

## CHAPTER FOUR: RESEARCH METHODOLOGY

### Research Methods in Psychology

#### 4.1: Quantitative and Qualitative Research Methods

Psychological research has two super-ordinate methodologies of enquiry: the Quantitative and the Qualitative. The former is about determining relationships between pre-selected and tightly controlled variables according to an hypothesis; the latter aims to describe and understand processes that are not directly observable or measurable (Denzin & Lincoln, 1998). As stated by Breakwell, Hammond and Fife-Schaw:

Research methods can be differentiated according to whether the data are submitted to qualitative or quantitative treatment. A qualitative treatment describes what processes are occurring and details differences in the character of these processes over time. A quantitative treatment states what the processes are, how often they occur, and what differences in their magnitude can be measured over time (1995, p. 13).

##### 4.1.1: Quantitative Traditions

Quantitative methods of research are derived from the positivist tradition of the natural sciences and are aimed at supporting a predetermined research hypothesis (Dyer, 1995). These methods are statistical and amenable to mathematical interpretation and explanation. Experimental methods and other objective strategies are the most frequently used techniques for this type of research. Typically experimental research examines a limited number of isolated variables under rigorously controlled conditions.

##### 4.1.2: Qualitative Traditions

Qualitative methods of research are not orientated to a specific outcome and do not attempt to answer a research hypothesis. Rather they are able to examine a process of naturally occurring real-life events which is generally uncontrolled and not pre-determined by the researcher. They are therefore able to encompass a large number of variables.

Whereas experiments are, almost exclusively, geared to the generation of “hard data” in the form of quantitative measures of a variable, the alternative methods are able to provide the researcher with “soft” qualitative information consisting of verbal descriptions of psychological events and processes... such as dreams, which... do not easily lend themselves to meaningful quantification (Dyer, 1995, p. 20).

Denzin et al. (1998) make the point that qualitative research is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter and an ongoing critique of the politics and methods of positivism. Qualitative researchers incorporate the use of a variety of empirical materials such as case studies, personal experience, life stories, interviews, observational, historical and interactional texts. They attempt to make sense of or interpret phenomena in the natural setting in terms of the meanings people bring to this setting.

#### Critique of qualitative research.

Qualitative research has undergone many historical changes since the age of classic ethnographers, such as Malinowski's 1914-1917 account of traditional communities in the Trobriand Islands. Denzin et al. (1998) point out that five important historical changes, reflecting different theoretical epistemologies, can be identified in the evolution of qualitative research: The **traditional period** (1900-1950) was associated with a positivistic paradigm that reflected colonising accounts of field experience. Post-positivistic epistemology gave rise to the **modernist age** (1950-1970) where the social realism, naturalism and "slice-of-life" ethnographies of the previous era were extended but retained an emphasis on developing rigorous methodological procedures that emulated quantitative research practice.

Gradually, the previously established positivistic behavioural models of human understanding gave way to more interpretive, open-ended perspectives such as structuralism, phenomenology and hermeneutics. This was referred to as the **Blurred Genres** phase (1970-1986), where "the essay as an art form was replacing the scientific article" (Denzin et al., 1998, p. 19). The **crisis of representation** period (1986-1990) reflected the difficulties that researchers were experiencing with regard to representing themselves and their subjects in reflexive texts. The essential conflict that arose in this phase related to the researcher/author's presence in the interpretive text and questions concerning how the researcher/author could directly capture the lived experience of his subjects. It was argued that such experience is created in the social text written by the researcher. Issues of gender, class and race and the way in which they shape enquiry were also called into question. Grounded theory gave way to interpretive theory and older models of truth and meaning were radically revised. In the 1990s the **postmodernistic** era developed.

#### The postmodern movement in qualitative research.

The postmodern/poststructuralist movement (1990 to the present) is characterised by a new dispensation of doubt that no longer has a commitment to objectivism, believes no discourse has a privileged place and no theory or method can hold a universal claim to authoritative knowledge. This phase is characterised by what Denzin et al. (1998) call the "double crisis" in the social

sciences. This involves the crisis of representation discussed above and the crisis of legitimation. Legitimation refers to the need for a serious re-consideration of the criteria for evaluating and interpreting qualitative research. If the experience of “the other” is to be represented textually in accordance with postmodern sensibilities, then terms such as validity, generalisability and reliability need to be rethought and a new set of legitimising criteria developed that allows both the author and the reader to make the connections between the text and the world that is being written about. Common forms of evaluation that have arisen include personal responsibility, an ethic of caring, political praxis, multi-voiced texts and dialogues with subjects (ibid).

Currently qualitative research is in a period of discovery, the epistemologies of the past having been radically revised and giving way to new critical epistemologies. New ways of seeing, interpreting, arguing and writing are being constantly debated and discussed; however, the tension between remaining true to the positivistic, post-positivistic and naturalist forms of enquiry and simultaneously acknowledging the legitimacy of the postmodern sensibility is strongly present. The postmodernist claim that no specific method or practice can be privileged above another and that none can be eliminated means that earlier strategies of enquiry, evaluation and methods of analysis belonging to different historical periods are still valid. As a result researchers are faced with a multitude of paradigms from which to choose. It is now well accepted that “there is no [one] clear window into the inner life of the individual. Any gaze is always filtered through the lenses of language, gender, social class, race and ethnicity” (Denzin et al., 1998, p. 24). Similarly “there are no objective observations, only observations socially situated in the worlds of the observer and the observed” (ibid, p. 24). Postmodernist perspectives have therefore contributed to the understanding that no particular method can fully grasp the subtleties of ongoing human experience (ibid, 1998).

#### 4.2: The Research Study

This research study aims to explore the appropriateness of long-term psychoanalytic psychotherapy for a group of Black English second-language speaking women from an urban South African context.

##### 4.2.1: Field of Research

In order to define the parameters of the research it was decided that the study should concentrate on the analytic attitude and its counterparts, the task, process and setting, as they are applied to a group of Black English second-language speaking women from an urban South African context. These parameters were chosen because the analytic attitude and its counterparts represent the basic underlying structure of all forms of psychoanalytic practice. Regardless of the theoretical

stance used, the analytic attitude defines and distinguishes psychoanalytic practice from other forms of practice. It follows therefore that by noting how participants respond to the analytic attitude and how the therapist is able - or unable - to maintain this attitude it will be possible to comment on the applicability and appropriateness of psychoanalytic psychotherapy to this group of individuals. In order to judge the effectiveness of this form of psychotherapy for this group it is necessary for these participants to be in a process of long-term psychoanalytic psychotherapy.

#### 4.2.2: Focus of Research

The focus of this study will be on the therapeutic dyad itself. This will include both the therapist and the participants in a process of long-term psychoanalytic psychotherapy. The central *research question* arising out of the field of study outlined above is as follows:

*How does the therapist and each participant under study make use of the conceptual and practical framework of psychoanalytic psychotherapy comprising the analytic attitude and its counterparts the analytic task, process and setting.*

#### 4.2.3: Research Propositions

Study propositions are focused statements that provide rationale and direction for the study. These initial assumptions may later be proved wrong; however, it is important for propositions to be formulated from the outset as they delineate the purpose of the study. In any research process it is not possible to analyse all the information collected. Propositions therefore help to focus the data collection. The term 'proposition', borrowed from a quantitative discourse, was deemed suitable for this study as it allowed for large quantities of data to be organised into manageable units. This method of triangulating qualitative and quantitative methods of enquiry, is supported by Denzin and Lincoln (1998) who emphasise how qualitative research crosscuts disciplines, fields and subject matter, representing a complex interconnected family of terms, concepts and assumptions. These include the traditions associated with positivism, poststructuralism and many other perspectives. In this study the main propositions are as follows:

- 1. The conceptual and practical framework of psychoanalytic psychotherapy in its current form is inappropriate to non-western urban-dwelling participants.*
- 2. The conceptual and practical framework of psychoanalytic psychotherapy requires modification in order to meet the cross-cultural needs of non-western urban-dwelling participants.*

These propositions are drawn from the research question and have as their basis the exploration of the analytic attitude in practice. By examining the analytic attitude as it is enacted in the therapeutic dyad its efficacy in the context of non-western urban-dwelling individuals can be elucidated.

#### 4.2.4: Units of Analysis

The field of study provides the context for the research. The research question and its propositions establish a focus for the study within this context. However, as the research question and its related propositions still encompass a very wide framework of enquiry, it is necessary to further reduce this scope by demarcating the basic units on which the study intends to focus. Yin (1989) states that *units of analysis* need to be generated; this refers to the process of narrowing the field of enquiry into manageable constituents that outline the boundaries of the body of data.

The focus of the study is the therapeutic dyad but given the vast amount of material that is likely to emerge from the therapeutic dyad with three different individuals, individual dyads must be further broken down so as to facilitate analysis and discussion. This will be done using the eight elements of the analytic attitude as outlined by Gavin Ivey (1999). These elements include: *Analytic task, Analytic setting, Analytic process, Generative uncertainty, Neutrality, Abstinence, Countertransference receptivity* and *Resoluteness*. The way in which the three participants respond to these eight elements of the analytic attitude and the therapist's degree of success in maintaining these elements comprises the principal material for data collection.

#### 4.3: Choosing a Research Method

After having identified the specific research question and having established precisely the units that will be focused on, it follows that a qualitative research method needs to be selected that can adequately address this question. An important consideration when differentiating between various social science research strategies is to identify the type of research question being asked (Nelson et al., 1992, p. 2). When deciding which strategy to adopt it is important to focus on the research question itself. Research questions have both *substance* (what is the study about?) and *form* (is the focus of the study a “who”, “what”, “where”, “why” or “how” question?). The form of the question provides an important guide regarding the appropriate research strategy to be used.

Different qualitative strategies have different advantages and disadvantages depending on three conditions: 1) the type of research question, 2) the control the investigator has over actual behavioural events, and 3) the focus on contemporary as opposed to historical phenomena. The method used depends on these three conditions (Denzin & Lincoln, 1998).

De Vos Strydom, Fouche and Delport (2002, pp. 273-275) discuss five types of qualitative research strategy:

- 1) *Biography*: this approach usually relies heavily on documental and archival material and is an individual's account of his life experiences and history. There is not necessarily a theoretical bias to such a report.
- 2) *Phenomenology* examines a series of individuals and aims to understand and interpret the meanings that these individuals give to a particular phenomenon or experience. Phenomenological research is aimed at distilling the essence of this experience.
- 3) *Grounded theory* is concerned not with the testing of established theories but with the development of new theories deriving out of close study of multiple individuals participating in a process concerning a central concept or phenomenon.
- 4) *Ethnography*: this refers to the study of an intact defined entity (social, cultural or individual). Observations are typically undertaken in the field, over considerable periods of time. This implies that the focus is on *observable* behaviour, traditions, customs and rituals which allows for a deep understanding of a particular way of life.
- 5) *Case study*: an exploratory or in-depth analysis of clearly circumscribed phenomena over a period of time. This can involve a single case or multiple cases.

Other strategies for research are discussed by Dyer (1995). These include *histories* which are the preferred strategy when there is no access or control and where there are no persons alive to report, even retrospectively, the events. *Surveys* focus on a limited number of variables around which specific questions can be asked. For this reason surveys are best suited to outcome-based studies or studies that focus on prevalence.

Dyer contrasts these latter two strategies to the case study approach. Case studies are more suitable to the examination of contemporary events where the relevant behaviours cannot be manipulated. The case study relies on many of the same techniques as a history but it adds two sources of evidence not usually included in the history technique: direct observation, and systemic interviewing. The case study's unique strength is its ability to deal with a variety of data types such as documents, artefacts, interviews and a variety of different methods of observation as the object of study evolves over time.

#### 4.4: The Case Study Method

A case study method of enquiry is most suitable when "how" and "why" questions are being investigated, when the investigator has little control over events, and when the focus of the study is on contemporary phenomena within a real-life context. The case study allows investigations to retain the holistic and meaningful aspects of an event. Yin defines the case study as "an empirical enquiry that investigates a contemporary phenomenon within its real-life context; when the



boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used” (1989, p. 13).

The particular research method chosen for this study must incorporate a methodology that is best able to capture - in as much as any method could capture - the subjective and inter-subjective mental processes of the therapeutic event under study. This methodology should allow for meanings and understandings to emerge that reflect on both how and why the therapist and the participants think, respond, feel and act within this framework. Furthermore this methodology will have to accommodate all departures, deviations and difficulties that are experienced by the therapist and the participants in attempting to maintain the analytic attitude. This will include resistances, frame breaks, responses to interpretations and other interpersonal dynamics. As this information will derive from individual experience it is likely to be multifaceted and highly nuanced. A qualitative research approach that moves away from seeing the “other” as an object to be studied at a distance, and focuses rather on the interactive processes and subjective experiences that constitute the analytic event, is therefore required.

#### 4.4.1: The Case Study Method in Clinical Psychoanalysis

In the earlier part of the twentieth century the case study method played a significant role in the contribution of psychoanalysis to psychological knowledge. However, with the rise of psychometrics, questionnaire methods, survey design and statistical analysis, there was a significant decline in the use of the case study in general psychology and sociology. By the 1950s this method of enquiry in sociology had virtually disappeared (Bromley, 1986). This decline was due to an increased emphasis on the positivistic research methods of the pure sciences. Psychological research and more importantly psychotherapeutic research began to imitate these positivistic methods and as a result began to lose sight of the phenomenon that it set out to study. Edwards (1990) points out that psychotherapy research tends to involve persistent and excruciating attempts to objectify and quantify experiential and behavioural data in an effort to isolate those variables that supposedly make up what psychoanalysis is.

In recent decades there has been an increased recognition of the shortcomings of the positivistic methods of enquiry for psychotherapeutic processes and other psychological phenomena. Edwards (1998) explains that when experimental research methods are used for psychotherapy research they tend to obscure the phenomenon under investigation. As a result of these shortcomings there has been a recovery of the case study method in general psychology and psychotherapy. “Over the past three decades... there have been many independent moves to correct [this] balance and to legitimise case-based research models” (Edwards, 1998, p. 39).

Case-based research strategies are not confined to case studies alone. In fact the case-based approach is used across a large number of different qualitative methodologies including grounded theory development, phenomenological research method, discovery-oriented psychotherapy research and psychotherapy process research (Edwards, 1998). A case study method allows for access to the participants' experience and is able to incorporate the experience of more than one psychotherapeutic event in the form of a multiple study. The principles of case-based research are not dissimilar to the principles that are generally incorporated into the practice of clinical psychotherapy. In fact many of the methods of clinical practice can be seen to constitute an informal, systemic process of enquiry that emulates the principles of case-based research (Edwards, 1998). The frame of psychotherapy demarcates a clear boundary around the case being focused on. Denzin and Lincoln (2000) point out that the case study method is most useful when "the object of study is a specific, unique and bounded system" (p. 436): the rigour required in maintaining the analytic attitude in these psychotherapeutic cases provides a clear example of such a system.

#### 4.4.2: Advantages and Disadvantages of using a Case Study Method

Case study research has often been viewed as inferior to other forms of enquiry such as experiments or surveys, mostly because of concerns about the rigor of case study research. Often the findings and conclusions of such studies have been open to bias and external influence because of weak designs and procedures. It is important to note, however, that similar problems are encountered in all research strategies such as in designing questionnaires for surveys (Denzin et al., 1998).

A further concern is that case studies provide very little basis for scientific generalisation. The question of how it is possible to generalise from a single case is often raised. The answer to this is that case studies are only generalisable to theoretical propositions and not to populations or universes. The investigator's goal is therefore to expand and generalise to theories and not to enumerate frequencies (statistical generalisation). Having said this, Dyer points out that case studies can provide descriptions of individuals who are representative of people in general. "The power of the case study approach... is that it allows features of behaviour or experience which are shared by many people to be studied in detail and in depth" (1995, p. 48).

In case based research one or more cases of the phenomenon of interest are studied with a view to attaining an understanding and developing or extending existing theoretical knowledge on a particular topic (Edwards, 1998). One of the benefits of using the case study format in this



research study is that from the data generated it should be possible to make a qualitative generalisation about the applicability of the analytic attitude to a certain category of Black South African women.

A good case study can be a difficult venture, requiring specific abilities from the researcher. One of the criticisms of this form of research is that there is no clear set of criteria outlining the skills that are required of a researcher to perform qualitative case study research. Denzin and Lincoln (1998) point out that qualitative research as a site of discussion or discourse is difficult to define because it has no theory or paradigm that is distinctly its own. Other criticisms of case studies focus on the fact that they are time consuming and result in large amounts of unreadable material. This criticism has some truth in that many studies in the past have traditionally involved lengthy narratives. However, more structured ways of writing case studies have evolved which do not rely so heavily on detailed observational or ethnographic evidence. Many of the shortcomings outlined above can be overcome through developing a research design that provides clear guidelines for the collection, analysis and interpretation of data.

#### 4.4.3: Applicability of the Case-Based Approach to Psychotherapy Research

This study has as its data the psychotherapeutic event in process. Stolorow et al. (1994) outline the fundamental aim of psychoanalytic therapy as “the unfolding, illumination and transformation of the patient’s subjective world” (p. 9). This transformation is a process that occurs over time within the specific parameters of a therapeutic frame. Such a transformation is inter-subjective in that it always occurs in relation to, and in the presence of, the therapist. Furthermore this transformation is enacted through the maintenance of a specific attitude, referred to as the analytic attitude. This attitude represents a mindset with associated intentional behaviours that are not amenable to quantitative measurement.

Case studies are suitable to psychotherapy research as they are process-oriented and are able to explore the character of changing processes over time (Breakwell et al., 1995). The case study approach was chosen for this study as it allows for a descriptive method of investigation that offers the means to achieving an in-depth understanding of the experience and behaviour of a single individual within a context (Dyer, 1995). As case studies are always conducted in a context they can reveal important contextual considerations and internal complexities that are not revealed by more closely controlled experimental investigations (ibid). Typically a case study is able to offer a highly detailed description of an individual’s subjective feelings, beliefs and impressions as well as of objective aspects of his behaviour. This approach allows for both

objective and subjective information to be regarded as valid data from which inferences can be drawn (Dyer, 1995).

The use of a case study approach in this type of research has numerous successful precedents. Kazdin (1990) suggests that the case method is a valuable tool for assisting clinicians in generating ideas around new therapeutic techniques that may emerge during the course of their work, thus enabling them to extend given techniques to new problems or client populations. In fact the case study has generally been seen by psychoanalytically oriented clinical work to be the principal and chosen method of research (Stolorow et al., 1994), largely because this method succeeds in generating insights that other methods fail to achieve.

This study maintains that psychoanalysis has moved in a postmodern direction. The modernist view, with its emphasis on splitting the subject and the object, believed that by distancing the observer one could obtain an unbiased view of the subject. This way of thinking was strongly prevalent in 19<sup>th</sup> century psychoanalysis where the patient was seen as a separate bounded individual distinct from the analyst (Altman, 1995). Furthermore, the analyst was viewed as being unaffected and unchanged by the analytic process. Current understandings of the analytic attitude as defined by Ivey (1999) demonstrate how new conceptualisations of the therapeutic encounter have moved far beyond the understanding of the analyst as an objective blank screen. The analytic attitude as used in this study is relational and thus is in keeping with a post-modernistic sensibility. As stated by Altman (1995) “In relational psychoanalysis, in dialectical fashion, the patient and the analyst are thought to be constituted by the dyad insofar as each discovers a version of self within the dyad that, in many respects, has not existed before” (p. 68). In the relational model the therapist is a participant rather than an objective observer whose subjective feelings and responses to his patient are as valid as his patient’s responses to him.

Given that the principle method of investigation used in this study, the analytic attitude, is relational and therefore amenable to a postmodern perspective, it follows that a postmodernist paradigm of investigation would provide a suitable philosophical framework for this study. A postmodern mindset is more appropriate to cross-cultural studies in that it affords a way of overcoming the universal assumptions of culture, class and race that are easily upheld through an epistemology of positivism. A postmodernist mindset enables the researcher to be aware that a research study is an interactive process, which is strongly informed by the researcher’s and his participants’ personal history, biography, gender, social class, race and ethnicity. This self-reflective stance is particularly relevant to researchers in a South African setting where issues such as politics, power, race, and income have become entrenched along racial lines and still

remain a part of the experience of all South Africans. By adopting a postmodern position the researcher is encouraged to be critically aware of his interpretation of the events studied. The researcher in this paradigm is more conscious of the way in which events are reported and how such an account is likely to reflect a specific storytelling tradition or interpretive community that is never value free and always carries political connotations (Denzin et al., 1998).

Current understandings of qualitative research emphasise that no single method of enquiry is more important than another. Qualitative research draws on several different methodological approaches depending on the subject under study and the questions asked. A case-based approach was chosen as the most appropriate method of investigation for this study. A system of multiple methods (triangulation) was used to add depth and rigour to the study (Denzin et al., 1998). Triangulation is defined as the researchers effort to seek out several different types of sources that can provide insights about the same events or relationships (De Vos et al., 2002). Triangulation can be employed in the planning stages of a study as well as in the interpretation phase. Typically this may involve the creative synthesis of multiple theoretical perspectives or the triangulation of different methods that are drawn from both qualitative and quantitative traditions (ibid). In this study the researcher used positivist and poststructuralist orientations in the research design. For instance the terms ‘propositions’ and ‘units of analysis’ were borrowed from the quantitative tradition and were used to refine the scope of the study. Other methods of triangulation included collecting data from the experience of both the therapist as well as the participants. This technique was chosen for the purpose of achieving greater insight into the relational dimension of the therapeutic encounter.

In the spirit of a postmodern ethos the researcher drew on currently established qualitative methods of evaluation that related to validity and reliability. The research analysis and interpretation, rather than being “loosely narrative” as is typical of a classic postmodern style, incorporated tighter controls that echoed a more positivist ethos. The focus of the study remained faithful to the research question and its propositions throughout. Similarly the data analysis was structured in terms of categories that the researcher deemed useful for answering the research question and its propositions.

## Research Design

### 4.5: The Case Study Design

Having established that a qualitative case based approach was most suitable for this study, it follows that an adequate research design had to be formulated. When designing a research study, five components to the design should be considered. These include:

- a) Components relating to the data collection: 1) The study questions, 2) its propositions and 3) its units of analysis; and
- b) Components relating to the data analysis: which include 4) the logic linking the data to the propositions and 5) the criteria for interpreting the findings (Yin, 1989).

Breakwell et al. (1995, p. 241) state that the “research question should act as a prism through which you view the data to be collected”. A research design therefore represents the logic that links the data to be collected and the conclusions to be drawn with the initial questions of a study. Nachmias and Nachmias (1976) provide a classic definition of a research design:

A research design is a plan that guides the investigator in the process of collecting, analysing and interpreting observations. It is a logical model of proof that allows the researcher to draw inferences concerning causal relations among the variables under investigation. The research design also defines the domain of generalisability, that is, whether the obtained interpretations can be generalised to a larger population or to different situations (Nachmias & Nachmias, 1976, p. 77-78).

The success of a case study is dependent on following a set of carefully thought-through pre-specified procedures: this constitutes the design. It is thus important to choose a design frame incorporating specific strategies and techniques for optimising data collection, analysis and interpretation.

#### 4.5.1: Three Types of Design for Case Studies

When designing case studies a primary distinction needs to be made between a single case and a multiple case. This design choice must take into account the nature of the research question and should precede any data collection. In order to maximise meeting the standards of quality for research, there are three different considerations for design that can be used. These are 1) an intrinsic case study, 2) an instrumental case study and 3) a collective case study (Denzin et al., 1998).

*Intrinsic studies* are focused on gaining an in-depth understanding of an individual case. It is thus most useful for studying individuals or events which deviate greatly from the norm. In such studies the purpose is to describe the case itself, rather than to gain insight into broader social or theoretical issues (De Vos et al., 2002).

*Instrumental case studies* are used to gain deeper understandings of a social issue rather than an individual. The emphasis is on elaborating a theory; the actual case is secondary to the researcher's gaining a deeper knowledge about a theoretical issue (Denzin et al., 1998).

Both intrinsic and instrumental case studies are single case designs. Single case designs are suited to certain conditions such as when the case represents a critical test of existing theory, where the case is an unusual or rare event, or where the case serves a revelatory or descriptive purpose. A series of two or more cases can be done in a multiple case design. These designs have in the past been considered to comprise different methodological strategies to that of single case designs. However, there is no clear distinction between the so-called classic single case study and multiple case studies. A multiple case design offers a more encompassing perspective of the phenomena under study and is therefore more likely to render a more robust body of data (Babbie, 2004).

Multiple case designs are called *collective case studies*. The strength of a collective case study is that it allows for an extension beyond the findings of one individual: comparisons can be made to other cases and concepts. This in turn allows for the revision or extension of theories (De Vos et al., 2002). The logic behind collective case studies is that each case should be carefully selected in such a way that similar results should be obtainable with the other cases, or, if contrary results are obtained, the reasons for this should be predictable (ibid). It must be emphasised therefore that in order to achieve comparability the subject cases must be chosen within rigorous criteria that will ensure that the conclusions drawn should be comparable from the outset.

Case selection and the definition of specific units of analysis are important steps in the design and data selection process. In a collective study each individual case consists of a whole study in which convergent evidence is sought regarding the facts and conclusions for the case. The final discussion of results should draw each individual case into a multiple case report that indicates how and why for each case a particular proposition was or was not demonstrated. The conclusions of each case study are thus related back to the propositions and inferences are made from this as to the merit of the research question (De Vos et al., 2002).

#### 4.5.2: Criteria for Evaluating the Quality of Research Design

A sound research design should represent a logical set of statements. It should be possible therefore to gauge the quality of any research design by using a logical set of criteria. Marshall and Rossman (1995, cited in De Vos et al., 2002, p. 351) state that “All research must respond to canons that stand as criteria against which the *trustworthiness* of the project can be evaluated [my emphasis]”. In order to claim that the findings of this study were “trustworthy” certain criteria for evaluation needed to be established. Furthermore in order to generalise these findings to theory the research itself needed to reflect an element of credibility. In this study it was felt that a postmodern perspective was the best way to bring the material to light. However, in order to communicate and generalise these findings to a body of psychoanalytic theory it was necessary to draw on a more structured approach that increased the credibility of the study.

Criteria for evaluating qualitative research reflect an attempt to discover and record the truth of the subject, process or phenomenon under study. Traditional criteria used to evaluate case-based research studies include construct validity, internal validity, external validity and reliability. These criteria have been strongly criticised from a postmodern perspective. Such standards are understood to emulate a positivist epistemology that has no place in a poststructuralist/postmodern paradigm of investigation. Denzin et al., (2000) state that “If there is no means of correctly matching word to world, the warrant for scientific validity is lost, and researchers are left to question the role of methodology and criteria of evaluation” (p. 1027). If language cannot adequately reflect human experience then the entire basis for arguing that a particular study is scientifically valid is undermined. Contemporary qualitative theory proposes an alternative set of legitimising criteria for the evaluation of qualitative research. The criteria used in this study are those proposed by Lincoln and Guba (1985, cited in De Vos et al., 2002). These include credibility, transferability (or generalisability), dependability and confirmability.

#### Credibility.

Credibility as an alternative to internal validity aims to demonstrate that the study has in fact described the processes, the subjects or phenomena that were initially identified in the research question. Credibility is well evidenced in most qualitative work through constant reference to and quotation of the data itself and can be further increased through providing embedded in-depth descriptions of variables and interactions that reveal the complexity of the data. In order for this data to be credible the setting, population and theoretical framework surrounding such descriptions must be clearly demarcated by the researcher.



### Transferability.

This involves establishing the domain to which the study findings can be generalised beyond the immediate case. In this sense transferability is an alternative to external validity. The attempted generalisation of qualitative findings to other contexts has traditionally been seen as a weakness of this approach. Criticisms have been levelled in particular at single case studies through the argument that a single case offers a poor basis for generalisation. This argument derives from the logic of survey research where “samples” are selected for their generalisability to “universes”. Survey research typically relies on statistical generalisation, whereas case study research relies on analytical generalisation. In analytical generalisation the researcher aims to generalise from a particular set of results to some broader theory (De Vos et al, 2002). Transferability can therefore be enhanced in a qualitative study by demonstrating how data collection and analysis reflect the theoretical, framework, concepts and models that were initially outlined. The technique most useful for enhancing generalisability in qualitative studies is triangulation (ibid). By triangulating multiple sources of data the research question under study can be corroborated and illuminated in such a way that different perspectives allow for greater applicability to other contexts (De Vos et al., 2002).

### Dependability.

Dependability in qualitative research offers an alternative to the concept of reliability as described through positivist traditions. Positivist understanding of reliability involves demonstrating that the operations of a study - such as the data collection procedures - can be repeated with the same results. However, this positivist understanding of reliability “assumes an unchanging universe where enquiry could quite logically be replicated” (De Vos et al., 2002, p. 352). Qualitative researchers generally disagree with this assumption and state that such an understanding is inappropriate because the social world is not static, but rather is always being reconstructed. The notion of replicating an entire study is therefore not considered relevant. Current qualitative research requires that the findings themselves within the study be replicable. In order to repeat the process of a study it is important to document systematically the procedures that have been covered: a clearly established research design is the primary means of ensuring dependability. The concept of dependability focuses on ensuring that the researcher accounts for the changing conditions that may arise in the phenomena under investigation and the way in which such changes are incorporated into the design as the researcher gains an “increasingly refined understanding of the setting” (De Vos et al., 2002, p. 352).

### Confirmability.

Confirmability is of great importance in case study research in that it describes the need for unbiased reporting of the data. In this it replaces objectivity, which refers to the stratagem whereby the findings of any one study can be confirmed by a similar study. Current research methodology recognises that it is impossible for a researcher to be thoroughly objective: part of the focus of much qualitative research (and in this study) is on the researcher as an active participant rather than an objective viewer. Lincoln et al. (1985) suggest that a focus on the data, rather than the researcher's objectivity, will provide confirmability: any reader or further researcher will be able to use the data itself to ascertain inferences and conclusions. (cited in De Vos et al., 2002).

### 4.6: Case Study Procedure

When designing a research study it is necessary to outline the exact procedures of the study in the form of a case study protocol. The rationale for providing a case study protocol is two-fold: firstly, it assists the researcher in defining the precise procedures that are required to implement the research study successfully; secondly, it serves to increase dependability in that it provides a template against which the required standards of such a study can be measured.

#### 4.6.1: Protocol for this Study

This section outlines the procedures adopted to select, collect and interpret the research data. The research design comprises a collective case study involving three participants and a therapist.

#### Research participants.

Referrals for this research study came from various sources. The therapist informed colleagues that he was doing a cross-cultural research study and was seeking referrals of Black South African women between the ages of 25–35 years. Individuals participating in this research study were drawn from a group of six referrals to the therapist's private practice in the space of four months. All referral sources indicated that the participants had enquired about seeing a professional psychologist for psychotherapy. These patients had been made aware by the referral source that the therapist was a White English-speaking male. All six patients referred for long-term psychoanalytic psychotherapy were given the option of participating in the study. In the initial session they were provided with information as to the procedure and purpose of the study. Participants were under no pressure to conform, rather they were told to spend some time thinking about whether they wanted to form part of this study. Either way, it was strongly emphasised that treatment would proceed unabated from the initial session. Furthermore participants were told that if they initially agreed and then chose to discontinue as a research

participant, treatment would still continue. In other words the treatment focus would always be given priority over the research study. Those participants who chose to enter the study were informed that all efforts would be made to ensure that identifying data be excluded from printed material. Furthermore it was indicated that they had the right to peruse draft transcripts of collected data and to subsequently exclude any unwanted material. These, and other details were contained in a letter of introduction and in the consent form (see appendix 1 and 2).

The researcher was aware that for those individuals who chose to enter the study the double role of patient and participant would have some impact on the process, both consciously and unconsciously. For this reason patients were explicitly encouraged to openly discuss any feelings they held in this regard. For the purpose of the study it was fully acknowledged from the outset that any reference to this issue would need to be discussed and subsequently documented as part of the research process.

Participants in this research study are drawn from a population of young Black South African women who were all prepared to see a White male psychotherapist in the knowledge that treatment would involve talking about their emotional concerns. Participants in this study therefore represent a population of urban-based Black women who were actively seeking this form of treatment. This group of women represent an emerging class of urban Black women educated through a western system, adopting western ideals and seeking out western forms of treatment for their emotional difficulties. Any inferences made from the results of this study can be made only to this group; no inferences could be made for instance to rural women.

Of the six participants referred who fitted into the age parameter three were eventually excluded. One participant was unsure whether she wanted to be in therapy and remained ambivalent about committing herself to the process. She decided to terminate after only six sessions. Another participant committed herself fully to the process; however, after approximately thirty-five sessions she terminated because her mother was averse to the idea of psychotherapy and eventually ceased paying for her transport to get to sessions. The third participant had come to therapy for assistance during a crisis. She felt that she was unable to commit to a long-term process as she was thinking of leaving the country. The other three participants consented to participate and all three have remained in long-term psychotherapy for well over the research requirement of 40 sessions. In fact all three participants remained in therapy for a period of over two years.

### Therapist.

It was extremely important for the therapist consciously to adhere as closely as possible to the fundamental tenets of the analytic attitude. The effectiveness of this attitude for these participants could only be measured if the therapist maintained the basic practical and conceptual rules of the analytic attitude as it is used generally in psychoanalytic psychotherapy. For this reason the therapist had to be well acquainted with both the conceptual and practical aspects of psychoanalytic psychotherapy. The therapist in this study is a qualified clinical psychologist with ten years' clinical experience who has obtained a certificate in psychoanalytic psychotherapy through the South African Institute for Psychotherapy.

From a postmodern position of critical self-awareness the researcher was well aware that his own training and interest in psychoanalytic psychotherapy would influence his judgement and interpretation of the data collected. This inevitable bias could only be addressed through maintaining a set of legitimising criteria that would add soundness to the study. In this regard the concept of confirmability (outlined above) allowed for measures to be included that ensured the findings of the study were reflective of the process under investigation, with minimal impact from the researcher's own prejudice and bias.

### Setting.

Participants were seen in a private practice psychotherapeutic setting and were required to adhere to set times of attendance and an appropriate fee structure.

### Participant Criteria.

This research study used a western framework of treatment with an English-speaking therapist. From the outset it was understood that treatment would be conducted through an English language medium. For all participants English represented a second language. In order to ease the flow of communication between the therapist and the participant a minimum level of competency in English usage on the part of participants was therefore required. Furthermore, for the purpose of generalisability it was necessary to maintain clear parameters. As the focus of this study was confined to Black English-speaking adult females from the Western Cape Peninsula, the following criteria were required for participants in this study:

- A Matric education pass in English
- Black adult female individuals of South African birth and upbringing
- Age range from 25 to 35
- Urban-dwellers within the Western Cape Peninsula

The focus of this study was on long-term psychoanalytic psychotherapy, which is characterised by indefinitely extended sessions. This approach differs from the intentional time-limited focus of Brief Psychodynamic Psychotherapy, which is typically characterised by 20 sessions or less (Book, 1998). In order to qualify for participation in long-term psychoanalytic psychotherapy all participants were required to remain in the therapeutic process for a period of at least 40 sessions.

#### Duration.

In accordance with general practice the duration of long-term psychoanalytic psychotherapy is decided by the patient, with no fixed time period being imposed from the outset. Regardless of the number of sessions achieved, material was drawn from the first 40 sessions only, covering an average of 12 months.

#### Data collection procedure.

At the end of each fifty-minute session the therapist completed a data collection record, which involved comment and reflection on the preceding session. This data collection record involved two components:

*Step 1.* The therapist's observations of his own ability to maintain (or not maintain) the analytic attitude in each session.

*Step 2.* The therapist's observations and documentation of all content information emerging from each session, with specific focus on the way the participants responded to the elements of the analytic attitude. Verbatim notes that were recorded in the session were used.

In accordance with step one, at the end of each session the therapist reflected on the process just undergone and critically assessed his use of the analytic attitude and its applicability in this process. Patterns of responses to the exigencies of the analytic attitude were monitored through careful note taking. The therapist documented the tensions of trying to maintain this attitude as well as instances where it was broken. These written documentations related specifically to the therapist's observations on the elements of the analytic attitude, showing how he was able (or unable) to maintain each element.

In accordance with step two the therapist collected detailed information on the content of the session as it unfolded during the therapeutic hour. Information relating to the way in which the

participants were able or unable to relate to the elements of the analytic attitude comprised the main focus of data collection in this step.

#### 4.6.2: Procedure For Organising and Analysing the Data Collected

The data collection was organised into two phases: A) the case history phase for participants One, Two, and Three and B) the individual case report phase for participants One, Two and Three. The data analysis phase comprised a combined cross-case report for all three participants.

##### Phase one of data collection: case history phase.

This phase provided a concise patient profile, incorporating demographic details, personal history, relational history, academic and employment history and the presenting problem. These records were referred to as “Case History One / Case History Two / Case History Three”. This stage of the data collection was purely *descriptive*, without any interpretation. The main purpose of this section was to provide the reader with a preparatory context of understanding for each participant’s communications contained in the individual case reports to follow.

##### Phase two of the data collection: individual case report phase.

This section comprised the *interpretive phase* of the case study process. Each individual case report explored the maintenance or otherwise of all eight elements of the analytic attitude for each participant. These records were referred to as “Individual Case Report One / Individual Case Report Two / Individual Case Report Three”.

In this phase an individual case report of 40 sessions of psychotherapy was compiled for each participant. This report was structured in accordance with the eight headings of the analytic attitude that comprised the central focus of this study. An example of the procedure used for organising the data is as follows:

For participant one (session one)

- Material gathered for session one in terms of step one and step two outlined above was closely scrutinised by the researcher.
- The researcher noted which aspect or aspects of the analytic attitude were most significantly demonstrated in this session.
- The task of organising the data under relevant headings was assisted by the fact that the data had already been prepared for this task. Significant themes relating to the analytic attitude that emerged from session one had already been identified through step one and step two outlined above.



- If neutrality appeared as a central concern in this session then this information was discussed under the heading “Neutrality”. If a concern was also raised in this session that related to the therapeutic frame, then this information was apportioned to its respective heading “The Analytic Setting”

The process of organising the data in terms of step one and step two and in compiling the individual case reports relied strongly on the researcher himself. The researcher was aware that the decision to include or exclude information was dependent on his judgement, experience, knowledge and proficiency with regard to understanding the processes of the analytic attitude in each session.

The data analysis phase: combined cross-case report.

This phase comprised a combined cross-case report for all three participants in which the findings of each individual case report were compared and contrasted. This section, comprising the *analytic phase* of the case study process, used a specified set of criteria to judge the overall effectiveness of each element of the analytic attitude separately. These criteria related back to the initial research question and its propositions.

In terms of the study question and propositions, all difficulties encountered by both the therapist and the participants in maintaining each element were discussed, together with the adaptations used by the therapist while attempting to maintain the analytic stance. In this section each element of the analytic attitude was considered independently in terms of its overall effectiveness and success. Possible reasons for the breakdown of the analytic balance and necessary modifications to the analytic attitude in order to accommodate such breakdowns were generated.

The data analysis in the cross case report was discussed under the following headings for each element of the analytic attitude. The following provides an example for the first element, generative uncertainty:

- Discussion of the use of generative uncertainty for three participants
- Criteria used to judge the effectiveness of generative uncertainty
- Difficulties encountered in using the stance of generative uncertainty
- Adaptations used by the therapist in maintaining the stance of generative uncertainty
- An evaluation of the overall effectiveness of generative uncertainty

Once the analysis was completed the findings of this section were discussed in the broader context of the entire study. Suggestions were made concerning the applicability of the analytic attitude to a certain category of Black English second-speaking urban women and possible modifications that were necessary for this framework of practice to be relevant were discussed. Data emerging from the combined cross case report of the analysis phase was considered in terms of the central argument of the thesis and in terms of the larger context of other research. This section comprised a general discussion and conclusion to this research thesis.

#### 4.7: Efforts to ensure Accountability and Legitimacy in this Study

The researcher's attempts to establish applicability, consistency and neutrality were considered within the crisis of representation and legitimation outlined above. Because of difficulties concerning how to represent "the other" and how to legitimise the study it was necessary to establish a set of reasonable criteria that could judge the study's credibility. It was also necessary not only to maximise the applicability and transferability of the findings, but also to be reasonably sure that such findings could be approximated under similar conditions. Furthermore, the researcher needed to establish controls to ensure that the findings reflected the phenomena under study and were not skewed by his selection bias. Measures to maximise legitimacy were established through defining clear parameters and objectives for research from the outset. The researcher was aware that the study's *credibility* relied strongly on outlining the procedural steps of the work and recognised that the value of each step depended on the validity of the preceding steps (Edwards, 1998).

Prior to entering the field and conducting the research, knowledge of relevant literature was gained by the researcher (Babbie, 2004). The theoretical framework of psychoanalytic psychotherapy and the analytic attitude was outlined at the beginning of the study. The researcher ensured that the questions and propositions that evolved out of the designated area of research were carried through into the design of the study. It was stated at the outset that the data collection, analysis and discussion would adhere only to material that was relevant to the eight components of the analytic attitude. This method of reduction represented an attempt not only to minimise the inclusion of material irrelevant to the research question but also ensured that the data collection and analysis flowed out of and were consistent with the theoretical framework, concepts and models initially outlined. By systematically linking procedures with theory the *transferability* of the study was enhanced (De Vos et al., 2002).

After establishing the research domain with its focus, propositions and units of analysis, a design was chosen that was best suited to the study. A collective case study design incorporating three

independent cases was chosen because it reflected the purpose of the study, which was not on the individual *per se*, but rather on how a group of individuals responded to a particular framework of treatment. The scope of enquiry, the therapeutic dyad, was demarcated into eight sub-units of analysis comprising the elements of the analytic attitude. Each element of this attitude was clearly explained to provide the researcher and the reader with clear insight into the concepts that would form the basis for data collection. The credentials of the researcher/therapist were established by outlining his qualifications and experience in the use of psychoanalytic psychotherapy and the analytic attitude. It was also emphasised that the therapist's use of the analytic attitude would comply as closely as possible with the model outlined by Gavin Ivey (1999).

A method of triangulation, which involved step one: recording verbatim responses of each participant's experience and step two: the therapist's own response and experience to each session was used. Triangulation was also enhanced by the researcher's discussing his therapeutic processes and interpretations with his own therapy supervisor<sup>4</sup>. This double-focused approach was in keeping with postmodern developments in qualitative research and in psychoanalysis. Triangulation afforded a way of capturing the relational aspect of the analytic attitude, thereby achieving a more in-depth and embedded perspective of the dynamics of the therapeutic event. These different perspectives served to illuminate the research question under study in such a way that its *generalisability* and usefulness in other contexts was increased.

Measures for *dependability* in the study were incorporated through the way that the data was collected and analysed. The researcher recognised that that the experience of each individual's psychotherapy process was unique and could not be replicated. Dependability therefore relied not on replicating individual experience but rather on demonstrating that by adhering closely to the principles of the analytic attitude similar responses, difficulties, deviations and consistencies could be expected across similar studies that used the analytic attitude in the same way and focused on a similar group of participants. The importance of each participant's and the therapist's individual experience was relevant in so far as it interacted with the principles of the analytic attitude.

In this study a postmodern method of enquiry was used to elucidate the experience of therapist and participant in the therapeutic dyad. This position was most suited to this study in that it mirrored the relational nature of the analytic attitude. The concept of objectivity was seen as unnecessary from this postmodern position of enquiry; however, it was still necessary to ensure

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<sup>4</sup> In accordance with common practice, the researcher regularly attended supervision for all his therapy cases. This was enacted within the standard requirements of confidentiality and anonymity.

that the findings were reflective of the participants and the enquiry itself, rather than the bias of the researcher. To ensure that the findings of this study could be confirmed by other studies, the researcher was aware that the data itself, and not the objectivity of the researcher, had to *confirm* the significance of the findings. For this reason the researcher chose to analyse the data through a set of criteria that most closely resembled the theoretical stance and concepts initially outlined. These criteria for codifying, analysing and discussing were informed by the data itself in the cross case analysis and included findings relating to the difficulties encountered in maintaining each element of the analytic attitude, adaptations that had been necessary, reasons for deviations and departures from this stance and a measure of the overall success or failure of the treatment model. By categorising and discussing the findings in such a way it was possible to determine whether psychoanalytic psychotherapy was in fact an appropriate treatment strategy for the participants under study.

## **CHAPTER FIVE: DATA COLLECTION**

### **Case History One, Two and Three**

#### 5.1: Case History One

Participant One is a thirty-five year old Xhosa woman employed as a social worker at a local hospital. She lives in a local community township with her 13-year-old son (her only child). She was referred for therapy by her place of employment after consulting with a fellow health care professional. During the course of psychotherapy she has been receiving pharmacological treatment under the supervision of a psychiatrist.

#### Presenting problem.

The participant first presented on the 16<sup>th</sup> of November 2001. She stated that she had been depressed for a number of years but things had got worse in 2000 after the break up of her relationship at that time. She was currently experiencing difficulty in her relationships with her family, her boyfriends and her son. She described an ongoing conflictual relationship with her mother in particular. She said that she suffered from mood-swings, got frustrated easily and frequently felt rejected by people. She described how the previous weekend she had turned off her cell-phone and slept for most of the weekend: “I went for a walk and watched a film, but felt bored and just wanted to sleep... I wanted to be on my own and was hiding from my friends”.

The participant had attempted suicide on seven occasions since July 2000. She had been admitted to a psychiatric clinic five times for depression and suicide attempts by overdose. She once intended to attempt suicide on a railway line but withdrew. She had been on antidepressant medication for a number of years. She had consulted many different doctors and had received numerous forms of medication, which she supplemented with over-the-counter remedies. She had come to the conclusion that none of these treatment approaches were helping her and had subsequently decided to “try psychotherapy”.

#### Home environment/childhood.

The participant identified from the outset that her “major problem” was “trust”. She explained that her issues had started when she was very young. At the time of her birth the participant’s parents were not married to each other - in fact at the time of her birth the participant’s father was married to a woman who lived in the Transkei. Her parents separated shortly after she was born. At the age of two months the participant was sent to live with a caregiver until the age of six years, when she was sent to another caregiver together with her brother. She lived (temporarily) with her mother for the first time at the age of 16. As a child she did not see much of her mother. She remembers that her mother may have visited her once a week when she was at primary school. However, she recalls that her father visited her every day.

#### Family history.

After the participant was born her mother got married. Her first husband died after she had had two further children, a daughter and a son. She subsequently re-married and had one son from her second marriage. Her son from the first marriage was sent to Johannesburg and the family has not heard from him since. The participant feels that her mother always preferred her younger brother to her and her sister. She believes that her mother never wanted her and abandoned her and her sister at an early age. The participant’s sister subsequently has a very poor relationship with her mother and tries to avoid her. The participant states that her mother has never once told her that she loves her and recalls that one of her boyfriends told her that she acts like her mother never loved her and she is “still seeking love – like a baby”.

In 1977 when the participant was eight years old her father died. She was very close to her father, and remembers looking forward to his visits. She described how one Wednesday she had waited as usual but her father did not arrive. She was told the following Sunday by the caregiver that he had died on the previous Wednesday. None of the family attended the funeral; she believes her mother deliberately stopped her from attending. She feels that her father was the only person who

ever loved her. The participant states that this is when her problems started: when she felt that “she no longer had a parent”.

#### Academic/employment history.

The participant attended primary and high school in a local township. She left school at the end of Std 8 to seek employment because there was insufficient finance at home for school fees. She subsequently worked as a general assistant in a local hospital. She supported herself and went to night school for a period of five years to repeat Std 8. She then completed Std 9 and Std 10. She attained her Matric in 1994 and in 1995 she went to university to study for a BA degree. After the first year she changed her course to social work and studied for a further four years. Throughout her studies she continued to work night shifts at a local hospital.

#### Relationship history.

When the participant was completing her schooling she lived with her boyfriend and fell pregnant. She described this boyfriend as very jealous and violent. He used to abuse her physically. He wanted her to give up her work and studies and stay at home. She consulted a doctor and was advised to leave him. Initially he maintained contact with his son for some time but has not been heard from since 1996. At this time the participant was unable to work and care for her son so he was looked after by her cousin. He came to live with his mother when he was nine years old. The participant has never been married, which she states is unusual in her culture. She states that her culture “places pressure on a woman to be with someone”. It is difficult for an unmarried women to be friends with married women”, furthermore a woman who is successful and independent is generally seen as different. The participant stated that this perspective is stronger in the rural areas, whereas in the township people are more tolerant and a person “is generally allowed to mind their own business”. The participant’s family are not as concerned about her unmarried status as “the women in my family are not the marrying type”. Her mother has always discouraged her daughters from marriage because of her own poor experiences. The participant’s sister is 42 years old and has never been married. All the women in her family are either divorced or unmarried.

#### 5.2: Case History Two

Participant Two is a twenty-five year old Swazi woman working in a local branch of a national company. She completed her Matric education and passed with exemption. She lives in the southern suburbs with her fiancé. She was referred for psychotherapy through a family member and started sessions on 25 March 2003.



### Presenting problem.

The participant initially stated that she periodically felt depressed and moody. At times she had panic attacks and she was unsure whether she was in the right job. In the past she had taken off time from work for depression. She found the work environment difficult and often thought her colleagues were talking about her behind her back. She stated that she could not handle conflict or confrontation at work and was insecure about her intellectual ability. Socially she felt that when people first met her they thought that she was “stunning” but this it got harder as she had to try to live up to their expectations. She recognises that when interacting with people she tends to elevate them and “tell them how great they are”; at the same time she puts herself down. The more she is not complimented the more she tends to compliment the other person. She states she generally feels that other people are better than her and she tries hard to get people to like her. In doing so she does not tell people the complete truth about herself. Her fiancée becomes irritated by this behaviour. She also states that when she has been socialising with friends she often feels depressed the next day. She feels embarrassed about exposing herself the day before, especially if she has had something to drink. She sometimes feels guilty about having fun and drinking and feels that she talks “meaningless nonsense”. Her mother sees drinking as evil.

She pointed out that she has difficulty in making decisions and relies strongly on her fiancé to help her. She states that she cannot do anything without him, “not even exercise, unless he is with me”. She recognises that she is dependent on him but states that her negative attitude to dependence is influenced by her western beliefs. From a traditional perspective “it is accepted to run everything by your husband and dependency is not seen as bad”. She explains that she is dependent by nature and has always wanted to be in a relationship. When she was younger she was very dependent on her brother. She explained “I feel my personal identity hasn’t quite developed, at times I feel like a normal human being in shoes that are too big for me”. The participant thinks she is scared of being her real self because she might be “serious, heavy and depressed like a friend I know”. She is sometimes scared to show the serious part of herself because she feels people may think she is “weird”.

The participant felt that she does not cope well generally and hoped that therapy would help her to feel less insecure and to understand herself better. Initially she felt that she would like to see a Black female therapist.

### Home environment/childhood.

The participant states that she does not remember very much of her childhood. Her family informs her that she suffered from “fits” up to the age of 13 years. The participant states that she

does not remember having these fits. Apparently her sister used to carry her on her back to the clinic whenever she had a seizure. The participant recalls that there was always tension in the home because her mother and grandmother did not get on and her father would sometimes drink. This would result in arguments and physical fights between her mother and father. There was a lot of financial stress at home. The participant's father was paid on a Friday but would often return home drunk without any money. In spite of these problems at home the participant states that she always knew that her mother loved her and she always had a "soft spot" for her father even though he did not play much of a role in her upbringing. The socio-political climate at the time strongly affected her family; however, the participant states that she was too young to be affected directly. She recalls a strong police presence in the area in which she lived. They sometimes came to her house but this was because her cousin used to hijack and steal cars and they would come to the house to look for him. The only direct experience of racism that she recalls was on a visit to the zoo when she was looking at the monkeys and some White children called her a "monkey".

#### Family history.

Participant Two was born and raised up in a large township in Gauteng. Her father had been married before and his wife had died. When he married the participant's mother there was some bad feeling in the family. The participant's mother felt that her mother-in-law did not accept her. When the participant was born she was very sickly and it was believed that she was "possessed". Her mother felt that because her mother-in-law did not approve of the marriage she had bewitched her child as a form of punishment. On another occasion the family ate food that made them all very ill. It was believed that the mother-in-law had played a role in this. Prior to getting married the participant's father was alcoholic; also he was supporting several cousins and was often in debt. The participant's mother made a lot of changes and set about improving her husband's life. These changes were not appreciated by the extended family. Her father's drinking problem improved but he would still be very aggressive and at times abusive and violent. The participant states that she grew up in a home environment where it was "ok to hit children". In spite of her father's aggressive behaviour he also has a very kind and gentle side to his personality. The participant explained that her mother is the one who makes most of the decisions at home. At times her mother asks her father for permission, "to make him feel like a man", but usually she tells him what to do. She states that her father is not pro-active. This is probably because when he tries to take any initiative he is criticised by his wife.

Her father supports traditional cultural values and customs. He worked as a driver and is currently on a state pension. The participant's mother follows a less traditional lifestyle and belongs to a

specific denomination within the Zionist church. When her mother discovered that the participant was in a cross-racial relationship she was told to return home from Cape Town. The priest of her mother's branch of the Zionist church (he is albino and a friend of her mother's) undertook to purge the participant of this person that she was seeing. This process involved a ritual cleansing for one week, which was repeated at sunrise and sunset. On the last day she had to drink "holy water" and then make herself vomit into a bowl and throw the contents into a stream. In the morning and afternoon she had to steam her body covered in blankets under a plastic sheet and primus stove. She was bathed by the priest and told that a "horse does not mate with a cow". After the cleansing she was told that "she looked better and had some light". The participant's mother told her a story of someone who had a relationship with a White man and had then died of an unknown illness.

The participant at times feels judged by Black men. She feels they think that she "puts on airs", especially if she speaks in English, even though she knows that she is admired because she drives a car and has a good job. The participant states that inter-racial relationships are generally not seen as positive in her culture. The perception is that "a nice looking Black girl is wasted on a White man". The participant claims that she is not particularly worried about this perception as the people she mixes with do not hold these beliefs; however, she feels the pressure of these stereotypes and finds that in her own home in Cape Town she still plays the traditional role of being in charge of the domestic environment. She feels very uncomfortable with employing a domestic worker and finds it hard to tell an older woman what to do, especially as her mother was a domestic worker.

She is aware of class differences and feels uncomfortable when people see her as belonging to a higher class. The participant states that class differences are becoming more obvious in South Africa. She states that Black people who have lived overseas see themselves as better than someone educated in South Africa. Accent and material possessions often indicates class. The participant states she has a "Model C school" accent which is different, and other people notice this. She states that she feels there are some White people who are a class below her. However, she sees herself essentially as *ekasi* - a township girl. Like many Black people who moved into the suburbs after the Group Areas Act was abolished, she still visits the township on weekends as the suburbs are "very quiet and boring".

In spite of the fact that the participant's older brother and sister have a different surname it was only recently that she understood that they are not her father's children but were born from a previous relationship of her mother's. The participant is unsure whether her mother was married

to this man: these issues are never spoken about. The participant's father was also married previously and he has a daughter from this marriage. This daughter is now married and lives some distance away. The participant has also a younger brother; some people say that her younger brother is not her father's child but is in fact the child of her mother's priest. Her mother denies this. The participant is sure that she is her father's child as she has a mild deformity similar to that of her father's brother. The participant maintains strong ties with her family and she supports her mother and father, her sister and sister's children by depositing money into her mother's account each month.

The participant states that a previous girlfriend of her older brother reported that she thought he was unsure about his sexuality. The participant thinks that there may be some truth in this. Homosexuality is not accepted by her family or her community and if this were the case then there would be "a big scandal". She states "it would cause a lot of internal turmoil in the family".

#### Academic/employment history.

Participant Two moved to Cape Town when she was 12 years old to attend a prestigious girls' boarding school on a scholarship. On arriving at school in Cape Town she initially boarded with a young White couple. She found it difficult to adjust and subsequently moved in with a family who had children. She stayed with this family for three months. They supported her and often paid for clothes and other expenses. This family was Catholic and the participant subsequently converted to Catholicism. She then moved into a boarding hostel at school and remained there until completing her matric. At her previous school she was at the top of her class. At her new school she was at the bottom. She went through a period of time where she was very depressed, she was one of four Black girls at this school and felt left out and different. The Black girls did not befriend her and called her a "coconut" and a "traitor" because she had been living with White people. The White girls spoke of things that were unfamiliar to her. The participant states that in her home she had been brought up to be quiet and obedient and never thought of asking "why". She learnt that in a western environment you are always asked your opinion and encouraged to ask "why". Most of the children at school came from wealthy families and their parents were "doctors and lawyers" where as her mother was a domestic worker. The participant found the school environment extremely difficult: she never had "enough money or enough of anything". To this day she feels that she is always "wanting" and never feels fully satisfied with what she has.

She befriended a "Christian group of girls" as they were the only group that she felt accepted by. The participant did not like the hostel and felt very excluded by the Black girls and the White

girls. During free time she did not know where to go. She did not have the same skills for sport as the other girls and “In gym I could not do the exercises, I could not even catch a ball” The participant felt a strong sense of “difference” and compensated for this by trying hard “to be accepted and be cool”; she smoked cigarettes and bunked classes. She tried to lose weight by using laxatives, exercising and dieting. For a period of time she suffered from bulimia. She states that when she was growing up weight and food had never been an issue.

After leaving school the participant studied for a National Diploma in Public Relations. She is currently studying economics through the University of South Africa (UNISA).

### Relationship history.

The participant had previously been in a relationship that affected her deeply. She felt she had been naïve and was used and deceived. This was terminated when her partner went overseas on a trip. When he returned he did not bother to contact her. At the same time he was selling cannabis and she was ignorant of this. This person later became married to a friend of hers. She no longer has any contact with this friend. She sometimes thinks that there may be some truth in what her mother said to her in the cleansing process about how White men use women because this was her experience in this relationship.

The participant is due to be married. She explained that the marriage would consist of a traditional wedding and a western ceremony. The traditional wedding will involve the slaughtering of a beast by the men with a blessing from God, the ancestors and the family. It is important that the beast’s blood falls on the ground of her parents’ home. The western ceremony will involve the exchanging of vows with a priest. Her mother is very nervous about her fiancé’s relatives who are coming “all the way from England”. She insists that the participant wears a white dress because she states that “you can’t expect people coming from England to see you in a traditional dress”. The participant feels that she would like to wear a formal dress with aspects of her culture. Her parents are re-doing their house and having a professional to sort out the garden in preparation for the wedding. The participant is angry that they are spending so much money on all these appearances. She states that her mother looks up to White people. When she entertains the White people at the wedding “she will not be cooking ‘Pap and Vleis’, she will be doing grilled vegetables and taking out the best china”. Her mother feels that the neighbours will now respect her because her daughter is getting married to a White person.

### 5.3: Case History Three

Participant Three is a twenty-eight year old unmarried Xhosa woman who was born in the Transkei. She moved to Cape Town when she was 20 years old. After consulting a General Practitioner at a day hospital she was referred to a tertiary hospital for psychiatric evaluation. She was subsequently referred by a psychiatrist for psychotherapy treatment. Prior to attending psychotherapy sessions the participant had contemplated suicide on a number of occasions. She started psychotherapy on 11 April 2002 and has attended regular weekly sessions.

#### Presenting problem.

At the time of her first visit the participant was being treated for severe facial shingles. She stated that when she gets upset her shingles re-appears. She said that from the age of eight years old she has experienced emotional difficulties. At this time she was living with her Aunt in the Transkei and her brother arrived from Cape Town to live with them. Until this time the participant was unaware that she even had a brother. He was 16 years old and they shared a room. The participant was subsequently raped by her brother on three occasions. She was eight years old at the time. He threatened to kill her with a knife if she told anyone. She carries a lot of anger towards her brother and states that “just seeing his face makes me angry...I wish I had a gun, I would shoot him. I can’t face what he has done to me...he took something from me that I can never replace, he ruined everything”. She disclosed this incident to her Aunt who thought that she was making it up. She blames her brother for the fact that this incident affected her relationship with her Aunt, whom she felt was the only person who really cared for her. At the age of 15 years the participant was staying with a neighbour in Umtata when her family had gone away and she was raped by the owner of the house. She became pregnant and was given traditional medicine to induce a miscarriage. The participant feels that she will not be able to have children again as she often experiences gynaecological problems. After being admitted to hospital in 1999 for abdominal pains she was told that she has “a problem in her womb which will obstruct pregnancy and she may not be able to fall pregnant again”. She still experiences a lot of feeling about the child that she lost and carries a lot of anger towards her family for insisting that she had an abortion. The participant states that she has not been able to have a relationship with a man since these rape incidents as she is still afraid of any man touching her: “it still hurts a lot”.

The participant’s main presenting concern was that she has always felt rejected and abandoned by her family. She questions whether the surname on her identity card is in fact correct. Her birth was not registered and she only managed to get an identity document through an affidavit from her grandparents. She states that the only loving relationship she has ever experienced was with the aunt who raised her. When she moved to Cape Town she was so concerned with trying to



integrate with her real family that she lost contact with her aunt. The aunt died in March 1995; the participant was only told by her mother in August 1995. She feels a lot of guilt about losing contact. She acknowledges that she has found it difficult to get on with her life as she feels held back by the fact that she needs to know what actually happened in her childhood and why her mother sent her away to the Transkei. She has subsequently been consumed by her feelings of rejection, abandonment and a lack of identity. The participant states that she feels trapped. “I have no father to run to, I can’t go forward and I can’t go back. The only thing I can do is drop dead...maybe it is my fault, maybe I tore up my family”. The participant attempted suicide by overdose in September 2000 and was admitted to hospital.

#### Home environment/childhood.

The participant was born in a small town in rural Transkei. She comes from a family of eight children (three sisters and four brothers) of which she is the third last. When she was a few months old she was sent to another village to live with her aunt (a distant cousin of her father). In spite of the fact that she was living only 20-30 km away from her parents she did not meet her mother until she was fifteen years old. The participant grew up thinking that her aunt was in fact her mother. It was only when her brother arrived from Cape Town that she was told about her mother and father. She was eight years old when she learnt that her mother had moved to Cape Town and was working as a domestic worker. She yearned to be re-united with her family and made plans to move to Cape Town. On arrival in Cape Town her excitement at finally discovering her real family was short-lived. The participant felt that her mother treated her differently to her other children and she felt her siblings did not accept her and saw her as an “outsider or intruder”.

#### Family history.

The participant has always questioned whether her mother is actually her mother. In spite of this doubt her need to be part of a family and to have a sense of belonging has always been very strong. However, for many years she has wondered why she was sent away to live with her Aunt and imagined that she must have been born of either her mother’s or her father’s infidelity. Her parents’ marriage started to deteriorate shortly after she was born. She feels that it might have been because of her that her parents eventually separated. This would explain why her mother appears to resent her and why her father appears uninterested in her. The participant has met her father only once, in 1994. At this meeting he did not know who she was. The participant describes this experience as “strange and painful”. He has never made any attempt to see her again and the participant feels that he would rather not acknowledge that she exists. The participant recalls that at school the other children spoke about their parents. She always felt very

sad as she could not relate to their experience. She feels that her problems with her parents stay with her and follow her everywhere. She states “it complicates everything for me”.

With regard to traditional healing practices the participant stated that she believes “curses” can happen. She was once very ill and was seeing things that other people cannot see. At this time she was a member of the Apostolic church. The church told her that someone was trying to “witchcraft her”. The church was able to protect her from this curse. “The uniform that the church gives you to wear protects you from witchcraft and demons”. The participant stated that if she were to get sick she would go to a western doctor as she believes that “Sangomas are not always safe and you can’t trust all of them”. She states further that she has always felt that she must get to know herself and do things her way, “I want to know who I am”. She would like to do something on her own, like open up her own business. She feels that she is different to some other people and has a problem with some of the values of rural people as “they live in the old days. When a person in the rural area makes a cup of coffee or cooks a meal then it is important to go around and offer everyone. It is not possible to just do something for yourself”. She states that in the traditional areas people spend all day sitting on a bench outside the house talking about other people. She is not interested in this sort of thing and sees herself as different.

#### Academic/employment history.

The participant completed most of her school education in the Transkei. She repeated Std 5 four times and Std 7 three times. When she arrived in Cape Town she was still in Std 7. She persisted with her schooling and eventually completed her Matric in 1998. In 1999 she started an introduction course in computer programming but did not complete this as she was unable to pay her fees. She worked as a domestic worker in a guesthouse for two years to pay for her studies. In 2002 she started work as a waitress and during this time completed a three-month Hospitality course which she passed. She currently works as a waitress and lives in an informal settlement.

#### Relationship history.

The participant has had three relationships. Her last relationship was five years ago. She has never had a sexual experience and explains that this is generally why her relationships do not last longer than six months. Her rape experiences have left her feeling very anxious about any form of sexual contact. For many years she would not wear any clothes that were revealing of her body and drew attention to herself. She now pays more attention to her appearance and is able to wear shorter skirts. The participant states that she has read a lot of books about rape survivors and is determined to overcome her insecurities. She states that she always knew that she wanted to find a positive way through what happened to her. She states that she did not want this incident to take

her to drugs, prostitution or alcohol and that is why she chose to go to therapy and start talking about it. Now that she has started to talk about her experience she realises that it is good for her. For many years she was unable to speak. She states that in her community and in her family it was a closed topic. When she initially spoke about her rape experiences it caused a lot of tension. She learnt therefore to remain quiet. She states “I want to speak out because there are too many people who keep quiet... I want to help other people by telling my story”.

## **Individual Case Reports One, Two and Three**

### 5.4: Individual Case Report for Participant One

#### Procedure.

1. Analytic task
2. Analytic setting
3. Analytic process
4. Generative uncertainty
5. Neutrality
6. Abstinence
7. Countertransference receptivity
8. Resoluteness

#### 1) Analytic task.

In the first session the participant outlined her main issues. She explained what she felt to be her goals in therapy by identifying the issues that she wanted to explore: “I can’t maintain relationships with my family or with my boyfriends, or my son - [we are] not on good terms”. She also pointed out that she suffers from mood swings, is depressed a lot of the time and finds it difficult to tolerate frustration. “I feel quite down, last weekend I turned off my cell phone, I was sleeping all weekend...I just wanted to be on my own...I was hiding from my friends”. The participant related three incidents whereby she had been let down in her relationships with men: her son’s father had abused her; she was once involved with a man for three months before she discovered that he was due to be married; and in her current relationship she felt that she was unable to trust her boyfriend. Another theme that emerged related to the difficulties she experienced in her relationship with her mother. “My mother [has] never liked me or my sister...she preferred my younger brother”. The participant clearly felt that whilst she does a lot for her mother and assists her financially, she receives little in return. “[When I was in hospital] she did not even come to visit me”. From the outset the participant had identified the main themes that caused her distress. She appeared to have a clear idea of why she had come to see a therapist.

These descriptions provided a framework for the analytic task in that it alerted the therapist to those concerns and symptoms that would require exploration. These included: feeling depressed; difficulties with trust following repeated interpersonal rejections and disappointments; feeling uncared for and used.

In session sixteen the participant arrived at the session with some notes that she had written prior to her appointment. These insights were considered to be an important development in terms of the analytic task. She showed insight on some of the issues that had brought her to therapy in the first place. “I am terrified about my son’s behaviour, especially now that I think I am the primary source who contributed to his behavioural problems”. The participant was beginning to see that “I sometimes take my anger out on my son”. A significant shift was reflected in her capacity to move away from seeing the source of all her difficulties as being located outside of herself. She was beginning to move away from a “blaming style” and starting to acknowledge that many of her problems in life were due to her own choices and decisions. “But now it seems this dark cloud won’t move away from me, I feel fully responsible for everything that is happening...I am feeling guilty for everything that is happening to me, I’ve got no one to blame, I am afraid it is going to effect my work performance”. The participant moved to speaking about her relationships with her boyfriends. “I don’t know why but I’m always looking for a fault to fight with [my boyfriend]...why do I let everyone down who is close to me?” furthermore “I really don’t know how to handle my life, how can I be able to help or handle other people if I am going on like this...everyone around me is ending up miserable including myself...my life is quite a mess”. These insights represented a significant achievement in terms of the therapist’s analytic task in that the participant was beginning to take ownership of her projections.

In session seventeen, the participant extended some of the thoughts that she had raised in session sixteen. “I am always blaming people, I am always blaming my boyfriends, I want the perfect partner”. She was able to recognise that this need to find the perfect partner originated from within herself. “I work too [hard] because I want to be perfect and I want others to be perfect too...I have high expectations of my son and high expectations in all my relationships”. The therapist made the interpretation to the participant that perhaps her quest for perfection was her way of overcoming feelings deep within herself that she was not worthwhile, and that perhaps these feelings were instilled in her as a child through the experience of feeling abandoned by both her mother and father. She did not pick up on this interpretation but rather moved to the position of victim (thus asking for compassion) and showed some anger “I am finished with men, I can never make people happy, I am not good company...people try to isolate themselves from me”. The therapist was aware that this interpretation went against the transference needs of the

participant. She often experienced such interpretations as alienating. She was seeking support and became frustrated when she felt that the therapist was moving out of this position and asking her to look within herself for meaning. She ended the session by stating “I told [this boyfriend] a pig will always be a pig, you can wash it but it will go back to the wallow”.

In session twenty-eight the participant stated “I feel like I need a holiday from my house”. Whilst this statement was on one level meant literally it was understood that the participant was saying she was tired of all the emotions that she experienced and wanted to escape from herself. Following the recent ending of a relationship she was feeling depressed. In this session she moved to a position of victim again and stated that she was always let down and people always took things from her. One boyfriend had stolen her watch; another had borrowed one thousand rands that he had not returned; the third had threatened to take her life. The participant concluded that she does not have good relationships with people because “I am shouting, angry and blowing things out of proportion”. This session was seen as a return to the goals that the participant had initially outlined. The analytic task of fostering an ongoing exploration of these goals appeared to be effective in that the participant was clearly attempting to negotiate her issues. In this session her negotiation took the form of shifts between the polarities of blaming herself entirely or blaming others. She ended the session by adopting an extreme position with her son and stated that she had decided to send him to live with her family in the Transkei as she was unable to deal with him anymore.

In session twenty-nine the participant stated that she had been thinking about the fact that “most of my problems are caused by myself”. In terms of the analytic task, the therapist was aware that such an acknowledgement was previously incompatible with the participant’s perception of herself. This acknowledgement therefore represented a significant shift. The participant stated that she thought she might be repeating her own history with her son in that she was treating him in the same way her mother treated her. “I don’t make my son feel loved even though I do love him...I am beginning to see that [he] feels that I will never be satisfied with anything [he does]”. She stated that she wanted to change her behaviour with her son, she also recognised that he worries about her, “He is also concerned about my health and sometimes enquires”. She showed a lot of emotion in this session and acknowledged that “Most of the time I am hard on my son, I make him feel uncomfortable in the house”. The participant moved on to her relationships and stated “There are still things I need to forgive in myself before I can include other people in my life...I become very angry if other people make mistakes”. She stated further that she was able to see that she expected very high standards from herself and from other people including her son “My supervisor at work told me that I am always trying to prove myself by going the extra mile”.

In this session the participant expressed some clear insights on the issues that she had chosen to work with in therapy.

In session thirty-seven the participant received a report from her son's school indicating that he was trying to improve his behaviour and academic work. She felt pleased and said that she had been more open with him. "I explained to him that when I get angry about small things it was not about him but rather about issues from my work". The participant then tried to explain to her son why she often gets depressed and angry. "I started to tell him how I grew up...he was sympathising with me...I spoke a lot and told him about my life". She was clearly communicating better and developing more of an understanding with her son. She stated "I realise he worries when I am down and I have a headache or am depressed, I think it may affect him". The therapist was aware that the participant was beginning to show an increasing capacity to entertain conversations that she previously avoided. The therapist's role of facilitating insight into those issues of most significance to the participant appeared to be working in that she was beginning to entertain different perspectives on and explanations for her feelings and behaviour.

## 2) Analytic setting.

In session nine the participant stated that she had considered taking an overdose during the past week, but had decided against this as she was on a contract. She had then decided not to keep her appointment with her psychiatrist and to stop taking her antidepressant medication. The therapist was aware that these decisions were counter-productive to her current clinical condition. The therapist was also aware that the participant had agreed at the outset of therapy to continue seeing her psychiatrist regularly to monitor her medication: she had in fact broken this agreement. The therapist pointed this out to the participant and asked her if she thought she had made the best decision for herself. The participant then agreed to discuss the matter with her psychiatrist. Whilst her adherence to her written contract for safety was seen in part as a positive development for the analytic process, her non-adherence to her verbal contract to keep her psychiatric appointments was seen as an attempt to alter the therapeutic frame. This behaviour was understood in terms of the transference. By creating a scenario of non-compliance she was unconsciously attempting to get the therapist to respond in the way she required. If the therapist had rebuked the participant for her non-compliance it is likely that she would have adopted her characteristic position of extremity, felt angry and therefore justified in leaving the relationship. This style of relating was generally evident in all her relationships outside of therapy.

The maintenance of a secure therapeutic frame is necessary for the analytic process to unfold. However, for this participant the need for firm parameters to the analytic setting was vital. It was



clear that her defences curtailed the expression of her dependant needs; these needs were only likely to be revealed if she were certain that the setting was a safe place in which to do so. It emerged that frame breaks and negotiations were particularly prominent at times when the participant felt most vulnerable. Points of vulnerability were generally marked by break-ups in relationships. At these times she would become very depressed and often suicidal. In session eighteen the participant was complaining of chest pains, lack of sleep, mood swings, tiredness and headaches. She was taking several forms of medication to control her condition. These include various different antidepressants, benzodiazepines and painkillers. The therapist reminded the participant that the agreement at the outset of therapy was for her to have her medication controlled by her psychiatrist. It was explained that she may well be exacerbating her depressed condition by self-medicating. It was agreed that the participant would bring all her medication to the next session and an appointment would be arranged with her psychiatrist. She appeared satisfied with this arrangement.

In session twenty the participant brought in her medication and revealed that she was recently taking up to 16 different tablets a day. The therapist saw this dependence on medication as both an expression of the distress that she felt and an expression of her dependency on external controls to make her feel better. By asking the participant to bring in her medication to the session the opportunity arose for this discussion to take place. The therapist ventured to speak of the participant's reluctance to look internally for solutions and her tendency to look outwards to various doctors, psychiatrists, therapists and medications to assist her.

In session twenty-one the participant stated that she had revealed to her psychiatrist the different medications that she had been using and was told that if she continued to take these quantities she might have renal failure. The participant then asked her psychiatrist for morphine. This was refused but it was understood as a measure of how much distress she was feeling.

In session twenty-two the participant stated that she did not want to keep her next appointment with her psychiatrist and she was thinking of stopping therapy "because nothing helps me". The participant was clearly not happy with the way that the therapist had tightened the frame by exercising some supervision on her use of medication. The therapist explained that this measure of control was out of concern and was for her own benefit. In spite of this explanation the participant clearly saw these efforts to tighten the frame as acts of punishment for her behaviour and she felt let down by the therapist. After this interpretation, the participant did not comment but it was noticed that she became less angry. The session ended with the therapist saying that he would see her at the same time next week. The participant agreed. The therapist remained



consistent with these ground rules throughout the course of therapy and the participant continued to meet her sessions, though at times reluctantly.

In session twenty-three the participant said that she had decided to see the psychiatrist. He had changed her medication and she was no longer taking “the other stuff” and was now less irritable and feeling a bit better. In this session the participant asked the therapist to intervene with the headmaster of her son’s school as he was not assisting her in placing her son in a senior school. She explained that her tolerance was low since the recent break-up in her relationship, she was not able to manage this crisis and she needed the therapist’s assistance. She had given the headmaster the therapist’s phone number and asked him to contact the therapist. The headmaster then phoned the therapist who explained to him and to the participant that issues of this nature fell outside of the therapeutic frame and therefore outside of the role of the therapist. In spite of this the phone call seemed to precipitate some action on the part of the headmaster who then set about assisting the participant. On matters concerning the frame the participant did have some difficulty in accepting that the therapist was unable to intervene beyond the boundaries of the therapeutic setting. At times of extreme difficulty she often asked the participant to speak to various people on her behalf such as her boyfriends, her son, her work colleagues, her doctors. These requests were considered to be an extremely important element in the therapeutic process which could not be ignored and which required careful management.

### 3) Analytic process.

In session two the participant started the session by stating that she had not felt well over the past week and that the antidepressant that she was using did not seem to work. “I have taken a number of antidepressants, still none have worked”. The therapist was aware that the participant was unconsciously questioning the usefulness of psychotherapy treatment and was wondering if this process would make her feel better. No interpretation was actively made and the participant proceeded to discuss why she had been feeling so down. After giving an account of her recent argument with her boyfriend she stated that “I am worried about my behaviour with my boyfriend, I feel I may chase him away as I am always suspicious of him...this might destroy the relationship”. After this statement she immediately proceeded to talk about her father, expressing how much he had loved her, and how shocked she had been when she heard of his death. “My problems started then...I felt very alone with no parent...I still think about him a lot”. The therapist noted the connection between the participant’s father and her boyfriend and stated that “perhaps the reason you are so suspicious of your boyfriend is because you believe that he may leave you in the same way that your father left you”. To this the participant replied that one of her past boyfriends had said to her “You are acting like your mother never loved you, you are seeking

love like a baby”. In this session the recognition of a strong need to be loved, a fear of abandonment and an acknowledgement of the link between past disturbances and current relational difficulties was established. These insights provided a basis for a way of working that was considered useful for the unfolding of the analytic process. The therapist was also aware that the statement made by the participant’s boyfriend was astute in so far as he recognised that it was the lack of love from the participant’s mother, which was a central issue for her. Her idealisation of her father acted as a compensation for the neglect she had experienced in her relationship with her mother. In session three the participant consolidated her insights by stating “My father left me and I am scared that my partners will leave also...this is why I don’t give everything of myself [in my relationships]”.

In session nine the participant spoke of arranging a family gathering with traditional beer and the slaughtering of a sheep. She said that this was her effort to make peace with her family in spite of the fact that she had many feelings “boiling inside”. More importantly it was an attempt to re-establish a connection with her mother, “She kicked me out eighteen years ago...I want to make peace with her”. The participant pointed out that prior to commencing therapy she had not spoken to her mother for one year. In the session she spoke extensively about the lack of support that she had received from her mother and her mother’s family during her life. She stated that she had received more support from her father and his family. At this traditional gathering she would invite both her mother’s family and her father’s family. In terms of the analytic process two concerns were raised. Firstly, the tremendous need to secure some form of acceptance from her mother, secondly, an attempt to bring together and consolidate elements of her internal object world which was split between the concept of bad mother and good father.

In session ten the participant provided a description of what had happened at the family gathering. At this gathering she took the opportunity to express the feelings that she held towards her mother. “It was time now to confront my mother, or never. I told her ‘you were never there for me, that you preferred my brother...and chased me out of the house when I was eighteen’.”. The participant felt proud of herself for having finally spoken out what she was feeling. “I feel stronger for having spoken to my mother like this”. At the end of the discussion her mother stated “You are special even though I have three children and I love all of them”. The participant concluded the session by stating “But I don’t mind doing things for my mother”. She clearly felt she had reached a turning point in her relationship with her mother.

In session eleven the participant stated “My mother does not want me to get married, she chased away my son’s father and [many of my previous boyfriends]”. She described how her mother

tries to control her life. “I once told her that I was going to work overseas and she became very ill...it is all about the fact that she does not want me to abandon her because she wants me to provide for her”. In terms of the therapeutic process it was clear that the growing sense of assertiveness in the participant’s attitude towards her mother represented an internal negotiation towards a position of independence and individuation. She found it liberating to adopt this new position and stated “Initially when I came to therapy I did not want to come back because there was no direction, but now since I have confronted my mother things are much better...I have not told my mother I am in therapy as she would not approve of this”. Marriage, independence and commitment to therapy were all seen as acts of separation, a movement away from the control of her mother.

In session thirty the participant was referring to her mother in the context of why she expects high standards from other people. She stated “My mother [always] wanted us to be perfectionists; when we went to visit we could not even go to the toilet or ask for some water”. She then pointed out that she had recently received a phone call message from her mother asking her for money. The participant did not reply for three days. When they eventually spoke her mother said that she does not need it anymore. In the next sentence the participant pointed out the reason for her delay in responding to her mother: “When I was in hospital no-one cared, they always want from me”.

In session thirty-two the participant explained that she had contacted her mother and spoken about the difficulties that she was experiencing with her son. She told her mother that she is unable to look after him and wants to send him away. Her mother then told her that she thought the participant was running away from her responsibilities. The participant was clearly looking for support from her mother and did not receive it. She subsequently became angry and stated “My mother is judging me, I regretted phoning her...I was looking at trying to forgive my mother for the past, now I do not care”. She felt let down and unsupported and responded typically by withdrawing and becoming angry.

In session forty the participant described her feelings as “Everything is going well, there is nothing I can’t handle at the moment”. In this session she was reflecting on some of her main issues. She had reached the conclusion that her mother was not going to change and she would just have to accept this. “I don’t know what to do to satisfy her, if I phone her she gets suspicious [wondering what I want from her], if I don’t phone she gets upset [with me]...I will never be able to please my mother”. She then pointed out that she was beginning to accept that “I don’t know what the meaning of love is - it was never given to me and that is why I can’t show it to my son”. She was able to see that as a young child her needs were not seen as important and this is why as

an adult she becomes very angry when people do not consider her needs. “As a little girl I remember going Christmas shopping with my mother, I wanted to go to the toilet and she would say no”. In this session the participant was looking at her behaviour closely and stated “Most people pick up my behaviour is strange, one minute I am friendly then I change and they can’t understand why I have changed...It is because I am very sensitive”. The therapist suggested to her that perhaps these changes occurred when she became closer to people and therefore more vulnerable, and that whilst there was some distance between herself and others it was easier to be friendly. She replied “Yes, as I said I am too sensitive, some guy at work said that he noticed I can’t have people in my office for too long”.

#### 4) Generative uncertainty.

In session four the participant discussed the fact that she had told her current boyfriend that she no longer wanted to continue the relationship. The therapist was aware that the failure of the relationship was largely due to the participant’s mistrust and suspicion, which had driven her partner to behave in ways that confirmed her expectations. She was able to recognise her part in the process but only to a limited extent. “He is avoiding me...I know it is because of my behaviour...but I have decided that I am better off without this [relationship] because I feel he doesn’t want to be there”. The therapist realised that her choice to end the relationship was consistent with the patterns of ending that she had described in previous relationships. The therapist was also aware that by deciding to withdraw from the relationship the participant was avoiding the very issues that needed to be addressed in order for her to achieve a measure of success in her relationships. Whilst these assumptions appeared to be objectively valid, the therapist was very careful not to verbalise these preconceived views as he was keenly aware that by holding such inferences he was in fact going against the fundamental principle of generative uncertainty, namely “without memory or desire”. Instead he asked her how she was feeling to which she responded “I have no energy, I want to be on my own”. This statement revealed the extreme emotional difficulty that such situations caused the participant when she found herself in the very position she feared most – abandonment. At this early stage in the process the therapist was aware that the participant’s comments about starting and ending romantic relationships could also be understood in terms of her unconscious fears around establishing a therapeutic relationship with the therapist.

In session eight the participant outlined that the solution to her emotional difficulties lay in “stopping medication, praying hard and not getting into any more relationships”. The therapist recognised that the participant has a tendency to seek solutions to her difficulties by withdrawing from the source of her frustration and adopting an extreme position, “What’s the use of trying”.

She held on to this style of seeking solutions with a rigid certainty. By not supporting this view or undermining it the session moved to a more neutral position whereby the participant stated that it had been her birthday the previous day but that “No one wants to be with me” When the therapist asked why she thought people might be avoiding her, she stated that “I must stop complaining...it might drive people away...people might see me as self-centred”.

In session eighteen the participant again found herself in a place of abandonment after ending her relationship. “He does not tell the truth. I am intolerant of people who lie to me”. She was feeling very depressed and was attempting to find reasons for her decision “to be on her own”. She stated, “With these boyfriends I find fault in them because I do not actually love them”.

In session nineteen she continued on this theme, stating that she thinks people only get involved with her because they want something from her. “People come to me to use me, they come for this reason, friends and family too, I cut people out of my life who bring these negative things to me”. She ended the session by stating, “do people love me for who I am, or for what I have got?”

In session twenty-seven the participant started making contact with a boyfriend that she had seen some years before. It was becoming clear that the participant needed to have someone in her life at all times. She had ended her last relationship only two weeks previously. Whilst she acknowledged that this boyfriend had hurt her in the past she still felt “he is the only one who has ever really loved me, the first one I ever loved”. It was clear to the therapist that she was trying to overcome her recent disappointment by contacting this previous boyfriend who was now married. The participant saw this person several times but was scared of getting involved because she felt that his wife will “find medicine to harm me; she has done it before to someone and can do it again...she will give it to a man who will give to me when he touches me and I will become sick...these things do happen”. The therapist was aware of the strong belief that the participant held concerning witchcraft and refrained from commenting. This was an area of cultural belief and certainty on which the therapist felt ill-equipped to comment. The participant was able to reach a point in this session where she could see that her feelings for this man were ambivalent. “One part wants him and another part wants my freedom and independence”. She ended the session by stating that “I won’t get involved again because of the hurt he caused me in the past...Maybe I should go overseas for some time...I think it is time I came to a closure on my love life”.

In session thirty the participant learnt that this one-time boyfriend had been showing her SMS messages to other people and that he was telling people that she was running after him. “I locked

myself up the whole weekend, now I feel hatred towards him”. This experience raised feelings again for the participant of being let down by her boyfriends.

In session thirty-one the participant stated that she had not been to work for a week. She was feeling depressed and had flu. She was not feeling good about herself and felt that her new medication was making her put on weight. She also acknowledged that she might be comfort eating. The participant found herself in a place where she was on her own without any relationship and stated that she felt lonely. She was reflective and stated “I am becoming more aware of my emotions now...I realise that my explosions have a negative outcome...it drives people away”. She was making a conscious effort to control her anger and other emotions. “I feel that I am trying to learn how to communicate all over again...I am really trying to change”. The therapist was aware that these reflections contained an implicit understanding on the part of the participant that her inability to contain her feelings was destructive to her relationships. The therapist did not intervene but allowed her to continue. The participant then moved to a position where she described how people use her because she is always trying to satisfy their needs. She thought it was time that she started to look after her own needs. Towards the end of the session she acknowledged that “All [my failed relationships] were my fault that they did not work...it is because I do not love myself...I have chased men away because I don’t believe that they could love me”. The therapist felt that the participant had moved to an acknowledgement about herself that was extremely hard for her to hold in consciousness. The feelings raised by these thoughts caused the participant to feel a great deal of distress and she was very tearful.

In session thirty-five it was clear to the therapist that the participant maintained the certainty that she would ultimately be let down and rejected by those people that she became close to. This neurotic certainty was pervasive in all her relationships and was evident in the transference. In this session she arrived one hour early for her appointment. She had to wait and was clearly angry as she felt that this misunderstanding was an error on the part of the therapist. The participant had in fact made the error by previously changing her time because of a work commitment that she could not get out of. This session was considered an example of how she unconsciously creates situations where she feels let down by people and fails to recognise the part that she has played in creating such situations. She had been carrying some anger towards the therapist for some time because she felt that he was behaving neutrally and not siding with her in her opinion towards her son. This was likely to account for why she had shifted her appointment and then not arrived at the rescheduled time. She expressed her anger through statements such as “therapy is not making any difference...you don’t understand me”. In an attempt to maintain the analytic attitude the therapist refrained from interpreting this communication in terms of the main theme and tried to



remain open to subsidiary themes to understand this behaviour. Had an interpretation been made it was felt that the participant would become more angry and the session would have been consumed by this affect. By refraining from any form of direct intervention the therapeutic space was left open for the emergence of other feelings. After a period of quietness the participant was able to talk about the frustration and disappointment that she was feeling about herself and her issues with her son. She stated that she had decided to give up on her search for a school for the following year, as she had no energy left to deal with this issue. She felt that the headmaster of the current school was to blame for the predicament that she found herself in. Characteristically the participant had felt that he had not been supportive; she had become angry and subsequently chose to dismiss the issue. This sequence of feelings reflected precisely what she was currently feeling towards the therapist in this session. At the end of the session it was possible to discuss how anger was often used as a screen to avoid speaking about other feelings, such as the need for support and care.

#### 5) Abstinence.

In session seven the participant explained that over the Christmas holiday she had felt very depressed, suffered from headaches and was subsequently admitted to a clinic by a GP who works close to where she lives. This admission was precipitated by the ending of her relationship. The participant was very tearful in this session. The therapist was aware of the extreme emotional difficulty that the participant had undergone during this time. The impulse on the part of the therapist to offer reassurance and comfort to the participant was strong but needed to be curtailed. The therapist did state, however, “I can see you have been feeling a lot of pain during this time”. She acknowledged this statement and replied, “I need to put my love life aside, it causes too much problems [for me]”. She then talked about her depression and her suicide ideation. The therapist realised that if he had entered into direct emotional comfort the session may have remained at that level. By restraining himself from a direct expression of pity it left the space open for the participant to disclose her thoughts of suicide. The therapist was able to act on this disclosure and contract with her for her safety.

By the therapist’s not acting on the transference role it was possible for this role to shift and progress. The pressure in the therapeutic relationship for the therapist to play out certain roles was very strong. The participant made constant reference to the fact that therapy, medication and hospitalisation did not really make much difference and did not really work. In session thirty-five the participant implied that “therapy was not really useful for her”. Such comments were in keeping with her predominant belief that no one could help her and no one could really care for her in the way that she required. So long as she saw people this way she could maintain the

understanding of herself as being abandoned and having to fend for herself. It was clear that the participant often evoked angry responses in her relationships. Her demeanour and often off-hand and angry attitude was an attempt to get the therapist to push her away thus confirming her belief that she was in fact unlovable. Abstaining from being pulled into certain roles by the participant made it possible for the therapeutic relationship to continue in a way that was not possible outside of therapy, where most of her relationships failed because her partners acted out these roles.

#### 6) Neutrality.

In session fifteen the difficulty in maintaining neutrality was strongly present. In this session the participant found herself distraught about her son's misbehaviour at school. She was very angry and stated that she wanted to give up on her son. She had been unable to sleep the previous night as he had left the house and not returned. It transpired that she "had given him a hiding" following a report from the school that he was not working and had been misbehaving. During this session the participant also revealed that she had been having an extremely difficult time with her lover, was feeling very depressed and had thought of taking her life again. She stated that in her culture a "hiding" was an acceptable way of disciplining a naughty child. The therapist was aware that her son's behaviour was strongly associated with his mother's condition. He generally performed well and was well behaved except during times when the home environment was very unsettled. In this session the therapist felt the participant was asking for recognition that she had been let down by her son, that he was another problem that she had to attend to on top of all her other problems. By the therapist's not colluding with her opinion it was possible for the participant to move towards a place where she was able to consider that "My son is my only family; if he is feeling uneasy around me then there must be something wrong with me". However, often when she moved to recognising her deficiencies she would do so to extremes, seeing the only solution being to kill herself, "I think the best thing for me is death". In an effort to maintain neutrality the therapist was required to hold back on imposing any moral judgement concerning the situation with her son and did not side with her view of herself as a victim or as a failure but rather to pointed out that her opinion of herself shifted between the polar extremes of being a victim of her circumstances or of being the creator of her circumstances.

In session twenty-three the participant described an argument between herself and her boyfriend. Since she told this boyfriend that she no longer wanted the relationship he had become angry. "He hit me and I hit him back, I hit him in his face and he punched me". She explained that her boyfriend had a gun and had threatened to shoot her because he believed that she was seeing someone else. This argument occurred in front of the participant's son who had developed a good relationship with this particular boyfriend. The psychological impact of this behaviour on the participant's son evoked feelings in the therapist, which provoked much internal dialogue. He had

to make an effort not to judge these events. The incident did, however, give an indication of the level of feeling the participant experienced when she felt her trust had been broken and she felt disappointed. “I told him [the boyfriend] ‘I don’t want you in my house’, I physically pushed him out”.

In session twenty-five the participant described the difficulties she was having with her ex-boyfriend who was unable to accept that the relationship had ended. The participant stated that she was concerned that he may commit suicide or may use his gun on her. “In the township people are shooting themselves and their partners; every Saturday people are being buried”. The participant explained that she had now started going to Bible study classes as she felt that “something is missing in my life”. One evening whilst walking to her class she noticed that her ex-boyfriend had followed her. “He is stalking me...I feel he might be unstable because when I tell him ‘I no longer love you’ he cries”. The participant was visibly upset and asked the therapist what she should do. The therapist replied that he thought the participant should do whatever necessary to keep herself safe and should try not to walk alone at night. Whilst this intervention represented a frame break it was felt to be necessary for the purpose of the therapeutic alliance. It was felt that not to intervene at this moment would have been more damaging. The participant seemed satisfied with this comment and became less upset.

In session twenty-six the participant explained that she had encountered her ex-boyfriend who had arrived drunk at her cousin’s house whilst she was visiting for supper. He slapped the participant who retaliated, “I took a stone and hit him on the eye”. He then told the participant “I am going to follow you and shoot you in the dark”. Later in the session the participant stated that the boyfriend was angry about a certain sum of money that he felt she owed him. When the participant refused to pay this money he had tried to take off her shoes so that he could take them to a Sangoma who would put a curse on her and make her “sick, paralysed and unable to walk”. It transpired that another reason her ex-boyfriend was so angry was because the participant had started making contact with a previous boyfriend and he had found out about this. The therapist had many mixed feelings about the events that the participant described but refrained from judging or giving advice and allowed the session to flow. It was interesting to note that the participant then moved to a position where she was able to acknowledge that she still held feelings for her ex-boyfriend. She also stated that she was trying to work on herself and was reading a book on life strategies.

In session thirty-two the participant was depressed following the break up with her boyfriend. She was trying to place her son in a school but was having difficulty finding a school that would

accept him because of his poor performance record and disruptive behaviour. A lot of conflict had ensued between her son and herself. It had become clear to the therapist that the participant generally felt unwell when she was not emotionally connected to a romantic partner. When she was feeling unwell she often experienced difficulties in her relationship with her son. In this session the participant stated “I do not trust him [my son], I lock my door at night because I think maybe he will stab me”. It was evident that those ambivalent issues of trust, suspicion, disappointment and explosive anger together with feelings of an underlying need for love and care that arose in her romantic relationships were also present in her relationship with her son. It was also clear that in spite of these angry feelings she currently felt towards her son, she still loved him and at the end of the session was able to state “I don’t really want him to leave”.

In session thirty-four the participant described that there was another man that was interested in her and had been phoning her. The therapist was aware that the participant does not remain on her own for long as she finds it very difficult to sit with the feelings that arise when she is on her own. It is the intolerance of such feelings that drive her towards being connected emotionally with another person. The space between the ending of one relationship and beginning another was generally very short with the time between relationships being fraught with feelings of depression, physical ailments and a lot of anger which was often expressed towards her family members. Once again the therapist was careful not to verbalise this understanding as it would foreclose other possibilities. However, the therapist did ask the participant if her liaison with this man was perhaps an attempt to escape the intensity of negative feelings that she had been sitting with recently. To this the participant replied, “This time I am not going to follow my heart - I am going to follow my mind”.

In session thirty-nine the participant was trying to distance herself from her current boyfriend; she found herself re-thinking her ex-relationship and decided to contact him. She felt rejected when he did not recognise her voice on the phone. She concluded what she wanted was intimacy without emotional difficulties, “I wouldn’t mind a sexual partner but not the commitment”. The therapist was aware that this represented another instance of how the participant unconsciously creates scenarios that are likely to lead to disappointment. He was also aware of the necessity to reserve this judgement.

#### 7) Countertransference receptivity.

In session three the therapist’s own feelings of ambivalence alerted him to the strong ambivalences of the participant’s own internal world. The participant was able consciously to reason that her suspicious behaviour was destructive to her relationship but she was

simultaneously unable to control this behaviour, which was driven by overwhelming emotions of a primary nature. “I am trying to stop myself from being suspicious...I would like the relationship to continue”. The participant’s way of dealing with the intensity of these ambivalent feelings was to withdraw from the relationship, “On Sunday night I told him I am not sure about continuing this relationship”. This sequence of suspicion, argument and subsequent withdrawal was recognised by the participant as a pattern that frequently emerged in her relationships with men. “This is not the first time I have said ‘Let’s take a break in the relationship’ ”.

In session four the therapist became aware of repeated reference to romantic relationships and the difficulties therein. He was aware that these manifest communications were reflections of the participant’s unconscious negotiations and conflicts concerning the therapeutic relationship. The therapist realised, however, that any interpretation at this early stage in the process would be counter-productive.

In session eleven the participant spoke of her new relationship. She stated “He is trying everything he can to keep me in this relationship...he is trying to find out why I broke up with the other guys so that he does not make the same mistake...he is trying to be perfect in every way.” These statements were understood as unconscious communications about the therapeutic relationship and the therapist. The participant proceeded to state “I am blocking my feelings but because he is working so hard I find it difficult not to respond...but I have a history of hurting people that I am in a relationship with”. The resistances and fears towards her own dependent needs were being expressed in the transference towards the therapist. She then stated that she “often loses interest in men who try too hard”. She felt that “he is acting like a baby and wants me to be his mother...he has a drinking problem”. It became clear to the therapist that in her relationships the participant needed a strong person to take care of her and not someone that she perceived to be weak or she needed to take care of. Although she was frightened of allowing her dependent needs to the surface this was in fact what she required in a relationship. In terms of the transference the participant needed a strong containing relationship before she could allow this part of herself to the front. The therapist felt that the participant was unconsciously communicating to the therapist that like her current boyfriend she felt that he was “trying too hard” and was not strong enough and therefore not safe enough to contain this part of herself. It was noted that the participant was at some point likely to test the strength of therapist. If the therapist did not maintain a firm and contained frame then she would perceive him as weak and would terminate as she did with those boyfriends whom she perceived in a similar way.

In session twelve the participant strengthened the therapist's understanding of the transference role that she expected of the therapist. She stated, "Why can't I be happy with what I have got [I am always wanting] the exceptional person". She had been discussing her disillusionment with her current boyfriend who was beginning to show his weaknesses and failings. "He said he will kill himself if I dump him...He says he really does want to stop drinking". Whilst these statements were essentially about the state of her current relationship, it was felt that she was also commenting on the role she expected of the therapist. By pointing out her intolerance of weakness and fault in others she was revealing her intolerance for her own capacity for dependence, which she saw as a weakness. Her unconscious need to be dependent was evident, but it was clear that the participant would not allow this to emerge in the therapeutic relationship until she was sure that the therapist was free of weakness and fault himself. She expected high standards of self-discipline in her relationships and constantly tested her boyfriends to see if they could maintain these standards.

In session thirteen the participant reported that she was feeling very depressed "I am very upset at present...I feel like screaming". These feelings were preceded by a decision on the part of the participant to end her relationship with her boyfriend. "I wrote a letter and told him I think we must end this...I never want to be in another relationship...he is treating me like his mother...[it] is a lot of responsibility...he promised me he would not drink and he did...I am very angry with him". The participant was pointing out that she could not see her way forward in this relationship because this boyfriend lacked the strength to support her, rather she felt he required her to support him, "I don't see myself as his future wife". In terms of role responsiveness the therapist was strongly aware that the participant was unsure about her therapeutic relationship in as much as she was unsure about her romantic relationship. At the end of the session the participant was very distressed and stated that she was concerned about "who will be there for me when I stop therapy". The therapist replied, "I will be there". Whilst this remark represented a frame break it was felt that it was a necessary reassurance in order to maintain the therapeutic alliance. The participant had been indicating for some time that she was unsure of the relationship and was indirectly threatening to leave. She did not reply to this comment but seemed satisfied and confirmed her session for the following week.

In session fourteen the participant explained why she had not attended her session the previous week. (She had previously left a message to say that she was unable to attend due to work commitments). In this session she explained that she had been on her way to therapy but had then changed her mind. She stated that she had been too "embarrassed" to arrive because she had broken her contract and had taken an overdose. This occurred after an argument with her



boyfriend when she had taken “various pills” and had “landed up sleeping for nearly two days”. She had seen the staff doctor at the hospital where she works who had subsequently booked her off work for three weeks. The therapist made an appointment with the participant for the following day. The pattern of suspicion, argument and subsequent withdrawal once again played itself out in the ending of her recent relationship. This pattern was generally followed by feelings of depression and was often marked by a suicide attempt. The therapist could recognise that in the transference the participant had already indicated her suspicion of the therapist. By breaking her contract it was felt that she was trying to evoke feelings of anger in the therapist. He was very aware that if he played out this expectation the participant would withdraw from the therapeutic relationship. Although the therapist did feel frustrated by the participant’s behaviour he realised the importance of containing these countertransference feelings.

A working understanding of the participant’s transference needs was only possible through the therapist being acutely aware of the feelings that were evoked in the therapeutic relationship. In session seventeen the full extent of the participant’s transference needs became clear to the therapist.

The participant required the therapist to be caring and supportive: to play a parental role that had been absent in her earlier life. She required this in her relationships with men generally. A strong need for love, dependent needs and a fear of abandonment were at the core of the participant’s interior world. These feelings were repressed and compensated for by a persona of independence and autonomy: “I am a liberated woman, not a traditional one”. This sense of independence was particularly evident in her career. Being intolerant of her own dependency, the participant was intolerant of it in others. She sought relationships with people who were strong and independent, people who could care for her. She was terrified of allowing herself to release this vulnerability with someone who was not able to meet these needs. To make herself vulnerably dependent on someone who would then abandon her was her greatest fear as this would open up the feelings of extreme loss, rejection and abandonment that occurred in childhood with her parents. For this reason any suggestion of weakness in her partners was met with extreme suspicion and derision. She unconsciously tested them to see how strong they were. Partners who were dependent on her, dependent on substances, or unable to maintain high moral standards were seen as “weak”. This search for the perfect partner played itself out through suspicions, arguments and subsequent withdrawals. In the transference the participant repeatedly tested the strength of the therapist by breaking her contracts and not complying with the agreed-upon rules of working. She deliberately evoked feelings of frustration and anger by actions such as answering her cell phone in the session and talking to a friend. These events were aimed at precipitating scenarios whereby she

could feel justified in withdrawing from the relationship. She feared allowing herself to be dependent on therapy but unconsciously she was asking for this. This ambivalence was felt strongly in the therapeutic interaction.

In session seventeen the therapist was caught between the desire to make insight-furthering interpretations and knowing that any interpretation that challenged the participant to consider that the source of many of her difficulties lay in herself would be experienced negatively. The participant wanted the therapist to meet her dependent needs and not make interpretations that pointed to self-responsibility. The therapist found that early interpretations were generally not received well but resilience in terms of holding back on interpretation often lead to insights. In this session the participant aroused pity and frustration in the therapist moving him to feelings of compassion and anger. Compassion was what she was asking for anger was what she expected. Both responses were her attempt to coerce the therapist into playing out the roles she required. He was aware that too much compassion would leave her feeling he was “weak” and any display of anger would complete the repetitious cycle of abandonment that she expected.

In session thirty-three the participant began the session by stating that “I did not want to be here today”. She was experiencing a lot of difficulty with her son and was feeling unsupported by the therapist. The therapist was aware that the participant wanted him to concur that her son was the problem. He realised that by siding with her it would relieve her of the tension she felt concerning her own part in these difficulties. She generally got angry when she felt unsupported. She then told the therapist that she thought that her psychiatrist understood her better. This comment was clearly designed to arouse feelings in the therapist. Once again the therapist held back on his feelings. The participant proceeded to state “from next month I am not paying my son’s transport to school, he must walk”. Towards the end of the session the participant said that she thought she would write a letter to her son because when she spoke to him she just became angry.

In session thirty-eight the participant said that she “wanted to take time-out from therapy”. This session was considered to be very important because the full extent of the transference was brought to the fore and verbalised to the participant. The therapist considered this session to be a turning point in the analytic process. In this session the participant pointed out that she was thoroughly disillusioned with people. “I don’t like people around me. I would prefer to be with my book and with myself...I get irritated with people”. She pointed out that she finds it difficult to get along with her work colleagues, her family and her friends. “My family they use me...I can’t get along with anyone at work, I don’t associate with them...[my friend - ] I was always available for her but she gives nothing back”. The participant proceeded to describe that she once

made an arrangement with her friend to meet at three 'o'clock. Her friend arrived after this time. "I told her it was too late, and I have never seen her again". The therapist told the participant that he was aware she carried a very strong set of criteria on how other people should interact with her. Her expectations were very high and she was often disappointed because most people could not perform at this expected level. As a result she generally set herself up for disappointment. The therapist pointed out that he felt this in the therapeutic relationship. She expected a level of care and support from the therapist that was not possible and this is why she had decided to leave therapy. To this the participant replied "Yes, I seem to have this problem with everyone...I withdraw so that I will not be disappointed...I understand that if you had problems in your childhood then it will be difficult to form relationships in the future".

In session thirty-six the participant was discussing a new boyfriend. She stated "I don't want to try and establish a relationship, I am still dealing with myself... I feel I am not ready for him". She then gave reasons why she thought this relationship would not work. "He lied to me and told me he was 35 but I saw his ID book and he is 45...he is not my type, he has no formal education...he does not like TV, books, magazines, watching Oprah or sport...we live in different worlds...he was brought up in the Transkei and sees the world differently to me...we are of a different class...but he is trying very hard and he says that he loves me". The therapist was aware that in recent sessions the participant had stated that she thought therapy was not useful to her and that the therapist did not understand her. It was felt that the above description of why she felt she should not get into a relationship with boyfriend four was also a comment about her therapist whom she also saw as different to herself and "from a different world".

Fortunately the therapist was able to recognise the transference needs of the participant early in the process. For this reason he could sufficiently contain his own countertransference enactments in the face of transference pressure. What was more difficult to contain was his personal countertransference.

As mentioned earlier the participant needed to confirm her unconscious belief that she was unlovable and would be let down and rejected by people, thus re-creating in the present the painful scenario of abandonment experienced in earlier life. A complex need system with unrealistic interpersonal standards for relationships and friendship ensured that most individuals with whom the participant came into contact would fail to provide her with what she needed. These individuals would unwittingly perpetuate the participant's experience that "people did not care". An unconscious strategy that she used to confirm this belief was to evoke feelings of anger in 'the other'. When 'the other' expressed anger towards her, confirming the belief that "people

do not understand me”, she felt justified in ending the relationship. These dynamics were anticipated in the therapeutic relationship and the therapist was aware that if he acted on this transference pressure then the therapy process would follow the same fate as her relationships outside of therapy. Efforts to give prominence to her own rules and standards above the ground rules of the therapeutic relationship were evident through the way in which she related to the therapeutic frame. This took the form of cancelling sessions, shifting the times, not arriving for scheduled appointments and asking the therapist to intervene with personal matters outside the therapy room. Her attempts to evoke feelings of anger in the therapist were evident through undermining statements such as in session twenty-one, “nothing helps me. I want to stop therapy, I am wasting my time” and in session thirty-five, “you don’t understand me”. Other attempts to manipulate the therapist into feeling frustrated were evident through actions such as breaking her verbal contract to continue seeing her psychiatrist, threatening to take an overdose, and visiting other general practitioners for different medications without disclosing her ongoing treatment relationship with a psychiatrist. These efforts were aimed at eliciting the familiar response of rejection that the participant required. This placed the therapist in a position whereby he had to exercise extreme vigilance and caution in all of his responses.

The therapist also carried feelings that were best accounted for by personal countertransference rather than transference pressure. On one occasion in session thirty-five the participant phoned and asked to change her appointment, she then arrived at the wrong time, was obliged to wait an hour, became angry and blamed the therapist. The therapist in turn felt extremely angry but was able to contain his response. He was aware that a large portion of his reaction related more to his own need for professionalism, principle and structure than it did to the actual situation. There were other instances when the therapist felt unenthusiastic about the arrival of the participant for a scheduled appointment. This was especially at times when she had recently broken up with her boyfriend. He was aware that at such times she was vulnerable, volatile, and ‘moody’. She often found fault in her son and was passively aggressive in her sessions - remaining mute. Such sessions required a lot of preparation on the part of the therapist and he was generally aware of having to contain his strong negative feelings. Such feelings existed as a cue to the therapist to be self-reflective about his own countertransference.

Being made to feel inadequate generally raises feelings in most people. To some extent the therapist already felt inadequate within the framework of cross-cultural practice. When the participant made statements such as “It is a cultural issue, you will not understand”, this raised mixed feelings. On one occasion the therapist reflected to himself and to the patient that “most of my patients - western and non-western - will at some point hold beliefs in the therapeutic process

that may be considered irrational by others”. Preparation in dealing with such issues involved exercising all aspects of the analytic attitude and moving to a position of understanding why the participant behaved in such a way, rather than simply acting on emotion.

Strong feelings were raised in the therapist particularly with issues relating to violence, the acceptance of the ubiquitous presence of firearms, physical abuse, parental discipline and the ritual slaughter of animals. The values, culture and beliefs of the therapist differed from those of the participant and he needed to be aware of his own biases in this regard. This took a lot of personal effort especially as the therapist had once been victim to an armed robbery himself. Feelings from this encounter were brought to the surface by the participant’s discussion of firearms such as in session twenty-five, “Every Saturday people are buried in the township, people are shooting themselves and their partners”. His own prejudices about township life and crime were provoked by the participant and he had to be careful not to fall into the stereotypes that had been inculcated through his experience of growing up as a White South African in Apartheid South Africa.

Statements such as in session twenty-three “I hit him in the face and he punched me, he then threatened to shoot me in front of my son” and in session twenty-six “I took a stone and hit him in the eye” jarred strongly with the therapist’s own feelings towards aggression and violence. In these instances he felt judgemental and thought to himself that “such behaviour is unacceptable”. These feelings were particularly strong in session thirty when the participant stated, “I grabbed him [my son], got hysterical and hit him”. In all these instances the therapist was aware that he was internally judging the participant. The internal negotiations around these issues were at times extremely difficult for the therapist who on several occasions felt inclined to express his viewpoint. On one occasion the participant justified her physical punishment of her son by stating, “in our culture it is allowed for us to discipline our children in this way”.

Different cultural norms and practices also raised countertransference feelings. In session nine the subject discussed inviting her mother and family to her house and slaughtering a sheep. Whilst this also raised strong feelings in the therapist he was better prepared for such cultural practices than he was for violence. He was able to understand that the meaning of such an event was to re-establish the broken connections that the participant felt with her family. Other beliefs were more difficult to work with such as in session twenty-six when the participant stated that her partner tried to take off her shoes to give to a Sangoma who would then make her paralysed. The necessity for the therapist to have some knowledge of the participant’s cultural beliefs and

practices was made evident through such statements. A basic understanding of her cultural worldview helped the therapist to modify his own countertransference reactions.

#### 8) Resoluteness.

In session twenty-eight the therapist listened to the participant describe that she had headaches and was tired. He was able to recognise that this was largely due to the disappointment she felt at the ending of another relationship possibility. The participant stated “I am not at peace with myself; this is why I am not at peace with other people”. She was reflecting on herself in terms of the themes that often arose after the ending of a relationship. Without pointing this out or offering re-assurance and interpretation the therapist allowed her to proceed hoping that she would gather her own insights. The appearance of physical symptoms at times of emotional distress was a common occurrence. In this session the participant remained on the level of her symptoms without venturing to the feelings and meanings underlying these symptoms. Her resistance to move beyond this level of understanding presented a major challenge to the therapist’s sense of resoluteness. It was necessary for the therapist to maintain the belief that in time she would make the link between her somatisation and her emotional life. Towards the end of this session the therapist suggested that perhaps she was feeling this way because of the suffering that she had undergone recently. The participant agreed but then stated, “I think I need to change my medication”.

In session thirty the participant described how she had lost her temper with her son. “I grabbed him, got hysterical and hit him, he has a scratch on his eye...I felt angry with myself, I am not supposed to do this, I am scared he will run away”. She had experienced headaches ever since this altercation and stated that she had bought some painkillers but had not used them. She then pointed out “my headaches are emotionally based”. The therapist felt that the participant had reached her own conclusion on the link between physical concerns and emotional concerns.

### 5.5: Individual Case Report for Participant Two.

#### Procedure.

1. Analytic task
2. Analytic setting
3. Analytic process
4. Generative uncertainty
5. Abstinence



6. Neutrality
7. Countertransference receptivity
8. Resoluteness

### 1) Analytic task.

In the first session the participant identified a set of issues that she wanted to explore. In doing so she outlined those concerns that would form a basis for exploration in the analytic task: “I hope that therapy will help me to understand myself better. I have insecurities about people speaking about me behind my back... when people first meet me they think I’m stunning, then it gets harder”. She was subconsciously aware that when interacting with people she presented a confident social front which was not a true reflection of how she actually felt. She felt unable to handle conflict. She also identified issues with alcohol and spirituality. Another concern of hers was her perceived intellectual incompatibility with her fiancé, “He once said that we don’t have intellectual communion”.

The therapeutic goals for her were to be an exploration of these issues, rather than to provide a definition of or an “answer” to her problems. She made it clear that she saw therapy as a process of assisting her in understanding herself better and subsequently coping better in her life. Her sense of the therapist’s role appeared insightful from the outset. She did not grade these issues in terms of their importance to her, nor did the therapist attempt to rank them or probe further.

In session thirty the participant discussed her therapeutic goal of attempting to be true to herself and not interact through a stylised persona. She indicated she was able to relax and felt more grounded with her fiancé’s family. She realised that “I will attract the wrong friends if I live in the persona... but I find it difficult not to be ‘the exciting [person] who has so much on’”. The therapist was aware that part of his task was to sustain an environment of trust whereby the participant could continue to exercise her true feelings and feel safe enough to show her real self.

The therapeutic task of fostering a place of safety for the expression of thoughts and feelings that lay behind the participant’s social front appeared to be showing some success. In session thirty-one she continued to focus on many of the themes outlined by her initially. She gave a cohesive narrative moving logically from issue to issue and showing at least a partial resolution of many of the issues she had been working with over the past thirty sessions. She discussed her relationship with her elder brother at some length and was able to accept his emotional distance from her and his lack of emotional support, “It is great if we are friends, but if we are not life goes on”. With her brother and with others the participant showed a greater capacity to be independent of

approval. “I feel all round the need to be loved and needed has changed”. She no longer felt intellectually incompatible to her fiancé and was less dependent on him. “Every time I hit a crisis I would call him: this is not happening as much”.

The therapist felt that his task of assisting the participant towards thinking and conversing more freely was evidenced through her increasing ability to tolerate her own utterances on topics that she previously avoided. The participant had had worries surrounding her use of alcohol. She now indicated that she no longer needed to drink. “The drinking thing was playing a role in my depression... I had a drinking binge in January [and lost control]. My fiancé had to help me; we spoke about this and I haven’t touched a drop since then”. The participant also spoke about her relationship to her mother, recognising that much of her interaction with and interpretations of her mother’s behaviour was based on her own strong need to feel wanted and accepted. “I still try to get [my mother’s] approval or praise, if I speak to her and she is not happy, I feel ‘what have I done’, [instead of recognising her unhappiness is not caused by me]”. The participant discussed her relationships at work. “I am not intimidated by the people as much, I don’t care as much as I did about the impression I create”.

Later in the session the participant again discussed an argument she had had with family members at the time of her father’s funeral. During this argument she had openly defied family members, particularly her brother, and had pointed out a number of discordant truths that she felt the family were choosing to ignore. Previously she had avoided conflict with her family at all cost. This argument was a turning point in her family relations and served to empower the participant and give her a greater sense of her own strength and autonomy. It was the first time she had challenged rather than acquiesced to the needs of her family members. The therapist found with particular interest that in this session she was far readier to show her emotional involvement with the events and topics she was describing. This was recognised as a significant shift towards emotional integration and maturity. The therapist’s task of facilitating the expression of feelings from the true self rather than from the persona was effective. The participant provided several examples where she had found the courage to speak out her true feelings. The therapist was also beginning to experience a more real sense of the patient in his relationship with her.

## 2) Analytic setting.

The participant stated from the outset that she had initially contemplated choosing a Black woman as her therapist. However, she felt comfortable with a White male and seemed prepared to follow through with this decision.

In session fifteen the participant got off her chair and seated herself on the floor. The therapist felt immediately disconcerted by this act, but initially refrained from commenting. For the therapist this was felt as a transgression of his conception of the analytic setting. He saw this as an act of elevating himself and sub-ordinating the participant thereby potentially disrupting the nature of the analytic relationship. It was noted that once he made the participant conscious of her action she returned to the chair. She showed some awareness that she had over-stepped the boundaries of what was generally expected in the analytic setting. The therapist realised on reflection that his own discomfort had encouraged the client to return to her chair. What he had not taken into account was that this was also an act of increased rapport. The participant was indicating that she felt comfortable and relaxed enough to shift her position. By not acknowledging this, the therapist had in fact obstructed further exploration of transference issues that may have arisen from this new position.

### 3) Analytic process.

The participant introduced her family relationships in the first session by stating that she got on well with her family but that her relationship with her brother was not as good as it had been in the past. “I used to think he was perfect but he didn’t stand up for me [when I needed him]”.

In session six the participant spoke of the recent revelation that her older brother and sister were not the biological offspring of her father but were from her mother’s previous marriage. Although her older siblings had a different surname to her, she had always assumed that it was her mother’s maiden name. At the same time, her younger brother discussed with her the possibility that he also was not the son of her father. These revelations distressed her greatly and she did not want to accept these facts. She resented being “forced to come to terms with the reality of the family surname”. In this session the participant appeared to be working through her sense of identity, which was closely related to her sense of belonging to a family unit with interfamilial loyalties and mutual support. “I am upset with my older brother for pursuing a relationship with these people [with the same surname as him]. He calls them ‘brother, brother’. They are not really our relatives. I think he is distancing himself from my Dad and Dad’s family – i.e. me”. In this session the therapist noted that below the manifest level of discussion about family loyalties and blood relationships the participant was being forced to redefine her own identity. This subtext of identity-consolidation was a process that developed throughout the course of therapy with the family acting as a metaphor.

In session eight the participant, for the first time, spent most of the session talking about herself as an individual [not as a family member] and revealing a number of personal emotions. These emotions related mostly to the conflict between her expanding individuality and her contrasting cultural roles. She described an incident in which she had asked two Zulu men to meet with her regarding a tailoring job, “These guys were looking at me, I felt this, they wanted me to speak in Zulu, I was talking in English but conscious that they thought I was putting on airs”. In this session the participant was able to be self-reflecting, “I think I do put on airs, I was trying to meet them at their level”. She had disclosed to these men that she drove her own car, had a good job and was engaged to a White man. She discussed in therapy that these attributes were not the norm and would be viewed ambiguously by most members of her culture. “Being involved with a White guy is not generally seen as positive. ... A beautiful girl is wasted on a White man”. She explored these feelings of ambiguity further through speaking of her experiences at school and at home: An elite White government school and a relatively poor township background. She showed good insight into the pressure she felt in trying to bridge these two worlds. “[At home] you don’t argue and debate with your parents, you don’t ask why. In a western environment [at school] you are encouraged to ask why”. It became clear in her discussion of school and later experiences that she had developed two disparate roles. In her work environment she had adopted western values of independence, self-reliance and personal ambition, in her home environment she had adopted the more traditional values of obedience, domesticity and other aspects of a woman’s “duties”. “I am trying to get [my fiancé] to gain weight and look good, if he looks good then people will consider I am looking after him well”. In the initial session the participant had defined the analytic task as needing to get to know herself better, in this session she showed an increasingly acute awareness of her difficulties with self-identity, “I feel my personal identity hasn’t quite developed”.

In session nine the participant continued to discuss the difficulty she experienced in attempting to combine two sets of cultural expectations, “I asked someone to clean the house – domestic worker – I found myself bowing to her [opinions]... she is an elder person. She is like my mother [also previously a domestic worker], how can I tell her what to do”.

In session ten the process of self-exploration was evident through the way in which the participant’s focus had shifted over time. Initially she had placed a strong emphasis on family issues, then moved to cultural issues, in this session she focused on issues of a more personal nature. She was able to confront aspects of her behaviour which previously she had not been conscious of. She described her persona at work, “I speak big and make no sense even to myself... when I am with my colleagues I talk about how I am going to take the client to new

heights”. The participant was implying her awareness that she carries a social front at work and is often hiding what she really feels. “When someone can see that I am not who I think I am, I become aggressive or I charm”. This comment represented a major shift from her previous statement in session three where she had indicated, “I feel I have been true to myself [in my dealings with other people]”.

In session thirteen the participant was clearly in touch with her feelings of anger, which had not been shown to such an extent before. This session had been preceded by a period of depression. As the participant appeared to be moving out of her depression so she became more in touch with these feelings. Whereas before she had discussed her family in either positive or neutral terms, she now expressed a great deal of anger towards her father and was able to show compassion and admiration for her mother. Her family were not discussed as extensions of her own needs as they had been previously. Instead they began to emerge as individuals in their own right with their own emotions and needs.

In session fourteen the participant again raised the issue of the development of her self-identity. She described the difficulties that she had undergone at school. During this time she had felt unaccepted and alone. She had compensated for this by trying to fit in. “I did naughty things to be cool and gain acceptance from others... Christian girls, I hung out with them but did not say much”. There were three other Black girls in the school but they called her a “coconut” and saw her as a traitor because she lived with White people. The participant’s need to belong drove her to seek out attachments with highly divergent groups: Black/White, Christian/rebel, “I think that is why my personality hasn’t fully developed, I was trying to fit in with different groups”. The participant showed a growing awareness of her tendency to use roles as a defence against rejection, loneliness and difference.

In session seventeen the participant was very forthcoming about the eating disorder she suffered when at school. She also for the first time articulated very clearly her tendency to shift and change her persona as a way of achieving acceptance from different peer groups. This level of disclosure within the therapeutic context was seen as a positive development in the analytic process as such disclosure suggested a strengthening alliance between the participant and the therapist.

In session twenty-two the participant described feelings of great relief following her disclosure the previous week about a relationship in which she had suffered abuse and been betrayed. In the transference the therapist had represented the potentially betraying object. By disclosing very

sensitive material of a sexual nature in the previous session the participant had taken a risk and trusted the therapist. She did not feel let down after taking this step and had come to the important realisation that she would not necessarily be invariably let down. This realisation seemed to free her to discussing extremely sensitive matters in her present relationship. The analytic setting provided the necessary safe space and continuity for her to have the courage to risk disclosure and vulnerability and thus further the analytic process.

In session twenty-five the participant returned to “her need to be liked” and how this impacted on her behaviour in relation to others. “I don’t tell people the complete truth because I want them to like me... I am scared that if I disagree with a person’s opinion they will not like me anymore”. Although the participant did not explore the possible reasons for her need to be liked, she did not attempt to rationalise or justify her behaviour either, whereas in previous sessions she had.

In session twenty-eight the participant spoke extensively of thoughts pertaining to her position in South African society as a Black woman. She spoke of class, race and changing socio-political trends, “In Mocambique people are class conscious not race conscious, in South Africa people are race conscious”. She continued, “I feel that there are White people who are a class below me”. In this session the participant sounded far more at ease in her role in-two-worlds than she had done in previous sessions. “When group areas was abolished then people moved into the suburbs, but some of these people go home to the community on weekends because they are bored in the suburbs”.

In session thirty-two and following sessions the participant showed an increasing awareness of her use of persona roles. She started the session by saying, “I have moved towards being myself, I feel horrible after I have used the persona”. She explained this statement by describing an incident where she had met up with some old housemates. “I previously liked them, then I realised that they were not my true friends... I saw them on Saturday and entertained them with a big smile on my face... I wasn’t being myself”.

In session thirty-seven the participant described a recent business trip to Johannesburg. She showed a strong awareness of her ability to be vivacious and affected in certain contexts and stated, “I am not sure if it was the real me or my persona, but I was happy, quite loud and had a lot of fun... [my colleagues in Johannesburg] loved me”. In session thirty-eight the participant focussed on her inability to express her feelings, particularly her anger, towards her mother and her brother. She described how she had woken up in the middle of the night feeling very angry at the events of the previous day. “When they piss me off, I am always sweet and coy, I feel I can’t



be truly myself around them... when my mother cannot make up her mind I feel like saying to her ‘get a grip’”. The therapist was aware that she was expressing her feelings towards her mother and brother in ways that she had not done previously. She continued by stating, “for me since I have been coming to therapy I am expressing myself so much more, it is now part of my day to talk [about my feelings]”. She proceeded to point out that “generally in my family we don’t talk too much about emotional stuff”. The participant was explicitly stating that she could recognise the benefit of discussing emotions. “I would like to express my feelings more to them [the family], it would be better for the relationship, for instance we don’t talk much about my mother’s illness... we should speak more about these things... our family does not know how to talk, we are a television family”. The therapist recognised a significant shift in the participant towards recognising the value of articulating her feelings and the positive impact this could have on her relationships.

In session thirty-nine the participant began the session by stating, “I am generally feeling very well and I don’t think it is just my persona, I feel it is really me”. She attributed this good feeling to the fact that she now understood clearly that her problems with her brother stemmed from her jealousy. “It may seem absurd to say this but I feel it has to do with letting go and accepting the reality of my jealousy [towards my brother]”. The therapist recognised that the participant was also feeling more positive about her work. She was able to move to a new level in her therapy. She was no longer caught up with feelings of resentment towards her brother and was able to discuss other issues in her life. For the first time the participant was able to acknowledge that the reason she had not begun to look for another job was fear. “I have not told you before but the reason I stay where I am is because I am actually scared... at least in my current job people support me, elsewhere I am afraid there will be no support... and I don’t have the confidence to be a leader”. In this session the therapist felt that the direction of the participant’s therapy had shifted away from family issues towards more personal issues concerning her career. The participant ended the session by stating, “Last Saturday I went to supper, I felt I was real that evening, I didn’t even drink”.

#### 4) Generative uncertainty.

In session three the participant discussed in some detail her dependence on significant others. She attempted to rationalise her clearly ambivalent feelings about this dependence on others by stating that she had been encouraged by her exposure to Western culture to hold a negative attitude to dependence whereas in her own culture it was entirely acceptable for a woman to be dependent on her husband and family members. The therapist did not challenge this notion

although he was fully aware that given the degree of distress that her dependence caused her, she herself did not completely accept the above rationalisation.

In session seven the participant spoke of a dream in which her older brother had died, “He was dead but in the dream his body was there and he was standing with us and making arrangements for his own funeral”. The therapist noted that in the previous session the participant had recently learnt that her brother was not her father’s child. Her need to belong to a family unit was extremely important and her sense of being distanced from them caused her to feel upset. Most of the previous session was spent trying to negotiate these feelings and the impact they had on her sense of identity. The therapist understood this dream to symbolise the death of her childhood understanding of her brother and his role in her life. The therapist felt certain that there was an obvious link between the dream and the previous session. However, instead of confronting the participant with this interpretation he asked her what she thought this dream meant to her, thereby generating her own possibilities for understanding rather than imposing his own certainties. She responded, “He [my brother] is burying the old bits of himself and is going to start afresh”. This statement introduced a different dimension to the one the therapist held. It was clear that the participant did not see the symbolism of the dream in terms of her own process, but rather saw it in terms of her brother’s process. She went on to discuss her brother in some detail, his relationship to the family and other non-family members. She proceeded to describe a series of transgressions in which her brother appeared to be distancing himself from the family: not her father’s son; rarely contacting her; failing to intervene on her behalf during her purging process; adopting a new young friend and spending more time with this friend than with the family; possibly being gay, and not bothering to send money home to his family. Despite these transgressions she re-iterated her willingness to accept her brother and to hold the family together. “It is my mission to keep things going; I believe in family”. The therapist realised that her interpretation of her dream as being about her brother’s need to lose an old life and move to a new life might be an implicit or projected reference to her own life. It is unlikely that these insights would have emerged if the therapist had not abstained from imposing his initial interpretation of the dream which opened this session.

In session nine and ten the participant began the sessions by stating that she had no pressing issues or anxieties in her home or work environment. This lack of worry she cited as being a worry “I feel that I should be worrying – when I am not worrying I feel I should be”. The participant had shown previously that she suffered from free-floating anxiety. On one level this was true as she did have a tendency to “worry about not worrying”, however on another level it was also clear that the participant used this “worrying technique” as a way of consciously

deflecting thoughts and feelings that would arise if she was not “worrying”. In session nine and ten the participant had claimed to have no external distractions to worry about. Interestingly these sessions were characterised by a considerable degree of inward focus. Most of the participant’s concerns centred on her family. It started to emerge that many of these concerns and worries about family were a useful way of avoiding a deeper level of introspection which often put her in touch with extremely uncomfortable emotions. “I don’t want to confront the real me, and expose it... my real self I am scared is going to be serious, heavy and depressed”.

In session eleven the participant re-iterated her concern about feeling dissatisfied with her work. She said that she felt “inadequate at work” and had been going out a lot at night with her friends “drinking and smoking” whilst her fiancé remained at home studying. This was causing some tension in the relationship. The therapist was confronted with several different lines of enquiry. He chose to opt for the possibility that this behaviour represented acting out or avoidant behaviour, which was consequent on her unhappiness at work. He proceeded to ask the participant why she still remained in her job if she was so unhappy. This was an attempt to get her to think of her behaviour as following on from her work dissatisfaction. This intervention represented a breakdown in generative uncertainty in that it foreclosed any discussion of the possibility that this behaviour may be related to issues deriving from the home environment or simply that it arose out of a tendency towards “extravagant behaviour” that she had previously mentioned to be a source of guilt to her. The attempt to promote insight along the lines of this intervention failed as for the remainder of the session the participant spoke vaguely about possible work plans and made no attempt to pursue the issue on hand.

In session eighteen the participant described in some detail the proposed plans for her wedding in three months. It became increasingly evident that she was discussing a series of demands and desires being made by her family and her fiancé’s family. She felt her needs concerning the wedding plans were not being acknowledged. She was carrying a lot of frustration and resentment, which she could not express because of her predominant need to please and adapt to other people’s wants. The therapist allowed the participant to stay with her feelings and made no intervention. In doing so the participant moved towards discussing the central conflict - that of her inability to communicate her own needs and desires. This inability left her feeling depressed, uninterested and wanting to withdraw from her responsibilities. “I want someone to sort everything out for me [concerning the wedding arrangements]”. This session provided good insight into the extreme difficulties she faced in trying to reconcile different cultural expectations. “My mother [is] insisting I wear a white dress, she says ‘you can’t expect people coming from

England to see you in a traditional dress’... I want to wear a formal dress with aspects of my tradition”.

In session twenty the participant spoke extensively but vaguely about her childhood, citing a list of superficially unrelated reflections. After some time the therapist intervened with a direct question stating “Do you feel you had a happy childhood?”. In this breakdown of resoluteness he was attempting to elicit the underlying direction of these reminiscences. This interpretation arose out of an understanding on the part of the therapist that the participant was using the therapy session to explore the relationship between her current difficulties and her past experience. This causal frame of understanding was imposed on the participant’s discussion without there being any direct evidence that this was in fact what the participant was doing. In this session the therapist brought his own analytic desires and preconceptions to the flow of the session. After this intervention the participant appeared to set about pleasing the therapist by trying to provide him with what she felt he wanted to hear. He realised that his own impatience had obstructed the necessary flow of free association in this session.

In session twenty-one the participant brought up the topic of dreams she had been having recently. “I often dream that I am dying”. She offered her own interpretation of these dreams. “Dying dreams – maybe these are ways of trying to escape whatever I am feeling”. The therapist was tempted to interpret these “death” dreams as a positive development symbolising the death of outgrown personas. However, he did not suggest this or even query the participant’s interpretation, but rather allowed her to continue talking. She then described a dream that she had mentioned some seventeen weeks earlier at the beginning of her therapy process. In session four she had said “I dreamt last night [I was] stuck between two concrete slabs” In the current session she elaborated on this dream. “I was at the train station running for a train, but there was a concrete door slowly closing the subways, I got stuck between concrete blocks and I couldn’t breathe. It was scary and dark, it was a small space” The therapist realised that the participant was obliquely discussing her fear of the therapeutic space and the changes the therapy process was evoking. This secondary interpretation had only become possible by not intervening with the initial interpretation. Having implicitly expressed her fears of the therapist, the client then moved to discussing a previous relationship that she had had with a “White man”. She became very emotional when describing how he had abused her trust and not given her what she felt she deserved. It was understood that on one level the participant was speaking of her fears of being vulnerable in therapy. “I feel he took advantage of me, I was tricked, let him trick me... I didn’t want [a relationship] from the start but didn’t stop myself”. In this disclosure she was moving

towards a recognition of her own responsibilities in a relationship process, and simultaneously acknowledging her need to take responsibility for the direction of her therapy process.

Shortly before session twenty-nine the participant's father had unexpectedly died. The participant spent the session describing the time that she had spent at home over the funeral period. In the first part of the session the participant focused solely on a series of arguments that she had had with her family, particularly her elder brother whom she felt had been domineering and had excluded her from any decision making. She described a physical fight between her brother and herself over sleeping arrangements. The therapist refrained from asking her outright how she actually felt about the loss of her father as he realised that her anger towards her brother was in fact displaced anger towards the unexpected loss of her father. It had been noted before that the participant did see her brother as a father surrogate. Eventually the participant was able to state that she had no real feelings about the loss of her father. It then became clear to the therapist that some of the frustration felt by the therapist in the initial part of the session at the participant's refusal to bring any emotional content to her narrative was a reflection of the participant's own frustration with herself for not being able to feel. She expressed her dismay a number of times at the lack of communication over the funeral period, "No-one asked what I was feeling, communication was minimal... [After the fight] there was no communication about the funeral". This lack of communication as discussed in terms of the family reflected the participant's projection of her inability to communicate with herself and access her own feelings about her loss. "I can't access my feelings about the loss of my father, I don't know if I feel anything about it".

By being open to a multiplicity of interpretations the therapist was able to understand the client's anger towards her brother in two equally valid ways. Firstly her brother represented her father who she was angry at for dying, secondly, her brother represented the hierarchy of a traditional community which gives power to men and relegates women to passive roles in times of crisis and important events. The participant found herself becoming increasingly frustrated with many of these traditional roles that required her to suppress her feelings and opinions.

In session thirty-two the participant was showing a lot of anger towards her brother. In this session she clearly felt that everyone, particularly her mother, sees her brother as benevolent. She feels that he is un-deserving of this title because he is selfish and oriented towards his own interests. The participant outlined a number of examples of her brother's selfishness. "I send one thousand five hundred rand to my mother each month, he sends four hundred... At the wedding he did the renovations to the house because he could not bear his friends seeing what sort of

house my mother lived in... I have a legacy that [my brother] educated me, actually it was only for one year that he [paid for my fees]”. The participant concluded “I need [him] to stop being the mighty [brother] because it is not true. The therapist was aware that beneath these statements the participant carried strong feelings of being unacknowledged for the things that she does for her mother. In spite of what she does her brother is still seen in a more favourable light. “I feel resentment that my mother seems happy that [my brother] is only sending four hundred rand”. The therapist was also aware that much of the anger the participant carried towards her brother was born out of the fact that whilst she constantly worked hard to gain the approval of her mother, her brother invoked this approval without even trying. The therapist made this interpretation and it was received well. The participant proceeded to state “He broke down the wall [at my parent’s home] that I built with my money... he gave away the gate that I paid for, he built a smarter wall and bought a new gate”.

In session thirty-four the participant spoke of a dream that she had experienced. “My cousin and a friend were driving [a car] and were hit by a train. They both died. The funeral was scheduled for eleven that morning. My mother arrived with two bags of apples and one bag of bananas. She was still in her mourning clothes. I went into the main house and found my [dead] cousin with my mother telling her how the accident had happened – he looked his usual self but had a swollen left foot at the big toe. He said they had been driving and when they saw the police they had sped off and then hit a train. He [was trying to escape the police] because he feared going back to prison. I then went to my mother’s bedroom and saw my father lying on my mother’s bed. He asked me if my mother was still wearing a shawl [which is a sign of respect and mourning for someone who has died]. I then went inside and tried to convince my cousin that he should report himself to the police because this would save him from death”. The therapist asked the participant what the dream meant to her. Instead of understanding the dream symbolically she took it literally and stated that it was “the first time I have seen my dad since he has died, he looks like he is fine”. The participant also wondered if she should speak to her cousin and warn him that “he is in danger” because she had had a dream about his death. The therapist held the view that perhaps that this dream about death may have something to do with the participant recently learning that her mother was not well. He cautiously held back on this opinion, but was interested to note that the participant then proceeded to discuss her mother’s illness and stated that her mother would be coming to Cape Town to see a traditional herbalist that could heal her cancer. At this point the therapist ventured to ask the participant if the dream was in any way related to her mother’s illness. The participant replied, “No it is about death but I don’t relate it to my mother”. She then continued, “I believe in dreams, I take it literally and I will tell my mother that my cousin’s life is in danger, I won’t tell my cousin because he may think that I am wishing him ill”. The therapist



was strongly alerted to the fact that a standard symbolic approach to dream work was not necessarily appropriate to the participant. The possibility that the participant was defending against feelings around her mother's illness was raised at the end of the session when she said "There is a possibility that I am transferring... I might be pushing all my thoughts and feelings into work... re-directing away from other stuff".

In session thirty-five the participant began by saying that she was exhausted and tired. This was strongly related to the fact that she knew her mother was in pain as a result of her illness. "I could hear her crying when she went [to the toilet to urinate], she was in pain... When I got home I cracked, she is going through a lot of stuff alone". The participant then proceeded to discuss the herbalist that her brother had arranged for her mother to see. "I am concerned with the way he conducts her treatment, he is not qualified... he has not done initiation". The therapist was aware that underneath the participant's criticism of herbalist there was some anger towards her brother. She implicitly felt that her mother had taken her brother's side once again. "She says she should have gone to a herbalist sooner, rather than see a medical doctor". "[My brother] has a medical background, I would have thought he wouldn't believe in herbalists...what's new... he is always right". The participant felt that once again her brother was being viewed in a positive light when in fact she was doing all the work. "I don't want to sound like I am complaining but I am spending more time [with my mother] than he is". The participant ended the session by stating that she was also feeling down because her house had been burgled the other night and she had had some stuff taken which was important to her.

In session thirty-six the participant acknowledged that on a conscious level she was trying not to think about her mother's illness, but that on an unconscious level there was some activity. "I haven't had time to think of stuff, I just keep going...[though] I am probably unconsciously thinking about it because of my dreams". The participant then proceeded to relate a dream she had experienced.

"My mother was in the shower, I helped her get in, then I got in with her. I felt something coming out of my vagina, like worms. My mum took them and squashed them into a paste and then wanted to smear them into my vagina, but I had my panties on". The therapist encouraged the participant to describe her understanding of this dream. The participant stated that she thought the worms were a positive sign of her mother's healing. "The worms coming out could be seen as her healing - the infection coming out - it is like healing yourself with the venom". The participant then proceeded to relate another dream. "I was at my sister's church, a neighbour who lives up the street was also at this church. She asked me a question and I answered roughly. She said the

reason you are aggressive is because there is something growing in your womb, when it is out you will be fine". The participant interpreted this dream. "I took this to be the cancer, although she was talking to me, I translated this as a message directed to my mother going through me".

In both dreams the therapist was interested to note that the illness her mother carried was located in the participant. Unresolved anger and her apparent difficulty in dealing with feelings around her father's death, her mother's illness and her anger towards her brother were other possible explanations for the "dream object" growing in her womb. However, it was felt that any interpretation which placed the relevance of these dreams on the participant and her own body would have been unacceptable to her.

The participant spent the remainder of the session talking about her brother. "We all put [my brother] on a pedestal... he actually has faults which we refuse to acknowledge... I have great characteristics that no one acknowledges, particularly my family and my mother. I need them to acknowledge the good things about me and the bad things about my [brother], and treat us fairly". The therapist felt that this insight had been latent for some time and had now come to the surface. She felt that there was a tendency in her family to overlook her good qualities and ignore her brother's bad qualities.

In session thirty-seven the participant said she had been discussing the death of her father with her fiancé. In this session the therapist noted that the participant spoke openly and showed genuine feelings of loss towards her father. She explained that she was sorry that he died before he could come on the holiday to Cape Town with her mother. She was also sad that he had died before her wedding. She explained that she had intended moving to Johannesburg next year so that she could stay with her parents and get to know them better. "I definitely do think about him and regret he died before his holiday, my year there and the wedding". In this session the participant indicated that she was missing her father, "I have been wondering what it was like for him in hospital [before he died], I have been wishing I could turn back the clock". The therapist was aware that this was the first time that the participant had accessed her feelings concerning the death of her father.

In this session she also indicated that she had come to understand that she is jealous of her brother and jealous of the attention that he receives from the family. "I realised the other night that I am jealous of his life, what he has, I resent how he always looks good... he always receives praise, I never get it... he gets the attention of my mother and I have to work hard at it". The therapist realised that this insight represented a breakthrough in the participant's understanding of

the difficulties she experiences in her relationship with her brother. The participant was able to move to a position in this session where she could understand that her need for her mother's attention was a pivotal factor in her jealousy. She stated, "When I was at boarding school my mother never initiated a phone call, she only ever wrote letters, I wasn't at home to get what I needed from my mother, [this is why I still look for her attention]".

In session thirty-eight the participant stated, "I have been feeling light-headed since admitting to myself that I am jealous of my brother, since then I have felt a huge weight lift off my shoulders". In this session the participant was able to adopt a more balanced perspective of her brother and was able to recognise both his strengths and his weaknesses. She was also able to recognise that many of the attributes she complains of in her brother are in fact attributes that she recognises in herself. "He wants high standards... I have this quality as well, just that my standards are not [quite] as high, for instance whereas I would like the house to look clean, he would want his house to have Italian tiles". The participant concluded this session by saying, "it feels good to come out into the open about this".

#### 5) Abstinence.

In session two the participant's detailed description of her purging experience aroused strong feelings in the therapist, who felt that she had been exposed to an abusive process without any regard of her individual needs. The therapist was surprised at her lack of emotional response to this experience. He had to acknowledge the necessity to abstain from comment or interjection. In this session the discrepancy between the culture of the participant and that of the therapist was clearly manifest. The therapist was forced to be aware of the need to question and control his emotional responses.

In session twelve the participant gave a strong account of her feelings of inadequacy and helplessness, particularly in relation to her job. She strongly desired affirmation and support. The therapist abstained from any overt affirmation, though he was keenly aware of her depressed state. The participant ended the session by stating, "people never tell me I have done a great job". The therapist understood this as an unconscious comment against his abstinence.

In session fifteen the participant was discussing her difficulties at work and was implicitly asking her therapist for affirmation in her various work decisions and in her ability. Her need for external validation was manifest in a variety of different ways in this session. "[My fiancé] helped me to see that [my work] can't be as bad as I think... he says that I am not a horrible person to be around". Throughout this session she was attempting to gain overt support and

praise from the therapist. She declared that she felt the therapy process was helping her. “Because of therapy [I am] doing much better”. This was seen as an attempt to get reciprocal praise from the therapist. During this session the participant got up and sat on the floor. The therapist asked the participant if she felt more comfortable on the floor. She replied “I feel more grounded and safe”. Although she denied that this act was in any way consistent with her cultural background, she did state that in her culture this behaviour was “a sign of respect when greeting an older man, or speaking to adults”. The therapist understood this act as a concrete version of the participant’s transference need for the therapist to act as a compassionate father figure. He resisted the call to act out the transference role of an idealised supportive father. In doing so he was deliberately preventing premature closure in the transference and was thereby encouraging the participant to engage further with her feelings for her father.

In session twenty-six the participant described feelings of inadequacy, self-doubt and anger regarding a work event she had organised. It became clear that although she was overtly blaming her clients she was also angry with herself and was reluctantly acknowledging her own inability to succeed with this event. “I am sick of convincing people that [my client’s project] is a great story. [The client] is hard to sell... I don’t think I did a good job at the conference”. The therapist realised that the client was looking for reassurance, pity and support from him but he abstained from any emotional feedback. A half hour into the session the participant made a direct appeal for more emotional involvement by saying, “I feel I am not communicating [to you] how horrible it was”. The therapist responded that he could understand how difficult this experience had been. The participant then expressed her sense of relief by crying. The therapist recognised that this lapse on his part in abstinence was in fact beneficial rather than unproductive.

In session thirty-three the participant revealed that her mother had been diagnosed with cancer of the uterus. She stated that she had known for over a year but had not thought much about it as her mother had looked very well until recently. The therapist immediately felt compassion towards the participant but refrained from expressing his feelings openly. He said to the participant “This news must be very hard for you especially as you have recently lost your father”. The participant replied “The prospect of losing her, I hadn’t thought of that, just as with my dad I don’t have times when I bawl my eyes out, but I do think of him”. The therapist suspected that she was protecting herself from her feelings and mentioned this to her. “This must be a big thing for you, the prospect of losing your parent”. She replied, “No not really... I don’t feel it is such a big thing the idea of losing my mother, part of me believes my father is somewhere around and if my mother were to die she would be somewhere around”. She continued, “I think my approach is quite healthy, in the past I heard my mum say that being in the world is a daily struggle, heaven is

a resting place”. The therapist realised that his choice to abstain from showing compassion had been correct. She was clearly not ready to engage with her emotions concerning the imminent loss of her mother. It also occurred to the therapist that his expectations of how she would feel were not necessarily correct. He realised that his own feelings about death and the structures through which he understood death were likely to be different to the participant’s. He was therefore faced with two options of enquiry: either the participant was defending herself against painful feelings of imminent loss, or the therapist was imposing his own culturally derived response to death, which differed to the participant’s framework of understanding, and was therefore inappropriate. The participant continued to speak of her understanding of death. “When my grandmother died I felt relieved... with my father, I don’t feel devastated, I just wonder how he is doing... I guess I am not in touch with death... maybe I don’t have the usual ways of dealing with death that society would think is normal”.

#### 6) Neutrality.

In session four the participant’s discussion of her father’s tendencies to aggressive behaviour towards the family after he had been drinking - “he would beat us up, and once ran after my mother with an axe” - was cited as an example of what she feared might be her own tendencies to violence after she drinks. She implicitly stated that her superego needs are opposed to any display of feelings such as anger, conflict or violence. It was clear to the therapist at this stage that her tenuous sense of identity correlated with an underdeveloped ego-strength leaving her vulnerable to unmoderated shifts between superego and id needs. He felt it to be inappropriate to affirm or alleviate her fears by condoning either her superego or her id needs.

In session five the participant again spoke about her strong superego needs in relation to her sense of family obligation. She showed concern on two levels: the first was letting herself down (id impulses over-running her superego needs); with regard to this she described feeling guilty whenever she had a night out, “When I’ve had fun out with my friends, the next day I feel embarrassed at having exposed myself - it might be the alcohol”. Her second concern was letting her family down in terms of her obligations to them, “My mother hates drinking... I used to worry about spending money on alcohol. ... If I have a good life, I feel guilty about my family. ...My nephew, I worry about him, [about my] not taking care of his future. When things go wrong he will say ‘My aunt doesn’t care’”. The therapist’s interpretation of these needs was understood in the cultural context of the participant. He was aware that for an individual in a western-based culture such a strong sense of obligation as described above would not be the norm.

In session thirty the participant provided a factual description of her wedding day. The wedding itself comprised a mixture of traditional and western rites of passage. The participant described how her husband-to-be had been required to bring the last instalment of the “lobola” to her family’s house. He then had to cut the throat of a goat and smear its bile on his wife’s-to-be ankles and head. This completed the traditional ceremony, which was followed by a western ceremony the next day. The therapist was aware of his own feelings about the ritual slaughtering of a beast but recognised the inappropriacy of these emotions in the cultural context.

In session forty the participant spoke extensively of her “superstitious” beliefs and her feelings towards holding such beliefs. She revealed that she thought the death of her father might have been linked to her marriage. She explained that some people in her community viewed her marriage in a negative light and were jealous of her successes. This information had been given to the participant by the “Witchdoctor” that her family had consulted shortly after her father’s death. “I don’t understand why he died; the wedding could have been the cause of his death... the Witchdoctor said some people are not happy and are trying to stop the wedding”. In this session the participant was able to move to a position of recognising that she held two opinions about such beliefs that were not reconcilable: a western view and her own cultural perspective. “It is difficult for me to believe these superstitions because they are not scientific: I have [this] western view - but another part [of me] believes [in superstition] because my mother believes and always has... people ridicule me when I talk of my African beliefs; [my fiancé] thinks I am ridiculous”. She further revealed that a part of her thought that her mother’s illness and the recent illnesses of other members of her extended family may also be linked to curses concerning her marriage. Furthermore, she was very hesitant to employ a domestic worker in her home because she was afraid that such a person could “do things to me in my marriage, using witchcraft”. Whilst the participant recognised that she could not reach a conclusion on these conflicting sets of beliefs, she was able to say that it felt good to speak about these things to someone as it helped to clarify her thoughts. The therapist was conscious of his own ideological position during this session, but was respectful of her worldview and did not intervene. By maintaining neutrality he allowed the participant to explore the difficulties she experiences when discussing such beliefs in a western setting.

#### 7) Countertransference receptivity.

In session two the participant described the process she had undergone in order to be “purged” of her emotional involvement with a White male. This disclosure was factual with very little emotional content revealed. She described in some detail the various cultural actions and rituals she experienced in the process of being cleansed of what her family regarded as an undesirable



attachment to this young White man. She appeared to make no judgements of the justice or injustice, rights or wrongs of these events but seemed happy to accept them as part of the family norm. Her emotional experience of this process was related most importantly to which of her family members had supported her and which had not. Although fully receptive to emotional input and indeed expectant of emotional content in the participant's description of her purging experience, the therapist was interested that there was very little emotion generated in her reminiscence.

In session thirteen there was a marked shift from previous sessions where the participant had been feeling depressed for some time. In this session she displayed anger at a level that had not been witnessed before. She had been talking about her work frustrations for the last few sessions. In this session she described an incident whereby she had had an argument with a client and her boss had taken the client's side. She was extremely angry and described a dream in which she and her boss had sworn at each other and she had then left her job. "I had a fight with the CEO – he said 'fuck you' and I said 'fuck you too' and I left". The participant then proceeded to talk about her father and her anger towards him. The therapist realised that in discussing the dream she was also speaking about her father. She talked about her father and her mother with the constant theme being that they were unwilling to change from their "old ways", particularly her father. In previous sessions she had spoken of her father in neutral terms but she now showed considerable anger and bitterness, "He was never there [for me and my mother] emotionally and financially, he still isn't". The therapist was also aware that the participant was expressing her frustration at the lack of change in therapy. Her angry feelings towards her father and her boss and their inability to support her were also understood as feelings she held towards the therapy process and the therapist's abstinence.

In session sixteen the therapist got a strong impression of the level of sadness that the participant still carried with regard to her feelings of isolation during her school years. She described the degree of isolation on a variety of levels. She was removed from her family and community support. She initially boarded out with a White family "[It was difficult] staying with people in the suburbs, [I] saw no other kids". She was removed from the familiarities of her own culture and felt very unprepared for many aspects of western culture. "In gym I couldn't do the exercises, I couldn't catch a ball or do gymnastics... I was definitely different". She reflected on the choices she had made including becoming a Catholic and realised that many of her actions had been inspired by a desire to conform rather than being an expression of her innate self. The participant's rendition of her school experience evoked feelings of sadness and regret in the therapist. These feelings were understood as a reflection of how the participant was actually

feeling. It was also clear that these feelings of sadness and regret were in fact what the participant was feeling in her current life, with a perceived lack of support from work, and an emotional distancing from her brother.

The transference needs of the participant were set up through earlier life experiences relating to a strong need for parental approval. As stated in session thirty-one, “I still try to get my mother’s approval or praise; if I speak to her and she is not happy, I feel ‘what have I done?’ ”. This dynamic of seeking approval was present in all the participant’s relationships and was strongly evident in the therapeutic relationship. The therapist could recognise early in the process the participant’s need to be liked and influence him positively in the way in which she adapted to his perceived wants. He felt at times strong pressure to respond with support, advice and affirmation. However, he recognised that if he responded to this transference pressure, then he would be perpetuating the participant’s need for an idealised, supportive parental figure. By abstaining from offering affirmation and direct support, the therapist guided the participant beyond her persona towards her own inner locus of control rather than an external locus.

The participant’s transference needs were on occasion overtly manifested by a series of statements and actions such as her saying in session eight, “at home you don’t argue with your parents, you don’t ask ‘why?’ ”, and in session nine, “I always bow to the opinion of older people”. In session fifteen the participant physically ‘elevated’ the therapist by sitting on the floor, reflecting a strong need to subordinate herself into a position of dependency. In this instance the therapist was caught between the transference needs of the participant and his own countertransference anxiety relating to the breaking of an established ground rule. The therapist reflected later that had he allowed the subject to remain on the floor he would be condoning her dependency behaviour. He also acknowledged that asking her to return to her chair was meeting his own countertransference fears to not be seen as superior, thus perpetuating Apartheid White-Black stereotypes.

The participant’s need to be approved of showed itself through a close adherence to the therapeutic frame in almost all circumstances. Furthermore her own avoidance of conflict and suppression of any anger or other strong ‘negative’ feelings ensured that the therapy process remained unprovocational and undemanding. The constant need for external validation left the therapist feeling that the therapy lacked the necessary tension required for transformation. By recognising his countertransference in this regard he was able to reflect to the participant her need to neutralise social situations as a way of avoiding challenges to her true self.

At times issues were raised by the participant which evoked personal countertransference reactions in the therapist. This was particularly evident in relation to dream analysis. In most dreams presented by the participant the therapist recognised that his own interpretation, had it been offered, would have been incorrect. The therapist's framework of dream analysis was for the most part inappropriate. This 'inappropriacy' emphasised cultural differences and forced the therapist to re-evaluate those constructs which he was used to relying on.

Other personal countertransference factors arose around issues such as social hierarchies, the subordination of women, expectations of providing for family, traditional healing methods, understandings of illness and death, and ritual cultural practices. The therapist's knowledge of cultural practices assisted him in identifying the emotions engendered by these factors and enabled him to contain these emotions.

A strongly-recognised countertransference response related to the therapist's frustration with the participant's need to maintain persistently a false self rather than show her true self. He used these feelings as a cue to reach an understanding of how necessary this persona was as a defence-mechanism for the participant, "I don't want to confront the real me because I am afraid it is going to be heavy, serious and depressed" (session nine).

#### 8) Resoluteness.

In session three the participant spoke of feelings of anxiety: "[There are] times when I feel like just hiding... I feel I get panic attacks". The therapist explored these symptoms with her and established that she suffers from a free-floating anxiety relating mostly to when her persona was strongly displayed (she did not have clinical panic attacks). The therapist suggested to the participant that the anxiety was in part the result of a discrepancy between her projected persona and her denied inner self. Even after extensive discussion of what was meant by "persona" the participant rejected this interpretation, claiming that, "I don't have a persona. I feel that I have been me. I have been true to myself and true to you". In the therapist's understanding, these statements were so at variance with the participant's previous concerns – for example "when people first meet me they think I'm stunning, then it gets harder" - that he broke out of the analytic attitude and tried to prompt a recognition with the problems associated with the persona by discussing with the participant emotions she might have felt, such as anger, which conflicted with the ideals of her persona. This breakdown in the analytic attitude did not in fact lead to any further insight on the participant's part during this session. Picking up on the suggestion of anger, she responded, "People who drive on the wrong side of road make me angry".

The participant proceeded to talk about dependence and made a series of contradictory statements. “[I am angered that] my partner thinks that I can’t do things by myself. ... I can’t do anything without him, not even exercise unless he is with me. ... My mother is dependent on my father... my mother is the strong person in the house”. The therapist did not confront the participant with these contradictions as he realised nothing further could be gained. However, in session four she picked up on the theme of anger and although she did not overtly reflect on it she proceeded to discuss her capacity for anger and violence. She was afraid of this trait in herself and claimed that she usually suppressed it, “I don’t show my anger at work but when I drink alcohol I worry that I might say what I think”. She was not able to relate this loss of inhibition under the influence of alcohol to a loss of the persona, but was able to discuss her emotions, specifically anger, more usefully than in the preceding session. This suggested to the therapist that his breaking of resoluteness, if it had not achieved any furthering of insight, had done no harm. On reflection, the therapist recognised that in the spirit of resoluteness, which encourages the therapist to refrain from directing the therapy process, he had in fact moved out of this stance by prompting the notion of a ‘persona’. When the participant challenged this concept the therapist, rather than conceding control, attempted to defend his position by pointing out to the participant that he was giving a name to a pattern of behaviour that the participant had previously made reference to on a number of occasions. The therapist was later able to acknowledge that his own need for an accumulation of insights in the therapy process that paralleled his own theoretical views caused him to prematurely push for an understanding that the participant was resistant to. In doing so he had deviated from an attitude of resolutely accepting that despite contradictions and resistances the participant would ultimately develop her own system of meanings that may or may not follow the trajectory of understanding held by the therapist.

In session nineteen the participant discussed her feelings of insecurity at work, particularly in relation to a new employee. The therapist was aware from the outset that the participant felt threatened by this employee who she feared may see through her persona. She spent a large part of the session rationalising her difficulties with this employee. “She gets on with everyone, but not with me, maybe I am the problem but I have been very open with her”. The therapist did not ask her to expand on the possibility that she may be viewing the situation in terms of her own insecurities, rather he allowed her to reach a greater understanding of this issue herself. At the end of the session she was able to recognise that her feelings towards this colleague were in part due to the fact that she felt intellectually inferior and felt that this colleague may see through her, “I won’t enter into debate with her because she may win and then expose me and I hate that”.

In session twenty-four the participant, without presenting anything new, was recounting material that had been spoken of a number of times previously. The therapist chose to intervene by stating that perhaps her constant return to the matter of her ex-boyfriend suggested that she still carried feelings in this area that she needed to work with. She denied this emphatically. This breaking of resoluteness arose out of the therapist's frustration at the participant's disinclination to engage emotionally with herself during this session. The therapist was aware that these feelings may well have been countertransference reflecting the participant's own disengagement with herself.

### 5.6: Individual Case Report for Participant Three

#### Procedure.

1. Analytic task
2. Analytic setting
3. Analytic process
4. Generative uncertainty
5. Abstinence
6. Neutrality
7. Countertransference receptivity
8. Resoluteness

#### 1) Analytic task.

In session one the participant described a series of significant life events which formed the basis of her reason to come to therapy. She did not overtly outline her hopes for a therapeutic outcome. In this first session she was extremely emotional and used the session as a cathartic space in which she discussed certain traumatic childhood events that she felt had a significant impact on her current psychological functioning. One of the tasks for the therapist implicitly outlined in this session related to the participant's need to establish a sense of belonging and acceptance with her family group. Another task, which was defined in the outset, involved her desire to come to terms with two rape events and a subsequent abortion. This abortion was a family decision that went against the will of the participant. She had not disclosed any of these events before and saw the therapy process as a place where she could safely explore her emotions regarding these events.

In session nine the participant outlined two goals for herself. One was establishing her independence through studying and working; the other goal was searching for concrete proof of where she had come from and the events and circumstances surrounding her birth and upbringing. This latter task was of exceptional importance to her. "It is terrible to not know who I

am and where I come from, the only person who can end it is me, and I will end it". Part of the concrete steps the participant outlined was to visit the hospital where she was born in an attempt to find out "my real name and date of birth... I don't really know when I was born". She was implicitly indicating a need to find out where she came from before she could comfortably move forward with her life.

The therapist's task was to provide a contained environment for the participant to further elucidate her therapeutic goals. The participant's apparent inability to move beyond the concerns she initially outlined raised questions for the therapist as to whether he was maintaining the correct disposition for the further exploration of such issues. In spite of this, the level of expressed feeling on the part of the participant was very high. The task of providing a safe context for the expression of affect appeared successful. It was interesting to note that in terms of the therapeutic process the participant did in fact eventually move towards adopting different perspectives on these goals.

## 2) Analytic setting.

From the first session the participant appeared to take for granted the safety of the therapeutic setting. She revealed information to the therapist that she had not disclosed to anyone before. It was interesting to the therapist that in spite of his being an older White male, the participant felt at ease to be open about very personal details from the outset.

In session five the participant surprised the therapist by breaking out of the setting and asking him to intervene directly in her affairs by finding out whether she would be eligible to adopt a child. He replied that it would probably be best if she found out this information herself. This incident caused no disruption and the therapist chose not to discuss overtly this breaking of the treatment frame. In session eight the participant posed a direct question to the therapist concerning her family. "Do you think I am expecting too much out of them?" This question was unexpected and did not arise in relation to a particular issue. He did not answer the question directly, but instead suggested to the participant that she reflect on her communication style with her family.

In session twenty-six the topic of the participant's suicide ideation arose for the second time. Although she denied active suicide ideation, her mentioning the topic was recognised by the therapist as an indication of her current level of despair. He proceeded to reinforce the conditions for safety, thereby containing her.



In session thirty-two the participant arrived late, explaining that she had been mugged on the way by three men. These men had not managed to take any of her ‘stuff’ as someone in a motor car intervened and they had run off. This represented an instance of the participant’s life circumstances intruding into the therapeutic setting, which could not be interpreted within an analytic frame.

In session thirty-five the participant discussed her relationships with men. After her experience of being raped she naturally found it difficult to trust men and stated that she got “edgy quite quickly [around men]”. She then went on to discuss her differing feelings towards Black men and White men. “I feel more threatened by Black guys... with White guys I don’t feel tension... I feel more relaxed”. Regarding the therapeutic relationship the therapist was aware that the participant was indirectly informing him that despite the fact that he was male, she found it easier to trust him because he was White. This was taken up with her and confirmed.

### 3) Analytic process.

In session three the participant outlined a number of significant themes that she felt very strongly about. An important theme related to her ambivalent feelings concerning her family, particularly her mother. These feelings involved the need to be accepted, loved and supported by the family on the one hand, and resentment at not having these feelings met on the other. She struggled with her sense of identity as a family member and saw the family’s dismissal of her as fundamentally undermining her sense of self. Another theme raised was a strong sense of loss and missed opportunity. This was most obvious when she spoke of the baby she had had aborted. “If the baby were here I feel he would comfort me”. Other lost opportunities included a sense that she had not been able to get on with her life academically and vocationally because of her lack of a support structure. “Because I have lacked the support in the past, I have not done what I wanted to do”. Yet another theme involved feelings of self-blame, worthlessness and depression centring on her belief that her family did not accept her. “I have nowhere to run, I feel trapped, I have no father to run to, I can’t go forward and I can’t turn back, the only thing I can do is drop dead”. These feelings of worthlessness had gone as far as suicide ideation and on one occasion a suicide attempt. Central to and connected to all other themes was her concern with identity; this showed itself on a practical level with concern over discrepancies about her birth date and her family name. It also showed on a more symbolic level where she saw the family’s treatment of her as excluding her, seeing her as an outsider. “I tried to ask my mother once... where was I born, what is my real name, I don’t even know if this [her surname] is my real name, everything about me is different”.

In session four the participant stated clearly that her concerns around identity, feeling unwanted and not belonging were pervasive and obstructive in her life. These feelings were preventing her from moving on both emotionally and physically. “I feel this stays with me and goes everywhere with me, it complicates everything for me”.

In session seven the participant was able to acknowledge the possibility that she herself may be contributing to some of the difficulties that she was experiencing with her family. “Maybe I have been too sensitive and this blocks the others from talking to me”. She was able to see that she was carrying a set of negative emotions such as anger, aggression and hatred and that “maybe this was keeping others out”. She used the metaphor of being locked in a small room to describe her ego defences, “I feel that I am holed up in my own world”.

In session eight the participant was exploring the option of moving into her own house. In doing so she felt her family would no longer take her for granted and when they visited she would know that they had come because they wanted to see her. “I think if I get a place of my own, maybe things will be better, I might feel needed because they will miss me when I am not around”. The therapist realised that on a symbolic level the participant was exploring the idea of re-defining herself and constructing a sense of identity that was independent of her need to belong to a family.

In session eleven the participant stated clearly that her experience of rape made her distrustful and suspicious of men in circumstances that may be inappropriate.

In session thirteen the participant was feeling overwhelmed and despondent at not being able to find a job. She extrapolated from this claiming that although she tried hard, she always seemed to meet with no success. “My prayers have not been answered”. She felt rejected by everyone and tired of fighting her own battles. “I have to be my own role model”. She went on to discuss what was in effect several attempts to create a sense of her own identity. She revealed to the therapist that the name he knew her by was a name that she had chosen for herself. “When I chose this name I wanted it to be a new beginning of my life, this would boost my self-confidence”. She ended the session by wishing that she had parents who could help her to consolidate her identity and stated “What did I do wrong that made my parents hate me so much?”. In session fourteen the participant showed that she was becoming increasingly frustrated with her situation at home. Whilst she still felt disappointed and angry at being let down by her family she was beginning to search for solutions to her predicament. These included looking at ways of improving her self-confidence, thinking positively, showing determination, looking for a job, being independent and

putting her needs first. “I don’t want my family’s help anymore, I am always worried about the family and [I put] their needs above my own... I believe I can do it - be successful - because I have done it before... I am now reading *The power of positive thinking*... I want to take the ‘buts’ out of my sentences and I am not going to take ‘no’ for an answer... somewhere I lost my self-confidence and I want to get all of this back”. In this session the participant followed two conflicting themes, one was her ability and desire to be independent, the other was her strong wish for her family’s help and support. In the latter she constantly felt disappointed. The therapist realised that statements about independence represented wish statements, and statements about disappointment represented reality statements.

In session fifteen the participant declared that she had found a job. She had chosen not to tell her family. “[I] didn’t tell them at home [that] I have a job. Now I must look for a place of my own... if I tell them they will want me to buy groceries”. She then proceeded to speak of her relationship, which she had recently ended. “He has been putting pressure on me to sleep with him... I told him not to rush me”. The participant was angry and disappointed because she had discovered her boyfriend sleeping with another woman. She extrapolated from this incident by stating that she “is tired of compromising for people” and “she wants to be accepted for who she is”. She feels strongly about the fact that sex is not the most important part of a relationship, “most Black men expect you to sleep with them to make a relationship work”. In this session the participant was implicitly indicating that she intended to stand up for what she believed in and was no longer going to give in to the needs of others. She appeared to feel empowered by her decision. “I don’t need this - I am not going to satisfy his needs”. However, she also indicated that she was sad about what had taken place, “It is very painful when you trust someone and they drop you like this”. In this session the therapist was aware that her decision to leave home and leave her boyfriend was strongly related to her newfound sense of empowerment at finding a job.

In session twenty-five the participant discussed her relationship with her mother on the level of trans-actions concerning money and material possessions. The therapist was aware that such transactions represented a metaphor for emotional transactions. The participant stated, “She takes but gives nothing back, even something that costs nothing - love... I have to buy her love”. In this session she indicated that she was determined to confront her mother once and for all. “I am going to tell her I am sick and tired of her attitude and behaviour to me, I have let her get away with things so often, this time I will not let her get away with it... she will be angry but I do not care about her feelings, she has hurt me so much... I think I must worry about *my* feelings now”. In these statements she showed a high level of self-determination, moving away from a position of passivity towards a more active stance regarding her relationship with her mother. She

indicated that the direction of this relationship was to be more in line with her own choices, rather than her mother's choices. The participant ended this session by resolving to go home immediately to speak to her mother.

In session twenty-seven the participant spoke of friends she had recently made and how much support she had received from these friendships. She indicated that she was more open to communicating her feelings and seeking out support from friends. "[My new friend] understands me, there's nothing I wouldn't tell her". She discussed plans for Christmas and instead of putting herself into a position of potential disappointment with her family she was planning to keep herself active at work. This was noted as a proactive choice. However, despite these positive steps towards helping herself it was clear that her sense of loneliness and need for support was becoming increasingly strong as was evidenced by her effort to make friends and through her reiteration of suicide themes.

In session thirty-five the participant spoke of her efforts to meet her need for support by extending her friendship circle and actively participating in a church. She discussed in particular her relations with men. "I am trying to face my fear of being around men". She described how she had recently been able to tell a particular male that she was not interested in a relationship with him. The therapist noted that confrontation of this sort was something that the participant had struggled with previously.

In session thirty-eight the participant stated that she was feeling well and in good spirits. "I am feeling strong, I am beginning to regain my self-confidence that I lost". The participant indicated that she was coming to terms with her issues concerning her mother. "I have finally accepted the fact that I don't have a parent... I really feel that I have learnt to accept this... it makes me feel that everyone around me is my friend, I am beginning to see that there is more to life than where I was, isolated and locking myself away with nowhere to go and no-one to talk to, now there are other things to live for". The participant proceeded to explain that she had previously been reticent and un-disclosing about her feelings. "In the past I didn't have many friends, I thought they would laugh at me if I told them my problems, my story". The therapist was aware of a marked change that had occurred without any obvious precipitant. She was looking more towards the future than her past and appeared positive in spite of the fact that she had recently been told the restaurant she worked at might be closing down, "If the place closes I am afraid to lose the position, I have a lot to learn". The therapist recognised that there had been a definite shift in the patient. She stated, "I never enjoyed my childhood, I had to be an adult before I was even a teenager. I need to enjoy my life now, because I was not able to then. I need to go out on dates,

see my friends, laugh and enjoy seeing the sunshine on the mountain, go away for a long weekend... I want to feel free, I want to be a woman who is free”.

In session thirty-nine the participant indicated that the restaurant she worked at would not be closing, this news made her feel “more secure”. The shift evidenced in session thirty-eight was strongly apparent in this session. The participant spoke of how she had made friends and was going out and “having fun”. She also described that she felt more confident with people. “I can speak out, not as shy anymore... I can start a topic on my own, not just answer questions like I did in the past, now I can open up a topic and talk about it, I have more confidence”. The participant explained that she felt a lot more positive about life and was no longer feeling depressed. “I have had to go through so much, I now feel I am a totally different person to a year ago where I didn’t want to exist anymore, I am thankful that I did not end my life [then], I am pleased that someone showed me there was more to life than sitting on your hands and feeling sorry for yourself”. The therapist felt that the participant held a balanced view towards some of the issues that had previously caused her intense distress. This was particularly evident in her statement “[When I go to the place of my birth] I hope that I will find out who I really am, if I don’t find out then I will have to let it go”. A balanced perspective was also evident in her view of herself. “I am a nice down-to earth person but I am also a bad person because if someone does something to me that is hurtful then I get angry. There is a lot in me that I never knew, I have a lot of skills and capabilities I never knew I had... this makes me feel stronger every day”. The participant ended the session by stating that “Life is beginning to make sense to me, it is more in my control. I still feel guilty about aborting my baby, but maybe I would not be the person I am now if this had not happened”.

#### 4) Generative uncertainty.

In session four the participant’s neurotic certainty was amply displayed through the fixed belief that her family members disliked and rejected her. “My sister does not like me at all. I proved it this weekend, everyone was concerned about me - she was looking at me like I am a stranger to her”. She described meeting her father for the first time in 1994 and how she immediately came to the conclusion that he disliked her, “When he was told who I was he said ‘Oh ok’ with a low voice like he was fed up about the whole thing”. She rationalised her family’s perceived dislike of her by assuming that she was the result of an adulterous relationship and was to blame for the break-up of her parents’ marriage. The participant tended to blame herself for all the familial emotional disturbances; she idealised the relationships between other family members and saw herself as the cause of all discord. “My father didn’t even come to his son’s *amakwetha*, I think it was an excuse for him not to see me”. The therapist did not challenge this neurotic certainty but

allowed the participant to hold these feelings. She eventually moved towards a recognition that she did in some ways hold herself aloof from the family because “I don’t feel I belong, I am not quite open to them”.

In session five the participant’s certainty that she lived in a world where things were constantly taken from her was well demonstrated. She revealed that she felt she had lost her teenage years as a result of her childhood rape experience. “Every time I see [my brother], I see him as a stranger who interrupted my whole life, I never enjoyed my teenage hood - I do blame him for all of this”. She also felt that her attempt to study had been thwarted by her circumstances. “I couldn’t afford to pay [the] fees”. Her abortion and subsequent inability to have a child was another example of how she felt something had been taken from her. In this session the participant explained how she had constantly given up things and sacrificed herself for the benefit of others, such as paying for her brother’s circumcision and bringing up her sister’s children. For all of this she felt she had received only ingratitude in return. “They take me for granted... I gave up so much for them but have only been disappointed”.

In session twelve the participant spoke of her family in very negative terms. She described how they take her money, her food, deliberately wish her ill and spoil everything for her. In response to this perceived malice from her family she had chosen to keep many of her thoughts and activities secret. The therapist’s general impression from her description of her family was that there was an element of extreme thinking and magical thinking. “I believe there is a spell that comes from [the family house]... whilst I am living there everything I want does not work out”. Her pre-occupation with not communicating clearly with her family was reflected in the discourse of the session itself, which was unclear and at times hard to follow.

In session fourteen the participant described how her sister had made her a financial offer and then withdrawn it. She was very disappointed and angry. This offer involved looking after her sister’s child on a full-time basis. After agreeing to this her sister then told her that she had decided to put her child in a crèche. “I feel totally disappointed, I don’t want my sister’s sympathy... It is that fact that destroys me most, they use me for what they want”. The participant extrapolated from this event to other disappointments that she had experienced from her family. She stated that her mother is not brave enough to stand up for her and say, “She is my flesh and blood”. She then moved on to talk of how she felt she had been a disappointment to her aunt who had raised her. She explained that she had not contacted this aunt after she moved to Cape Town because she was trying hard to fit in with her new family, “I had never written to her or visited her or attended her funeral... I feel I disappointed her a great deal, maybe she got sick



because she was so disappointed in me”. This theme of disappointment that was so prevalent in the participant’s life was strongly expressed in this session. The therapist raised this point by stating that he could see that she felt a great deal of disappointment towards her family and towards herself. The participant responded by demonstrating her certainty that her family repeatedly lets her down and does not care about her: “I always thought families stood up for each other, I am disappointed”.

In session sixteen the participant stated that she now had a job and had left home. She was staying with her cousin close to her workplace. She had explained this move to her family by stating “I am moving to [another part of the city] because this is where I want my life to be... I did not tell them I have a job”. This issue of non-communication about choices and feelings arose several times in the session: the participant stated that her family was not communicating with her; she was unable to communicate well with the cousin she was staying with; and her ex-boyfriend had told her that he had become frustrated with her because she does not communicate her feelings with him. The therapist did not intervene although he was strongly aware that the events she outlined and the consequent difficulties that ensued were in part due to her poor communication and expression of her needs to those involved. She then moved towards a position where she was able to say, “maybe [my relationship did not work] because of not talking, not communicating, this may have also have been part of the problem... he wanted to know more about me and I found it hard to talk, [I] feared rejection as I was too ashamed, I didn’t tell him about the rape and abuse... he may have felt I was too closed”. In this session the participant was able to recognise that her relationships are obstructed by the fact that she carries a lot of painful feelings inside herself, which she finds difficult to communicate. “Getting involved means telling him about the rape, but then he might leave me... this whole thing is blocking my way to happiness... I don’t know when and how I am going to tell people about this”.

In session eighteen the participant described with conviction that since moving away from home she no longer “existed” for her family. “None of them have bothered to phone me”. In her new home she felt isolated and in strong need of guidance and maternal support. The therapist noted that the participant’s use of the term “mother” comprised a collection of ideals and virtues, which she felt a mother should embody. She discussed her own mother in terms of this ideal and indicated that she failed to meet these standards. However, her deceased aunt was described in far more positive terms. “I don’t miss my mother at all... I do think about my aunt a lot... when I had an argument with my manager [at work], my aunt would have told me what to do”. She reinforced the sense of failure she felt in her own mother by stating “My so-called mother said she wanted me to live with her because she missed me and wanted to bond with me... if I had

known that this is what she meant by bonding, I would never have agreed and would have stayed with my aunt”.

In session nineteen the participant described the circumstances surrounding her resignation from one of her jobs as a waitress. She discussed a series of conflicts with her manager and quoted him as saying “It doesn’t look like you want this position”. It was clear to the therapist that in fact the participant did not want this job but was unable to recognise this. Instead she used a series of strategies - such as arriving late - to provoke the management into behaving in negative ways and therefore justifying her decision to leave. She was thus confidently able to externalise the blame for resigning from her job and affirm the certainty that she was a victim.

In session twenty-four the participant described that her mother had contacted her and was showing a lot of concern for her. The therapist noted that this was the first report of the participant’s mother making a positive and compassionate step towards the participant. However, she rejected this impulse from her mother and instead of feeling pleased at this gesture she felt suspicious. “She said ‘I miss you’, but I think she misses using me, she misses taking over my life... All of a sudden she misses me, why? - because I think she definitely needs something from me”. The therapist recognised in this session that the participant’s lack of faith in her mother and the underlying belief that “she really did not care” was profound. When the therapist intervened and asked her if she felt there was anything genuine in her mother’s statements, she explained that her mother had then proceeded to ask “When are you getting a new cell phone so that I can have your old one”. Clearly the participant could not accept any truth in her mother’s stated concern for her.

In session twenty-eight the participant focused on the belief that if she were to find out the truth of her origins, then everything will be different. Instead of pursuing her mother for an answer she shifted her quest towards her father and the issues she would like to discuss with him. Although she retained the certainty that her mother had rejected her because she had been the cause of the family break-up, she was able to explore new means to ascertain the truth rather than remaining focused on her mother. “I want to meet the man that is supposed to be my father. I think he might know something that can help me move on with my life”.

In session thirty-three the participant spoke of how she felt let down by her male manager at work and a male friend. She felt disappointed by her manager because after applying for an advertised managerial job at her workplace the position had been given to someone else. She felt of her male friend that “I don’t trust him, I think he just wants to sleep with me”. The participant conceded, “I

am developing a problem of being edgy and irritated around males”. With regard to her job the participant felt that after showing so much loyalty to the company she should have been considered for the position. Whilst the therapist understood the legitimacy of her complaints he was also aware that the participant’s fundamental belief that “men are untrustworthy” was likely to impinge on all her relations with men because she felt she had never had the experience of a positive male role model. The therapist was aware of her belief that all the men in her life had abused her in one way or another.

In session thirty-seven the participant spoke of “letting go and moving on” from her family. The therapist noted that she understood “moving on” as closing off the past, “I don’t want to go back there again [to my mother’s house]... I feel I have moved on”. In spite of this statement the therapist was aware that she experienced extreme difficulty with letting go of the feelings from her past. However, he did note in this session that she was not emotional when she discussed the topic and mentioned this observation to her. She replied, “I am coming to terms with it [the perceived abandonment], hence I am not so upset anymore”. Whilst the therapist was aware that re-visiting these emotions in therapy was a necessary part of her healing process he was also respected the fact that she carried a strong certainty that concrete proof of her identity was necessary before she could move on. The participant explained that she had made arrangement with her work to give her time off to visit the place where she was born. “My aunt’s sister-in-law still lives there, I think she will know something”.

In session forty the participant returned to the fixed belief that her family have never cared about her and she therefore felt justified in cutting ties with them. She substantiated this decision by providing an example of how they had treated her after she was admitted to hospital in September 2001 for an overdose. “I remember when I was in hospital my sister phoned me and was angry... she blamed me saying that I was trying to kill my mother by [giving her] a heart attack... she should not have harassed me and shouted at me when I was still in the hospital bed... they showed me they don’t care”. It was clear to the therapist that the participant had always had tremendous difficulty in expressing her feelings to her family. Through attempting suicide she was trying to communicate the extent of her unhappiness. Similarly by moving away from home she was also trying to express her unhappiness. The therapist observed that she was attempting to explore new and more effective ways of communicating her feelings. “I think I should write a letter to my mother and tell her what I feel about all of this, about the way they have treated me”.

### 5) Abstinence.

In session one the therapist realised immediately that the participant required a lot of emotional support. The therapist needed to show appropriate sympathy in the face of extreme emotional disclosures, but simultaneously recognised the importance of not playing into the participant's desire for unconditional emotional support.

In session thirty-four the participant described receiving a visit from her sister and her mother and the negative feelings she carried about this visit. In fact she described in some detail her efforts to avoid meeting her family such as not answering her phone, being away from home, and asking her cousin to lie to her family of her whereabouts. The therapist felt surprised that after frequently mentioning how much she wished her mother would visit her, she should be so evasive and negative. The therapist was aware of his own feelings of sadness at the fact that each time the participant's family did meet her needs she was dissatisfied and felt it was not enough. He found himself wondering if it would ever be possible for the participant to feel satisfied and made happy by her family. He in some ways felt tempted to confront her on her inability to acknowledge her family's efforts and her tendency to constantly "move the goal posts". However, he chose not to express these feelings as he knew that she would perceive this intervention as a judgement rather than an expression of concern. He realised that such a confrontation would damage the therapeutic relationship greatly.

In session thirty-six the participant raised three themes that she often referred to. The first was how she feels people take advantage of her, the second was her desire to be more independent and the third was her belief that life would have been considerably easier for her if she had had a supportive mother. The therapist was inclined to point out to the participant that these three themes often arose in her sessions. He chose to abstain from intervening as he realised that each time she returned to such themes she tended to explore them from a slightly different angle. By his abstaining from interrupting the flow of the session each theme was discussed a different way to how the participant had previously discussed them. On the theme of being taken advantage of she spoke of how she had previously given advice to her brother's girlfriend. At the time this girlfriend had not taken her advice. The participant felt that she was not obliged to help her now because she had not listened to her advice. "She never took my advice so I refuse to help her... she is now asking for money". On the theme of independence the participant spoke of moving out of the "shack" in which she was staying and building her own house in a better area. "I want to find my own place and have my own space... I have applied for a number and a site". On the theme of feeling unsupported by her mother she related a story she had seen on television of a young girl who became a prostitute because her mother had "kicked her out" of the home. The

participant identified with this story and stated, “I also had chances to be a prostitute but this would have ruined my life and my dignity”.

#### 6) Neutrality.

In session five the participant was speaking of her rape experiences, with particular reference to the sexual abuse by her brother. She discussed this issue in terms of her cultural milieu, suggesting that incest was not explicitly condemned in her culture because people tended to ignore it rather than punish it. She cited a young woman she knew who appeared to be proud to be carrying her father’s child, whereas the participant stated she personally would feel ashamed. The therapist found it difficult to accept this view knowing that incest exists as one of the strongest taboos across all cultures. He doubted therefore that her culture was as accepting as she indicated. These views remained a part of his internal dialogue and were not expressed. However, he attempted to understand why the participant needed to hold this rather negative view of her culture. It represented for him another example of her alienation and subsequent resentment against her family, community and culture.

In session six the therapist noted to himself that most of the participant’s descriptions of her life came to the same outcome: that is, she was an innocent victim, the scapegoat for her family, yet the only one who really cared for her mother. Whilst the therapist acknowledged that the participant had substantial grounds for seeing herself as a victim in many of her life circumstances, he was also aware that there was an unconscious need to see herself in this way. This awareness had to be held against his initial feelings of pity and sympathy for her which he knew it would be inappropriate to express.

The therapist felt in session twenty-two that the steps the participant had taken towards achieving her goals of being independent from her family such as having a secure job, increased feelings of self-worth, and successfully completing a computer course were insignificant compared to her ongoing feelings of rejection and disappointment regarding her family. In fact it appeared that as she made practical gains towards independence so her feelings towards her family became more extreme and less rational. “I want to scratch them out of my life... I want to change my surname... they try to ruin everything for me... [my mother] deserted me: this is one thing, but burying me alive is another thing”. In this session the therapist found himself engaging internally with the prospect that perhaps the participant’s incapacity to let go of these feelings was driven by her fear of what lay beyond. By letting go of this painful yet familiar perception of herself as a victim she would have to re-define herself in ways that may appear even more daunting than the suffering she currently experienced in this “victim” position.

In session twenty-three the participant explained that she was becoming increasingly dissatisfied with her place of employment, “I trusted the company but their promises have come to nothing... I want to move out of there”. The therapist was aware that this statement echoed previous sentiments about her family. The therapist monitored his own internal understanding that the participant unconsciously and repeatedly places herself in situations that confirm her view of herself as being unfairly treated, “When I put my hopes up for something it always goes wrong”.

In session twenty-six the participant discussed her disappointment at her family’s request for financial support. She resented these requests and judged a number of the family’s acts of concern as being motivated by a desire for financial assistance from her. “I will only help [my family members] when I choose to, not when my mother wants me to”. In this session the therapist registered a strong emphasis on the concepts of “giving” and “taking” in relation to material possessions and resources. The therapist was aware of the complex nature of this metaphor but chose not to encourage the participant into explaining it more deeply in this session.

In session twenty-nine the participant raised the issue of her unsettled emotions regarding her aunt and her need to expiate these feelings. She proposed visiting her aunt’s grave, slaughtering a goat to ask for her aunt’s forgiveness and having a tombstone erected. She then indicated that after doing these things “my money will be short so I won’t be able to do my management course just yet”. She had previously seen this course as a very important goal. The therapist was initially surprised at her readiness to postpone her studies. After questioning these priorities internally the therapist came to the conclusion that there were two possible explanations. One explanation was that the participant needed to enact certain rituals and sacrifices before she could move on. The other explanation was that the participant was using self-imposed family obligations as a rationalisation to avoid her own success and subsequent transformation. The therapist also realised that part of the difficulty he experienced in this session was due to the complexity of cultural factors involved.

#### 7) Countertransference receptivity.

In session one the participant began immediately on a very intense emotional level. The therapist was aware that feelings of distress, pity and fear in himself were a reflection of the participant’s own inner feelings. He found it difficult to contain these feelings and stop himself from making over-involved gestures of compassion. By abstaining from any overt expression of emotion, he allowed the session to unfold without obstructing the participant’s obvious need for catharsis.



In session six the participant described her relationship with her family members, particularly with her mother, her brother and her Aunt. In this session the therapist had the sense of a series of sub-texts which were disordered and confusing. He felt compelled to ask questions to clarify the participant's recitation of events and emotions but on those occasions when he did ask questions they did not prove to be helpful. He was left feeling confused and aware that many questions were left unanswered or were not answered clearly. It became clear that the therapist's own feelings of confusion were a direct reflection of the participant's state of mind. She constantly referred to secrets, believing that her family was deliberately withholding information from her. The unanswered questions, unclear answers and feelings of confusion felt by the therapist were precisely what the participant was feeling in relation to her family.

In session ten the therapist was aware of his own feelings of sadness whilst listening to the participant's account of her missed opportunities in life and her unfulfilled dreams. "I once thought of going overseas to study then come back to South Africa, now it is too late, I wanted to expose myself to other people, other religions, but now it is all too late and not one of these dreams has come true". The therapist was aware from his perspective that twenty-seven was by no means too old to achieve her goals. However, the participant made it clear that from the perspective of her culture she should "be looking after [and providing financially] for parents and her family". She was also expected to have established herself as a wife and a worker. At the end of the session the therapist felt strongly in touch with her disappointment at her life and the depth of her sadness.

In session twelve the participant spoke for the first time of her relationship with a young man. The participant described this relationship as "caring", "supportive" and uncritical". However, she also described feelings of disquiet and a general suspicion of this man's motives for spending time with her. The therapist was alerted to the possibility that these statements may reflect an unconscious description of her feelings surrounding the therapy process. The transference element of this communication was particularly evident in the participant's statement "I am afraid to fall in love, in case he rejects me".

In session twenty the therapist listened to the participant describe her feelings towards her family in ways similar to many previous accounts. The therapist had a sense of tiredness and frustration as the participant was speaking. Many of her statements were re-workings of previous discussions, reflecting her difficulty in letting go and moving on from the issues that disturbed her when she first came to therapy such as, "What made [my mother] give me away? Previously I had wanted to know [but] I don't really want to know because it hurts too much". In this session,

however, she showed a strong awareness of how these concerns were blocking her from moving forward. The therapist recognised that his feelings of tiredness and frustration were introjections of the participant's own sense of exasperation at being caught in the same emotional difficulties that she had been experiencing before. The therapist also became aware that her repeated attempts to find answers to questions that would confirm a sense of belonging to her family, her family name and her birth date, were also attempts to establish a sense of her own identity.

In session thirty-two the participant reported that she had been mugged on her way to her session. The participant was shaken and the therapist encouraged her to speak of what had happened. Instead of referring to the mugging incident the participant began to discuss how her family constantly excluded her and used her. She was allowed to have nothing of her own, not even a child. "I have always been excluded... [my mother] has been trying for so long to drive me away". She proceeded to speak of the abortion that her mother had insisted on after she had been raped. "She made me raise other children but made me get an abortion". In this session the therapist felt strongly that the concept of "mugging" that the participant referred to went far beyond the events of the day. He felt that the participant was in fact referring to how she felt generally in her life. The concept of "being mugged" therefore represented a metaphor for how she felt she had been taken "advantage of", "used", and "victimised" by her family, particularly her mother. The therapist made this interpretation and she responded "I feel they [my family] have taken serious advantage of me... this mugging today it is the same feeling as me being against the world and battling: this idea was reinforced today".

The participant's overriding transference need arose out her perception of herself as a victim. She constantly dwelt on the image of herself as alienated, disconnected, discarded and abused by family members, employers and others. Her account of her profoundly traumatic past provoked a feeling of sustained pity in the therapist. By taking note of the intensity of his own feelings, the therapist was able to gauge the intensity of the participant's need for support and belonging. This dynamic was central to the participant's account of her life, which was principally organised around unrelenting efforts to establish a sense of connectedness and love with her family of origin. This strong need for connectedness showed itself in the transference relationship, and presented a challenge to the therapist's maintenance of abstinence. Modifying his position of abstinence raised countertransference anxieties in the therapist around maintaining the principles of the analytic attitude on the one hand and a need to be sympathetic on the other hand. The therapist understood that supporting the participant's victim position would be counter-therapeutic in that it would perpetuate her focus on the past, deflecting her from an awareness of opportunities and responsibilities in the present and future. However, he was also aware that not

responding to the call for sympathy would impact negatively on the therapeutic alliance. The therapist needed to strike a balance between these conflicting countertransference needs.

The pressure to adapt the attitude of abstinence by offering sympathy and support beyond the established frame of therapy had shown itself with all three participants but was most obvious with participant three. In effect this participant was demanding a therapy process more appropriate to crisis management, asking the therapist to intervene at this level in most sessions. In fact the therapist found in his own countertransference the question or suspicion that this high degree of emotional intensity was deliberately used by the participant to elicit help and that culturally she was imbued with the belief that emotional pain should be actively demonstrated.

The therapist developed strong feelings towards the participant's inability to let go of her past and the neurotic certainty that "people do not care". She repeatedly returned to the same theme in her sessions and would often begin a session by saying that "my family does not care about me". The therapist was able to recognise that his feeling of frustration was in part related to transference pressure and in part related to his own personal value attached to a desire for progress. At times it felt to him that in each progressive session the subject had lost the insights gained in previous sessions and was starting from the beginning again. By utilising the principles of generative uncertainty and resoluteness the therapist was able to negotiate his countertransference feelings raised by this transference pressure. Furthermore, by identifying his own personal countertransference need for progress he was in a better position to understand and contain his feelings of frustration.

Personal countertransference feelings related to incest, rape, abuse, abortion, neglect, family disintegration, material expectations from family members and other issues. As the participant discussed in session sixteen, she was raped at the age of eight by her brother and again at 16 years by a neighbour. In both instances the family and community response was to ignore the issue. The participant became pregnant after the second incident; the family forced her to have this child aborted. She is subsequently physically incapable of having children. She also has extreme difficulty in dealing with trust and intimacy in her relationships with men. The therapist felt strongly about the injustice which the participant had suffered. A myriad of personal feelings arose in the therapist relating to his recognition of the participant having had her individual rights grossly violated. The therapist felt that these series of incidences highlighted the oppression to which the participant as a woman was subject in a patriarchal society and conflicted with his own desire to accept cultural differences.

Other cultural beliefs such as superstition the therapist was better prepared for and he did not feel that these conflicted with his beliefs about individual rights. In session twenty-nine the participant suggested slaughtering a goat and erecting a tombstone as a means of seeking forgiveness from her dead aunt. Whilst the practice of slaughtering a goat was disquieting to the therapist, the ritual process described by the participant was one with which he could identify in terms of closure.

#### 8) Resoluteness.

In session eight the participant returned to the sub-text of “feeling unwanted and not belonging to a family”. She mentioned her brother, her mother and her sisters in rapid succession. She said she was happy because her brother had left the house. She stated that she had realised she would never get on with her mother. She was getting on better with her sisters, but still felt marginalized. All these were statements that tempted the therapist to explore the logic further. However, he began to realise that what the participant was essentially trying to relate was her profound sense of alienation and incompleteness. “I [will] always feel there is a big part of me missing with [my] family and a part of them that is missing from me” and “At times I just feel that I am nobody, I don’t belong anywhere”. By not attempting to search for logical connections in her descriptions, the therapist was able to access more strongly than before her profound sense of “incompleteness” than in previous sessions.

In session nineteen the participant regressed to themes discussed in the first few sessions. “This is something that I will have to live with - that [my family] does not care”. The therapist’s resoluteness allowed for the understanding to emerge, on the part of the participant, that her new-found sense of independence gained through moving away from her family had in fact not brought her the relief she expected and had not solved her problems. This regression to earlier themes was understood in terms of the participant’s current feelings of loneliness and isolation.

In session twenty-one the participant displayed a great deal of anger and hurt at her mother’s perceived indifference to her since she left home. “It is about one month now that I have not seen her, she has not phoned at all”. The therapist was aware that the participant’s anger towards her mother arose out of the fact that her manoeuvre to evoke a feeling response from her mother [moving out of home] had been unsuccessful. However, the therapist saw this escalation in emotionality as a positive catalyst aiding movement towards a resolution on her issues concerning her mother. The therapist realised that the participant needed to endure a return to these perennial themes and associated feelings in order to negotiate a resolution.



In session thirty-one the participant was able for the first time to articulate the fact that while her decision to move away from home was in part an act of independence, it was in fact more to do with the hope that the move would generate a response from her mother. She was hoping that she would miss her and ask her to return. This response from her mother would be for the participant more of an achievement than any achievement she gained towards independence. “During this time of absence I was secretly hoping that she would hunt me down to see how I am doing... I prayed that one day she would come around”. The participant then returned to the theme of how her mother abandoned her as a child. “She dumped me, I never received any letter from her that is why I thought my aunt was my mother”. She then proceeded to focus on other themes such as “I wish she would just say that she didn’t want me, at least I would be able to live with this... maybe I need to come to terms with the fact that she doesn’t care for me”. In this session the therapist was acutely aware that the participant was emotionally stuck and found it exceptionally difficult to move beyond the certainty that her mother “did not care”. Whilst the therapist found himself feeling frustrated at her repeated return to these themes he also recognised that this experience of “being stuck” in this session was a direct reflection of her general emotional immobility in her relationship with her mother. The therapist exercised an attitude of resoluteness in his understanding that repeated returns to these themes was the only possible way that she could ultimately come to terms with her feelings in this regard.