a shift from the concept of objectively analysing inputs and outputs of a system; that is, an

'observed system' (Becvar & Becvar 2000), towards the inclusion of the observer into the system; that is, a shift to an 'observing system' (Becvar & Becvar, 2000; Hoffman, 1995; Keeney, 1983a). As the observer is incapable of value-free observation, descriptions of the world give preference to some interest over others, thus suppressing the unspoken (Gergen, 2000; Neuman, 1997), subjectivity is for that reason inevitable as we act on the world rather than merely reacting to it. From the stance of second order cybernetics, whatever is discerned is a function of the distinctions the observer makes, which are informed by ideals, values and beliefs; thus "whatever you see reflects your properties" (Varela & Johnson, 1976, p.30). Capra (1982) believed that even formal scientists observations and their results are intricately "conditioned by their frame of mind" (p. 87). The inclusion of the observer as part of the system being observed is an acknowledgement that all descriptions of any system are self-referential. Self-reflexivity in the researcher is therefore also vitally important. Recognition of the self as part of the system one studies is implicit in second order systems theory; the observer cannot be divorced from that which he observes. One must be aware of the influence of one's own frame of reference, one's prejudices, expectations and the consequences of one's behaviour (Keeney, 1979). Observer and observed are interdependent and influence each other dialectically in a non-causative manner; the context of the interaction is important (Becvar & Becvar, 1996) and thus the subjectivity of the researcher must be acknowledged. The shift is thus from a behavioural analysis to a recursive analysis where the focus is the internal structure with its mutual connectedness of the observer and the observed (Varela, in Becvar & Becvar, 2000).

### **3.3.2.2 *Multiverse of observer dependent realities***

First order cybernetics acknowledged that there are many different views of a system, such as a family, and recognised and validated each different view seen by a family member. Second order cybernetics, however, does not see the different descriptions as different views of the same system; instead they state that there is no single absolute objective family. Rather, for each family

member there is a different family, and each one of these views is seen as absolutely valid (Maturana, in Becvar & Becvar, 2000). As “individuals are best understood within their interrelational contexts” (Nelson, Fleuridas & Rosenthal, 1986, p114), it stands to reason, taking Maturana’s view in to consideration, that these interfamilial relationships may be experienced and perceived uniquely by each family member. Thus the concept of universe no longer applies and is replaced with a multiverse of realities that are all observer-dependent (Simon, in Becvar & Becvar, 2000).

Acceptance of different views can also be applied to the various theories; that is, theoretical relativity recognises that embracing one theory does not preclude acceptance of another theory. Rather, we recognise that each theory gives meaning to the other, which nullifies the existence of a universally ‘true’ definition of the various concepts (Becvar & Becvar, 1996). Becvar and Becvar (1996) assert that systems theory offers a ‘both/and’ approach, where complementarity is evident. Thus, we recognise that each theory is valid and useful relative to a given context. As such, descriptions of experience that involve aspects of other theories move towards a more holistic understanding.

### **3.3.2.3 Higher order feedback**

Keeney (1983b) changed the dualistic nature of this perspective created by the concepts of negative and positive feedback by referring to all feedback as negative feedback. Positive feedback, defined by Bateson as feedback which changes the system, is viewed by Keeney as just a higher order of negative feedback. Therefore symmetrical behaviour resulting in what appears to be an escalation of a system is merely a part of a greater arc in a self-correcting system. The concept of a system self destructing due to unrestrained escalation and a lack of self-correction is now viewed as a system that lacked feedback of feedback. Thus feedback from a higher system can curtail the occurrence of symmetrical behaviour and can minimise escalation in the subsystem.

All systems are arranged in a recursively hierarchical structure (Keeney, 1983b). This implies that all systems are embedded in a greater or higher system and that all systems consist of smaller subsystems. These systems are all interrelated and attempt to maintain constancy or equilibrium. The homeostasis is however never static and the process of constancy is only maintained through change (Bateson, in Keeney, 1983b). Capra (1982) reiterates this by saying, “the stability of living systems is never absolute. It will persist as long as the fluctuations remain below a critical size, but any system is always ready to transform itself, always ready to evolve” (p. 287). These systems are all interdependent as change in the function of a system can only be achieved through ‘positive’ feedback and thus through higher order feedback. But if a system is escalating as a result of a lack of higher order feedback this could also be related to the boundaries between the various systems being too rigid or too permeable (Keeney, 1983b). In these cases the feedback is inadequately structured and can result in amplification of deviations. In summary, this form of escalation in a system resulting from inadequate or uncoordinated higher order feedback can, in the recursive cybernetics perspective, be related to a part of a larger system merely attempting to self-correct (Keeney, 1983a). Haley (in Guttman, 1991) and the Palo Alto group (discussed shortly) applied the cybernetic concept of self-governance to family systems, which has resulted in this approach being embedded in family systems thinking.

### **3.3.3 Family systems approach**

Family systems theory “is a specific theory about human relationship functioning ... [where] emotionality, feelings, and subjectivity are the principal commodities” (Bowen, 1978, p. 359). As this dissertation pertains to the presentation of students’ families of origin within a family therapy training module, it is pertinent to discuss the assumptions related to family systems theory. The family systems perspective, “fits into the broad framework of general system theory” (Bowen, 1978, p. 359) but it has also been influenced by the biopsychosocial model. In addition to the assumptions underpinning the family systems theory it is important to indicate how systems operate and

how problems can develop within families. Bowen (1978) says a system is “any relationship with balancing forces and counterforces in constant operation“ (p. 358). Families are the driving motions that initiate change, but paradoxically they are also the force behind the maintenance and stability of the status quo. Family therapy is described as multifaceted and circular as apposed to linear. It does not have a hierarchy of one part over the other part therefore it is not dualistic. It views the ecology as holistic without seeing aspects as separate. It is recursive in that it links the understandings of one period to those of later periods. In addition it is evolutionary as it emphasizes a shift to greater complexity between the different periods of view. And as such it recognises that each system behaves in accordance with its own coherence (Hoffman, 1981).

Many of the family therapy principles listed below by Freeman (1993) are related to general systems theory, which has previously been discussed, and as such they will be only briefly mentioned.

1. Systems seek to maintain homeostasis.
2. Within family systems transitions can be opportunities for growth but also can represent a crises as a result of the threat to the status quo.
3. Open systems can be changed by positive feedback and negative feedback can correct deviations from the rules defined by family members in order to maintain homeostasis. Due to the interrelatedness of systems they can all be viewed as open; however, information is regulated by boundaries between the systems. With rigid boundaries the flow between the systems and higher order systems is disrupted. These systems display disengagement within themselves and between systems.
4. Change is circular rather than linear. This suggests that many family dynamics and individual responses are responses to and influences on the family system.
5. The system’s ‘health’ depends on its capability to initiate change when required. The family would seek both internal and external resources to accommodate the necessary changes. This pertains to the system’s

ability to incorporate higher order feedback in order to change (Keeney, 1983b).

6. Problems evolve within boundary areas within and between systems. This may encompass impermeable boundaries or diffusion of boundaries.
7. Problems that may be contradictory to the individual members' needs arise, as a response to the system's need for survival. For example, a parental child may create the solution required for the system as a whole to maintain the homeostasis.
8. Symptoms displayed by the system are not the underlying problem or cause that needs to be addressed, instead the symptoms normally serve a function for the system as a whole.
9. Marital system boundaries may become too permeable, resulting in generational boundaries being crossed in order to maintain stability within the system. This can result in triangulation, where the marital couple focus on a child as a distraction from the problem between them.
10. This form of triangulation can develop into a distraction for the entire system. When this occurs the system under threat triangulates the issue, such as financial worries, in order to stabilize itself. Thus the issue becomes the focal point and the potentially destabilising problems within the system are hidden.
11. A lack of differentiation occurs in families that display a hypersensitivity to emotions, are too rigid and have a low threshold for emotional closeness, resulting in high levels of anxiety. This lack of differentiation can result in merging efforts to maintain homeostasis, which in turn can be transgenerational with the same dysfunctional patterns, lack of differentiation and unresolved issues repeating themselves.

The family system perspective takes into cognisance numerous factors in its attempt to understand systems. According to Ho (1993) these factors include family structures, communication, life-cycle changes, trans-generational and inter-generational issues and economical, societal and cultural changes. The

inclusion of these various aspects allows for a more holistic explanation. Freeman (1993) believes that “family system theories are also called *bridging theories* because they highlight the connections among the life domains of the individual (e.g. the biological, social and psychological) and connections among the individual, the family, and the larger environment” (p.2).

A brief discussion of the MRI model (Palo Alto group) follows as the institute played a fundamental role in applying the theory of cybernetics to family systems. This model is also discussed in brief as their approach to problem formation becomes relevant to this study in the results chapter.

### **3.3.4 M R I approach to family therapy**

The Mental Research Institute group in Palo Alto was responsible for building on the cybernetic model and applying it to family systems. The group focused on *how* problems arose instead of *why* they occurred (Hoffman, 1981). Don Jackson from the Palo Alto group highlighted the role of the homeostatic quality of symptomatic behaviours. Jay Haley, one of the pioneers of family therapy, focused on the reciprocal communication patterns in families in an attempt to control and influence the system (Haley, 1963). The principles listed in section 3.3.3 above are indicative of the contributions to family system thinking made by this institute (Hoffman, 1981). The Palo Alto group during the late fifties and early sixties, along with Gregory Bateson, did not see deviations (which included all forms of irrational behaviours and symptoms), as negative, but instead as highly beneficial and important for the family (Hoffman, 1981). It was essential for the Palo Alto group to see all behaviour as positive in order to maintain circular causality. As Selvini Palazzoli states (in Hoffman, 1981),

“access to the systemic model was possible only if we were to make a positive connotation of *both* the symptom of the identified patient and the symptomatic behaviors of the others, saying, for example, that all the observable behaviors of the group as a



whole appeared to be inspired by the common goal of preserving the cohesion of the family group” (p. 290).

Thus the symptom bearers’ behaviour plays a crucial role in balancing the relationships of all the family members (Jackson, 1957). Problem formation is a fundamental aspect of this approach. In the MRI model the focal point is the presenting problem or complaint. Their focus is the *here and now* and no attempt is made to search for an ‘underlying cause’ (Segal, 1991). In this model problem behaviour is inextricably connected to problem-solving behaviour. That is: often an inappropriate solution is used to solve a problem resulting in the solution becoming the problem. As the problem persists, the individual continually mishandles the problem by applying more and more of the same solution resulting in a vicious circle where the resultant problem is exacerbated (Segal, 1991).

There are three ways in which the solution can become the problem. The first is exemplified when the problem is denied and no solution is applied to the situation. The second is when a solution is applied when it should not be; that is, when an action is taken regarding a problem that is unchangeable or non-existent. The final way in which the solution can become the problem is when an error in logical typing is made and a game without end is launched meaning that when no solution or the wrong solution repeatedly implemented the problems tend to escalate (Segal, 1991).

### **3.4 THE POINT OF DEPARTURE**

In summary this dissertation is embedded in the systems perspective, and more specifically in a broad systems approach. In terms of a broad systems perspective the aim of this research is to provide a description of part of a whole as the epistemology holds the position that the researcher will never grasp the whole (Keeney, 1983a). The interactions within and between the observer and the observed are the area of focus (Moore, 1997). The description and results of this study pertain to a certain context and

epistemology and are not meant to be generalized (Hanson, 1995). The influence that the researcher exerts on the system is most noticeable in the way distinctions are drawn and experience is organised. The researcher punctuates the interactional patterns of the study and in so doing determines which aspects of the system are looked at and thus which realities will emerge (Moore, 1997). It is the researcher's ethical responsibility to acknowledge the limitations of the distinctions she makes and take cognisance of the fact that he or she is only punctuating "partial arc(s) of a larger [system]" (Becvar & Becvar, 2000, p. 66). The experience being observed is situated within a larger context (macro-system), from which it cannot be separated, which needs to be acknowledged in the description (Hanson, 1995). In summary the broad systemic approach does not attempt to provide one 'truth' but instead one of the many truths in the exploration of different realities as complex human interaction cannot "be reduced and trivialized to a few simple, procedural postulates" (Cecchin, 1987, p. 406). That is any research can only probe aspects of reality; it can never prove anything as "truth in this sense is not obtainable" (Bateson, 1979, p.34). The study is thus a description of a co-created reality punctuated by researcher and participants collectively.

### **3.5 CONCLUSION**

This chapter briefly tracked the development from modernism to postmodernism. It reviewed the worldviews of modernism by briefly highlighting the epistemological assumptions underpinning positivism and simple systems theory. Postmodernism was then discussed, with specific focus on second order cybernetics where the nature of reality, the self, knowledge, truth and objectivity have been discussed. The family systems approach and the Palo Alto Mental Research institute were necessary to discuss as this dissertation is grounded within a family therapy module. These approaches have been discussed in brief as a full discussion of these models is beyond the scope of this study. But they have been incorporated as they allow for the inclusion of a number of relevant factors, thereby providing the opportunity for greater understanding of the various aspects of

the experience being explored. Finally the manner in which problems develop within families is highlighted as well as problem-solving behaviour where the solution becomes the problem.

## *Chapter Four*

# METHODOLOGY

*Not everything that can be counted counts, and  
not everything that counts can be counted.*

*Albert Einstein 1879-  
1955*

## **4.1 INTRODUCTION**

This chapter is a detailed description of the research process used in order to acquire information for this study. It presents information regarding the motivation for selecting a qualitative research method and the implications thereof. The chapter discusses the choice of the broad systemic framework, and how this epistemology informs the methodology. The option of integrating and incorporating other theoretical approaches in order to gain a greater understanding is also highlighted. In addition, the various stages of the process of enquiry are detailed as well as the motivation for the use of semi-structured interviews. I have also elaborated on the process of selecting participants, and on my role in the study. Finally I have discussed the phases of the data analysis whilst adhering to Kvale's (1996) seven step guidelines for thematic analysis.

## **4.2 RESEARCH METHOD**

### **4.2.1 The choice of qualitative research design**

The choice of qualitative research design was informed by the selection of the research topic. The purpose of this study was to explore the subjective and collective experience of clinical psychology masters students who had participated in the experiential genogram and family sculpting module, and as

such a decision to use qualitative research was apt for studying the lived realities of people within their context. My motivation for selecting this approach was also my belief, as stated succinctly by Kvale (1996), that “knowledge is neither inside a person nor outside the world, but exists in the relationship between person and world” (p. 44). The qualitative research design allows an interaction between what is being studied and how it will be studied; that is, it allows the information gained from the study to guide the research process and therefore represents a description of the ‘lived experience’ of the module.

As a researcher and a participant I was fully involved and therefore a position of neutrality would have been unattainable. As Rubin and Rubin (1995) suggest, this task of maintaining a neutral position is impossible for the interviewer, and probably not a goal in qualitative research, the concept being more positivistic in nature than postmodern. The observer is clearly stated as part of the system and thus the epistemology that guides this study falls within a postmodern frame and as such, my choice of the broad systemic paradigm influences the way in which I view the social world at this time. In this research I have moved away from the modernist orientation by attempting to avoid any language or terms that may indicate an objective truth and instead I have used terminology tentatively. As Capra (1982) states “all concepts and theories we use to describe nature are limited” (p.48). The “scientific theories can never provide [as they profess] a complete and definitive description of reality” (Capra, 1982, p.48). Thus the theoretical framework of this study challenges and undermines the modernist views of absolute knowledge and truth (Hoffman, 1995) as it incorporates the subjective nature of reality and views our worlds as multiverses that we co-create and reconstruct through observation (Durrheim, 1997).

#### **4.2.2 Broad systemic epistemology**

Second order systems perspective explores the inter-relationships between various systems. Thus focus is shifted from the individual to the interconnected system as a whole as it is in this forum that meanings are

created (Becvar & Becvar, 1996). This study aims at providing a partial description as comprehension or description of the whole can never be attained. This description pertains to a certain context at a specific time relative to a certain epistemology, and is not meant to be generalized across other contexts (Hanson, 1995). The fact that second order systems theory places an emphasis on the importance of context in order to gain an understanding of an experience suits this study, as the experience of genograms and family sculpting is also contextually bound. This module is embedded within a clinical psychology training programme and thus many contexts play a role in the experience, such as the university, the training group, the family of origin and also the wider context of therapy with clients.

The implications for selecting a broad systemic approach for this study are embedded in the underlying assumptions of the epistemology. Systems theory does not seek a universally held reality or truth (Becvar & Becvar, 1996). Rather perception is "limited in its ability to collect the outward and visible signs of whatever may be truth" (Bateson, 1979, p. 37). Thus theories regarding reality can at best only postulate about reality it can never predict as these opinions are not reality itself; "science never proves anything" (Bateson, 1979, p. 34). Reality is seen as an almost indefinable phenomenon: thus "the map is not the territory" (Korzybski, in Bateson, 1979, p. 37); our conception of reality is not reality in itself. "In all thought or perception or communication about perception, there is a transformation, a coding between the report and the thing reported" (Bateson, 1979, p.37). This study also translates the experience of the participants by classifying and assigning it into themes but it should be remembered that the description of the experience is not the actual experience of the participants that is "the name is not the thing named" (Bateson, 1979, p. 37). Within the broad systemic perspective the observer is seen as part of the system. This notion holds true for this study: I am, as researcher, concurrently participant and observer. Being part of the system is also compounded by the fact that I was a participant of the module and thus my views and feelings are inextricably connected with the study. As acknowledged by Bateson (1979), "there is no objective experience, all experience is subjective" (p.38). As Cecchin (1987) states: "one's behavior is

always in relation to the behavior of others” (p.405). Thus in any study the observer and observed are interdependent and influence each other dialectically in a non-causative manner. Equally indivisible and interdependent are the therapist and the system in the therapeutic context: they influence and are influenced by each other mutually and reciprocally (Becvar & Becvar, 1996). In addition theoretical relativity recognises that embracing one theory does not preclude acceptance of other theories (Becvar & Becvar, 1996). During this study aspects of the trainees experience may be explored by referring to ‘other theories’ (such as the narrative approach) in order to gain a broader understanding. The systems perspective is inclusive and thus does not seek to dismiss these theories, as this may entail the loss of valuable ways of relating to and understanding humanity (Becvar & Becvar, 1996).

The systemic perspective is concerned with cybernetics, which describes the underlying principles of processing, control and regulation of information. “Cybernetics, however, is principally concerned with changing our conceptual lens from [descriptions of] material to [that of descriptions of] pattern” and organization (Keeney, 1983a, p. 95). This study is concerned with second-order cybernetics, which includes the interactions within and between the observer and the observed (Moore, 1997).

In cybernetics of cybernetics “information becomes constructive rather than representational or instructive“ (Keeney 1983a, p.99). The researcher and the context within which he or she works have an influence on the phenomenon in question, which is created merely by the act of observing, and in so doing a new system is created. The researcher draws distinctions and organises experience through the use of punctuation (Moore, 1997); this will influence which part of the system becomes the focus of attention, and thus which realities will emerge. This influence needs to be acknowledged as well as the influence of the larger context within which the observed system resides (Hanson, 1995).

Systems theory also accommodates the use of taped interviews as a data gathering technique, as the semi-structured interview reflects a process of

mutual and reciprocal influence between the interviewer and interviewee: the interview is allowed to evolve in uncharted directions. What we 'know' and 'understand' constitutes that which was formed in daily life through interaction with the environment or context within which we find ourselves (Becvar & Becvar, 1996). Interactions cannot be divorced from the contexts in which they occur. These contexts include that of the training group and the families from which the trainees originate, as well as the context of the interview itself.

### **4.3 AIMS OF RESEARCH**

The aim of this study is to explore the 2002 clinical psychology masters students' experience of the genogram and family sculpting module. In order to ascertain the experience of the students the following process shall occur.

### **4.4 PROCESS OF ENQUIRY**

"All forms of representation of experiences are limited portraits ... Meaning is ambiguous because it arises out of a process of interaction between people: self, teller, listener and recorder, analyst and reader. Although the whole goal may be to tell the whole truth, our [perceptions] about others' [experiences] are our worldly creations" (Reissman, 1993, p.15).

In this section a description of the research process will be presented. The description will include the selection of participants, the process of gathering data using semi-structured interviews and an explanation of the method of the data analysis process. In order to describe the methodology it is necessary to explain my role in the process.

#### **4.4.1 The Role of the Researcher**

As a participant in the experiential family therapy module, I found the experience profound, both as a presenter and in the position of observer,



which entailed an element of vicarious learning and growth in terms of a better understanding of family systems and my own role in mine. Lawson's (1988) study concurs with this experience, as her study on college students where family choreography, an expansion of family sculpting, was used, found that not only had students gained from the sculpting of their own families but had also gained insight "vicariously from the struggles and working-through process of [fellow students]" (p.247). The impact of this module was far reaching for me as it influenced many aspects of my family relations, my friendships and my experience of the training course. My role as a therapist was also influenced as the course provided a greater understanding and deeper insights into other roles individuals played in families and my family role which I carried and at times acted out in therapy with clients. My awareness, that aspects of the genogram and family sculpting module were being processed during the internship year that followed the training, also made me curious. My thoughts were: Are there residual effects? Does the experience have to be processed, before it can be looked at and worked with? Why does it linger, was it too traumatic? Was it just uncontained – like Pandora's box opened and then left raw without any tools or resources to address the 'new' data? Or, does this course open up patterns and life styles that require years of exploring and questioning in order to reveal a greater understanding and insight into who we are, what makes us tick and some reasons why we behave and respond the way we do? I was intrigued by the effect on my colleagues and myself and curious to understand more about the experience of experiential family module. My role in this study is thus a shared role of participant and observer.

#### **4.4.2 Participants of the study**

Holstein and Gubrium (1995) see participants, in postmodern research, as capable of the production of "representative horizons of meaning" (p.74) as opposed to being selected as a valid and reliable representation of a sector of the population. Thus research done within a broad systemic paradigm has a different shift of focus, where the 'self' is seen as a multiplicity of forms of human relatedness within systems as opposed to a single entity, and thus

multiple forms of representation allow meaning to take shape in different ways (Barone & Eisner, 1997).

The requirements for participation in this study were based on an involvement in a training experience. As all the students were clinical psychology masters students there was obviously some form of homogeneity. I required participants that had experienced a clinical psychology masters family therapy experiential module through the medium of class presentations of their own genogram and thereafter family sculpting. It was also important that the participants had completed an internship year so I could ascertain the residual effect, if any, of this module. The experiential form of teaching the family therapy module has an entire semester dedicated to it, and as far as I am aware, seems only to be offered in one university in Gauteng, namely the University of Pretoria. The participants consisted of a full group of clinical psychology masters students who had experienced the practical genogram and family sculpting training module of family therapy during 2002 at the University of Pretoria, South Africa, and had just completed their one-year practical internship.

All members of the 2002 clinical psychology masters training class were willing to participate in the research. This will allow for the different experiences to be explored and provide a greater spectrum of the experience for that particular group for that year by including all the members of the group.

#### **4.4.3 Interviews with Participants: Data collection process**

“Every interview, notwithstanding its information-gathering aim, is also an interpersonal drama with a developing plot”

(Pool, in Holstein & Gubrium, 1995, p.14).

The theoretical framework I have selected provides guidelines and a framework for the interview process. The data collection technique that was used in this research was that of qualitative interviews. The semi-structured

interview format was selected as it provides a medium to understand participant's perceptions, descriptions of experience and beliefs regarding a specific topic (Smith, 1996). According to Smith (1996) semi-structured interviews are regarded as more flexible than the traditional structured interview, providing the interviewer with the opportunity to gain a more complete picture and to explore interesting facets of relevant phenomena as they emerge. By definition qualitative interviews require a depth of understanding in order to ascertain the value and 'truth' of the interpersonal experience and in so doing the value-free neutrality will be lost (Rubin & Rubin, 1995). Where does this leave us with regard to the value of the material or data obtained? Holstein and Gubrium (1995) believe that the data obtained, via semi-structured interviews, is neither a static-free line with neutral information nor a distorted one; instead it is an evolving site of knowledge itself. Kvale (1996) identifies the interviewing process as one in which both participant and interviewer have a reciprocal influence on each other or, as stated by Bruner (1990), the material developed is a "joint product of the teller and the told" (p.124).

The guiding parameters for the semi-structured interviews used in this research were drawn from the work of a number of people. The nine interviews conformed to the characteristics of qualitative research interview as described by Neuman (1997):

- There are no boundaries preset with regards to the beginning or end of the interview.
- The interviewer will adjust both the questions and the order thereof according to the uniqueness of the participant and his/her experience.
- The interview will encourage elaboration of the responses and will show a keen interest.
- The nature of the interviews could appear like a reciprocal social conversation although it will be guided slightly by the interviewer.
- The content will include light conversation, jokes, stories and diversions all of which is recorded and transcribed.

- Open-ended questions are used and queries / exploration of answers is frequent.
- The pace and the direction of the interview is jointly controlled by both interviewer and participant.
- The interview takes place in a social context which will be noted when interpreting the meaning of the responses.
- As in all therapeutic practices the interview will match the client/participants language usage and adjust to his/her norms.

Interview schedules, say Kvale (1996) and Smith (1996), should not be focussed on specific standardised questions, but instead on themes and in doing so it allows for openness and the unexpected. Thus certain questions were introduced during the course of the interview, when necessary, in order to gain a more comprehensive account of the experience and to introduce various broad themes related to the topic. However, my experience was, as Struwig and Stead (2001) state, “the participant plays an important role in determining what aspects of the topic will be covered” (p.99). In order to provide greater control to the participants the interview comprised of no more than seven themes as recommended by Reissman (1993). The themes were as follows:

- The residual effect of the module
- The influence it may have on the individuals as active therapist.
- Expectation vs. outcome
- The effect of identification of family patterns including their own role
- Impact on relationships within all different settings including the group,
- Differences between the genogram and family sculpting experience,
- Vicarious gains during fellow student genogram presentations

The introduction of themes did not follow any specific order but instead they were tailored to the participants' recount of their experience. According to Struwig and Stead (2001) the “questions generated by the interviewer should be in response to statements made by the participants” (p.99) and thus some

ad hoc questions, driven by the interviewers' responses, were asked in order to clarify and explore meanings more fully and to look at the possibility of new themes. Rubin and Rubin (1995) believe that any questions or inputs from the interviewer need to be sensitive, empathetic, sincere and when appropriate, humorous. These aspects are necessary qualities of the researcher in qualitative interviewing as they encourage openness and sincerity from the participants and grant respect for the account of the participant's experience.

The interviews took place over a three month period. Each interview had an initial informative phase which consisted of conversations around the topic in order to re-establish the rapport between the participants and myself. The aim of this phase was to ensure that the participant's were fairly comfortable and were aware of the research topic aims as well as their rights in the research. The process of anonymity was explained knowing that their year of study and the institution where they studied would be revealed. This stage was followed by the semi-structured interview which lasted between one and two hours. Four participants, who were also colleagues, then took part in a follow up focus group. This last phase comprised of conversations with a view to providing a space for reflection upon the data, the process and the experience. In this focus group the original transcripts and the preliminary analyses of emerging themes were discussed and at a later stage the group participated in the reduction of broad categories (explained in paragraph 4.4.5 Data Analysis).

#### **4.4.4 Recording and transcribing the experiences**

The interviews were recorded on audiotapes and transcribed by the researcher shortly thereafter, as the interviews were still fresh in my mind. All participants gave permission for their interviews to be taped. Once the audio recordings were typed, I then checked the transcripts against the recording and made the necessary corrections or put in the silent speech (pauses etc).

In Kvale's (1996) discussion of transcripts, he points out that transcripts are an artificial creation of a different medium of communication. "Transcripts are decontextualised conversations, they are abstractions, as topographical maps are abstractions from the original landscape from which they are derived" (Kvale, 1996, p. 165). There are complications in the process of transcribing interviews, as it is not always clear to see where a sentence may end and another begin, and to transcribe the many uses of pauses and emotions heard. Conversations have a different rule system from written language and as such, information is lost when translating from oral to written format. Kvale (1996) thus sees transcripts as interpretive constructions of reality as opposed to copies or representations thereof. The technical aspects of transcribing, such as indicating emotional reactions, pauses, or broken conversations, are stumbling blocks, but the greatest difficulty faced in transcribing is the inherent difference between oral and written modes of communication.

As transcripts are a representation of the original interviews they are no longer the original data and thus information is lost in the conversion from oral to written. In addition, it is important to keep in mind that the transcripts are not the focal point or topic of the study but just a tool by which the interviews were interpreted. This would also apply to the creation of categories. An awareness of the interpretive constructions of the transcripts may play a role in preventing the possible reification of analysis of the text (Kvale, 1996).

#### **4.4.5 Data Analysis**

The information from the interviews will be collated to ascertain central themes of experiences of the participants which will then be discussed. Thus this research has used mainly content analysis. As Reissman (1993) states representation in research is multi-layered, involving five aspects, namely selective attention, conversation, transcribing, analyses and reading the typed document. Kvale (1996) believed that in qualitative research, the process of analysis and interpretation begins at the start of the research process as opposed to the formal analysis stage. This would mean that analysis and interpretation are multileveled and would have already occurred during the

literature survey period, during the interviews and transcribing process. The formal thematic analysis used in this study adheres to Kvale's (1996) seven step guidelines. These steps are not mutually exclusive and thus overlapping may occur and the specific order used may vary.

#### Step 1: Orientation to the Interview Protocols

Each interview was first listened to then transcribed shortly after being taped. There was a period of time between the interviews, which created the opportunity for the material to be processed and enabled a broader view of the transcribed experiences to emerge. The transcripts were then re-read several times to keep the information current and to enable the researcher to become more familiar with the material and information it contained by becoming immersed in it (Kvale, 1996).

#### Step 2: Identification of meaning Units

During the process of interviewing key phrases, individual words, or a number of sentences began to emerge as meaning units. These meaning units are dynamic and develop during the interaction between the observer and reality and their meaning will continue to develop as they are not absolutes set in stone (Krippendorf, 1980). This stage of meaning unit identification represents one of the levels of analysis and reflection.

#### Step 3: Developing Experiential Categories or Themes

As Lieblich, Tuval-Mashiach and Zilber (1998) stated, it is not an easy task to find the balance between too many themes and a few broad categories. My concern was that I wanted the rich variation available from many themes without diluting the analysis and making it cumbersome. In addition, few categories may allow for clarity in the research discussion but the drawback is that information is lost and the resultant reduction does not do justice to the complexity of life experiences. Lieblich et al. (1998) state that a criterion of parsimony is important in qualitative research, which is the ability to use a

small number of concepts in the analysis, as well as presenting the work in an elegant, or aesthetically appealing manner. I attempted to take the many experiential themes that were common to most transcripts and, at a later stage, integrate them to form a set of broader categories encompassing the varied experiences. This method is somewhat middle course in that I have used a larger number of broad categories and attempted to represent most of the themes that fell within the category. My aim is to obtain greater clarity whilst minimising the loss of wealth of raw information recounted in the interviews. Thus the uniqueness of the individual transcripts are diluted by reporting on the shared experiences but the emerging themes form a comprehensive picture of their collective experience (Aronson, 1994).

Thus the meaning units were first grouped into categories according to similarities and differences. As Aronson (1994) guides, I identified and collated “all of the talk that fit[ted] under the specific pattern” (p.2) but in order to place a meaning unit within a category I needed to define each category or theme. These themes were later combined into broader categories.

#### Step 4: Establishing Stability

This stage is referred to, in quantitative research, as reliability. Kvale (1996) sees the aim of this stage as establishing the stability of the themes. This is achieved by repeating the grouping process after a period of time has elapsed. The transcripts were re-read and the meaning units were regrouped into categories until saturation point was achieved and no new themes emerged. Thereafter the transcripts were presented to a group of four participants/colleagues who identified meaning units and grouped them into categories. The resultant themes or categories that surfaced, after repeated immersion with the material, formed a comprehensive account of the collective meaning and experience of the participants (Aronson, 1994). In collaboration with participants/colleagues, once again, the themes were revised. This resulted in the number of broad categories being reduced by merging themes that were similar and creating new categories to engulf a number of themes. The relationship between the various categories was



discussed, which in terms of the broad systemic approach shows the interactive links between various parts and plays a role in creating a more holistic view of the findings.

#### Step 5: Establishing Credibility

In quantitative research, credibility is referred to as internal validity. Essentially it relates to how effectively research studies what it initially intended to study. In qualitative language credibility is seen as the correlation between the manner in which the participants discuss and identify issues and the way that is portrayed in the study (Mertens & McLaughlin, in Muir, 2000). Credibility is enhanced by the active participation of participants at various stages of the study and analysis (Kvale, 1996). According to Moon and Trepper (1996) the isolation of clinicians working alone may result in less than accurate or useful results, and thus presentation of the interviews, together with the initial impressions, to colleagues could validate and help refine the findings. They add that at times the best interpreter of the results are the clients themselves as they can expand, clarify, or even reject aspects of the interpretations. The participants were involved in the clarification of meanings attached to their statements during the interview process which meant that many of "the questions generated by the interviewer [were] in response to statements made by the participant" (Struwig & Stead, 2001, p.99). In addition, participants were also involved in giving feedback on patterns that the interviewer saw emerging during the interview (Aronson, 1994). Once the nine interviews were transcribed a focus group of four participants, being fellow colleagues, were asked to give feedback on their impressions of the themes emerging with the view of enhancing credibility.

Credibility is a different form of quality control from internal validity. It does not seek to provide an objective measurable truth of statements: the goal instead would be the understanding of the statements by people, namely the participants, interviewer, focus group and the reader (Stiles, 1993). Reflexivity is also maintained by the interviewer acknowledging his or her personal involvement, preconceptions and orientation and being aware of the

active role it plays in the interpretations but also attempting to establish new competing conclusions when analysing the data (Malterud, 2001).

#### Step 6: Developing Descriptions within the Categories

After the initial process of identifying and collating the myriad of categories of experience, the formal stage of developing the descriptions within the categories commenced. According to Leininger (1985) the “coherence of ideas rests with the analyst who has rigorously studied how different ideas or components fit together in a meaningful way when linked together” (p.60). This stage however included going back to the original transcripts to ensure that what was being described was representative of the individual and collective experience in the interviews. After collaboration with four colleagues the broad categories were further reduced to five categories. Within each category the number of meaning units and sub-themes were looked at individually and in conjunction with the broader category, resulting in a comprehensive description of each category.

#### Step 7: Discussion of Results

Results will be discussed in two separate chapters. A clear discussion of the results of the study is given in Chapter 5 with limited theory attached in order to keep the reported experience as ‘pure’ as possible. Thereafter, in Chapter 6, an integrated discussion of the findings attached to relevant theory will be presented. According to Kelle: “qualitative data analysis is a series of alternating inductive and deductive steps, whereby data-driven inductive hypothesis generation is followed by deductive hypothesis examination, for the purpose of verification” (in Punch, 1998, p. 201). Thus the process of integrating the literature and theory with the findings of this study aids in building a valid argument in order to present research that stands with merit.

## **4.5 CONFIDENTIALITY AND ETHICS**

Transcripts of the interviews were not attached to this dissertation as an appendix. This decision was made in order to ensure confidentiality and as a result of their extensive length of the transcripts. However, using aspects from the interviews is perceived as less exposing and a helpful tool to illustrate the themes discussed whilst simultaneously ensuring the study is representative of what the participants had said. Changing all names to pseudonyms further ensured anonymity.

In research the aspect of ethics is generally related to the consequences or effect of the research. This involves many aspects such as obtaining informed consent, ensuring anonymity and the effect of the researcher's participation in the research (Kvale, 1996). In this study, participation was voluntary and participants had the option to withdraw from the study at any time without negative consequences, at which point all data pertaining to that participant would have been destroyed. However, all the students consented to participate and were enthusiastic and very eager to express an in depth account of their experience of the genogram and family sculpting module.

The consequences or effect of the study is an area of focus as it relates to the consequences for society at large but also for the individual and small sub-systems. It raises questions: will the research enhance knowledge around the topic and, what impact will the study have on the participants? The participants in the study were not exposed to any significant risks or discomfort and although no financial gains were offered, benefits from participating in the study may have included greater insight into their experience of the module. At the conclusion of each interview, I had conversations around the topic of the effect of the interview and jointly the participants and I explored the various emotions that the topic elicited, in an attempt to create mutually some closure and a degree of containment if required.

According to Kvale (1996) the role of the researcher entails a number of ethical responsibilities such as ensuring that the study is necessary and

justifies scientific investigation and that the resultant information will be worthy knowledge produced in a controlled and verifiable manner. In addition, he notes that the roles of the researcher could become exploitive and a lack of professional distance can take place if the researcher identifies too closely with participants. In my view however, the fact that I was one of the students who participated in the module allowed for a greater understanding and openness, resulting in the participants experiencing the enquiry process as respectful. Prior to this study taking place, I was exposed to the diverse effects that the module had on the various individuals in the group, which I believe contributed to my sensitivity to the recount of the participants' varied experience of the module.

#### **4.6 CONCLUSION**

This chapter presents a detailed description of the process of enquiry chosen for this study. It clarifies the justification for the research method and the theoretical perspective within which it is based. In addition a detailed explanation of the process of analysis is provided. The following chapter deals with the results of the study. It introduces the shared experiences of the participants collated into various themes and where appropriate, diverse experiences are also highlighted.

## *Chapter Five*

# **RESULTS OF THE STUDY**

*In the weaving of stories we sort through the strands and decide which ones to hold on to, which*

*ones to tie and knot and which ones to let go. All the threads that pass through our tapestry add to its depth, colour, life, vibrancy and strength. They speak to us and others of who we are.*

*Glenda Dixon 2000*

## **5.1 INTRODUCTION**

This chapter presents the results of the study. The results are discussed under five themes with very little theory integrated into the findings at this stage, as my motivation is to retain the experiences as close as possible to the raw data. To keep the study real I have included many direct quotations in order to give the participants their own voices. However, due to the nature of qualitative analysis, some interpretation by the researcher was unavoidable. The experiences that are reported have been narrated and thus are subject to my own lenses and belief systems as well as that of the research process and as Keeney (1983a) says, “any description says as much or more about the observer as it says about the subject of the description” (p. 81). This chapter introduces the participants and recounts their experience of the family therapy genogram and family sculpting module. It describes the themes relating to their subjective and collective experiences and includes discussions of some therapeutic effects of this module.

## **5.2 PARTICIPANTS OF THE STUDY**

We as human beings exist within context and as Lynch (1997) states humans are the sum of their relationships within these contexts. Through interaction with the environment within which we find ourselves we attach meaning. These beliefs guide our perception, our behaviour and our reaction to the world around us (Durheim, 1997). Any interaction and reaction to the world

around us further develops our belief system, creating a circular process. I believe then that a journey of self-discovery would entail an exploration of these contexts from which beliefs are generated, starting with our family of origin. The participants in this study belonged to various contexts: the training group, their families of origin, partnerships or marriages, social groups, the psychological community, various university communities, members of communities living in South Africa and so on. Within these various contexts, our realities are formed based on the interactions that take place and the meanings we attribute to them. Our narrations of these interactions become the scripts of our 'lived experience', which we continuously negotiate (Epston & White, 1990).

The participants were nine students ranging in age from 22 to 38, of which four were male and five were female. All nine interviews were used for this study. The interviews took place at the University of Pretoria or the institution at which the internship took place. The individuals have all been given pseudonyms to ensure confidentiality. They are Anell, Halley, Hendrik, Jono, Kate, Marc, Olivia, Portia and Seth. Anell is newly married. She comes from a family of five where her parents are still married. Halley has a younger sister, her mother is a single parent and her nine year intimate relationship ended during her internship year. Hendrik has a younger sister, his parents are married and he reports a difficult relationship with his father. He has been in various short-term relationships. Jono, comes from a divorced family has very little interaction with his father; he has a younger sister and is currently in a long distance relationship with his partner overseas. Kate has four brothers, her parents got divorced when she was five, she is married and has two children. Marc is the youngest of three boys, his parents are married and he is currently engaged. Olivia has a younger sister and although her parents are married, she reports marital discord; during the internship her four-year-old relationship with her boyfriend ended. Portia has an older brother and her parents are still married. Seth has a younger brother and sister, his parents are married and he moved out of his parents' home during the genogram presentation. They have all found that the process of becoming a clinical

psychologist has had a profound impact on their relationships with their families and partners.

All of the participants had completed their academic year of their masters degree and their one-year practical internship at various psychiatric hospitals. The institutions, where the internships took place, were required by the university to provide weekly supervision for the intern psychologists. In addition five of the nine participants had elected to have weekly psychotherapy sessions outside their respective institutions during the second half of the internship year. As a result of being a student in a clinical psychology masters course and having participated in a family therapy module it is not surprising that the participants demonstrated a great deal of insight into their own emotional processes and their roles in their family, and were aware that it was an ongoing process of discovery. This has the advantage of providing more detailed information for the study. It also provided more complexity as often statements made by participants included descriptions of opposing/contradictory feelings that they were holding simultaneously.

### **5.3 MY REFLECTIONS**

This chapter represents an attempt to find languagable results of the experience involved, although I acknowledge that the term “results” implies a causal nature. This is not in fact the case: I am punctuating a partial arc here; as trainees have acknowledged, there were many more factors at play, and influences are dialectical in nature. However, for the purposes of simplicity, I have chosen to state the trainees experience of this module knowing innately that the entire masters programme has a multidimensional influence and that it is difficult to define clearly the implications of this module for the trainees involved. My initial impression, after reading all the transcripts, was that the family therapy module was experienced as a whole but participants also segregated the experience into distinct phases or stages. Even though the participants and author refer to these phases, they cannot be seen as



mutually exclusive as they are interlinked in a dendritic manner and appear to have an accumulative effect. As one participant mentioned “I found the actual genogram presentation the most traumatic although it is difficult to ascertain which parts had which effect as they seemed to blur into each other ...”

The family therapy module takes place within a clinical psychology masters programme. For academic reasons the module can be divided into phases which link to the chronological order that the participants experienced. Students were informed by lecturers that they would be presenting a genogram and thereafter participating in a family sculpture. This started a process for each student of collecting information from the family and choosing and collating photographs. The genogram was then drawn. The student then presented the genogram and physically sculpted his or her family of origin. Feedback and containment from the group and lecturers occurred during and after the presentations. Letters were written by some students and lecturers after each presentation and handed to the student after the experience. Each student presented their family of origin and participated as a group member during their colleagues' and lecturers' presentations. After the experiential module was complete a theoretical family therapy module took place, which included role-plays of fictitious families. Residual effects regarding the family of origin module appear to have been processed by participants during the internship year and thereafter.

#### **5.4 THEMES FROM THE INTERVIEWS**

I feel somewhat hesitant to jump in and start discussing common themes. My fear is that the uniqueness of each participant's story may be lost in a general discussion of common themes. Whilst reading the qualitative research pertaining to this study I recall thinking in many cases that the categorization required in qualitative research seems to obscure the 'lived experience' of participants. I am aware that my need to preserve the individuality of participants could be seen as contradictory to the postmodern perspective on the self, where the self is seen as a multiplicity of forms of human

interconnectedness (Gergen & Kaye, 1999; McNamee & Gergen, 1999). But I am presenting only part of a picture. I am not including the voices of lecturers, clients, parents, siblings, intimate partners and friends which might have been a further step in understanding participants' multiple selves and their selves as relational beings. Thus in an attempt to convey the 'lived experience' of the participants the chapter includes a large number of quotations from the interviews.

After collaboration with four colleagues, where discussion revolved around how best to fit the different components together in a meaningful way, the themes extracted from the transcripts were collated into ten main categories. These categories or broad themes were then grouped into five overarching themes, which correlated with the systems within which they occur. The five themes are:

- An ongoing journey towards 'The Self'
- Being a member of a family
- The academic family: Belonging to a process group
- A clinical psychology masters student in a university family therapy module
- Being a therapist in other peoples' families

During the transcribing and discussion phases of this study numerous themes were recognized. Each one of the themes fell into one or more of the five categories above. These five overarching themes, however, can be seen as pertinent to distinct systems, namely the self; the family of origin; the training/process group; the university; and the occupational/professional environment.

Bateson (1979) regarded the world as primarily systems of pattern and information. In systems relationship patterns are the focus of attention; they are seen in terms of circular systems of interrelations. These systems are dialectical in nature as every system and part of a system interacts and

influences reciprocally every other part in a myriad of ways. The Milan school believed that it was beneficial to focus on the recursiveness in the interaction of systems and their holistic patterns (Selvini Palazzoli, Boscolo, Cecchin, Prata, 1978).

The five broad themes mentioned above will be discussed in terms of the subjective and collective experiences of the participants within each of these categories. It is important for the reader to note that several of the relevant experiences may be pertinent to more than one cluster/theme and as such some repetition is unavoidable. For example the sub-theme of isolation is discussed in at least two sections; that is, isolation from the self and from the family. It is, however, important to note that in each cluster/theme the manifestations of participants' experiences differ marginally. The division of themes into these categories and subcategories is somewhat arbitrary, as they are all interconnected rather than mutually exclusive.

#### **5.4.1 AN ONGOING JOURNEY TOWARDS 'THE SELF'**

The self is a difficult concept to define. McNamee and Gergen (1999) contend that what we take to be an accurate, objective view of the self is in fact an outgrowth of social processes and thus as Bruner (1990) states, "the Self can be seen as a product of the situations in which it operates" (p.109). The view of self was demonstrated in the presentations as trainees saw that there were various selves, not just one 'me' to know but many, depending on context, and some of the 'selves' seen through the eyes of others did not always completely fit with their concepts of themselves. The interviews indicated that there were many experiences that involved redefining and renegotiating our sense of self and with this process the participants reported that some parts changed, others developed further and then some parts were lost, and their states could not be recovered. This section deals with the personal impact of the experiential training module and how this process can be seen to impact on the lives of the participants and their experience of self.

#### 5.4.1.1. Losses

Trainees all experienced directly or indirectly some kind of loss during and after the module. Some of the loss is attributed to the process of change that evolved from the genogram/family sculpting experience. The awareness of how their roles within their families had evolved and were impacting their other relationships resulted in trainees needing to redefine themselves within their families. Participants reported feeling various losses such as loss of choice whether to be emotionally part of the system or not, loss of previous vices of adaptation and loss in terms of how 'to be.' In response to the losses the participants developed different approaches to negotiate their existence in relation to others.

For Jono and a number of other trainees this experience resulted in a loss of the ability to be emotionally detached; that is, maintain a sense of distance; "Experiential learning has a two-edged sword, this knowledge cannot be 'unlearned': you cannot 'turn it off' ...cannot 'go away' from difficult emotions anymore."

He finds himself now an intimate part of the systems within which he operates, whereas before he could see himself as being outside. This appears to be common to the trainees in relation to emotion as many trainees mentioned this. Halley expresses this as a "... loss in terms of the 'way things used to be,' [that is] the old behaviours and patterns are sometimes difficult to return to."

Trainees all speak in various descriptions of their loss of the ability to 'just be' in their family. Anell says

*"....Initially it was like I developed a third eye. I became...often painfully... aware of my role in the family and the effect of my behaviour on those dearest to me. This made me feel... at times.. an even greater responsibility to 'take care of' them, which was obviously more of the same. I have tried very hard not to take*

*responsibility or 'know better' when I am with my family but even now although especially in the beginning.... when I suppressed the urge to intervene, I felt guilty.... It is as if I needed to be able to close my eyes and not 'see' or maybe .... simply give back responsibility.”*

It appears that once you can see your role and the effect of it, it is difficult to continue your previous behaviour. It is as if the trainees were both being present in their families and at the same time being an observer of themselves and their interactions. The trainees reported that this awareness and monitoring of behaviour often left them feeling trapped as the emotional pulls of family members and their own urges to behave in the same manner were there, and yet some of the consequences or effects of this behaviour were also now visible. Attempting to no longer take responsibility in the same manner in the family, knowing that 'intervening' is doing more of the same, often brought about feelings of guilty as family members felt abandoned and unsupported when participants did not get involved. Many spoke of being quiet or possibly even withdrawn in their family system. Possibly the knowledge initially left trainees somewhat debilitated.

Kate expresses this feeling of being without your script within the family of origin:

*“... My family was uncomfortable with my new way of relating to them, I just held back and tried not to get involved but they said... it felt like I was abandoning them and I started feeling selfish and uncaring just cause it was so different to the way I was before. when it was always about them, I was scared, scared they wouldn't need me .... but I persevered. I must say it all worked out in the end, they are very capable of taking responsibility, maybe I didn't trust them, we have all changed since the family came under the spotlight – it is like that theorist says 'give the system a bump and watch it jump' but no-one mentioned how uncomfortable or how many bumps there would be along the way...”*

Many trainees report feeling a tacit withdrawal of their families' support as they moved away from their old behavioural patterns. In the trainees attempt to redefine themselves they found that this had repercussions on their relationships within the family of origin. It is not uncommon for families to resist change to their system. Thus with the instigation of new patterns, what emerges is a degree of loss of family support, possibly slight rejection.

Olivia says:

*"Because you couldn't fall back into the patterns blindly again, to get some false sense of security, you had nothing to hold onto. I wasn't right anywhere. I felt my family's judging me ... I think there's a part of you that's lost a part of yourself."*

She does, however, acknowledge that one is later able to replace that part with *"something else."*

Not only do you lose some part of your position of belonging in the family system or some aspect of support within the family, trainees also reported having lost a particular view of their families that they had held sacred hitherto: they all mention the introduction of new perspectives from fellow trainees and lecturers. Kate advocates that:

*"The view of seeing your mom as someone who has a low emotional threshold and is dependent is somewhat kinder than the view of her as un-nurturing, self consumed and playing a significant role in you evolving as a parental child. This new awareness may help to stop the game but necessitates you looking at a harsher reality which brings with it emotions previously abated such as anger and frustration, and even if you wanted to ....you cannot not feel or not see the rules of the game."*

There is also an implied pressure to make changes according to the patterns that were pointed out. There was an understanding that patterns defined as 'dysfunctional' directly or indirectly either by the trainee him/herself or by the group, should be addressed, which was difficult to do. As Olivia suggests, one was forced to choose between disassociating oneself from the training context and continuing with the old patterns, or changing patterns and risking rejection in one's relationships outside training. It seems that the trainees felt both trapped and isolated in these relationships.

#### ***5.4.1.2 Isolation***

Most trainees experienced a sense of isolation. A number of individuals experienced it during the presentation. As Halley says, "I felt kinda unsupported in the front there because it is very revealing and very exposing and you do this whole long presentation first, it is almost like a lonely feeling." However, there was total consensus regarding isolation experience in participants' relationships outside the training group. People not directly involved in the training process find it hard to relate to the process, which leaves the trainee feeling alone and not understood by people with whom they were intimate before. The intensity of the family sculpting and genogram presentations exacerbates this rift in relationships outside the process group and participants report changing their way of thinking while simultaneously finding it almost impossible to articulate the experience or justify it to 'outsiders'. Halley acknowledges that new ways of interaction were prompted by recognition, in an attempt to change existing patterns. This left her isolated in her family; Olivia confirms this, and adds that as they had not experienced what she had, her new behaviour appeared 'irrational' to her family. The new knowledge gained from the genogram/family sculpting process also sets trainees apart from their families: one is participating in a position both in and outside the system, observing the process, distinguishing patterns, whereas the family continues as before. Hendrik had always felt that he was an outsider in his family; he says that his genogram experience highlighted that

for him. He also says that it was hard for him to explain his experience to his partner, as the process is intensely personal. Olivia says that after her genogram, in her family she felt “more alone than ever”. Most trainees report feeling bruised and exhausted immediately after the presentation and the sculpting, and this for some of them emphasised the distance between them and the people with whom they were intimate: it was difficult for them to explain their situations to outsiders, and often they felt unsupported by the people around them. It appears, however, that this was often evidence of preexisting rules in those relationships: most trainees speak of not seeking support from their families; of being the ‘strong one’ in their home contexts.

Isolation is also experienced in terms of ‘self’, Kate says:

*“The scariest thing was that I felt isolated from myself, I did not know how to be naturally, it was as if my previous behaviour was taken away, because I saw the effect of it and no longer wanted to continue it, but at the same time it was not replaced with anything,.. it almost felt like being disassociated – watching yourself behave within the family setting and not really being truly there anymore.”*

Olivia resonates with this experience and states:

*“That’s the thing, I think there’s a part of you that’s lost a part of yourself, and you can’t get it back because you can see it’s all been pretend, in a sense. That’s what it feels like. Your life’s been.... Pretending.... To be this person, and because you’ve been thinking about your family in a certain way ... and the genogram gave that a serious kick in the ass ... that feeling of waking up... I had never actually physically had that placed right in front of me.”*

Olivia believes that this sense of isolation and aloneness is necessary for individuation: “... you need to feel isolated to be able to acknowledge your own independence in the world...”



### 5.4.1.3 *Differentiation or individuation*

To Bowen (1978), differentiation of self refers to ability of an individual to separate emotionally from his/her family of origin and achieve independence, yet still retain the capacity for free emotional connection (Wylie, n.d.). It seems that a process of differentiation of self by individuating from one's family evolved out of the experience. All trainees experienced this to a degree. Olivia reflects on her understanding of the process of individuation as follows: "To me it is so much more than the little word, it's a whole process of becoming apart from your family and detaching, but still acknowledging the connections and ties that are there ... finding that balance."

Marc withdrew from his family of origin, and directed his focus towards his own family. He stood back and felt more able to allow his family of origin to take responsibility for themselves, rather than feeling that he should take responsibility for them. In his own words,

*"I realised the impact of my own behaviour, and so I think I withdrew because I was trying not to be part of the process and in this I felt isolated. I tried to allow things to happen.... You know.. not to be... not to take so much responsibility. I can see myself doing stuff, and I can think about it, and I don't have to do the same thing."*

It is worth noting that in all the presentations, there was a strong theme of initially having taken responsibility for family in various ways. This role seems so deeply inculcated in the participants' ways of being and in their family systems, that it is not surprising that it is again reflected in most trainees' desire to actively change things in their family, as a result of their new understandings after the presentations. This demonstrates a sense that if there is something wrong, they should take responsibility for fixing it. Part of the genogram process included allowing different interactional options to become apparent: trainees report that after the process they took much less

responsibility in their families of origin. However, this change evolved over time.

Most trainees felt responsible for protecting their families during the genogram experience, to varying degrees. Halley, for example, says, "it involved giving responsibility back, rather than taking responsibility for... and I got better at that." Hendrik says, "I felt the pull from my family very strongly to sort their lives out for them." After the genogram process, however, he tells us, "I could still feel the pull from my folks, but I didn't have to respond to it. I think the genogram thing specifically allowed me to see that it's not my problem."

During the genogram process the implicit is often made explicit, which is a point on which all trainees agreed. Trainees were shown clearly how their behaviour maintains patterns within their families, although not in the ways they had anticipated. Halley, for example, was shown how her "parental child" behaviour prevents her sister from accepting responsibility for her own life, rather than, as she had previously framed it, being a reactive response to her sister's childlike behaviour: she was able to understand the situation in another way, which enabled her to change her interactions with her sister, rather than merely following set rules; she was also able to acknowledge that she had helped create the rules within which she was stuck, although she was not completely responsible for them either. Halley thus took responsibility for the role she played in perpetuating the pattern with her sister. Halley also mentions that through the process of the genogram, and especially the family sculpting, where group members role-playing particular family members gave feedback, she gained a better understanding of family members, which was part of the process of making the implicit explicit. Other trainees agree. Marc says "in a way I felt less isolated from them, because I felt like I understood them better." In addition, as Olivia, along with various others, points out, it became apparent that rules evolve in relationships, and that no single person can be fully responsible for any interaction.

Trainees agreed that once the rules had been rendered visible, they were accessible to change. Trainees speak of having more options, of being able

to respond in new ways, without being restricted to the old ways, although the old ways are, to an extent, still available. Jono says that when he experienced pulls from his family to behave in ways that he wanted to change, "I wouldn't react in the same way I would have reacted previously." Alternative choices became available.

Some trainees found that seeing the patterns in their families precluded their behaving in the same ways again. It seems that as time went on, and trainees had more time to metabolise the effects of their training, they found new stability in their lives by incorporating both the old patterns as well as new ones.

As mentioned above, much of the processes of change tended toward individuation, arriving only after some time at the balance that Olivia speaks about. It seems that group members felt like outsiders in their families. It was as if they watched themselves act, and they felt torn in that they could neither fall back into the old ways, nor could they change the patterns immediately (Olivia speaks of being denied the "false sense of security" that had made things easier for her before in fulfilling her role in her family): it seems that there was a period of intense discomfort as trainees negotiated their way through a transitional period between knowing how things could be different and actually being able to change them. Halley says that she feels that she is still in the process of making changes, and that most of her changes move her towards individuation, and the concomitant process of putting up boundaries between herself and her family.

She describes her process as being something of a paradox: in stepping out of her role as parental child, she resumed a child role; in resuming the role of a child, she was more able to individuate, although she acknowledges that even this surrender of responsibility is, at another level, a process of taking responsibility. In effect, her decision to be more of the child enabled her to be more adult, to move more effectively towards individuation. Hendrik followed a similar process of self-discovery; he says that he reached a point where he was no longer interested in doing what was expected of him purely because it

was expected; he reached a place where he could tell people, “stuff you, this is me”: he found a new belief in and regard for himself that he had not had before. These changes, as I have stated, only took place after a significant time period; immediately after the genogram process people tended to feel exposed, vulnerable and “bruised”. Olivia reported initially feeling hypervigilant: she watched herself continuously, with an extremely critical eye. In time, this eases. As Olivia says, “There are so many paths, but it is all about who you are and integrating that with who you are in relationships, to put it all together into this person that you are ok to be.”

At first, as they watched the patterns play themselves out in their families, trainees felt stuck between two polarities. This sense of being paralysed between the two apparently mutually exclusive options of changing patterns or maintaining them seems to ease with the passage of time, until one is left in a place where, as participants say, one is able to look at the pulls and feel the pressure to perform one’s old role, but one is able to decide whether or not to respond to the pull: in time, a sense of bearing is achieved, and a sense of having choices is re-established.

Changes experienced often went beyond the family as well: Anell reports feeling a change in the ways in which she relates to people in general, as well as in the way she “sees” things in general; Jono also speaks of a new, experiential understanding that is not often readily translated into language. Trainees reported seeing themselves differently as well, as suggested by Hendrik’s move toward a new belief in himself. Olivia points out that when one changes one’s behaviour, the people in one’s context change theirs accordingly: families, friends and partner were perceived to feel abandoned, and were experienced as uncomprehending and sometimes rejecting. Many intimate relationships were dissolved during the process of training, although it is difficult to separate the effects of the genogram process from the rest of the training in this respect, as the entire masters course entails self-reflection and analysis. It is, however, clear from the transcripts that the genogram process did play a role in terms of being a catalyst for change.

The process that is initiated with the training continues far beyond the end of the course, as discussed already. Various members used different contexts within which to find meaning for their experiences during training. For example, Anell speaks of supervision in her internship year as being important as well as private therapy; Olivia refers to the end of the first year of masters as:

*“... in a sense freeing because I didn’t have to be so hypervigilant anymore in the group and whatnot, but in my own personal life I think the genograms then Cape Town [a group process] brought out so many things that I had nobody to help me with. And I think I deteriorated, I started the destructive behaviour of my past, and that was what sent me into therapy.”*

She acknowledges that her own therapy was very useful. Several trainees spoke of informal discussion with other group members and friends as incredibly useful. Still, it appears again that many previous support structures become unavailable during the process: as Halley says, she felt extremely “bruised” after the process, but found it difficult to explain her situation to outsiders, and once she had left university and started her internship she was left to deal with her emotions largely on her own. This feeling of a lack of support resonated with most of the trainees during their internship year and many sought therapy to assist them to create meaning out of confusion.

Kate reiterates this:

*“I felt alone and sort of lost in a way, the person I had known my whole life.... me.... was not the same person... more prevalent in my M2 year maybe cause I had more time to think, I had derogatory voices that I needed to sort out, so I found a psychodynamic therapist to provide the good breast (laughs), maybe this whole process is about integration”*

#### **5.4.1.4 Acknowledging ones own needs**

Part of the pattern change often involves a focus on one's own needs rather than, as many trainees had implied, a focus on the needs of the family, which appeared relatively common before the training process. The genogram process often compelled trainees to acknowledge their own experiences, and the impact of those experiences. Hendrik says, "A large part of it is that people never took space for themselves and forcing them to do it in a way, is, um, for them to feel what it's like to take the space." As Olivia explains, one sees oneself in the context of one's relationships, and one is given a new perspective; it seems that often this new perspective includes one's own needs to a greater extent, as well as the impact of one's behaviour.

An interesting point to note is that after the genogram process, many trainees felt able to address some issues previously avoided with people in their lives. Halley, for example, was able to address her feelings of anger toward her father, and found that afterwards her feelings of anger towards him dissolved. It appears that something in the process involves getting permission to feel certain feelings, and acknowledgement of those feelings is useful. Hendrik says that he no longer feels angry with his family "Because I was allowed to be angry with them." Kate mentioned that she was able to address the issue of mothering her brother with him and although it was very uncomfortable for both she was able to let go. She says,

*"I think it is all about acknowledging your own needs, it seems we were all very good at seeing and reacting to others needs in our family but totally incapable of tending to our own, maybe being needed was the big pull for me, but once I let go of mothering Stephan I felt relieved and free... also guilty for abandoning him and strangely I felt abandoned... with time this faded."*

#### **5.4.1.5 Processing Time**

These changes, as mentioned above, take time to develop. There is a general consensus that this is because of the limited time available in the first year of master training (M1): as Jono suggests, there is "too much" to come to terms

with in one year whilst concurrently trying to fulfil the academic requirements. Anell adds that in the internship year, the second year of masters (M2), she was able to look more closely at the issues that were brought up in the genogram/family sculpting process: she feels that she had more time available for self examination, more space where she could be alone and more control over how she dealt with it than was available during the M1 year. Halley suggests that decreased support also played a role: she says that, in the absence of the group, she had no context within which to examine the issues raised; she became more “needy”, and therefore less able to fulfil the roles that she had within her family. Olivia reports a similar experience, and adds that for her seeking therapy represented a change in herself: she felt able to ask for help where that had previously not been an option for her. She also mentions that she was less guarded during her M2 year.

In addition, all trainees report that the process that evolved at least to some extent from the genogram experience is in fact an ongoing one. Olivia states: “You’ve grown to be this person over years, and it will take some years for you to grow or look or see or whatever.” Jono agrees and expresses it in metaphor:

*“You’re sitting with all of it opened up, and you can’t metabolise everything. You don’t have enough time. At the end of the day it’s like a lot of cans packed in a shelf. You just open them all, because you want to get it over and done with, and then you can start eating one at a time. You can’t do something with them immediately.”*

All the trainees interviewed agreed that they are still involved in an ongoing processes of change to varying degrees, which are often perceived to have been started by the genogram process. The changes, referred to as personal growth, often involve a process of individuation from families; and they involve re-evaluation and negotiation of roles in various contexts. Everyone felt that the changes they had made and experienced in their lives, while often painful, were ultimately beneficial.

#### **5.4.2 BEING A MEMBER OF A FAMILY**

As mentioned in the beginning of this chapter the five overarching themes fall within five systems, and as with all systems they are interlinked. Thus the distinction between the various systems is only academic and in reality there is a dynamic reciprocal interaction between the systems. The manifestation of the self in terms of the family system has already been discussed above.

Within families there are underlying rules, and in essence families can be seen as walled citadels; that is, they have protective devices in place to maintain and keep the systems intact. According to systems theory, we all work in our families to maintain the system, but it seems that genograms potentially threaten the homeostatic balance thereof. Systems theory speaks of balance returning after a period of pendulum swinging: this parallels most participants' experiences as they speak of finding a new balance within their families after a time period.

Even though the family system of each participant is unique, the transcripts showed some features that were similar. All the interviewees spoke of a difficult relationship with one parent. Each of the participants spoke of taking on responsibility for the families' mood states or smooth functioning. The majority of the participants spoke of being a parental child from a very young age and containing certain emotions for the family system: Kate spoke of trying to contain her mother's emotions, at the age of five, whilst simultaneously attempting to minimise the effect of her mother's "emotional all-fall-downs" on her siblings. There were many references to fear of abandonment and rejection felt in terms of themselves or family members. With these similarities it makes sense that all the participants were *au fait* with negating their own needs and responded to the pull factors in the family to fulfil their role. The participants spoke of the awareness that the pull was not only from their family but also from themselves to fulfil these roles as they served a function for both parties.



#### 5.4.2.1 Protection

The theme of protection recurred throughout the interviews in terms of the participants' desire to protect their families and themselves. Members were concerned about what other people would think of them, and how their families would be judged. There was pressure, as Portia suggests, to protect your family from judgements inherent in the situation. Anell says that she "felt guilt for talking behind their back... [as] they were not there to defend themselves." Olivia and Marc reported feeling initially "very protective" of their family members. It was as if the participants during the presentations were trying to keep the systems closed. The need to protect seems to embody elements of trust and control. Trust in most definitions includes a component of predictability along with a sense of security but also a reliance on the integrity and justice of someone else (Halsey, 1979).

Halley describes her experience as follows:

*"I think it's object relations stuff: you tell everyone in the group stuff, and you fear that you've betrayed the family. But they don't even know what you've said, so they don't feel betrayed. The internal guilt/punishment comes from the internal objects: I've betrayed my inner mom etc..."*

Whether or not it is related to your one's internal system of balance or the external family system of order, there is a strong element of protection that is expressed in all the interviews. I believe the protection issue is related to that of trust: you find yourself in a context where you are expected to expose your family to a room full of trainee psychologists and trusting they would see your family in the light you are trying to portray. Portia says, "I don't know if I was holding back to protect me or them but once I got into the family sculpting part, I couldn't be protective even if I wanted to, it was a difficult experience, because it was in your face." Seth's comment reiterates this reaction:

*“Talking [genogram presentation] was more easy, for me it is easier to control and express in words how each member related to each other. The doing part [family sculpting] was more in your face, being confronted with how the relationships truly looks and to see the pattern being played out in front of me was the part that helped me to truly see my own role but the most risky.”*

#### **5.4.2.2 Isolation**

Reber (1985) speaks of isolation in terms of a feeling of psychological estrangement from others. It seems that the isolating effect within one's family of origin and in many relationships started long before the actual presentation. Jono felt isolated from his family during the preparations, the information-gathering stage, and Anell isolated herself from her family: she didn't want to speak to them about it. Hendrik agrees that the process of information gathering highlighted his sense of being an “outsider” in his family.

*Kate speaks of being isolated after the presentation while being supported;*

*“I felt isolated during the ‘catching’ phase when the group members stayed afterwards to chat. I felt the support and valued the interpretations and clarification but felt alone. It was my family, and I alone had to face the patterns with my eyes wide open, while the support helped they could not face my family for me or participate in my family with the new found awareness. I felt sad, a sense of loss even though I had gained in terms of ways in which to free myself from the protector, fixing role. I had to go back alone to my family and participate in a system that had been set up over many decades with patterns that seemed resistant to change – both from myself and from them...”*

*All participants felt that going back into the family system was problematic and they were unable to conduct themselves in the manner to which they were accustomed. Halley says:*

“I felt... in seeing the patterns of the family it sets you apart because you’ve now got a meta perspective. You’re not just being in the family and responding as you always have. You’re now responding and thinking, shit this is what I’m doing, I’m yet again being a parental child, I’m yet again whatever it is.”

She goes on to speak about when she re-entered the family system:

*“I couldn’t just ‘be’ with them anymore, the third eye developed – I was too aware of process, I did not want to be an observer and I felt compelled to share some of my newfound insights with some of my family members, who struggled at times to understand... it was hard.”*

It appears that from the instant that the family process is ‘revealed’ a third eye is then permanently open. There is an ability to see processes and patterns within relationships that were previously not apparent; the rules of the game are revealed, with a realization that they have been there all along. Halley spoke about the difficult space at home and how hard it was for her to do “the social thing” while she was trying to process so much in her head. She says she needed to be alone to assimilate what had happened yet she could not as she was afraid of being alone. “I felt for the first time that a chasm could open between myself and my family and friends, and that was frightening.” Kate says, “...it wasn’t necessarily easy or comfortable to see the roles you play in your family and seeing it was not sufficient to change the ineffective roles... but enough to make it difficult to continue them blindly ... darn right impossible...”

Many trainees mentioned that isolation within the family was influenced by the entire masters course as only the fellow students and lecturers could understand their experience and often they reported that the process seemed impossible to convey to others. Kate says:

*"I tried to include my family by sharing my experiences but eventually gave up as they could not really understand and so the chasm grew with my family and my cohesiveness grew within the group, a loss and a gain.... But the gain was expensive. I remember my husband saying 'you exist on the periphery of our family'.... that really hurt. In retrospect I must have sounded like someone who had just found a new religion and obsessively wanted to share it with everyone.... No wonder my family didn't want to hear anymore.... I remember one of them saying, 'do you ever speak about anything else?' ... but I think the thing that caused the most disruption in my family was the genogram as it changed the way I saw things... the way I experienced myself."*

#### **5.4.2.3. Judgement and Rejection**

Many group members speak of an additional process at work in their families of origin, that of being judged or experiencing an indirect form of rejection after the process. Reber (1985) defines judgement as "a critical evaluation of some thing, event or person" and rejection as "failure or refusal to assimilate or to accept" (p. 396). He goes on to say, "In all cases there is an implied system or structure that refuses or fails to incorporate a thing" (p. 657). It seems that the judgement in the family setting pertained to a resistance and rejection of new behaviours or actions that the participants brought with them into their family of origin. Halley speaks of her family being rejecting of her when she tried to change existing patterns. In Halley's case she relates the rejection to the family's resistance to incorporate difference, she says "I was no longer blindly following dictates set out by my family". Olivia felt that her family struggled to understand her actions as they had not been part of the process and could thus not understand her desire to change and were less tolerant of it. The rejection and judgement appeared to work both ways as many participants mentioned they felt a lack of tolerance for previously allowed and accepted behaviour of family members, and at the same time families did not want to incorporate the new behaviour of the participants. The result of rejection is often loneliness and many participants speak of

feeling alone, or lost or without support when entering their family of origin after the presentation.

#### **5.4.2.4. Normalising and acceptance**

The genogram and family sculpting process often took aspects of trainees' lives that they reported as dark, inspiring shame and guilt, and put them into perspective, creating new understandings around the behaviour. Olivia says,

*"I'd never really spoken about it a lot and I just thought it's a horrible gaping character flaw in myself, that I was worried about sharing, but when I did, someone commented that I was just acting out against being the parent. It was me being the child, being irresponsible, to force my parents to do it... it just made so much sense."*

Thus the process took away the sole responsibility and derogatory ownership of these 'secrets' by offering new meaning. Marc also reports that he was frightened and very concerned about revealing the family's closely guarded secret and once he revealed it he found the group far more receptive than he had expected and also "I could see where I was doing stuff like taking too much responsibility, so I think the effect was that I withdrew from them in a way... I let them do their own roles." Many participants, after initially being anxious about revealing the 'dysfunctional patterns' in their families, commented that the process normalised a lot of their fears and offered alternative insights.

#### **5.4.3 AN ACADEMIC FAMILY: BELONGING TO A PROCESS GROUP**

The experience has been discussed in sections 5.4.1 and 5.4.1 in terms of the individual and the family of origin but the participants belonged to another form of family unit, a process group that became like an academic family. As

Olivia sums it up, “It’s like you stand in a circle with your family, and in another circle... that’s the group, and at the point where they overlap, there’s just you... mmm...isolating.” Aspects of the group process mirrored the nature of families in general. Within the process group, members were protective of each other (Portia spoke of not asking the hard questions), had a need to individuate from the group, felt triangulated at times and feared rejection. There were many established implicit rules similar to those in families that were present in the daily functioning of the group.

#### **5.4.3.1 Isolation**

Many trainees experienced a sense of ‘being alone’ as they presented their genograms. They reported that while they were in front of the class, they felt just as isolated as they feel with their families. As Halley says “...we fear/feel they may not understand us either...” Halley also speaks of feeling isolated from everyone in the group and feeling unsupported in the front there because it was very revealing and exposing, although she felt more connected to them later through their feedback. This sentiment resonates with Olivia, as she felt very exposed and vulnerable, as if no one would understand her family, which many other trainees also reflected.

Jono says that he chose to be isolated from the group during the genogram presentation, as did various other trainees, in order to try to distance himself emotionally: he says that in doing so he felt better able to cope. Some trainees spoke of a sense of : “It’s a sense of ... stuff this, I’m actually strong enough to handle this.” Kate speaks of feeling more isolated before the process as she felt very different in some ways to the other participants and the process normalised these aspects which left her feeling “...less isolated and more part of the group.”

Hendrik says “The feeling of isolation was ever-present during my actual presentation: I felt alone on centre-stage, trying to look in charge of, in control of, and not too affected by the proceedings, terrified that this façade would be seen.” The theme of control seems to be linked to an attempt to reduce the

feelings of vulnerability and risk as a result of the exposing task being presented. But as Olivia says:

*“...while you’re doing it you are so defenceless you have no choice no matter how controlled you think you’re going to be, once you’re in there, I think, you play out how you are as a person in your family, you personify your family in that moment, for me it was...protective, oversensitive, sensitive to criticism or judgement.... and I think my family is like that, it was... I was frikking scared of people, or what they were thinking...”*

#### **5.4.3.2 Individuation**

There is an aspect of individuation which involved the process group. It is as if members had to individuate not only from their family of origin but thereafter also from the group in order to process the experience or as object relations theorists would express it, they needed the space and time to metabolise the experience. This appeared to happen after completing the academic year (M1) where all the participants reported that they started processing and addressing issues in their family of origin as well as other relationship systems. I wonder if it is similar to what happens in therapy sometimes when a client transfers their dependence from someone in their social setting onto you (the therapist) and then can slowly be weaned off. It is as if the trainees in the process of individuation or differentiation from their family of origin, temporarily transferred their almost enmeshed connection with their family onto the process group for a time period and then severed that connection. Anell says “.... Later, ... when I was away from the group, it was easier to find the balance again.... more space to work on my own stuff in my own time...” It is interesting: you feel that you betray your family in order to belong to the group/M1 family: that’s part of the conflict of roles: you have to belong to the group in order to do the training, and in a way it precludes belonging to your

family as you used to: many participants expressed that they felt they “had” to change roles. It seems almost as if one family is ‘sacrificed’ for the other. In the end you need to almost abandon the cohesive aspects of the group experience in order to belong to yourself – to find yourself – to take on the journey to the self. Still, we experience the end of the group as a loss (For example, Olivia talks about there being no-one there to help her). Like individuating from family, individuating from the group also has losses and gains: taking responsibility for your own needs and relinquishing responsibility for the group’s needs is accompanied by a form of isolation.

#### **5.4.3.3 Responsibility**

It was common for the participants to take responsibility for the group but also to take responsibility for themselves, for their families and for the process. Hendrik says he was thinking for the group as he wanted to control what they thought of him. It is interesting as taking responsibility for your family and for changes within your family smacks of ‘taking control’. Halley says, “Often within the genogram presentation you are exposed and punished in the group context for how it is in your family. Many people took on ‘it’s all my fault’ and you become the scapegoat for your family’s difficulties.” It seems that even if the group does not punish you for the family ‘issues’ the individuals punished themselves for the roles they played in the family dynamics. Kate reiterates this sentiment:

*“Even though I knew that my role in the family was co-created, I still took on the responsibility, guilt and blame, I couldn’t handle that the negative effect of my behaviour on the family system. By containing my brother and ‘solving’ his problems it reinforced his dependence on me and prevented him from having full and healthy relationships. Mostly I hated the fact that it served the function of making me feel needed, feel important, feel wanted and that without ‘playing’ that role..., I would um – that is just so pathetic that I needed him to need me, Yuck!”*



The majority of presenters reported discovering that some of their intentional 'fixing' actions were having a less effective impact, and sometimes even the reverse effect, on the functioning of the family, while simultaneously meeting the participant's own needs indirectly. This was a particularly abhorrent finding for the participants. Olivia speaks of feeling shocked that her behaviour, which aimed to mend and keep together parts of the family, was hindering the cohesion of the family. Anell, Halley, Kate, Winston, Jono and Seth expressed the same difficulty in experiencing and absorbing the impact of their behaviour.

There are unwritten rules in the group which participants speak of and they involve taking responsibility within your family in terms of changing the existing patterns that you play. One of the rules seems to be that you will see the "wrong" in your ways. So, just as your family 'rejects' you when you attempt to change the patterns, the group in turn will also 'reject' you if you don't. Hence a feeling of paralysis: seeing your behavioural patterns, but struggling to change them. To take on responsibility for change is a tall order as not only does it involve changing your interactional behavioural pattern with your family of origin but also entails addressing the all encompassing patterns of functioning of the entire family.

#### **5.4.3.4 Vulnerability and Risk Factors**

Three themes kept on reoccurring within the experience: they were themes of judgement, containment and feedback. It appears that these themes were dynamically interlinked with each one having a reciprocal effect on the others. The experiences of the participants in terms of these factors were influenced by how 'safe' they perceived their environment to be. Thus there is an underlying element of trust that plays a pivotal role throughout.

##### *a). Judgement*

Many people expected and actually experienced a profound feeling of being critically observed, of being evaluated, at times negatively, by one's peers and

lecturers. There were many comments regarding a concern about what others in the group may think which implies perceived judgment and maybe even uneasiness that others may change their behaviour towards you. Jono implies concern about judgement in his reluctance to reveal personal information, although during the experience he reports feeling neither judged nor completely accepted; Hendrik says "I felt that a lot of what I was going to reveal would be considered to be my fault". Halley reported feeling embarrassed, unsure of how she came across. She was very concerned about revealing so much of what is personal, and unsure of how it was being received while she presented it. Olivia found that her sense of being judged was most intense during the presentation, before she had received feedback: she felt very vulnerable and exposed. She says:

*"I suddenly started thinking maybe I'm missing some sort of huge dysfunction in my family that is glaring out. So ... there's judgement, the blank faces representing judgement, and ... not knowing what sort of judgement you're getting ... that was what was scary ... I don't think I've ever talked that much about my family to anybody and especially that long, without any feedback."*

Another aspect of judgement pertained to the group members' acceptance regarding the presenters' families. There is a feeling of apprehension as the group's judgement of the family may feel like a judgment of the presenter. Halley felt protective of her family, a desire to shield them from negative evaluation; Anell and Olivia echo this sentiment. Marc implies concern about judgement in his preoccupation with how much to reveal about his family, and his protectiveness for his father, although in the actual process he felt less judged than he had anticipated. Presenters spoke of how difficult it is to convey all aspects of a family member and their concern that they would give a "skew, unfair picture of some of them." It appears as if the trainees express an element of mistrust, not knowing whether they could depend on themselves or the 'audience' to deal with their family accurately and graciously. Halley and Anell both speak of a kind of tacit "betrayal" of the family, where they felt that they were exposing their families to judgement

without their being fairly represented. Olivia echoes this; she acknowledges that she feared that the group did not “understand” her family, that she was in some way misrepresenting them. Kate says:

*“It is an impossible situation as on one hand you want them [the group] to understand your predicament... understand how you became the person you are and what role the family played in this and in understanding the group indirectly says they accept you, but on the other hand you want to convey the connection and bond you have with your family: you fear the group won’t understand why you love them, so by inference, they won’t understand you, which is alienating ....”*

The aspect of the presentation that all the individuals spoke of as difficult was holding the spotlight and presenting their genogram for an extended time period without any interjections or any comments. The lack of verbal feedback during this initial presentation means that the trainees could not gauge how they are being received, could not adjust any aspect, or clarify anything and thus the presenters were forced to sit with their own anxieties without the option of having them diluted or moving away from them. Portia says:

*“... you stay with your emotions and cannot hide away or be distracted by the groups questions which could make you change direction and talk about something else – no questions possibly makes the emotional journey deeper but also more anxiety provoking ... “*

Only once the presentation was complete would questions and comments take place. Thus you travel a private journey in front of a mute audience for a time period that seemed to many like an eternity.

It appears that often the students revealed aspects of their functioning or family functioning and feared that it would be pathologised by the group. However, it seems that the presenters at times took on this role and pathologised their own behaviour or their families' functioning. Halley speaks about judging herself, about feeling that she "should be able to handle this better". After the process Olivia says that she felt very critical of herself too. After the entire process (genogram and family sculpting) is over it seems to be a common theme that the individuals would judge themselves in terms of their performance and also in terms of how effective their behaviour is as a family member within their family of origin.

It appears that most of the fears and feelings pertaining to being judged by the group and lecturers were experienced before actually receiving feedback. Once the feedback took place participants speak of the group's acceptance, their non-judgemental approach to the information, and any form of judgement thereafter seems to relate to presenter's judgement of themselves.

#### b). Containment

Containment is spoken about throughout the interviews in both a negative and a positive light. Many participants spoke about the need for more containment built into the process but this sentiment changed as the interview progressed and as the individuals explored the effect of the module. The overall feeling expressed was that the process was traumatic and the participants felt isolated, some felt in shock, and many felt that they were left without resources and as a result of this there was a desire to be 'more' contained, "...for these uncomfortable emotions to be taken away actually...." (Anell). But the consensus was that in order for the processes to be seen or to be stirred within the family the system needs to be shaken up.

It was generally acknowledged that more containment from the lecturers would *not* have been desirable. Jono in particular made reference to the hierarchic separation between lecturers and students. There was very little time left after the presentations for debriefing and containment. The trainees

made reference to being contained by the group in varied degrees. Presenters turned to members of the group that they experienced as most trustworthy for containment and clarification. There is in some cases significant reference to a “subgroup”, where specific members of the group stayed together socially after the process and spoke informally. Members of this group found this process very useful and containing. It was a spontaneous, voluntary process. It appears that when the containment is minimal “.... you aren’t cottonwoolled... and you left to feel the raw stuff which helps you to ‘see’ and gain a new understanding...” (Halley). Halley makes a valid comment at the end of her interview saying “...I don’t know if it would be possible or beneficial to completely contain something like that, in a context like that.”

*Olivia: I had nothing to hold onto. I wasn’t right anywhere.*

Interviewer: If you had to look back, is it good that they leave you in that nothingness? It can be horrendous. What is the ideal?

*Olivia: I think the more traumatic it is, the better... in the end. It feels bad at the time, but the more that is opened up; the more you have access to ...to deal with later on. The cans are open.*

When discussing the experience and specifically containment Olivia expressed what was largely the sentiment expressed in the participants transcripts.

*Olivia: That is the thing. Thinking about it I don’t think it can be any different. For it to be so impactful, you can’t band aid things because they won’t continue to fester, for you to do something about them later on, and it’s such a long process, because it’s your whole life that’s led up to that*

*moment, and suddenly our life is turned upside down and now you have to get used to it, and it takes a while.*

Containment was interpreted as having the potentially negative effect of diluting the impact and thus stopping the individual from falling off the edge, keeping them on the precipice, preventing self exploration and eventual seeking of assistance from therapists or supervisors.

c). Feedback

Feedback seems to be one of the most essential elements pertaining to a sense of containment. Participants reported feedback as having a normalising effect and taking away fears of judgement and so on. Halley says that feedback helped her to feel more contained, and less alone. She felt better for having the opportunity to ascertain where she stood with people; their feedback helped her to feel more understood and less isolated. Olivia agrees. She suggests that in order for the opinions of group members to appear trustworthy, they need to demonstrate an understanding of your position through feedback. Hendrik agrees that acknowledgement is part of the containment process. He found that feedback helped him by normalizing and validating his experience: he says, "It helped me to get past the idea that I'm wrong and [it helped me to realize] that my experience was a valid experience". Anell found feedback scary initially, but mostly supportive. Halley also says that feedback helped soften her judgment of herself; many group members actively sought feedback on how they'd come across to the group: they were concerned with how the group saw them after having heard about their families. It appears that there was a need to reaffirm one's position in the group, to check that preexisting relationships remained intact.

However, feedback in terms of identification of new information regarding the family interactional dynamics that the participant was not aware of, appeared to have far reaching effects. One of the presenters stated "... the residual effects have something to do with the impact of feedback and how ill-fitting/well fitting such feedback is in terms of self-awareness. I think, the

greater the distance, the greater the residual discomfort...” Jono says that he listened to the feedback, and used that which he found meaningful. He feels that feedback provides other points of view, as well as acknowledging one’s position; Olivia also acknowledges the importance of feedback: she sees it as an opportunity for new learning in terms of having access to new information and perspectives; Jono and Marc explicitly agree with her. For Marc the most striking feature was the acceptance he felt from the group no matter what he brought forward; he felt that the group was professional, not judgemental and gave well thought out feedback. He believes it helped him to trust the group much more. One important means of giving feedback and offering containment was the process of letter writing. Marc mentions that he found the letters far more personal than the verbal feedback: “... they helped. It was nice to get feedback...kind of one on one. I always like one on one better than group. I also appreciated it that some people came and spoke to me afterwards.”

#### **5.4.3.5 Group cohesion**

The concept of group cohesion embodies many factors, including trust, risk, security and a belief that the group would contain emotion and members. It is also a personal experience and interpretation. That is possibly why there are various, often contradictory, statements regarding the group cohesion before and after the process. It appears that the participants who felt that the group cohesion was strong or adequate before the genograms started, felt that after the presentation the cohesion of the group was stronger. The participants who felt that the group was not that cohesive, felt a greater risk and sense of vulnerability while presenting, and felt more exposed after the participation. Possibly the effect of the process could exacerbate whatever the initial feelings were regarding group cohesion or maybe our expectation of cohesion or lack thereof becomes a self-fulfilling prophecy in terms of containment and perceived judgement. It appears that belonging to a ‘subgroup’ meant that those trainees experienced a degree of containment after the process by their colleagues and also felt supported during the presentation; however, this did

not make the process less traumatic in terms of the information discovered. One of the 'subgroup' members said,

*"...I just had ... it was almost like a surreal sense of isolation, you know what I mean, like you know you're not alone, you know there's people in that class who are there for you, no matter what, but still you feel alone because they don't know your family, you know your family, and you're the one who has to go home to that family...."*

Another possibility with regard to cohesion is that the genogram process is an individual process which takes place within a group process, not solely a group process: that is possibly why lots of people contradict themselves in terms of cohesion: they say that they understood people better but some say it didn't affect cohesion. Thus the experience is like one-off individual therapy with lots of therapists. The process is about *you*, about *your* family, not really

about the group. Maybe that's part of what makes it hard to contain. You do not really work with what comes up in the group context: everyone says they did the 'processing' on their own. After having gone through the genogram and family sculpting presentation all the trainees, however, reported having a greater insight into the fellow group members and relating to them as another family unit. Portia said

*"It, um, there was more group cohesion, there was definitely more understanding between the people, I mean, that was for me, um, I felt more part of the group where we, more than anything, had some kind of understanding of each other and where each of us comes from."*

Thus most trainees acknowledge that the process helped them to understand their classmates better; Marc, for example, says that the process helped him to trust the other group members more. Trainees were more aware of similarities and differences between them and as Anell and Hendrik point out,



new meanings were often created around individuals' experiences. The new understanding didn't necessarily change the way trainees felt about each other, though: Portia says, "To a degree I understand them differently, but they still boiled down to the same people I was with." Halley says that she felt closer to some group members than to others, but that she felt that she understood them all better. She felt that she got to know people whom she would not have known well otherwise. The process put people in context. Jono says that getting a glimpse of what it would be like to live in another person's family impacted on him in different ways with different people: some he cared for more, others he understood better on a cognitive level. Hendrik, for example, said, "I think the process cemented the relationships. The strong relationships became stronger and the problematic one, um, I can see why they were problematic and I softened in a way, um, understood more."

Seth speaks of an important learning for him which the genogram set in motion:

*"Hearing their life stories did open my own eyes in terms of seeing them within their own context. At first it was difficult to support and be there for the other members of the clinical group because I was used to relating to these life traumas thorough my biblical world view, but as the year progressed I believe that this background understanding gained from the genograms assisted me to relate to the rest of the group on an empathetic and understanding way without them feeling judged. It definitely helped with the formation of cohesion"*

#### **5.4.3.6 Vicarious Learning**

Each member of the group was exposed to every other member's genogram process as well as his or her own. The trainees agree that there were both similarities and differences between their own and others' genograms. It was interesting for Jono, for example, to note how others responded differently to

similar situations; Hendrik found that seeing colleagues responding similarly in varied situations, normalised some of his own experiences. Other trainees agreed with him. It was generally agreed that trainees left the experience with a greater sense of understanding of their classmates. Halley expresses succinctly many participants' sentiments: "... You see a lot of patterns that are there generally in the world... but they become alive... and tangible in the families you experience in the room..." The experience of others' genograms was clearly in no way as intense as the experience of one's own. Participants mention being emotionally affected by parts of colleagues' presentations. They suggest that at times material touched aspects of their own lives and provided other ways of looking at their families.

#### **5.4.4 A CLINICAL PSYCHOLOGY MASTERS STUDENT IN A UNIVERSITY FAMILY THERAPY MODULE**

This experiential family therapy module where a significant portion of the academic year is devoted to the presentation of genograms and sculpting ones family of origin is an unusual experience that not many people are exposed to. The genogram itself (as Olivia says in her interview) violates boundaries: it's experienced as exposing and impinging. Many participants mentioned that they had never spoken for that long about their family without getting constant feedback. There are also conflicting roles in terms of context, it is professional training, but you're sharing personal stuff. Halley commented that you learn to sit with the duality: simultaneously you are trainee therapist and family member. The fact that even during the preparation phase people mentioned discovering things about their family and the many reports pertaining to how apprehensive they felt, points to how unusual the experience is. The overall belief expressed by all participants was, as Halley says, "We wouldn't have discovered the same stuff if we hadn't gone through the process, albeit difficult, you could never get such an awareness with just doing case studies and role-plays." Olivia says:

*“I think I found that experience to be extremely traumatic. The genogram experience was awful for me. But I would say now, looking back, it has been the most beneficial thing, because it set into motion so many things I had never even thought about. It brought up so much about my family that I didn’t know, and about myself, because of my family, and little things that were said, which I’d never looked at that way. ...It was also kind of freeing from all that crap as well, like it’s not all your fault that you did that, ...I think what’s come true later on now is that I’m able to see the extent of my role but I no longer take the responsibility for it. I was sucked in there. And I can see now that there is a pull from me as well...”*

There was a realization for many trainees that they were a product of what they were standing there talking about – their family. They spoke of suddenly understanding a lot more while talking about themselves within the family. Many trainees comment that speaking about all the experiences and some of the sad things that have happened in their lives while on center stage had an impact on them, as if they were unexpectedly allowed the space to look at their lives and the impact that things had had on them and feel sad for themselves. As they spoke they were no longer merely an observer, a trainee therapist giving his or her opinion; instead they were in the family unit, part of it.

#### **5.4.4.1 Talking versus Doing**

Participants had different experiences in terms of whether the genogram presentation or the family sculpting aspect was harder; this reinforces the idea that it is an individual process: the experience was different for everyone based on personal factors. The participants refer to genogram presentation as a ‘*talking*’ process and the family sculpting as a ‘*doing*’ process.

Kate felt that the genogram presentation was more academic and cognitive for her and although she felt exposed, her emotions were relatively in control. However, this all changed for her when she did the family sculpture:

*“Suddenly I felt on the receiving end, seeing patterns and push and pull factors from different family members that I was totally unaware of and once I saw them they made perfect retrospective sense. I could not talk myself away from my emotions in this process, the ‘doing’ nature of the sculpt prevented my cognitive defence to kick in and ... It was not comfortable”*

Possibly individuals who predominantly use talking, rationalizing and analysis would find family sculpting more difficult without those tools available and subsequently the family sculpting may be more provoking and challenging for them, and thus have greater potential for growth. Seth and Portia both mentioned that the family sculpting experience was ‘more in your face’ and they both report seeing relationships in a way that they had been blind to beforehand. Marc speaks of how real the sculpting felt in terms of seeing his family: “...it was like they [the group] weren’t there, they were acting as my family, so....they were there, but it was my family...” One of the participants stated:

*“The value of the genogram training lies in, moving beyond the carefully presented, well edited presentation of all which was allowed to be included, to where the family of origin is ‘sculpted’, ‘played’ or given life by the members of the group ... things became almost visible and tangible.”*

Anell states that she felt she did not have much control over the proceedings in the sculpting as she did in the foregoing ‘talking’ phase: “....I was not able to hide behind my own words....” Many participants agreed that the discomfort of the family sculpting experience could be seen with some participants when they attempted to change the process back to a talking one where aspects were described and explained verbally. By allowing a minimal

amount of talking the process could minimize the cognitive element and maximize the emotional experience.

Thus Portia, Anell, Seth and Kate found the second part, the family sculpting, more difficult. Anell agrees that it was more exposing; she felt that she was less able to predict which direction it would take and she thus felt much more vulnerable. Olivia expressed that she found both the family sculpting and the genogram presentation very difficult but in completely different ways. "I think I had this incredible amount of insight into every single person in my family and what they felt, but I could not see the bigger picture, and my role... I think I was very blind to what was going on in my family ...after both the genogram and family sculpting things slow down a bit but you're reeling from the shock." Olivia found the genogram presentation very exposing, as she could see herself (as Halley suggested) clearly placed within her context which left her feeling very vulnerable: she says, "... you talk about all the terrible things that have happened ... and just basically, standing there talking about it and all the sad stuff that's actually happened to me, which I've never linked as being ... as impacting on me." Yet she felt most exposed during the family sculpting which left her feeling once again vulnerable.

Marc, Halley, Jono and Hendrik all found the presentation of the genogram harder than the family sculpting exercise, for various reasons. Jono and Hendrik reported feeling more exposed and at greater risk in the genogram presentation than the family sculpting. Halley believed that she 'felt' more in the talking phase than in the sculpting phase:

"... It was much more difficult for me to verbalize my feelings... perceptions of my family than to show people physically where I saw everyone. I felt during the presentation at times that I couldn't speak, or that my words were not enough. The family sculpting was easier because I didn't have to explain and trust my own perception: others' comments somehow to a point validated mine. I felt in speaking that I held a lot of emotion and showed it when it wasn't appropriate; the motion and physical expression in

the sculpture eased the pent-up feeling and made the emotions easier to sit with.”

Marc says that it was more difficult to reveal his family in the presentation, as he was unsure of how people would respond, whereas during the family sculpture “everything was out there already ... the revealing part [genogram presentation] was harder ... after that it was okay.” Hendrik had a similar experience. Halley agrees that the genogram presentation was harder: she experienced it as more emotionally overwhelming. She experienced a sharp focus placed on herself, and found that she was forced to acknowledge the impact that some of her experiences had had on her as she was forced to acknowledge herself as part of her system while simultaneously seeing herself “over there”, experiencing the pain she had hitherto avoided: before, she had been able to hold herself apart from her family, to focus on them rather than on her own experience. The questions that were asked and the feedback given made it impossible to continue to negate her emotions in some respect, and she found that difficult and painful. Seeing the process set out visually also had an impact: she says, “Just seeing it set out there in front of me made it very clear and very ... concrete as well.” In her experience, talking about her family forced her to acknowledge things on a cognitive, verbal level, which made it difficult for her to keep her emotions at a distance. Jono agreed, in that he found that in “making it external”, verbalizing material that he had only examined in thought before, was difficult.

All the participants agree that the process is cumulative whether the discomfort is experienced in the first or in the second process. The consecutive running of the two processes seems to have had the effect of corroborating and thus consolidating all that took place.

#### **5.4.4.2. *Expectation versus outcomes***

In this particular process group it appears that every one felt apprehensive and many of the trainees discuss an underlying process that was operating throughout the group procedure: as Halley states:

*“There was an expectation that group members will ‘reveal all’ or be viewed as ‘stealing from the group’: we rejected people subtly if they weren’t as vulnerable or didn’t risk as much as others did – a judgement of people in terms of them not being open enough, not trusting the group, not being prepared to risk.”*

Possibly with this expectation of ‘reveal all’ there is emotional upheaval, and the need for containment becomes a self-fulfilling prophecy. There was not necessarily an expectation that everyone would be emotionally perturbed after the process but within the first month after the presentation it was accepted that the process had started something that was difficult to undo.

Group members felt apprehensive and anxious about revealing such personal information to the rest of the class as well as to the lecturers involved. Hendrik says that one cannot talk about one’s family without revealing problems. Marc says he was concerned about how much information to reveal. Trust was an issue: the general experience was one of revealing extremely intimate details of one’s life in front of a group of people that one knew to varying degrees, where one did not feel completely safe and trusting of all members. Jono tells us, “I don’t like discussing my family. It’s a very personal thing ... I didn’t trust some people in the group.” Olivia mentions that, as the group was made up of training psychologists, we “infer” things about each other from each other’s families. It is clear that there was a fear of being judged, both for oneself and for one’s family, which added to anxiety around the process.

It appears that there was some level of anticipatory anxiety felt amongst group members regarding the pending presentations. Olivia tells us that she was concerned about how much to reveal. People seemed to feel that that which was private was being made public, and they were anxious and reluctant. There was a profound concern regarding accurately representing one’s family to the rest of the group. But the majority of participants mention that their ideas regarding control and non-disclosure changed once they were in the

spotlight and as Kate says "...something about how the group was, made it possible to just let it come out the way it is in the family."

Most people interviewed acknowledged that the process involved in the genogram presentation and family sculpting exercise began long before the actual presentation itself. Thus in terms of expectations the process is given meaning beforehand which, as discussed above, conjures up a number of emotions before and during the presentation. Hendrik locates the starting point where he began to get to know the people in the group, just after he had met them: a process of information gathering began, and continued throughout the year, which was reflected in the genogram experience.

The anxiety that was experienced by the group on first learning what was expected of them was somewhat mitigated by the fact that one of the lecturers presented her own genogram first. Halley, for example, suggests that it became clear what was expected of them, which helped to clarify her own expectations. She also says that seeing other students give their own presentations also eased the anxiety of anticipation.

The preparations before the presentation were also relevant to the process: the process of information gathering was often significant in terms of learning and reinforcing existing understandings. Halley says that in looking at the photographs she intended to bring to class, she found some of her family's interactional patterns illustrated by the placing of people in various pictures; Anell found herself reluctant to discuss the exercise with her family, and afterwards she was reluctant to describe the process: "...it was like I also wanted to protect them from what I experienced..." Hendrik acknowledges that "I ... put off doing my genogram, like getting all the information from my folks; I think I was probably at a level afraid of it..." For Anell the act of drawing the chart for her presentation was also part of the experiential process: she found the experience of seeing her family and their relationships set out pictorially to be "exposing and ... strange". Kate said "while collecting the information I realised that I was always in between my step mom and my dad, it dawned on me that no wonder she had issues with me, I was obviously



in some pathetic child-like manner guarding my turf... I hated that realisation.... but consciously tried to stop the behaviour afterwards..."

The experience itself was divergent from expectations in most cases. Olivia says that it was much harder than she had anticipated, that she had thought she would be more in control of the process, and have more control over what she revealed, whereas during the presentation and the family sculpting she felt that she had very little control at all, "...suddenly I was hit by how exposing and how vulnerable I was standing there..." where she had anticipated a feeling of detachment; rather it was more of an emotional process than cognitive. Halley also reports feeling "overwhelmed", feeling that she had very little control over the process. Anell echoes this, although she acknowledges that she felt that she had more control during the presentation than during the sculpting process. Jono agrees that the experience was harder than he had anticipated, although he did feel detached during parts of the presentation. Marc also felt "detached" during parts of the process, as did Hendrik, who found the actual experience to be easier than he had anticipated, although they both talk about an emotional impact. Kate expected it to be harder and expected criticism for doing the genogram too cognitively, which she says "is an old issue for me, but instead I got feedback on the amount of feeling I conveyed, it was so valuable for me... I could finally let go of that derogatory label." Several participants remarked that it was good to tell their life story and have their needs acknowledged. Jono reports that his experience of the presentation as well as the sculpting was intensely personal, and that the audience in effect may as well have been "teddy bears", although at first he had been anxious about revealing his family in a university family therapy module. It appears that for some the presentation became a personal journey.

#### **5.4.4.3. Containment**

There was a general consensus that the experience was not completely contained. The common sentiment amongst the participants was that

feedback during the experience helped to create a sense of containment. Halley suggests that after such an experience it is not possible to feel completely contained, but she says that she felt as contained as she thought she could be; Marc agrees that he felt adequately contained. Olivia suggests that if one were completely contained, the issues that were revealed would not be acted upon. Hendrik agrees that after the experience you are left to work through the process and make meaning of it on your own. Jono felt contained afterwards, but not during the process: he is of the opinion that if he had felt held and contained during the process, rather than isolated and independent, he would not have risked revealing as much as he did. Afterwards, he felt that the containment he experienced allowed for closure. Olivia feels that the more traumatic and uncontained the process is, the better, although it feels painful at the time: the more issues are opened up, the more you have access to. She says, "... Uncontained as it was though, I am glad now that it was the way it was. It gave me such a wake-up call."

#### **5.4.4.4 Letters**

It appears that the letters were experienced as very personal, and for the most part supportive, although many people found them difficult to write. Anell expected the letters that she received to be difficult to read, but her experience of them was different: she found that they were thoughtfully written and very helpful. Halley felt that writing letters represented a means through which to offer something tangible in return for the life stories told. Olivia also found the letters meaningful: "some letters I will keep forever; they meant the world". It appears, though, that opinions and letters from some individuals in the group meant more than others. Kate spoke of the letters helping her to hold onto the new meanings that took place in the process, as "some were so different from her way of thinking about the family that it was hard initially to not think the 'old' way." Seth felt irritated that the letters were compulsory and as a result did not write any. Marc felt more comfortable sitting down with the presenter face to face than actually writing a letter. But both of them, however, contend that the letters they received were very valuable. Kate found letters helped on many fronts, it reinforced some of the insights

experienced in the presentation, offered some new meanings in terms of the family dynamics as well providing some form of closure.

*“... It was as if I invited the group into my family, they poked their fingers in every hole... including the holes I didn't even know existed ..., but then with the last task ... the letters... it was like they respectfully replaced the boundaries, they withdrew, the invasion was now over and my family dynamics were left to me and my family members. I needed time alone, to digest and absorb and to build my base – I think during the first year I transferred my support base from my family onto the group and then when the group and lecturers exited, I started transferring my base to me.”*

Many participants restated this sentiment of letters performing a task of closure in terms of the experiential module. It appears that some participants wrote letters to all presenters and others wrote a number of letters to the participants they felt they had something to convey to them. Two trainees appear to have written no letters, however, all trainees received in excess of five letters. Even though there is a huge discrepancy between the number of letters written and received it appears that all agreed that the task was very difficult. Trainees report wanting to write something both valuable and respectful of the risk the participants took and also not wanting to repeat the feedback given in the group thereafter. For those who did the task it appears that the process of writing crystallised their thoughts and participants spoke of letters in almost a narrative manner as the letters were an affirmation of their story, sometimes reiterating their own words, other times normalising their fears and experiences. The letters seemed to have helped in the creation of meaning as the participants saw the systems in many different ways. All the trainees, however, reported the experience of reading particular letters primarily as cathartic.

#### **5.4.4.5 Experiential training versus traditional theoretical approaches**

The process involved in the course was very experiential; the learning gained was far from merely cognitive. Halley says, "If I hadn't been through it myself I probably would not have made the connections I did make." All the trainees agree that experiential learning is more effective than academic formal learning, or learning via case studies. Jono considers such learning to be changeful in that it is experienced through the senses, and the knowledge gained does not always readily express itself in words. Olivia pointed out how difficult it was for anyone to remain completely cognitive in the process: the impact was emotional, and thus more profound than it would have been otherwise. Many said if they were left to do a genogram as part of the training but did not have to present it or do a family sculpt they would never have discovered what they did. It appears that the full journey is required in order for the process of awareness and new meaning creation to take place.

It is interesting that although the genogram and family sculpting takes place in an academic institution with a group of students, not one of the students referred to the process as academic, meaning that this experiential process successfully manages to surpass the realms of academia even within an academic context. The participants speak about the process as an emotional one and I think that the interview was an exercise in putting words around an emotional, possibly wordless, experience.

#### **5.4.5 BEING A THERAPIST IN OTHER PEOPLES' FAMILIES**

Portia summed up a part of the effect of the family therapy experiential module by saying simply that "if you grow personally, you grow therapeutically".

##### ***5.4.5.1 Impact on therapy***

There was a general consensus that the experience of having presented one's genogram and family sculpture, as well as having been witness to those of others, influenced trainees' therapies with clients in various ways.

Seth asserts that as the process had an impact on him as a person, it inevitably had an impact on him as a therapist.

Many group members suggested that as a result of the course they were able to recognize interactional patterns between people, especially in the context of family therapy, more readily. Marc, for example, says, "...it made me more confident, seeing patterns in therapy..." It seems that the demonstration of family processes in a training context characterised by feedback and questioning allowed for learning in a useful, experiential way, almost as if an example was offered of how to understand families, of what to be curious about, which questions to ask. Portia says, "... there are certain questions I won't ask people while they are doing their own genograms, because I would think this is just too much, but when you are in a therapist situation those are the questions I would ask... So it gave me an idea where to go..." Hendrik agrees that getting direct feedback helps you as a therapist to be able to give honest, direct feedback.

It seems that beyond recognition of family patterns in families, the course added to therapeutic proficiency in other, less definable ways: it seems that after the course, trainees' ways of thinking about therapy and about families had been altered subtly. Jono, for example, believes that the process added to his ability to listen to his clients:

*"I think it helped me listen, rather than just take the stereotype and think, this is what a family should look like and this is how families function. Rather ... it's more, each family has their own rules, their own system rules. We learned to be more flexible then, less reliant on stereotypes and ideals offered by theory, although our understanding of theory was also changed."*

Anell says regarding the impact that genograms and family sculpting have had on her doing therapy

*“...I don't know... still figuring out the impact on my personal life and there is a lot to work with there... I think what stayed with me after the experience was that understanding how people function within their families, explains a lot about their way of relating with others....”*

Many therapists move from the individual in therapy to the wider system, the family, in order to gain a deeper understanding. Anell reported looking at the knowledge from the wider system to inform her about the individual patterns as an interactional being.

The process also seemed in some cases to help create a link between theory and experience. Olivia says that through the process “that introduction to systems theory made systems very real.” Hendrik says that throughout the experience you are very focused on the person presenting, and that “ ... later you can put it together with the theory.”

Also, it became more difficult for us to divorce ourselves from that with which we interacted. Many trainees mention a feeling of being part of the system under examination: that also apparently extends to therapy. Jono says, “before training I didn't see myself as part of the system, and now I can't see myself as not being part of the system, not being part of the truth.” Still, Olivia acknowledges that her own experience helped her to be able to “be there” with clients, while still thinking about the process on a cognitive level.

In addition there was a degree of insight into one's own patterns that was gained: for example, Halley says that in her family she tends to take on too much responsibility, and as a result of the genogram and family sculpting process she became aware that she followed similar patterns in therapy: “I wanted to be everything, to take care of everything, ... whether it's my job or not”, as time went on, she began to realise that “I can't save everyone and amazingly they are capable of reacting in new ways, I just never trusted them to manage as well as they do.” She believes, along with many of the trainees, that awareness of these patterns helps her to be an effective therapist. Many

participants spoke of this recognition of family patterns being echoed in therapy. Hendrik mentions that his fear of his family not being able to cope was echoed in therapy, where he was afraid that clients wouldn't cope. During the internship he was able to let go of that fear. Marc also acknowledged having played out some of his relationship patterns in therapy. Olivia agrees: "As a psychologist I think the things I learnt in that genogram about myself have just made me so much more aware of my own crap in terms of other people, so when it resonates I know exactly what it's resonating with, in myself."

It seems that part of the process of acknowledging one's patterns as they appeared in the context of the genogram experience also entails giving back some responsibility in therapy to the client, many of the trainees experienced a process of giving responsibility back to their families. Halley speaks about no longer feeling that she must "be everything" for clients; Hendrik says, "I think I learnt that you don't have to throw your hands up in the air and go hysterical when there is a problem" – he realised that clients are able to cope with intense emotions themselves. Olivia puts it succinctly:

*"...you can keep your boundaries but without leaving that person completely abandoned. It also allows you to see, like with my family I've always had a fear that people would just collapse, that they won't be able to cope with all this huge emotion, but I've seen that people can cope, that they are much stronger than you think. You see clients cope with these huge emotions and it gives you faith in the strength of the human spirit."*

Halley says that often she identified roles in children during therapy that were similar to the various themes that were evident in the presentations. She added, "The genogram experience had a positive effect in terms of psychological mindedness with clients, as I definitely have become more aware of family process". Kate stated, "After experiencing 11 genograms I found myself looking at the client in a different light. Listening to what they were saying. The roles they played in their families jumped out of their

stories.” She added that she thought about how her clients roles played in all interactional settings related to their needs, and believes that the genogram enhanced her “meta-thinking in therapy”. Participants agreed that any understanding they may gain of a family is only related to a small aspect of a highly developed complex system, too large to comprehend. Jono says:

*“... change is so intertwined: it goes back to the systems thing where if you change yourself, you will change yourself as a therapist because you as therapist is not separable from you as person, and if you change you as person, your family will be affected, basically if you change an element of the system the whole thing will shift.”*

Olivia acknowledges that the process of self-discovery that involved the genogram and family sculpting experience has been, for her, a profound one; she says that it has “helped me to take people on that journey now as a therapist.”

In summary the experience seemed at times to take some of us by surprise, resulting in information being thrust upon our awareness, impossible to ignore and at other times our insight and awareness crept insidiously slowly, gradually filtering through piece by piece and only at the end offering some form of understanding. These understandings are still being processed and thankfully open to change all the time. Some awakenings that we experienced impacted the inner core of our understanding but because it was so different from the way of thinking or being, that it flashed briefly in our conscious realm but disappeared when attempts were made to retrieve them. Fortunately those brief flickering moments, however, did reappear when prompted by events in our family. With each experience we were offered choices and alternative ways to look at ourselves, our families and our interactions with the world.

## **5.5 CONCLUSION**



This chapter reflected upon the themes that emerged from the transcripts. The process had a profound impact on the lives of the trainees. They all made changes in their lives in various ways that evolved at least in part from the experience of the genograms and family sculpting, although many note that it is difficult to select one part of the training as being solely responsible for any particular change. Still, they all acknowledge the power of this part of the course, and the strength of the impact that it had on them. Halley speaks of feeling “overwhelmed” by emotion; Olivia speaks of the process as “traumatic” but acknowledges her belief that the trauma shook the foundations which was ultimately more beneficial. Hendrik speaks of the process as potentially “devastating”. A process that is considered this powerful has effects that are often difficult to gauge, hard to put into words: we are limited by the linear nature of language in the face of the holistic nature of experience (Becvar & Becvar, 1996). It seems that of the sparse literature available on family therapy training, clinical psychology master trainees have not yet had a voice about their own experiences and opinions on the matter. The information contained in this chapter attempts to create a partial glimpse of the pervasive effect that the family therapy module, in conjunction with the entire M1 course, had on the individuals personal, clinical and academic perspective. In addition the participants highlight the role of trauma and the subsequent personal growth that resulted.

*Chapter Six*

**DISCUSSION OF RESULTS**

*Sometimes things just have to fall apart in order for you to build them back the way you want them.*

*Meg Ryan*

## **6.1 INTRODUCTION**

Meg Ryan's comment pertaining to the trauma related to the dissolution of her marriage is pertinent in terms of the collective experience of this study. The quote reiterates the findings of numerous journal articles regarding individuals overcoming adversity and transforming it into a catalyst through which to find resources to create change in their lives. In this study many participants spoke of their 'lived experience' as traumatic but at the same time as beneficial in terms of their search for themselves. This chapter presents a discussion of the themes explored in the previous chapter integrated with the relevant literature. Thereafter a reflection of the research process will be explored.

## **6.2 DISCUSSION OF THE COLLECTIVE THEMES**

The various themes are discussed in the sequence in which the cycles of effect, reported by participants, transpired. This process is somewhat akin to

that of peeling an onion. The module started a process of discovery, analysis and awareness evoking numerous emotions, which gave rise to a conflict between preservation versus transformation of the self, which was accompanied by feelings of loss and isolation. This process can be described as an ongoing journey towards differentiation of the self from the family of origin. As the private self and the self as therapist are indivisible and interdependent, a change in the self sets into motion the mutual reciprocal effect of a change within the therapeutic environment.

### **6.2.1 Discovery and awareness**

The journey of discovery was enhanced by numerous characteristics of the module, some of which will be highlighted in this section. The experiential quality of the module played a pivotal role in providing the platform for new meanings to be accessed; however, many other characteristics of the module were pertinent, such as the module being presented in a group format which incorporated among many things benefits of vicarious learning. The varied formats of *talking* (genogram presentation) and *doing* (family sculpting) reflect the diverse nature and multi purpose of this experience. Processing time also seems to be an essential dimension regarding the development and understanding of the insights gained as well as the implementation of the new behaviour in participants' lives.

#### **6.2.1.1. Role of the group**

In this family therapy module, the group of eleven (nine students and two lecturers) served as the stage as well as the "mirror, providing opportunities for self and collective proclamations of being" (Myerhoff, in Dixon, 2000, p.352). As the module is an "experiential process [it] maximizes involvement in the group through ... observation, feedback, support, and energy" (Haber, 1990, p. 380). Yalom (in Haber, 1990) believes that groups are a powerful forum for training; he describes the influence of the group as "contributing hope, altruism, catharsis, interpersonal learning, universal perspectives, development of socialization techniques, and a corrective recapitulation of the

family group” (p.380). Haber (1990) believes that “the process of the training group must be considered and used in order to develop a context that can maximize the development of personal and interpersonal resources” (Haber, 1990, p.380). It needs to be noted here that the reported experience of the group being studied matched what is mentioned above by Yalom and Haber but the nature and energy of this group had another dimension to which trainees refer: that of an incredible intensity, an unwritten rule insisting that participants reveal all. This may refer to the unique nature of groups and in this particular group the trainees reported that the group and individuals “... went all the way, left very little stones unturned and thus bruising was not only expected but was par the course...” (Halley).

As stated beforehand Yalom (1995) believes that the group has incredible “power to wound and to heal” (p.518). In my opinion the individuals within the group were almost ruthless with themselves in terms of the degree of risk and growth expected from themselves and reciprocally from each other. This level of depth and intensity was present in this group during the entire masters course, and in particular was very noticeable during the family therapy module. This possibly played a role in the degree of self-disclosure and subsequent traumatisation that the trainees expressed. Conversely it also contributed to the extent of insight and growth they report and the level of consensual validation. Yalom (1995) states that intimate sharing groups “profit enormously from the experience of universality” (p.7).

### **6.2.1.2 *Experiential training***

Participants’ comments pertaining to the new levels of awareness often gave credit to the fact that the process was experiential and the consensus was that this form of training far outweighed any formal traditional academic tuition. The participants indicated that the insights gained were vast but also credited the experimental method of tuition for inculcating a tangible understanding of theoretical concepts. Many participants indicated that because the module was experiential it was difficult to remain cognitively in control during the presentations as the impact was inescapably emotional.

Kane (1996) supports this notion and states that “an experiential element can provide a helpful complement to cognitive methods, one that may bypass some of the trainees’ common defences” (p.487).

Psychotherapy has long been recognised as a “talking process” (Duhl et al., 1973, p. 51). In comparison, family sculpting or genograms are seen as systemically orientated action techniques used to enable the client to gain insight and enhance the process of change. Yalom (1995) states that “there is little doubt that intellectual understanding lubricates the machinery of change” (p. 46), but for change to take place the understanding needs to be accompanied by an emotional experience. The value of experiential or action techniques in therapy has been discussed in terms of emotional experience accompanied by cognitive understandings, often resulting in some form of behavioural change. Bowen’s introduction of family therapy with the use of genograms was based on one family member researching and coming to terms with his or her own family of origin (Wylie, n.d.). Duhl et al. (1973) contends that if one family member changes as a result from awareness of the family dynamics then these learnings can be generalised to the entire family space. If we conceptualise a family as being composed of interrelated parts, who in concert create their relationships, one can postulate that any change in one individual will have a ‘ripple effect’ on the whole (Becvar & Becvar, 1996). Wark, Thomas and Peterson (2001) assert that “the presence of family members is not necessary to enhance therapeutic efficacy of internal family systems” (p. 193). Kane (1996) contends that “interactional patterns learned in and unresolved issues from family-of-origin relationships will be played out in adult relationships, including counselling relationships, unless they are dealt with” (p.483). In order to limit the reenactment of relationship patterns an individual needs first to become aware of the behaviour and experiential exercises provide the forum for this to take place. Thus Kane (1996) believed that experimental learning is an essential technique that should be used in training to foster greater awareness of differences and similarities.

### **6.2.1.3 Cross cultural awareness**

The experiential process, in this study, seemed to play a pivotal role in deconstructing cultural barriers: “seeing English families like yours or a black family or whatever, the different ways and the similarities between the families were exceptional, many things are not culturally bound” (Jono). This concurs with Marchetti-Mercer and Clever’s (2000) study regarding the use of genograms to improve cross-cultural understandings amongst psychology students.

The use of genograms illustrated to the students how few the differences and how great the similarities across the various cultures were, which resulted in an increase in cross-cultural understanding. “Despite the complexity of human problems, certain common denominators are clearly evident” (Yalom, 1995, p.6) and thus within a group setting similarities between cultures are soon perceived. A quality of all problems, that plays a role in dissipating cultural barriers, is that “there is no human deed or thought that is fully outside the experience of other people” (Yalom, 1995, p.6). Kate’s comment regarding her group experience corroborates Yalom’s statement that “whether the life stories included rape or abuse or described aspects of families that were overprotective, enmeshed, manipulative, abandoning or rejecting the stories incorporated feelings of happiness, anger, sadness, inadequacy, pressure or hopelessness ... they all seemed to generate from the same pot of life.”

#### **6.2.1.4 Vicarious insight**

Lawson (1988), as discussed in Chapter 2, believes that students gained insight “vicariously from the struggles and working-through process of [fellow students]” (p.247). This sentiment is echoed by the participants in this study in that they express being exposed to alternative responses to similar problems; these learnings were then applied in the therapeutic environment. However, participants also spoke of the powerful normalising effect of witnessing colleagues responding similarly to family dynamics. This normalising seems to be followed by an emotional kindness and subsequent

reduction in their own self-defeating and derogatory thoughts related to their behaviour and actions. Olivia said “It also showed me the universality of problems. I think people sometimes ... have the same secrets that they are afraid other people will discover... [When you share them then] you actually realise that the problems in your own family system are not all that unique.”

Myerhoff (1982) says:

“A story told aloud to progeny or peers, is of course, more than a text. It is an event. When it is done properly, presentationally, its effect on the listener is profound, and the latter is more than a mere passive receiver or validator. The listener is changed” (p.116).

Keeney and Ross (1985) believe that “what is ‘meaningful’ arises from the action of a particular observer” (p. 52). That is: the components of the presentations that are both new and meaningful to the observer are selected, constructed and punctuated by the observer. This is accurate in this study as the group members reported resonating with aspects of others’ presentations which at times challenged the way they thought about their own families of origin. Although the participants in this study found the role of ‘observer’ an emotionally dynamic experience, it seems that a vast amount of vicarious experiential knowledge was made available through this experience. Jono says, “It’s like you live through each genogram with the person, you feel what they are feeling in the presentation and it gives you a glimpse of what it would be like living there, and also connected with your own.... you absorb the parts that link to your family of origin.” Halley’s comments: “The family patterns become alive... and tangible within the families you experience in the room.” Kate says “it felt like you were invited into the family, especially in the family sculpting session where you are exposed to a variety of family interactions.” Portia says that “you experience at an emotional level how it felt to be one of their family members and [in that] you experienced the emotional impact of certain positions.” Hendrik says, “It went beyond any form of cognitive understanding.” Kane (1996) believes that “if family-of-origin considerations remain only at the cognitive level, the opportunity to recognize and then work



through unresolved interjects from the trainee's family of origin may be less than ideal" (p.481). White (1998) concurs with this and stresses the essential role of forums of acknowledgement as they provide contexts for telling and re-telling. This was reiterated by participants such as Jono who said that the presentation "acknowledges where you are, and it helps create other realities around what's going on." It appears that participants learn vicariously from being active observers in the "definitional Ceremonies" (Myerhoff, 1982, p.105) of the genogram and family sculpting exercises. The performance of the two exercises, however, seems to have had varied effects on the performer.

#### **6.2.1.5 Talking versus Doing**

Participants describe the very different emotional impacts of the two experiential tasks: genograms and family sculpting. The tasks seemed to differ in severity of emotional effect depending on whether the individual was more comfortable '*talking*' and presenting issues as apposed to '*doing*' the sculpting in order to portray the family dynamics, where the emphasis was on physically placing family members to communicate relationships. The two aspects of the module seem to have different agendas. Genogram presentations "increase understanding of the influence of the family of origin. Family sculpting [on the other hand] concentrates on emotional and relational aspects and allows for their visual representation" (Lesage-Higgins, 1999, p31-32).

Genograms traditionally are used to gain a deeper understanding of family systems. They show information regarding present and past interactional patterns and thus can graphically clarify the transgenerational dynamics in family systems (Bardill, 1997) and their connection to the present context in the here-and-now. As a result of their immediacy and the sheer volume of relevant information many participants felt overwhelmed talking about themselves within the whole system. Pisolé (1995) reiterates this and believes that the genogram is a "quick gestalt" which enables a vast amount of information to be presented at a glance (p.135). Numerous participants

reported seeing previously invisible patterns with a renewed understanding once they presented the three generations of their family. Berg-Cross (2000) believes that the advantage of the genogram is that it provides access to multigenerational influences visually as well as tracing the issues surrounding a presenting problem. In addition it provides information that aids in understanding the family patterns and generates more areas that require intervention (Milewski-Hertlein, 2001). This can be used to unblock the system and reframe and detoxify patterns.

Almost half of the participants experienced the genogram as emotionally more difficult than the sculpting exercise. They felt it was exposing, impinging on boundaries and forced them to see themselves within context. For these members the verbalisation of their emotions pertaining to the family of origin was a concrete emotional acknowledgment of themselves as part of the system as well as bringing to the forefront an array of issues, some of which had previously been unacknowledged. Watzlawick (1978) states that just as one's emotions can make one physically ill, it is also possible that communication can be used to make one heal. Plato (in Watzlawick, 1978) believed that abreaction of emotions verbally had a cathartic effect, although he also warned that "all that heals can also be abused; just as, conversely, a poison can also cure" (in Watzlawick, 1978, p.10). The act of verbalising made it impossible for participants to negate their emotions and forced them to acknowledge their emotions on a cognitive verbal level, which they experienced as making it more difficult to keep the information and their emotions at a distance. Possibly Whitaker (1976) was correct: "we keep doing to avoid being" (p.154); that is, the experience of living, according to experiential family therapists, comes first and our analysis and thoughts are the process whereby we attempt to give meaning to this experience.

Possibly the *discussion* in the genogram presentation is the *process of giving meaning* to that which was previously felt or emotionally, rather than cognitively, known. Watzlawick's (1978) belief that we have two languages reiterates the experience of the participants. He believes that that one of the languages is "objective, definitional, cerebral, logical, analytic; it is the

language of reason, of science, explanation, and interpretation” (p. 14). It appears that for this group of participants the ‘talking’ and presenting their family in the genogram, by their own account, made them move from an emotional knowledge about their families to an analytical cognitive knowledge and an integration of these emotions with the vast newly defined cognitive information was experienced as rather confrontational and somewhat overwhelming.

In contrast, family sculpting uses positions in space to communicate relationships. Hearn and Lawrence (1985) believe that the intensity of the sculpture is related to the sheer immediacy of sculpting, which brings with it so much relational information.

“What seems to be happening in family sculpting is the development in the room of a multi-faceted phenomenon, part structure, part image, part behaviour, part solid form, that often makes fairly immediate and obvious sense to those present... It is as if they remind us of collective representations of family form, which themselves form part of the collective unconscious. They sit in the room as exemplars of half known, but understood, family mythology” (Hearn & Lawrence, 1985, p. 130).

Participants who experienced a greater level of discomfort in the family sculpting task, as opposed to the verbal presentation, reported that for them the placing of people in a setting made the family dynamics become almost visible and tangible. Watzlawick (1978) speaks of a second language being the “language of imagery, of metaphor ... perhaps of symbols, but certainly of synthesis and totality, and not of analytical dissection” (p. 15). This group of the participants reported feeling more at ease during the genogram presentation as the act of talking about the dynamics played a role in distancing them from their emotions, although only to a slight degree: they still spoke about feelings of exposure and risk. It appears that for some participants the act of selecting and arranging words and language to describe the experience moves one away from the raw (possibly wordless)

emotion of the moment and the focus instead becomes the intellectual description and articulation of the phenomenon with the accompanied analysis. For these individuals the, essentially non-verbal, family sculpting process was experienced as less predictable and they felt more vulnerable with less control. This makes sense in terms of Watzlawick's (1978) description of the second language he mentions, which "is not the language of definition" (p.15) and is characterised by undirected thoughts with inherent 'illogical' rules of direction: "it is the stuff that dreams, and other experiences of our inner world are made of" (p. 15).

Kerr and Bowen (1988) state that "if people are using emotional cutoff to deal with the past, then they are using emotional distancing to deal with the present" (p.276). They add that sculpting bypasses emotional distancing and intellectualisation, making more information and emotions available regarding the effects of the family of origin on relationships (Kerr & Bowen, 1988). I believe that the level of discomfort, the participant experiences, can be related to the nature of the task and the nature of the individuals' defences. As Lesage-Higgins (1999) states, "sculpting cuts through ... defensiveness and projection of blame" (p. 35). Hearn and Lawrence (1985) refer to family sculpting as inescapably concrete: the absence of the tool of language makes it difficult for participants to 'move away' from the experience and accompanying emotions. Possibly because sculpting transcends the limitations of language and communication complications, alternate or additional information becomes readily available. As Kate exclaims, "You bypass the cognition and go straight to the emotions without the comfort of any distancing techniques"

In summary I believe that the group of students who felt more uncomfortable during the talking phase (genogram presentation) naturally use more of what Watzlawick (1978) refers to as the language of imagery and symbols in their experience of the world. On reflection they were able to express emotion in various ways, including crying, during the course. The genogram was in essence forcing them to link their emotional knowledge with the cognitive, definitional, analytical linguistic knowledge during the presentation.

In contrast, I believe that the group that found the family sculpting more difficult were more au fait with the language that Watzlawick (1978) describes as cerebral and analytical, which “follows the laws of linguistic logic” (p. 15) and the family sculpting, being more imagery based and making use of more undirected thoughts, forced them to experience the emotions within the dynamics of their family, devoid of the structured definitions and logic of language. Jung (in Watzlawick, 1978) provides us with another possible explanation. He states that there are two diametrically opposed ways of grasping reality: that of ‘thought with feeling’ and that of ‘perception with intuition.’ He believes that a “logical, methodic, and step-wise approach” (p.16) to reality (like the genogram presentation) which is very pedantically based on detail may at times “not see the forest for the trees” (p.16), and thus an individual who grasps reality in this manner may find it emotionally more difficult when seeing the whole. On the other hand an individual whose view of reality is based on “a global, holistic perception of totalities, of Gestalten” (like the family sculpting) may at times find it “very difficult to cope with detail – [verbal analysis in the genogram presentation] and thus be unable to see the trees for the forest” (p.16).

The participants, however, all agree that both aspects of the module, the genogram and family sculpting exercise, irrespective of how emotionally weighted they are, have a cumulative effect. In both processes the implicit is made explicit (Watzlawick, 1978). Genograms, as a therapeutic tool, offer both a backward glance at the history of the family, while demonstrating the ‘here and now’ emotional significance of family relationships (Lesage-Higgins, 1999). Family sculpting offers a present scenario, with the possibility of a forward glance at potential expectations and outcomes. Thus the genogram and family sculpting can be past, present and/or future centred. The art of expressing and experiencing our family of origin narrative, whether the content at times be ‘poisonous’ (Watzlawick, 1978) or not, may play a role in our healing. It is, however, imperative that the genogram and family sculpting process is used responsibly, ethically and in the most effective manner, as delving into one’s life can create healing but that is not to say that it cannot

create harm. The participants of this module, however, reported that they found the process to be incredibly valuable although somewhat daunting. Amongst all the trainees there was a sense of 'okay, I now have all this information: now what?' The interviews revealed that time was required for the information to be processed and to bring about changes related to some of the new understandings.

#### **6.2.1.6 Processing time**

The family therapy module seems to have opened up a number of new understandings in participants' lives in terms of their interaction with family members and in other social and occupational settings. Yalom (1995) sees insight as a process of "sighting inward" – a process encompassing clarification, classification, explanation and derepression" (p. 45). He believes that insight can be gained on four levels, namely interpersonal (how we are perceived by others), complex interactional patterns of behaviour, motivational insight (the function behind behaviour) and genetic insight (developmental history) (Yalom, 1995, p. 45). The information or insight gained on the various levels, however, may be emotionally overwhelming as it is vast, pertaining to behaviour that is pervasive through all areas of participants' lives. Interviews reflect comments such as "too much to come to terms with in one year", "have grown to be this person over years", "sitting with it all opened up, and you can't metabolise everything", which is suggestive of the amount of information and the need for processing time.

The participants mentioned that they found it difficult to address the issues during their M1 year (academic year of masters) and that only during their internship year did they find more time and emotional space available for self-examination. They report feeling less guarded during their M2 year and out of the spotlight; thus they could start looking closely at the issues with greater control over how they dealt with them. With the privilege of time the process of change reported by participants was far more gradual, which enabled a greater understanding and space for adjustment and processing for themselves and their families. All the transcripts reflect a belief held by the

participants that the process that evolved, at least in part from the experiential family module, is in fact an ongoing one.

Many participants, however, also commented on the decreased support available during the M2 with the 'loss' of the daily process group and the decrease of proximity to the university, coupled with the alienation or isolation experienced within their family of origin. It was also mentioned that during the family therapy module permission was somehow granted to feel certain feelings and to acknowledge certain needs. It seems that the participants had possessed a staggering vocabulary for family relational needs but stood virtually mute in the discourse of their own individual needs.

They speak of a change in their experience of themselves, during the M2 year, where they were no longer able to negate their own needs, even to the point of describing themselves as more 'needy' during the internship year. Andolfi and Angelo (1987/1988) state that:

“During the whole course of the individual's development in his family of origin, the two needs – personal and familial – have been in constant confrontation and the temporary result depends on the force and the rigidity with which the family needs have been imposed on those of the individual, and how much tolerance there is for each individual's personal space” (p.45).

It appears that the module was a catalyst highlighting the participants' needs and their sense of boundaries which, when acted upon, created a confrontation of different needs within the system. Bowen (in Wylie, n.d.), states that a person trying to bring about change in the 'emotional togetherness that binds us all' will inevitably create anxiety and resistance in the system as they are disturbing the sense of unity and shared identity. The transcripts refer to the process of change as an evolving, time and energy consuming process. Participants reported that greater levels of individuation were achieved only by looking at the roles in various contexts and re-evaluation and re-negotiation them. This state of attempting to address many

of the insights gained and behavioural changes made within the family of origin seems to have brought about a need for supervision or personal therapy, specifically for support and guidance.

### **6.2.2 The Emotional experience**

For the counsellor trainer, one of the most daunting issues that has to be faced at the outset of any course is the fact that if things go well they will not go smoothly. The reason for this is that training, if it is to be effective, must involve a high degree of self exploration on the part of the trainees with the aim of increasing their self awareness and self knowledge.

Dryden and Thorne, (1991, p.3).

The participants experienced the pain of withdrawal, in addition to the psychological pain associated with facing the various parts of themselves and their family members, facing how they feel and think and ultimately letting go of their illusions and protective defences. I believe the interviews would have looked very different had they been conducted immediately after the module or after completing the M1 year. This is clearly indicated by Olivia's comment that just after the experience she was still reeling with shock. Having completed the M2 year created some distance from the immediate effect of the module and allowed for reflection, processing and some of the subsequent changes to take place.

Bowen (1978) believes that learning to know oneself is the most compelling and hardest of all human tasks and that it requires an incredible amount of courage, focus and determination. As Viktor Frankl (1963) says: "What is to give light must endure burning" (p. 157). In the clinical psychology masters course the task of 'learning to know oneself' involved a diverse range of emotional experiences. The participants spoke of feeling protective, isolated, judged, rejected, contained, vulnerable, safe, liberated and exposed. They also spoke of the impact of presenting and then receiving feedback from a process group. The transcripts reveal that the task of gaining greater insight



into the person you are, the behavioural patterns inherent in your life, how you are perceived by others, how you process information and how you respond to difficulties, is a complex task compounded with a vast amount of information and engulfed in a multitude of simultaneous and, at times, opposing emotions.

As the topic of discussion was the individual within his or her core family, participants understandably reported initial feelings of wanting to protect their families and thus indirectly protect themselves by not having to disclose or acknowledge information. Andolfi (in Barletta, 2001) believes that psychologists at times are too protective instead of being curious and exploring things. He says that “protectiveness is very often the best way not to know any damn thing. Because you just have to protect something from danger, instead of looking what things are like on the inside” (p. 249). Minuchin (in Berg-Cross, 2000) speaks of overprotective families that have a high degree of concern for the welfare of one another and are hypersensitive to any indication of distress or dangerous levels of tension or conflict. This aspect of overprotectiveness appeared to be present in many participants themselves, yet was not reported as a characteristic of the overall family function. Family members only appeared protective when attempting to maintain the family’s current organisational structure (Bogdan, 1984). Participants speak of fulfilling a role of balancing family needs, trying to negotiate and defuse family conflict and controlling the flow of communication between family members. These behaviours according to Minuchin retard the development of autonomy (in Berg-Cross, 2000). In order to bypass the need to protect, the trainees ranked an element of trust between the group and the university lecturers as essential. Shirley Braverman found that the “development of trust is mandatory, otherwise the student experiences the process as an intrusion into his life and an attack on his competence as a person” (in Braverman, 1982, p. 39). If it is reasonable to assume, as Kane (1996) states, that “students will risk only insofar as they feel safe in doing so during these exercises” (p. 483) then it may be assumed that this particular process group felt relatively safe and thus felt there would be a degree of containment. A number of participants mentioned that the presence of

lecturers in the process created a sense of safety: that is to say they expected that if something went wrong, the lecturers could protect or catch them. Kane (1996, p. 483), however, goes on to say that in experiential family and marital therapy exercises, “the work will elicit unfinished business but not resolve it” and many participants did indeed seek emotional support.

Heinl (1987) believes that:

“There is a link between the information contained in the sculpt and the impact produced by the sculpting experience: The greater the congruence between the reality of the ‘internal image’ of family relationships and the constructed sculpt, the more the sculptor will be able to identify and recognize ‘meaningful’ connections and the greater will be its emotional impact” (p.189-190).

Taking cognisance of this statement, one may believe that the heightened emotional effect of the genogram and the sculpting experience may in part be related to the degree of disclosure in addition to the congruence between the perceived reality of the family of origin dynamics and the portrayal of the family during presentation. It is possible that the interactive genogram having been presented beforehand may have enhanced both the congruence and the intensity of the emotional experience of the family sculpture.

As the experience was laden with a myriad of emotions, receiving feedback from the group played an essential containing role. The participants describe, among many things, how they felt a loss of control, an inability to measure or predict how they were being understood or judged, and feelings of inadequacy and anxiety. All transcripts describe the difficulty of presenting for such a long time period without feedback and the anticipation or hypervigilance involved in trying to assess from the ‘audience’ how they were being judged. The trainees also comment that when they received feedback it provided immediate relief, as they were then able to gauge their audience’s response. Many trainees described the effect of feedback as representing acknowledgement of their position in their family. It was also useful in terms of

identification of family patterns. In addition it served to normalise fears regarding the family, ease feelings of group judgement and at the same time had the effect of recognising the presenter's strength by not diluting issues.

Feedback, whether negative, positive or just acknowledgement of what has taken place, seems to engage the presenter with the audience and reduce the effect of isolation. Epston believes that "every time we ask a question, we're generating a possible version of a life"; that is, we generate curiosity about alternate realities (in Freedman & Combs, 1996, p.113). The participants remarked that some of the verbal feedback and letters from group members had a profound effect that stayed with them for months and years until their lives answered the questions. Epston (1994) discusses the importance of therapeutic letters and comments that "words in a letter don't fade and disappear the way conversation does; they endure through time and space, bearing witness to the work of therapy and immortalizing it" (p. 31). Postmodern perspectives such as narrative therapies have placed a great deal of emphasis on the therapeutic potential of letters and in this study they served as a summary of the presentation (Epston & White, 1990). The participants' letters functioned as a written record and also a tangible confirmation of aspects of the sometimes surreal process that took place. In an attempt to integrate the new information into the system and thus facilitate the emergence of a new identity, trainees had to engage with the difficulties of their transformation within their various contexts.

### **6.2.3 Preservation versus transformation of self**

Many participants experienced the dilemma of trying to integrate the *developing self* with the *old self*. Keeney (1983b) says that the process of searching for meaning will in itself create new structure and pattern. Bateson (1979) believed that change could only take place with the aid of a database of 'new' information from which to draw alternative behaviours, patterns, structures and choices. Is the concept change then the 'unknown,' as Becvar and Becvar (2000) suggest, akin to uncharted territory devoid of predictability and familiarity? Or do individuals gradually evolve over time? The cybernetics

and communications theories postulate that “the family is a self-regulating system which controls itself according to rules formed over a period of time through a process of trial and error” (Selvini Palazzoli, Boscolo, Cecchin, Prata, 1978, p.3). The participants from this study reported the sudden and at times overwhelming and turbulent effect of the family therapy experiential module, where participants initially felt uncomfortable with their newfound insights that disallowed their previous *modus operandi* in the family system. As Becvar and Becvar (2000) state, “even though none of us particularly likes having problems, at least we are familiar with the problems we have. There is a certain security in problems in terms of the predictability of our behavior relative to them” (p.111). If participants were to respond at times to complex family dynamics in terms of first order analysis, attempting to create change within the system without disrupting the structure, this could place them “in a *Game Without End* ...[as some problems can only] be changed from the next higher logical level” (Watzlawick, Weakland & Fisch, 1974, p. 22); that is, “the system’s structure itself has to undergo change” (Watzlawick et al., 1974, p.38). Participants reported that the attribution of new second-order meanings to existing undesirable state of affairs prohibited comfortable continuation of the previous behaviour. The trainees made statements of wanting to change the system or their behaviour and in their concentrated effort to achieve this change they realised that they had resorted “to the recipe of doing *more of the same*” (Watzlawick et al., 1974, p. 31); that is, applying the same methodology to the problem at hand. If “the system needs to change how it changes in order to remain stable” (Becvar & Becvar, 2000, p.111) then possibly the corrective solutions previously used need to be addressed.

It appears that, as the Mental Research Institute (MRI) Palo Alto group recognize, that the solution can become the problem. Problem behaviour is inextricably connected to problem-solving behaviour. According to this Palo Alto group, problem formation is often related to an inappropriate solution being used, which results in the solution becoming the problem (Segal, 1991). The transcripts contain numerous comments pertaining to the trainees recognising that they were ‘taking responsibility’ to bring about more effective

functioning of their family system, which was in essence more of the same solution and could result in eventual exacerbation of the initial problem. Segal (1991) states that this can occur in two scenarios: problems are denied or not 'seen' and no solution is applied to the situation, or more pertinently the wrong solution is implemented repeatedly resulting in escalation of the problem. The participants were playing a dual role: they were simultaneously present as family members, while also being present as observers from a meta-perspective, assessing their own behaviour while interconnecting with others. Their self-assessment was based on their new reality and understandings, with a view to curtailing the application of the same solution to repeated problems. If the solutions we apply to our lives are understood as logical to the context within which they occur (Becvar & Becvar 2000), then when this 'logic' or the way in which the problems make sense to us is altered by the introduction of other meanings, then the ways in which we react to maintain and abate the problems will no longer be appropriate. Thus the new script renders previous ways of interacting obsolete. This makes sense in terms of the numerous comments made by participants regarding their feeling of debilitation or paralysis regarding a lack of knowledge of 'how to be' when returning to the family system with their new insights. Where does this leave the individual returning to the family? "At this level, a cybernetic system requests both a change of change and a new way of stabilizing its stability" (Keeney & Ross, 1985, p. 53). Thus, as mentioned previously, second-order process is required to bring about structural change to the entire system which involves both risk-taking and counter-instinctive behaviour for the participants. It is therefore not surprising that all of the participants sought help either in terms of personal exploration with a supervisor or, more commonly, individual therapy. The module therefore provided new information, which they report to be disruptive, valuable, and life changing. Possibly, the process of "therapy merely provides a context in which this self-corrective process is facilitated" (Becvar & Becvar, 2000, p.111).

An additional interesting phenomenon which Selvini Palazzoli et al. (1978) refer to as the therapists declaring their impotence without blaming anyone, seemed to have occurred naturally within the family system. Many of the

trainees reported having played an active, almost therapeutic, role within their family system, which included parenting and problem solving in order to keep the balance. Suddenly, on re-entry into the family of origin, as a result of their newfound insight, they report feeling debilitated, alienated, unable to continue their previous role, unsure of what to do or how to act. This in essence can be construed as a non-verbal declaration of their impotence as their immobility precludes their fulfilment of their previous roles, and many participants report withdrawing or stepping back as they had no answer. Thus the genogram process appears to have initially halted any form of action in the family of origin and this behaviour is akin to the Milan work regarding declaration of impotence; however, the participants' intention was not to provide a paradoxical intervention although it often appeared to create movement within the family (Selvini Palazzoli et al., 1978). As Selvini Palazzoli et al. (1978) state, the effect of such an intervention is that it can "shake the status quo of the family ... break the symmetrical game [and very importantly it helps the trainee] to avoid defining themselves as initiators of change" (p.149). That is, they are no longer taking on the responsibility for changing the system.

The trainees mention that the genogram and family sculpting module was the catalyst, along with the entire masters course, that brought about change in themselves and subsequent change in their families of origin and in many other arenas. The interviews indicated that there were many experiences that involved redefining and renegotiating trainees' senses of self, and with this process the participants reported that some parts changed, others developed further and then some parts were lost, and their states could not be recovered. They speak about the training and specifically the family therapy module as an incredibly beneficial journey that they have travelled with many valuable outcomes in terms of the self; and yet the journey was tumultuous in character, fraught with challenges, losses and isolation.

#### **6.2.4 Losses and Isolation**

Losses in terms of self are complex. We exist within context, we are members of various groups: we are in partnerships or marriages, we belong to various social groups, we belong to the community of psychologists and so on. We are shaped and formed in terms of the interactions we have with other people within our various contexts. We continuously renegotiate the rules of our relationships in these contexts and the training context heightens our awareness of this process (Prentice, 2001). The sense of loss or isolation thus would presumably be a loss experienced within a context.

As we are contextual beings, intrapersonal change will have a reciprocal impact on interpersonal relationships. All the participants speak of their change of behaviour having a significant impact on their families' behaviour. Owen (1993) suggests that individuals training as therapists undergo changes in their relationships with their families and friends whilst they proceed through training. He adds that the student will experience various changes in attitudes and reactions from family members and friends. Owen (1993) believes that the changes one undergoes as a trainee alter one's perception of what one likes in oneself and others. This produces a significant amount of conflict among those who liked a given trainee for what he or she had been, rather than what he or she was in the process of becoming. This conflict can result in greater isolation as the trainee and/or the family members and friends withdraw. Various studies show that many therapists struggle to relate meaningfully with friends and tend to reduce their circle of friends and socialise less during their careers (Guy & Liaboe's, 1986; Faber, 1983). Further studies indicate a decreased emotional investment of therapists in their family of origin (Faber, 1983). This process is quite intense during the training phase as the focus on self-awareness is concentrated and many changes take place simultaneously. As this process is so rapid during the training phase family and friends and the trainee have limited time to adjust to the many changes that take place. This also takes place before trainees have integrated a balance between their professional and personal lives. Understandably, as reported by the participants of this study, the entire masters course and specifically the family of origin exploration can leave a

trainee somewhat overwhelmed, with a sense of isolation from his or her family, friends and him or herself.

In the process of coming to terms with our own identity, our own needs and boundaries, away from the connectedness and historical structure of our families, we run the risk initially of feeling somewhat alienated both from our significant support systems and from ourselves. The transcripts describe a cyclical journey over the two year period that entails, in a sense, the participants' withdrawal from their families of origin with the focus on themselves as individuals, before the spotlight returns to the integration of "the individual self working outward toward relatedness" within the system (Gergen, 1994, p. 15).

All the participants reported a process of renegotiating roles, rules and boundaries within their various relationships. Olivia succinctly expressed the rebuilding effect of the genogram and family sculpting exercises:

*I think I needed my boundaries invaded to be able to see where I want my boundaries to be, not where my family thinks the boundaries should be ... .. I felt like my life came tumbling down and then you just plod on... it started a huge process, like a revamp, of my life and the way I see things ... I now choose which patterns I want to fit in with or not, ...*

Once the participant has access and insight regarding the systemic dynamics of their family, then, as Daughhete (2001) states, the awareness of the patterns reduces the tendency to continue the same behaviour. It appears that in many cases participants experienced a subtle rejection from their families of origin. Prentice's (2001) research supports this finding: most of his interviewees concurred that their memberships in social groups had been threatened or even withdrawn. Out of the experience of the withdrawal of these memberships a sense of isolation and loneliness seems to have evolved. Contexts within which meanings had previously been shared and understood became less accessible during the training process. Blokland



(1993) believes that a portion of this loneliness during training is balanced by greater group cohesion. The interviewees contend that membership within their process group during training gave them a sense of belonging and support but often at the cost of them feeling estranged from the communities to which they had previously belonged. It appears, however, that the group members needed to individuate from the process group towards the end of the M1 year, possibly in order to retain or redefine their sense of self. I believe this may be a form of setting boundaries between various systems and yourself. In the process of setting boundaries one does elicit a form of isolation or loneliness but as Wolfe (1941) mentions, loneliness is an intrinsic condition of existence. I contend that loneliness and isolation are essential elements of individualisation without which the boundaries cannot be set.

Prentice (2001) postulates that all trainee therapists perceive themselves to have been irrevocably changed in the process of becoming clinical psychologists. Many participants in this study spoke of a loss of self. Interestingly, one could infer from the participants' descriptions that the way in which they have changed is to become more themselves: they are more aware of their needs; more aware of the implications of their actions; more aware of their boundaries and more able to contain and deal with emotions and emotional situations.

Framo (1972) states that when individuals achieve a marginally greater level of differentiation of self it can reduce anxiety and create greater confidence. He adds that it is not necessary for people to work constantly at differentiation but to hold the knowledge that they can call on it when required. The terms individuation and differentiation are used interchangeably in this study and refer to the process of becoming independent of the family of origin's authority and expectations (Bowen, 1978).

### **6.2.5 Differentiation of Self**

“Independence is the privilege of the strong”

L. W. Nutzcha (in Berg-Cross, 2000, p.43).

Over 40 years ago Carl Rogers suggested that in order to become a person a process of personal growth and self-discovery is required (Rogers, 1961). There have been numerous academic debates around the issue of what it is to become a person, with the focus ranging across various factors such as biological cultural, social, spiritual and subconscious realms. However, the process of self-discovery and growth is still recognised as fundamentally beneficial in the journey towards the self. Erikson (1968) states that during adolescence we as human beings start to think abstractly about our lives. He called this stage the 'identity crisis.' Adolescence is seen as the start of the great process of individuation / differentiation. This stage is characterised by negotiating between two polar opposites: "continuing and deepening ties with the family, while at the same time separating and distancing from them" (Berg-Cross, 2000, p.53). "It is ironic that the safer children feel, the freer they are to explore and separate from the parent" (Berg-Cross, 2000, p.43). During this stage we construct interpretations of our lives in the form of narratives, which are subject to continual revision and extension (McAdams, 1990). Successful differentiation entails having the autonomy to 'be as you are', while retaining an emotional connection with your family of origin (Berg-Cross, 2000). Participants reported that after the experiential module they felt a loss of connection with their previous self whilst trying to create a 'new self.' The goal, however, is an integration of the new information and knowledge with the previous way of being. Locke (1975) contends that self-continuity is an important aspect, which requires a connection between the various stages of self through past, present and future. That is a recognition of the many selves that exist incorporating not only the many parts we represent now, but also the many parts that have continued from our youth until now, such as the 'young self', the 'older self', the 'innocent self', the 'open-eyed self' and so on. Andolfi (in Barletta, 2001) echoes the notion of continuity when he says, "It is better to look at the future by going back to the past... to bring to the future something from there" (p. 258). Thus I would contend that, in order to differentiate, one needs to consciously and actively attempt to know the person, the self, past and present, that you are taking with you into the future. However, this does not occur within a vacuum: "constructions of the self

require a supporting cast ... and in order to sustain [an] identity, successful negotiation is required at every turn” (Gergen, 1994, p.208). The enlarged view of an intergenerational approach to differentiation “can be a liberating experience, which allows ... [a participant] to see themselves, not bound by limitations of personal and pathological identity, but as a member of a group of people whose collective histories have limited the ...[participants’] understanding of themselves and thereby limited the power they have over their own thoughts, feelings, and actions” (Halevy, 1998, p.241). There is thus a precarious balance between reciprocating the collective family identities and teasing out your own, in order to differentiate from the historical constructions of the family into which we are sewn (Schapp, in Gergen, 1994).

The aim of Murray Bowen’s (1978) concept differentiation of self can thus be seen as striving to use one’s intellectual ability to maximum effect without being hindered by the conflicting pressures of the family of origin’s sanctioning devices. This process involves separating emotionally from the undifferentiated family ego mass, thereby achieving independence and maturity, without losing the capacity for free emotional connection (Wylie, n.d.). In order to achieve a greater level of differentiation, the task entails “understanding entrenched and complex patterns of family interaction” (Wylie, n.d., para. 40). The participants reported that the experiential module gave them access to information regarding their families’ interactional dynamics that was previously nameless or unknown to them. This kindled the process of differentiation by providing behavioural choices. A person’s individuation from his or her family can be reflected on a continuum based on the “degree of *fusion*, or *differentiation* between emotional and intellectual functioning” (Bowen, 1978, p.362). At the undifferentiated end of the continuum, individuals fall into the category of no-selfs or pseudo-selfs. These are individuals whose insecurity and emotional neediness force them to give up individuality in exchange for love and acceptance. “Their dependency forces them to spend most of their energy maintaining personal relationships” (Berg-Cross, 2000, p. 46). At the other end of the spectrum, differentiated individuals are conversely far more secure about their identity, free to pursue meaningful goals and engage in close relationships (Wylie, n.d.). Bowen

(1978), however, believes that achieving self differentiation is remarkably difficult, even for the individual who is relatively intact. This is attributed to the idea that our 'emotional-togetherness' is a product of several generations and thus takes some time to alter. "In reality, the process of differentiation is continual, and the dialectic between independence and interdependence nags at most people throughout the life span" (Berg-Cross, 2000, p. 47).

It appears that the family therapy experiential module played an intrinsic role in creating an awareness of emotional involvements and complex interactional patterns within our families of origin. The process also appeared to reveal how much of the participants' behaviour is driven by keeping significant others happy whilst maintaining equilibrium in the family system and shielding themselves from guilt. The transcripts describe a process of setting new boundaries based on the new understandings of interactional patterns within the family and more importantly one's own needs. It seems that in many family settings a large amount of energy was expended sustaining relationships and balancing the families needs.

"A differentiating effort that is successful has to be for "self" alone. If it is done for self alone and the effort is successful, the system automatically benefits also. If it is done primarily to help others or with the expectation that others will approve and express appreciation, then the effort is for togetherness and not for differentiation" (Bowen, 1978, p. 518).

It was common for participants to remark that they felt that they had overprotected, nurtured and held the responsibility for some of their family members. The initial immobility on behalf of the participants brought about mobility within the family members and although the siblings reported initially feeling rejected during the transitional stage, it appears that after withdrawing, and thus ultimately having 'handed back the reins', the end result was that these family members, after a time period, felt more independent and more empowered. Kate recalled a conversation with her brother: "He said it was the worst thing and the best thing that ever happened

to him. He felt abandoned initially but now [a year later] he is standing on own feet ...possibly for the first time.” It is important to stress that the motivation for the participants to change was not altruistic; rather, they were driven by a desire to nurture their own needs and set boundaries according to their own limits, as opposed to the family requirements. As this behaviour was counter-intuitive to their modus operandi participants reported feeling selfish. It is interesting that on a continuum with the polar ends of selfless and selfish the participants moving away from the selfless position (negating their own needs for the benefit of the systems needs) towards more balanced behaviour (incorporating their needs into the spectrum of family needs) judged themselves initially as selfish. Bowen (1978) believes that “each small step toward the ‘differentiation’ of a self is opposed by emotional forces for ‘togetherness,’ which keeps the emotional system in check” (p. 494). The mission statement of the ‘togetherness forces’ includes prescriptions such as; think about others before self, and the comfort and well being of others is your responsibility (Bowen, 1978). It is thus understandable that the “togetherness forces treat differentiation as selfish and hostile” (Bowen, 1978, p. 495). With time, however, the participants report being more comfortable with addressing and tending to their own needs. Nonetheless, according to Bowen, individuals who have successfully differentiated may still “feel frequent emotional pulls to behave impulsively, [although] they can usually control it” (in Berg-Cross, 2000, p. 46).

Although “Bowen did not invent systems thinking, he was the first person to conceptualise the family as a natural system” (Wylie, n.d., para. 8). Bowen could nevertheless be criticized for attempting to frame the family system within an objective scientific theory. The postmodern perspective maintains that any definition of self needs to be open to constant re-negotiation. There are no reified truths but instead “an unlimited number of different ‘truths,’ all contingent, contextual, changeable, and circumstantial” (Wylie, n.d., para. 75). Postmodernism thus “favours a thoroughgoing relativism in expression of identity ... it invites a multiplicity of accounts of reality, while recognizing the historically and culturally situated contingency of each. [Thus no reality] is transcendently privileged” (Gergen, 1994, p.249). Participants expressed in

their interviews the idea that the formulation of self is a constant ongoing process of differentiation which remains fluid and open to new understanding and meaning constructions.

According to Bowen (1978), the process of differentiation of self is fundamentally important for a trainee therapist and of equal importance to the client in therapy in order for the individual to separate emotionally from the undifferentiated family ego mass. A movement towards differentiation for a client would aim at achieving independence and maturity whilst still retaining the capacity for emotional connection.

### **6.2.6 Effect on the therapeutic environment**

*“The commonest form of Bowenian therapy is the quest for the differentiation of self. A trainee is not considered fully developed until he has been “coached” in differentiating himself from his or her own family of origin – a process that Bowen says can take twelve years .... And the goal - to produce a person who is free of crippling entanglements with family relationships, past and present, and can therefore get on in a more unfettered way with his own life” (Hoffman, 1981, p.245).*

As Andolfi (1979) states, the personhood of the therapist is important in the therapeutic context. The therapist’s use of self is an indispensable element of therapy; thus trainees must be open to self-examination. Bowen (in Wylie, n.d.) advocated that personal growth and family interaction are part of an indivisible whole. Portia agrees with this sentiment: to grow personally is to grow therapeutically. Thus “you as therapist is not separable from you as person ... if you change an element of the system the whole thing will shift” (Jono). Blokland (1993) suggests that the therapist in training is involved in processes of change that are very similar to those of the client in therapy. The process of training reflects the process of therapy in that it represents a search for new meaning, a focus on re-evaluation and self-transformation. Anderson and Goolishian (1988) tell us that it is in the search for meaning that

healing occurs. We bring into therapy as therapists the life experience we have gained from our families of origin. Thus dealing with the interactional dynamics (Kramer, in Deacon, 1996) and exposure to colleagues' roles and behavioural strategies in their families of origin widens our scope. It seems essential that if our performance as therapists is influenced by life experiences, worldviews, and personal and professional relationships, that all therapists engage in an exploration with a view to greater self-awareness in order to gain a greater understanding of how their experiences have shaped them in order to protect both themselves and the therapeutic system. Bowen believes that it is crucial that therapists differentiate themselves from their own families before trying to help others do the same (Wyllie, n.d.). Clients may trigger a personal reaction in the therapist that may relate to issues in the therapist's family of origin (Guerin & Hubbard, 1987). In order to minimise the frequency and the effect of this taking place within the therapeutic environment, therapists need to explore their interactions within their families of origin to gain some understanding and awareness of how these experiences have shaped them. Bowen (1978) showed family therapists a way to look at themselves and their own lives, analogous to Freud's self-analysis. Insight and awareness could then be brought into the therapeutic environment. Reamy-Stephenson (1983) contends that "it seems reasonable to assume that if a therapist can have experiences in the process of changing his own view, he will have less difficulty facilitating change in a client's view" (p.51). I do not know if this statement is necessarily valid; I do, however, believe that the trainees had more choices at their disposal after having completed the experiential family module. Participants felt that the module enhanced their psychological mindedness in that they experienced a greater level of awareness of family process. The participants mentioned that they were more able to identify echoes of family patterns in therapy, and that they were more cognisant of issues arising in therapy that resonated with their own. As Kate says, "I could distinguish to a greater degree when the crap in therapy was my own and when it was the client's, or, at times, co-created." They add that the experience was liberating in therapy, and speak of taking on less responsibility with clients and walking alongside the client through the journey instead of directing it. Thus the process allowed them to relinquish

control.

Helmeke and Prouty (2001) suggest that experiential training is essential as it affords students the opportunity to discover a greater level of awareness of their own biases and assumptions while concurrently developing their therapeutic skills, especially those of empathy and sensitivity to the experiences and perceptions of their clients. These findings concur with those generated by this study, as the participants mentioned on numerous occasions that the module has changed their interaction within the therapeutic environment. Bowen (1978) believed that the emotional problems in families were directly proportional to the influence members' feelings had over their ability to think. The members of any system interact in accordance with the reality that they have collectively created (Bogdan, 1984). Although we are seen to act in accordance with certain rules, these rules are idiosyncratic and of our own creation. Trainees reported no longer blindly following dictates set in their family of origin; instead they were able to recognise an array of interactional patterns between people; they felt more empathic and more connected to the system; their listening skills and their understanding of family functioning improved; they reported the dismantling of stereotypes with a far greater recognition of each family as a unique system. In addition participants mentioned having a deeper level of insight into their own patterns being echoed in or elicited by therapy as well as greater flexibility.

The module brought about "an innate emotional understanding" (Halley) of the use of genograms and family sculpting in therapy which resulted in a tangible theoretical understanding of the complex interplay of systems within families. The module appears to have experientially illustrated the complex nature of systems, where so much happens simultaneously, leaving the individual with the task of trying to conceptualise the multitude of concurrent activities (Duhl et al., 1973). The individual is faced with processing and integrating multi-source information in an attempt both to understand the system of which they are a part and to transcend one's role within the system (Duhl et al., 1973). The participants' consensus was that the exploration of their own and others' families had added to the therapeutic proficiency of all trainees where the



thought processes regarding therapy, families and systems in general had been markedly enhanced.

Current research lends itself towards viewing career choice as linked to personal problems (Brems, Tryck, Garlock, Freemon & Bernzott, 1995). Henry (1966) purports that mental health professionals tend to have painful experiences within their family backgrounds. I believe that this may very well be the case although I argue that a large proportion of the world population, outside psychology, probably also have painful family experiences and thus also fall into this category. In a more recent study the results show that counsellor trainees have healthier family backgrounds than non-mental health care providers (Lawson & Gaushell, 1991). This, I believe, is a very difficult concept to measure, and I question its presentation as a reified 'truth'. It is difficult to ascertain a comparative measurement of psychologists versus others, as psychologists have undergone a process of training that involves the development of greater awareness and insight regarding their families interactional dynamics in addition to ongoing evaluation and re-evaluation. Possibly the choice of career merely pertains to a particular way in which psychologists perceive / experience themselves in painful encounters that lends itself to them selecting an occupation in mental health. Nevertheless, if psychologists are to work with people, and more specifically with clients' 'problems', then it seems imperative that therapists have both the opportunity and the facility to work through their individual and family dynamics. There is increasing evidence that difficulties experienced during childhood may inhibit effective functioning of adults and thus the practice and demands of psychotherapy may exacerbate therapists' underlying psychological difficulties (Farber, 1983). It seems even more essential then that training programmes in psychology "would best include a vigorous emphasis on the development and maintenance of self-exploration and [equally weighted] self-nurturing skills for the student" (Brems et al., 1995, p.440). Brems et al. (1995) believe that, as an ethical concern, it remains the responsibility of the academic institutions to ensure that trainee therapists do not enter the professional therapeutic field with pre-existing impairments related to dysfunctional family backgrounds. They add that early detection of personal or family of origin

problems that may impede the students' clinical work is important. They do, however, acknowledge that the academic institutions cannot ethically require mandatory personal psychotherapy for students (Brems et al., 1995). I believe that the process of evolving a personal philosophy is essential for trainee therapists. Training programmes that include experiential processes such as genogram and family sculpture presentations provide opportunities for self-reflection. According to Prentice (2001) self-reflection increases our knowledge of ourselves; thus, focusing on families of origin heightens our awareness and insight into interactional patterns. However, as Haber (1990) states:

“It is foolhardy to think that we could become ‘handy capable’ with all our handicaps. However, the awareness of a therapeutic impasse can alert us to consider the influence of our personhood in the therapeutic system. The experiential grasp of this basic idea encourages us, as therapists, to take an active part in the evolutionary process in the therapeutic system. Thus, we are ‘learning to learn’ ... how to intervene contextually in systems within which we are members” (Haber, 1990, p.383-384).

As Olivia says, her process of self-discovery [which included individual therapy] enabled her to take people on that same journey now as a therapist and to recognise more readily and be aware of her own issues and their impact on the therapeutic system. After all, therapists do not cure; we merely “influence the minds of those we ‘treat’ by offering opportunities to take in new information, or to reorganize the framework through which information is perceived and stored” (Duhl et al., 1973, p.47).

"Anybody whose calling is to guide souls should have his own soul guided first, so that he knows what it means to deal with the human soul. Knowing your own darkness is the best method for dealing with the darkness of other people." (Jung, 1973, p. 236-7)

## 6.3 REFLECTIONS ON THE RESEARCH PROCESS

### 6.3.1 Impact on participants and researcher

I look at the content in the transcripts from early in the interviews, when most of the participants were trying to remember what took place in the module, and compare it to content later on in the interviews, and it seems to me that each one of us was affected by the process, some more profoundly than others. I am reminded of narrative therapists' view of a "client's story as an entry into reauthoring a life" (Gorman, 2001, p.8). The participants' experience of the family therapy module was revisited, and for some the tentacles of the trauma were examined not only in conjunction with me but with others who had undergone the same module. I recall tears and laughter, expressions of pain and the overall feeling of people travelling a journey. It seems impossible for the participants and myself to be unaffected. If nothing else, I believe a deeper level of awareness was raised and the interview served as a platform from which to co-construct and assign new meanings and new understandings of the process. I have travelled on a journey with this study and have gained and benefited in terms of my own journey towards 'home', and for that I am grateful to the participants, and the University of Pretoria.

"The emancipation that postmodern therapies provide comes from people recognizing, discovering, and transforming their life activity based on a new post-scientific understanding of the 'storiedness,' the cultural mythicity, the human authorship, of human consciousness" (Fee, in Gorman, 2001, p.8).

## 6.4 CONCLUSION

In this chapter I reflected upon the themes that emerged in the previous chapter and discussed them in conjunction with the applicable literature. The evolving awareness of participants that surfaced over the two-year period (M1-M2) was discussed. Features of the module that seemed to augment the

process of insight such as the role of the group, experiential training and vicarious learning were considered. There was some debate around whether concepts such as 'game without end' could be related to the process that took place for this group of trainees. Differentiation of self and the impact of these changes on the family of origin and therapeutic environment were reviewed. The results highlighted the need for time to process the 'new meanings' and the various emotional challenges that transpired. Finally the effect of the research process on the participants and the researcher was examined briefly.

## *Chapter Seven*

# FINAL REFLECTION: CONCLUSION & RECOMMENDATIONS

*In sum, we are free to carve the world as we like as long as our carvings are remembered to be approximations of the more encompassing recursive patterns from which they were demarcated.*

*Bradford Keeney 1983*

## 7.1 INTRODUCTION

The aim of the research was to explore the 'lived experience' of participants in an extensive experiential family therapy module with the intension of describing their subjective and collective perceptions. The study, being embedded in a broad systemic frame, examined the semi-structured interviews of nine participants followed by a thematic analysis involving different levels of analysis with a focus group comprised of a number of participants/colleagues and the researcher.

This exploration has been described in the preceding chapters. The reader was informed of the literature available on the subject, the systemic perspective that directed the research was detailed and the methodology used to assess the information was described. A thematic analysis was presented which explored the common themes that emerged from the interviews. These findings were integrated with the relevant literature. The

impact of the research process on the participants and the researcher was then considered.

This chapter, chapter 7, presents a synopsis of the conclusions drawn from this study followed by a brief discussion on the generalisability of findings. The resilience of the participants and the need for therapeutic conversations around the topic of family are mentioned. Finally the limitations of the study and recommendations to students and professionals in this field in addition to avenues of further study are made.

## **7.2 CONCLUSIONS DRAWN FROM THIS STUDY**

The experiential genogram and family sculpting module provides a route map for self-exploration. The presentation of the multigenerational family history translates internal family of origin representations into external tangible information. The procedure gives access to new meanings regarding the dynamics and relationships within the family system, which enhances understanding, and ultimately facilitates the process of integration, repair and resolution.

The emotional outcome of the module was somewhat unexpected for participants who reported experiencing rejection, protection, judgement, sadness, anger, and isolation from their family, their process group and themselves. The immense amount of information explored during the presentations and subsequent feedback sessions encompassed many relationships across one's life span. New understandings and meanings evolved. These new meanings pertain to behaviour that is pervasive in every aspect of one's life and thus it is not surprising that the participants reported feeling initially emotionally and cognitively overwhelmed. The sheer enormity of the information on display makes it possible for recurring patterns to be highlighted, which reaffirmed the insights gained, making it very difficult to dismiss them. The insight gained in the presentations led to greater levels of awareness and experience in the family forum. As Hoffman (1981) says,

“Seeing differently makes it possible to think differently” (p. 3). Thus, the participants were left in a position of not being able to ignore the ‘new knowledge’ yet not knowing how to act on it either. Being wedged in this position initiated a phase of debilitation or paralysis, which is possibly a fundamental juncture as its enveloping impact started the process of withdrawal and isolation. It is from within this realm that participants took time to review their new meanings, which created the opportunity for processing to take place and disallowed a natural return to the previous behavioural patterns. Processing time, involving space in which to metabolise and make sense of the new meanings regarding the family of origin and the self, is one of the crucial stages needed to bring about change.

Processing, however, only seemed to take place after the academic M1 year was complete and once a number of the support structures were removed or relinquished such as the process group, the common identity in the family of origin, many social groups and the availability of the university lecturers, in terms of proximity. I postulate that there was less emotional space available for reflection during the M1 year and the support structures when active, contained participants’ feelings of discomfort and thus nurtured them and fulfilled some of their needs. Armed with ‘new knowledge’ and without the support, the participants reported that their natural defences were overwhelmed and ineffectual, leaving them feeling isolated and ‘needy’. This distressing state invoked a need for system changes. The participants embarked on a reflexive reconstruction of the self (Giddens, 1991) out of the deluge of insights. The differentiation of self from family of origin generalised to defining a self in other extrafamilial emotional systems. Although Bowen (1978) does state that “patterns of all emotional systems are the same whether they be family systems, work systems, or social systems” (p.485). This journey to one’s self brought with it many benefits such as greater emotional emancipation, relinquishing the weighty role of the responsibility for the emotional well being of many family members and learning self-nurturance and need-fulfilment. But in the wake of the gain arose emotional upheaval, discomfort and anxiety for the participants and the family members as the equilibrium of many relationships was threatened and disrupted.

It is precisely these symptoms within the system that carry with them the opportunity for change. After all it is instability or disruption in the dynamic balance rather than equilibrium that is the catalyst for change (Capra, 1982). It is not only a risk for the participants as family members to stop playing the game; it is equally unsafe for the other family members, as there is a genuine loss of the 'emotional togetherness' and common identity (Bowen, 1978). The lack of predictability, which is inherent in all systems (Hoffman, 1981), makes the terrain foreign for participants who previously used control in order to maintain the fluid functioning of the system. I believe, as many theorists have stated, that it takes a remarkable amount of perseverance, determination and courage to face your daemons and the ones present in your family. One of the benefits derived from the process of differentiation of the self is that the trainees became more psychologically minded and developed a much greater awareness of the complex interplay of systems. The trainees were able to let go of control and responsibility with clients and thus relate more empathically. That does not mean that the individuals are no longer influenced by the interactional dynamics in their family of origin or that some of these dynamics do not come into play during therapy with clients. Trainees, however, have a greater awareness of their vulnerable areas in therapy; their trigger points and when their boundaries are being encroached upon and this has made them more effective in the therapeutic arena.

The final conclusion is that the differentiation of self from one's family of origin or any other system is an ongoing process. Emotional fusion is present in all families to a greater or lesser degree (Bowen, 1978). That is not to say that the participants cannot choose to behave in a manner that coincides with the emotional pulls of a system. However, a differentiated individual is not '*driven*' to do so and ultimately he or she can still express and act on his or her own personal beliefs and values even if such behaviour attracts disapproval from members of a system. The most advantageous position, however, according to Bowen (1978), is to obtain greater autonomy and self-direction whilst still retaining an emotional connection with members of the various systems.



### **7.3 GENERALISABILITY**

Often qualitative research is criticised for its lack of generalisability, as too few participants are included in studies to allow for the findings to be generalised (Kvale, 1996). Kvale (1996) believes, however, that other forms of generalisability can be relevant to qualitative research. He proposes that the notion of 'analytical generalisability' be applied. This notion involves judgement in terms of the extent to which results in one study can provide a guide for other studies. Kvale (1996) cites Kennedy, who contends that the individual who looks at the information should decide on the applicability of the findings to other situations; thus it is incumbent on the researcher to make sufficient evidence available to the reader for analytic generalisation to be made. This study on the experiential genogram and family sculpting module as part of the clinical psychology masters degree offered at the University of Pretoria, invites the reader to make his or her own interpretations and, because it includes a large number of quotations, the reader has sufficient data for analytical generalisability.

### **7.4 RESILIENCE**

A criticism that I have is that there is insufficient emphasis on the resilience of the participants in both this study and in the many journal articles stressing the difficulties student therapists face throughout their training. The resilience of participants needs to be acknowledged. Information from the transcripts and discussions in the focus group revealed that all the members had dealt with some emotional discomfort during and after experiencing the genogram and family sculpting module. Notwithstanding the amount of discomfort, the participants appeared to have the courage to bring about, and engage with, the subsequent changes within the system. Bion (in Waddell, 2002) maintained that knowledge regarding the 'truth' of one's experience is found in the capacity to actually have the experience, in the sense of really going through it and suffering it, rather than seeking to avoid or dismiss it. To assist in integrating the new information into the system, some of the participants had entered therapy and others had therapeutic conversations with

colleagues, lecturers or supervisors in part to support them while working through the changes and their evolving definition of self.

Possibly a discussion with the participants during the interviews and focus group conversations, related to the resilient behaviour over the past two years, may have created awareness of this aspect and added a further dimension to the understanding of the experience. As Rosenwald and Ochberg (1992) believe, the process of telling our personal stories is also the way we shape our identities. Life and story are inseparable, both part of the same fabric, informing and forming each other. Thus in the process of telling stories about our experiences, we change the meaning of our experiences, in an ongoing process of expression and modification (Widdershoven, 1993).

## **7.5 LIMITATIONS OF THE STUDY**

The data gained from this study pertains to a very specific group of individuals: this may have had an impact on the information gained. All of the

individuals were from middle class families and candidates had to pass certain academic criteria in order to be selected for the degree. Thus, the data gained from this study is highly context specific. The parameters of this study were however clearly outlined in the introduction and the purpose of the study was not for the results to be generalised to other contexts. This study could possibly only be used as a guide for future studies in terms of Kvale's (1996) notion of 'analytical generalisability' although other researchers are warned to take cognisance of the specific context of this research.

If the number of participants in the study were greater, possibly including participants from previous or subsequent years, it may eliminate the effect of the process group's unique character, in addition to yielding more categories and possibly a better understanding of the 'lived experience' of the experiential family module. It is, however, important to note that the categories did begin to repeat after five interviews and I believe that any

further categories would have taken exponentially a far greater number of interviews to yield. This in addition to the wealth of information gained from the interviews contributed to a decision to limit the study to one process group.

This study represents an attempt to understand the experience of the family therapy module using a broad systemic approach. This may have limited the understanding of certain experiences by not going in depth when other theoretical concepts came to light. Capra (1982) believes that “psychologists may have to ... [work] with a network of interlocking models, using different languages to describe different aspects and levels of reality” (p. 369). Possibly a study that attempted to combine a number of theoretical approaches in the understanding of the experience of the family therapy module may have yielded a more encompassing understanding across a number of paradigms, although there is always the threat of diluting the significant contribution that each of the approaches may bring to the study.

## **7.6 RECOMMENDATIONS**

The experience of the genogram and family sculpting exercises is a complex phenomenon as it occurs simultaneously with a number of other modules and on a variety of systemic levels. Thus it cannot be separated from the context of the university clinical psychology masters course in which it occurs or from the experience of the internship year, which entailed full-time therapy in various psychiatric or psychological institutions, as all these contexts would obviously play a role in the participants' overall experience. This study however did not aim to identify and isolate specific effects of a module but instead looked at the experience of individuals at that point in time. Even though viewing the effect of the family therapy module through a theoretical lens does offer specific, significant views of the experience, these views are obviously only part-arcs in the greater process that constitutes the experience of becoming a therapist. A flexible approach incorporating many aspects of

the full training course is thus recommended for a more holistic understanding.

The current literature maintains the importance of family-of-origin work in family therapy modules but often wrestles with how to facilitate this work effectively (Kane, 1996). Keeney (1990) purports that universities are dangerous institutions for students as they awaken the imagination. However, he says “these are the very contexts which, in spite of their shortcomings, provide opportunities for therapists to evolve” (p. 117). Even though “experiential exercises tap into students’ unresolved issues with their families of origin, leaving them more personally vulnerable” (Kane, 1996, p. 485), Kane (1996) is “convinced that the need for ... trainees to examine their own families of origin outweighs any disadvantages of including this work as part of a course” (p.486). However, there is a risk that trainees will be left to deal with these emotions alone and even if therapy is recommended, there is no guarantee that trainees will pursue that or other forms of counselling in order to process the unresolved issues elicited by this module. Kane (1996) puts the ball firmly back in the students’ court, stating that “students will assume responsibility to follow up as needed for their own emotional well being and for the sake of future clients” (p. 486). Possibly this issue of responsibility is not that clear cut. Where does the responsibility lie regarding the residual effect of the module? Does it lie with the trainee who has completed his or her academic component (M1) and now is fully participant in therapy with clients in a psychological institution (M2 year)? Or does it lie with the university? Perhaps the responsibility should remain primarily with the participant and partially with the clinical psychology departmental lecturers.

My recommendation would be to prepare the students, lecturers and supervisors prior to the commencement of the module and the internship year regarding the emotional impact of the genogram and family sculpture presentations. Preparation can be done by including discussions of some of the collective themes of experience presented in this study or similar studies. However, there is the danger of prescribing the symptoms. Nevertheless, I believe that preparation can be of great value as it has the potential to limit

any destructive elements by normalising the experiences. The value of normalisation lies in its tendency to dilute self-deprecating thoughts and fears of inadequacy in its acknowledgement of the many difficulties that are experienced as common and shared by many students. Disconfirming feelings of uniqueness “is a powerful source of relief” (Yalom, 1995, p.6) and can possibly play a crucial role in minimising the isolation reported by participants. There appears to have been minimal normalisation regarding the range of emotions that the trainee therapist could experience during the M1 and M2 year whilst processing the vast amount of insights and attempting to redefine the self. Participants eventually sought a forum for sharing in order to gain greater understanding in the form of therapeutic conversations with colleagues, supervisors or therapists. Even so, I suspect that some of the participants struggled in isolation with their internal conflicts for quite some time before seeking assistance. Perhaps as part of a preparatory discussion, the accessibility and support from supervisors and lecturers regarding therapeutic conversations should also be specified.

As the aim of this thesis is to explore the experience of the module in question, rather than to judge the effectiveness of such a module, possibly further studies could weigh-up the value and success of experiential family therapy modules using genograms and family sculpting to explore family of origin dynamics. Research to date regarding the actual experience of family of origin training for clinical masters students remains sparse, and this study only serves to further highlight the need for additional studies in this field. Current findings support the need for training to heighten the students’ awareness of family of origin dynamics and thus create opportunities for both early detection of problems and intervention (Brems et al., 1995).

This study revealed numerous similarities between participants in terms of the roles they played within their families, such as being parental children; playing therapeutic roles in their families; maintaining the balance in the family systems; being responsible for ‘fixing’ many problems and blocking and controlling communication. There were also similar individual characteristics shown, such as the tendency to negate their needs and feelings. Guy (1987)

noted that many therapists established a therapeutic role in their family long before they entered training and he questioned whether their profession is an extension of this childhood role. Titelman (1987) believes that often the motivation to become a family therapist originates from family experiences. Further studies exploring what type of individuals become trainee psychologists in addition to what kinds of families they come from and what roles they play in those families could possibly be both informative and very interesting.

### **7.7 A FINAL CONSIDERATION**

Many journal articles and dissertations compiled by students who have recently completed their training in psychotherapy call for more containment or a need to reduce the painful effects of psychology training courses. My belief is that all training has to be done responsibly but that students also need to realise that the journey towards one's self is painful. I feel that students need to acknowledge that it is the same journey upon which we encourage our clients to embark, and that they too may feel a need to do it the 'easy way', to take the contained route without experiencing negative effects. I think, at times, we as human beings would like to learn and grow and change but without the hard work, the concentrated energy and the emotional pain. However, they are inextricably interlinked, confronting issues previously avoided or unknown has various degrees of difficulty and discomfort attached but often growth emerges from the pain. Possibly, as some universities insist, students need to be in therapy during their masters training in order to cope with the many emotional challenges that are inevitably presented. Research indicates that a significant number of therapists are in therapy themselves and in a student survey 66% of 106 counselling students endorsed personal counselling as a requirement for graduation (Fouad, Hains & Davis, 1990, p.270). Bowen (in Wylie, n.d.) acknowledges that differentiation and exploring the family of origin has a price. He believes that as family members we have inherited a lifetime of tribulation. He adds that the path towards knowing one's self requires an

exorbitant amount of tenacity and conviction as it is characterised by a high degree of difficulty and frustration with great costs and sometimes high levels of anxiety, loss of love and popularity and the loss of the comfortable security of emotional togetherness. And yet it may also be the most satisfying experience of ones life (Wylie, n.d.).

## **7.8 CONCLUSION**

Bateson believes that wisdom is an awareness of how the circuits in a system fit and are associated (in Hoffman, 1981). It appears from this study that knowledge, awareness and insight regarding the interactional dynamics of one's family of origin can empower the family member which may ultimately bring about change. This study has attempted to provide an indication of the impact that an experiential family therapy module embedded in a clinical psychology masters course had on trainee therapists. The various emotional, cognitive, social and therapeutic factors that pertained to this journey towards greater differentiation of the self were explored. The study clearly shows the benefits the trainees (and their families) derived from the participation in this module but it also indicates the difficulties they faced along the way. Further studies are required to identify if there are more effective methods of delivering this module.

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