

CHAPTER 1

GENERAL ORIENTATION

1.1 INTRODUCTION

The field of family therapy is vast and complex and the evolution of family therapy from first-order cybernetics to the postmodern theoretical environment has come about through acknowledgement that there are different, but equally valid ways to view the world. Epistemological change has been influenced by the fact that families are changing and diversity in many ways is evident in practice (Mills & Sprenkle, 1995:368). Epistemology refers to the study of knowledge, how we understand and make sense of reality and the way in which we construct meaning. It is a framework for describing and conceptualising what is being observed and experienced (Goldenberg & Goldenberg, 1996:423).

Historically, the family has played an important role in the life and development of people and society and, according to Gladding (2002:4), maintains many of its original functions, such as the socialisation of children, emotional support, and economic cooperation. Throughout history, family members have endeavoured to be a source of support and assistance to each other. However, tension exists within the family structure, with both environmental forces and internal relationship factors impacting on family functioning.

Family therapy has its roots in the 20th century, with many events shaping the evolution of this type of human intervention. The role of the family in the creation and maintenance of psychological difficulties began to receive attention in the 1950s and, according to Anderson (1999:1), family therapy developed through recognition of a

broader view of human behaviour within the context of the family. The result was a paradigm shift from an intrapersonal focus to one that paved the way to conceptualise human problems as interpersonal, and created new ways to understand human behaviour. Goldenberg and Goldenberg (1996:69) describe a number of clinical developments upon which family therapy was constructed: psychoanalysis; general systems theory; the role of the family in the etiology of schizophrenia; marital and child guidance; and, group therapy.

Gregory Bateson was one of the founders of the discipline of family therapy, incorporating biology and the social sciences into the cybernetic concepts and systems theory, thus formulating a "...creative transdisciplinary approach" (Pakman, 2004:413). Together with von Bertalanffy, their ideas came to be known as the field of cybernetics. Cybernetics is a term used to refer to the study of the way in which mechanical and biological systems use feedback to maintain stability (Carr, 2000:73). Family life was viewed as a pattern of interactions, mutually generated and based on continual processes of stability and change.

Many different family therapy approaches have evolved, some based on systemic and cybernetic concepts. These include theories that focus on behavioural patterns (e.g. strategic, cognitive-behavioural and structural approaches), and theories that focus on context (e.g. psychoanalytic, transgenerational and multisystemic) (Carr, 2000:70). Such theories are based on modernist premises which privilege the existence of value-free knowledge discovered through empirical investigation (Carr, 2000:119). Criticism of the systems approach centred on it being mechanical, questioning the neutrality of the systemic therapist, the 'expert' position and reliance on objective observation.

Dissatisfaction with systems/cybernetic theory has led to family therapists seeking a different philosophical paradigm for practice. Despite considerable criticism, postmodern theories that focus on belief systems, such as constructivism, social constructionism and narrative theory, have gained in ascendancy and it may appear that modernist theory is no longer relevant, being of mainly historic interest. Postmodernism

refers to a broad cultural transformation that occurred in response to the perceived failure of modernism to fulfil the promise of improvement through scientific progress (Carr, 2000:118).

Constructivism views the individual and the family as constructing meaning about the experiential world, with each person's view determined by his or her psychological and physiological make-up (Carr, 2000:141). Social constructionism argues that meanings are socially constructed through language and contribute to dominant beliefs, ideologies or discourses – the perceptions of the individual are determined through social consensus within the community. The latter view emphasises a wider socio-cultural context that may constrain meaning and the beliefs that people subscribe to (Dallos, 1997:31).

Nichols and Schwartz (2001:234) describe the narrative model of family therapy as “...the perfect expression of the postmodern revolution”. The central assumptions of the narrative approach are that human experience is fundamentally ambiguous, and meaning lends itself to a multiplicity of interpretations. The truth of experience is created rather than discovered. Throughout human experience, people develop dominant and subjugated personal narratives that impact on their belief systems and thus, on their lives (Carr, 2000:148).

Auerswald (1987:317) explored epistemological shifts in the family therapy arena, stating that it is the only field of the behavioural sciences that has paid any attention to epistemological issues. Since the 1950s, five paradigms have emerged in the field of family therapy, namely, psychodynamic, family systems, general systems, cybernetic systems and ecosystemic; the last, according to Auerswald, being the only true epistemological shift. Family therapy would not exist without major epistemological shifts in thinking, allowing for the development of new and effective ways to work with families in distress (Auerswald, 1987:329).

Auerswald (1987:322) believes confusion has resulted from a failure to differentiate between the paradigms. A further source of confusion has been the evolution of science

as the Cartesian/Newtonian view of physical reality was questioned, changing the basis of the definition of reality. The researcher is of the opinion that paradigmatic confusion or a lack of knowledge about the shift in paradigms, could present an obstacle to the practice of family therapy at Family Life Centre.

The postmodern revolution gave rise to so-called second-order cybernetics, which attempted to correct the view of systems theory as mechanical and rigid, emphasising the role of the observer as part of what is being observed and the possibility of multiple constructions of reality. According to Dallos (1997:30), the involvement of the therapist “...perturbs the system”, implying that the self of the therapist impacts on the family system, and that the role of distant objective expert is a fiction. Dallos (1997:30) sees the second-order perspective as not necessarily new, but as a more accurate reflection of the original core ideas of Bateson, quoting his view that a system is not simply a collection of behaviours but a system of interconnected meanings.

Bertrando (2000:83) views the conflict between modernism and postmodernism as an impoverishment of family therapy. He proposes an “...epigenetic...” view for the evolution of theories, believing the postmodern paradigm to be incomplete without a systemic perspective. Dallos and Urry (1999:161) suggest that both modernism and postmodernism have strengths that could be integrated to form a “...third order...” practice. Some synthesis and integration is called for, while at the same time remaining open to the meaning and value of the many theories. Amundson (1994:85) suggests therapeutic collaboration, by combining knowledge in ways that enable counsellors to choose from many possibilities, seeing this as best achieved in the “...spirit of pluralism” and a respect for knowledge at all levels.

Pilgrim (2000:6) reviews postmodernism and its relationship to family therapy, and posits an alternative to the “...naïve realism...” of modernist traditions and the postmodern paradigm which he views as cloaked in “...radical chic”. Pilgrim sees the development of postmodernism as most useful alongside older, enduring traditions. Amundson

(1994:86) shares a similar view, arguing that many “...theoretical shelters...” exist and postmodernism is part of an evolving whole, rather than the “...last best thing”.

In an essay that explores her own shift from the cybernetic view of family therapy to a social constructionist perspective, Hoffman (1990:11) believes that family therapists can only profit from the epistemological revolution that has occurred by moving therapy from biological and machine metaphors to those derived from the art of conversation and language. Mills and Sprenkle (1995:375) concur, stating that the transition from tradition to an appreciation of personal meaning evolving through language is more appropriate to the changing values of the present day.

An opinion expressed by Avis (1990:154), shared by the researcher, is that the practice of family therapy is best served by studying the principles of both modernism and postmodernism. The different theoretical backgrounds of counsellors at Family Life Centre add texture and depth to the practice of family therapy, but can also create confusion and a lack of confidence. The researcher is of the opinion that a sound, more scientific understanding of the different, yet not necessarily exclusive epistemologies may enhance the practice of family therapy.

The knowledge of experts in the field is of value, and the researcher intends to tap into the expertise of people working in the family therapy arena to gain insight into, and understanding of, the phenomenon of epistemological shifts in family therapy and the impact of these shifts on practice, as well as on the self of the family therapy practitioner. Ramsden (2005), a social worker as well as heading up Family Therapy at Family Life Centre, favours an eclectic orientation to family therapy, leaning towards a postmodern paradigm and believes that a sound grasp of relevant theory is essential to good practice. In addition, she believes awareness of one’s personal paradigm to be an imperative to authentic practice.

According to Grobler (2005), a lecturer at the University of South Africa, family therapy practice necessitates an understanding of the different assumptions that are implicit in any

paradigm, be it modern or postmodern. However, theoretical knowledge is insufficient without knowing “...how we know what we know”. In other words, we need to know the paradigm that informs our thinking and contributes to our capacity for reflexivity. This view highlights the importance of knowing the self in order to be a more authentic practitioner of family therapy.

Values play an important role in the social work profession, and underlie the mission and aims of social work (Van Dyk, 1997:99). Professional values reflect the way in which social workers practice, while personal values determine how we interact with clients. Value systems are unique to each individual and knowing our values forms a basis for knowing our selves. Du Toit, Grobler and Schenck (1998:222) pose a number of questions that can be used as themes to explore the congruence or genuineness of the self of the therapist. These include: awareness of our own experiences, feelings and behaviour; motivation for entering the helping professions; distinction between the professional and the personal selves; the development of the professional self; and, awareness of experiences that threaten the self. In the opinion of the researcher, the development of the professional (and personal) self is an ongoing journey that requires exploration and introspection with regard to both self and theory.

According to Van Dyk (1997:84), the meaning we attach to the field of study that interests us forms part of our unique professional development, and of the equipment we use when engaging in the helping process. Dallos (1997:xii) states that theories come and go in the field of family therapy, and stresses the need to reflect critically on these theories, as well as to develop a reflexivity that facilitates critical thinking and practice. Reflexivity refers to our level of self-awareness and empathy, linked to a cognitive understanding of our role and influence in professional human relationships (De Vos, 2002a:369; Clark, 2002:16).

Spinelli and Marshall (2001:1) posit that therapists rely on their theoretical approaches to give meaning and purpose to their work. These authors suggest that therapists interpret and even re-interpret their chosen approach from “...an embodied standpoint” and

attempt to explore how therapists live out the theories they espouse, and how theory challenges and informs their lives both personally and professionally. This raises questions on the nature of how a theory fits a particular therapist, what it allows, encourages or restricts, and curiosity about the initial reaction to the theory – was it one of familiarity or strangeness? Such questions provoke curiosity in the mind of the researcher, and have relevance for the training and practice of family therapy at Family Life Centre. The researcher is of the opinion that to work more scientifically, family therapists need to know what theory/theories they espouse (as well as having a working knowledge of the theories they do not feel comfortable in practising), and how these fit their sense of self and the capacity for authenticity. Being unaware of the interaction between the self and the theoretical intervention benefits neither the practitioner nor the client family as the recipient of therapy.

As practitioners we are representatives of our chosen theories, and while little, if any evidence currently exists to indicate the superiority of one theoretical model over another, many complex variables are present in the therapeutic encounter that impact on client outcomes. Baldwin and Satir (1987:153) emphasise that therapeutic techniques can never overshadow the fact that the self of the therapist is the “...funnel through which theories and techniques become manifest”. These authors firmly believe that it is the therapeutic encounter that is potentially healing, quoting Yalom who argues that “...it is the relationship that heals”. Satir (1987:23) too sees the use of self as integral to the therapeutic process, believing the self to be a tool for change that should be used consciously in intervention, while Shadley (1987: 130) defines the professional self as one that is constantly evolving and changing due to the conscious and unconscious interplay of many aspects. The term ‘self’ refers to an awareness of one’s uniqueness and sense of personal identity (Reber & Reber, 2001:658).

The family therapist and therapist-in-training bring skills, ideas, experience and knowledge to the therapeutic arena which, according to Carlson and Erikson (2001:199), have seldom been honoured or validated in traditional training settings. In addition, the stories therapists enter into with their client’s impact on their own lives, and the self is in

part shaped through the process of interpretation of the experience within the context of the client's story (White, 1990:81). Larner (1998:549) believes that therapy is situated in life - in the day-to-day experience of the therapeutic encounter we come into contact with real stories of human suffering that have an effect on the self of the therapist. The importance of knowing whom that self is, and how it affects and is affected by the therapeutic encounter is paramount.

In an autobiographical dissertation, Clarke (2002:1) explored her own changing assumptions as she grew throughout her training, and refers to an epistemological shift that may be experienced as "...liberating or shattering". For family therapists to be accountable to their clients and to themselves, an integration of personal and theoretical beliefs and values is required. There is reciprocity between theory and therapist – a therapist may choose a theory that fits with their worldview and values. However a theory can also shape and define viewpoints and values. In the process of gaining experience in the field of family therapy conducted at Family Life Centre, the researcher has become increasingly aware of the importance of knowing the self in the dynamic context of family therapy, where the interplay between the self of the therapist and the family in counselling is intricate and complex, requiring a high level of self-awareness and reflexivity. The researcher speculates that perhaps a deeper understanding of the theoretical evolution of family therapy, in conjunction with awareness of the personal paradigm of the family therapist and the impact of this on the self could enhance the development of confidence, competence and more authentic family therapy practice, as well as the capacity for reflexivity.

Family Life Centre, Johannesburg (established in 1949) is a non-profit organisation affiliated to FAMSA (Family and Marriage Society of South Africa). Initially operating to provide counselling for individuals and couples, the need for other services emerged, with Family Life Centre now providing a range of counselling services (individuals, couples and families), community services, group work services, divorce mediation, marriage preparation/enrichment, employee assistance programs, and training (both didactic and experiential).

At Family Life Centre, practitioners of family therapy come from a number of different training institutions, subscribing to differing theoretical bases. Although this provides richness and diversity, a sound, systematic body of theory relating to working with families is lacking as a component of the family therapy training program at the Centre. In addition, family therapy theory appears to be a fairly small component of most academic syllabi. The use of teams in family therapy occurs in many schools of therapeutic intervention, although they are used in different ways. The reflecting team model, first introduced by Tom Andersen, allows the client family direct access to the speculations, ideas and perspectives of the team members. The aim of this process is the generation of dialogue to facilitate the development of multiple perspectives and solutions for the client family (Biever & Gardner, 1995:47). The specific focal shift of the reflecting team approach to family therapy is from an ‘either/or’ frame to ‘both/and’. The idea is conveyed that the problem is multifaceted and the family can discover the “...richness...” in the sharing of various points of view on the same issue (Andersen, 1987:427). Experiential training in family therapy, as part of a reflecting team, is the cornerstone of the training provided at Family Life Centre – beginning and experienced family therapists learn from one another in a culture that values many different ‘voices’. A deeper awareness of the experience of reflecting team training and practice, as well as the addition of a more thorough and scientifically rigorous theoretical component may provide family therapy trainees and practitioners at Family Life Centre with a more holistic perspective.

The growing popularity of postmodernism is evident in the practice of family therapy at Family Life Centre. A seminar conducted by Michael White (2003) on narrative therapy was enthusiastically attended by most of the family therapy practitioners from the Centre. Other workshops, such as one held by Tom Anderson, M.D. (2001) on the use of language and the reflecting team approach were also well attended. However, there is a lack of a systematic body of theory provided to practitioners as a component of family therapy training at Family Life Centre. Counsellors are given a few articles to peruse, but for those desiring a more in-depth study, the responsibility lies with them to obtain additional theoretical material. The view of the researcher is that this emphasises the

passion and interest of those working in this fascinating field, but at the same time highlights the need for a more holistic, less piecemeal overview of the theoretical shifts and advances in family therapy theory and practice. It is the hope of the researcher that this thesis will contribute to the professional development of family therapy practitioners at the Centre.

The implications of a belief of the self of the therapist as central to the therapeutic process focuses attention on training that is not merely an emphasis on theory, skills and techniques, but also a sensitivity to a process that enhances the discovery of that self. The researcher concurs with the sentiments expressed by the authors mentioned above, and believes that a more holistic training experience can only benefit the practitioners of family therapy at Family Life Centre and the families they serve.

1.2 PROBLEM FORMULATION

According to Dallos and Draper (2000:179), the practice of family therapy has broken down certain professional taboos, especially secrecy, and replaced it with openness, collaboration, direct observation, live supervision and a more egalitarian approach to families – it is also a “...public demonstration of our own process of change”. The process of family therapy can employ earlier theoretical ideas that have proven effective, with collaborative practice that is respectful, shares power, generates dialogue, and accesses strengths and competencies.

Soal and Kottler (1996:124) believe traditional theory and practice of family therapy to be constituted within “...hegemonic discourses...” that honour the desirability and naturalness of the ‘typical’ family, as well as serving to sustain such discourses. Work with families was previously guided by expert knowledge, standards and ideals against which the family were assessed, as well as serving a regulatory function. The postmodern movement recognises the hegemonic discourses that position people and families in particular ways, and that shape the problem-saturated narratives of the family.

The field of social work has undergone a paradigmatic shift, leaning towards postmodernism, and Ungar (2004:489) suggests an applied postmodern theory in social work practice that allows for the conviction that a co-constructed, negotiated meaning of reality is "...both justified and often just". The strength of the postmodern paradigm is the celebration of diversity with regard to multiple viewpoints and constructions of reality. Ungar goes on to state however, that the progressive social worker can still accept guiding principles relating to universal beliefs and behaviours (Ungar, 2004:490).

One of the positive legacies of postmodernism is dialogue about the various approaches as different ways of explaining problems, rather than arguing about which is correct. This view is relevant in the context of training at Family Life Centre, where differing approaches are respected and valued. However, the lack of provision of a systematic body of knowledge weakens the theoretical component of training, engendering confusion and diminishing confidence in practice. Family therapists need to know what school of thought they espouse, and significantly, what meaning it has for them and the way in which they practice. Of equal importance, trainees and experienced therapists need a solid background in the history of family therapy and the paradigmatic shifts that have led to the postmodern eclecticism espoused by Family Life Centre. This knowledge can only serve to strengthen the therapist's chosen theoretical framework and thus enhance the therapeutic relationship with the client family and his/her confidence in the reflecting team setting where different paradigmatic views are expressed.

The shift from theory to practice is often difficult. Despite the comprehensiveness of theory, little exists in the way of guidelines for practice. Some family therapy training contexts encourage participants to surrender their own systems of knowledge, skills and ideas, and copy their more experienced role models. The paradox of this being that it may be the unique, original aspects of the therapeutic process that are transforming for the family (White, 1990:85).

It may be difficult to accept that we all have a different world view, that what we observe differs, and that there is no 'truth'. The use of reflecting teams is suggested as a way of

overcoming such difficulties. This model, which is viewed as consistent with postmodern practice, focuses on multiple descriptions and explanations, the generation of ideas through dialogue, and respect for the family as expert on their own situation (Biever & Gardner, 1995:47). At Family Life Centre, family therapy is practiced in a reflecting team format. Reflecting teams are made up of an eclectic group, both in terms of composition and in theoretical orientation. Teams consist of staff members and sessional workers interested in working with families, final year social work students and Masters students of psychology from the Universities of South Africa, Witwatersrand and Johannesburg.

A study by Hanford (2004:99) explored the experiences of therapists-in-training in a reflecting team setting, focusing on self-reflection and willingness to risk 'difference'. Her conclusion is that participation in a reflecting team enhanced self-reflection in terms of awareness of self and of the process of family therapy.

Baldwin and Satir (1987:155) believe the development of the self of the therapist to be a continuous and ongoing process. However, learning about the self is an elusive, delicate and sensitive issue. Any therapeutic encounter, whether the client is an individual or a family, impacts not only on the client but also on the therapist. Denying or ignoring the development of internal processes that allow the therapist to become aware of destructive aspects in therapy may result in unethical practice. An unaware self can be dangerous to the therapeutic process. In addition, according to the abovementioned authors, the modelling of the integration of positive growth processes which are central to the therapeutic encounter becomes thwarted. An aware, alive and vibrant self is fundamental to both the therapeutic process and the well-being of the therapist, and Baldwin and Satir (1987:155) argue that such direct person-to-person contact lessens the danger of burnout and renews energy.

Duhl (1987:74) too expresses the view that any therapist must necessarily become aware of the systems within the self, and not only between persons. Implications for training are raising awareness of one's way of thinking and believing, (i.e. one's epistemology),

curiosity about one's own reactions and intentions in varying contexts, and developing one's capacity for creativity. Sussman (1995:23) poses the question of how therapists can effectively facilitate their maturational process, and states that a mature sense of disillusionment, necessary for full professional development, comes within the context of accumulated practice.

In support of the above, the researcher intends to explore the subjective perceptions, meanings and experiences of counsellors involved in the practice of family therapy with regard to the epistemological shifts in the theoretical field, theoretical 'fit', and the development of the professional and personal self of the therapist. The research problem can be formulated as follows:

Epistemological shifts in the field of family therapy have implications for both family therapy practitioners and the practice of family therapy. The lack of provision of a systematic, in-depth body of theoretical knowledge hampers scientific training and hence, the development of a theoretical approach that is authentic to the self of the family therapy practitioner. This necessitates the acquisition of knowledge and information that will enhance intervention in working with families, and promote the exploration and development of a reflexive self, thus improving the confidence, competence and authenticity of the family therapist in practice.

1.3 PURPOSE, GOAL AND OBJECTIVES OF THE RESEARCH STUDY

The purpose, goal and objectives of the study are:

1.3.1 Purpose

Exploratory research aims at gaining information about a topic and insight into the implications thereof, where little is currently known, the purpose being to formulate a problem (Bless & Higson-Smith, 1995:43). Fouche (2002:109) states that exploratory research is typically qualitative in nature.

The purpose of this research study is exploratory, intending to explore the implications of epistemological shifts in the arena of family therapy and the practice of family therapy within the South African context. An exploration of the acquisition and the embodiment of theory, experiential training, as well as the development of an authentic, reflexive self that may enhance intervention will also be undertaken.

1.3.2 Goal

McLeod (1997:83) sees the goal of research from a social constructionist philosophy as accessing a “...comprehension...” of alternative possibilities, rather than to produce knowledge that is universally valid.

The goal of the research study is to explore the perceptions, opinions and meanings that practitioners of family therapy give to the theories they espouse, and to gain insight into whether or not, and how, the epistemological shifts that have occurred in the field of family therapy have impacted on professional practice and intervention. In addition, the goal aims to explore how the self of the family therapist develops in relation to exposure to such shifts, in an attempt to achieve a personal synthesis that enhances theoretical knowledge and scientific intervention. Through exposure to experiential training and theoretical knowledge, the aim is to enhance awareness of the development of a theoretical approach that is authentic to the self of the therapist, and promotes therapist self-awareness, reflexivity, and confidence and competence in family therapy practice.

It is important to note that despite a belief in the value of a comprehensive theoretical foundation to the practice of family therapy, it is not the intention of the researcher to provide a ‘recipe’ for family therapy intervention. Rather, it is the search for a deeper theoretical understanding and meaning that is authentic to the self of the therapist, and to highlight awareness of the significance of one’s idiosyncratic and unique impact on the therapeutic encounter, thus requiring the capacity for reflexivity.

1.3.3 Objectives

The objectives of the study are:-

1.3.3.1 Literature study

Through the literature study the following will be explored:

- The origins and history of family therapy, as well as an overview of the approaches to family therapy.
- A comprehensive theoretical orientation that will attempt to consolidate and deepen critical understanding of the different approaches to family therapy.
- Epistemological shifts in the field of family therapy.
- The impact of exposure to such shifts on the development of an authentic professional self, the integration of personal and theoretical beliefs, and the capacity for enhanced reflexivity.
- The reflecting team approach to family therapy as a method of sensitising the therapist to the multiplicity of perspectives and personal paradigms that exist in family therapy practice.

1.3.3.2 Empirical study

The empirical study aims to explore the following:

- The perceptions, opinions and meanings given by family therapy practitioners to their espoused theories and the impact of epistemological shifts on the professional self.
- An exploration of how the family therapist may evolve in the context of acquired theoretical knowledge, experiential training in a reflecting team, and critical reflexivity towards the development of a more authentic self and thus more competent and confident family therapy practice.
- Conclusions that will emanate from the findings to provide a systematic, scientific body of theoretical knowledge and enhance awareness of the need for a personal paradigm that is authentic to the professional self of the family therapy practitioner.

- Recommendations that will be of value to the training of family therapists and the practice of family therapy at Family Life Centre.

1.4 HYPOTHESIS/RESEARCH QUESTION/STATEMENT

According to De Vos (1998:116) and Collins (1993:33), a research question or statement is more relevant when a researcher is working from a qualitative paradigm. This approach aims to understand the meanings and perceptions people attach to their experiences – it is interpretive, holistic and ideographic (Fouche & Delpont, 2002:79).

In a qualitative study the initial question or statement starts out broadly, becoming more focused during the research process. This allows flexibility and freedom to explore a phenomenon in depth. In this study, the researcher intends to explore the opinions, perceptions and meaning family therapists give to the theories they espouse, gain insight into whether or not, and how, theoretical shifts have impacted on professional practice, and explore the importance of knowing one's personal paradigm and the implication this has on professional practice and on the development of a self that is reflexive and authentic. The research questions in this study are:-

- **How do epistemological shifts in the field of family therapy influence the opinions, perceptions and meanings given to the espoused theories of family therapy practitioners?**
- **What are the implications of exposure to the epistemological shifts in family theory and enhanced theoretical knowledge on the development of reflexivity and the journey towards the discovery of a more authentic self?**
- **Does a deeper understanding and awareness of epistemological shifts in the field of family therapy facilitate the development of a reflexive, authentic self and thus enhance professional, scientific intervention?**
- **Does involvement in experiential training in family therapy facilitate the development of a theoretical approach that is authentic to the self of the family therapy practitioner?**

- **What are the implications of the development of reflexivity and the discovery of a more authentic self with regard to confidence and competence in the practice of family therapy?**

1.5 RESEARCH APPROACH

A number of authors discuss the various approaches to research. (Compare Fouche & Delpont, 2002:79; Rubin & Babbie, 1993:330.) From a qualitative perspective, there is reliance on inductive reasoning, interpretation and producing descriptive data in written format. The aim of the qualitative paradigm is to elicit the meanings, perceptions and experiences of the respondents through in-depth exploration using small, purposively selected samples. The focus is on understanding rather than explaining, and on the subjective exploration of reality. Fouche (2002:106) suggests that the reason for undertaking a qualitative study is to explore a topic that requires a detailed narrative.

In this study, the researcher intends to use a qualitative approach to gain insight into the experiences, perceptions, feelings and opinions of a sample of family therapists/family therapists-in-training with regard to the phenomenon of epistemological shifts in the field of family therapy. In addition, the researcher will attempt to explore the ‘fit’ between theory and self, as well as a proposed link with the development of a reflexive, authentic self.

1.6 TYPE OF RESEARCH

According to Fouche and De Vos (1998:69), the researcher must make a decision regarding the purpose of the study. Is the intention to add to the knowledge base of the social work profession, or to address the application of research in practice?

Applied research aims at intervention by shedding light on, or providing solutions to, problems relevant to the practice of social work. Rothman and Thomas (1994:3-4) pioneered intervention research and identified three main types. These are:-

- Knowledge development (KD) – i.e. empirical research to extend knowledge of human behaviour.
- Knowledge utilisation (KU) – i.e. findings linked to and utilised in practice.
- Design and development (D & D) – i.e. research directed towards developing innovative interventions.

This study can be seen as applied research, more specifically knowledge utilisation (KU) as defined above. The aim is to extend knowledge of human behaviour relating to intervention in the field of family therapy. This will provide knowledge that can be used in practice to enhance awareness of the epistemological shifts that have occurred in the family therapy arena, provide a systematic body of theory for reference and training purposes, and elevate consciousness of the link between epistemology and the development of the personal and professional self of the therapist (Rothman & Thomas, 1994:18).

1.7 RESEARCH DESIGN AND METHODOLOGY

A research design is defined by Fouche and De Vos (2002:137) as a blueprint or plan on how to conduct research – the term design is generally used when working from a quantitative paradigm. Fouche (2002:270) cites Creswell who defines qualitative design as the entire process of research, encompassing conceptualisation of the problem to the written product. In qualitative research the design is flexible and unique, evolving as it progresses with few, if any, replicable steps. In a study aimed at exploration of unknown phenomena, Mouton and Marais (1990:43) see the purpose of a qualitative study as the defining of central concepts and determining of priorities for future research.

In this study the researcher intends to use a qualitative research design. A phenomenological strategy focusing on the subjective, idiosyncratic experience of people and the meanings they confer to phenomena will be used. For the purposes of this study, phenomenology is used in the sense of it being an approach that questions the meaning given to phenomena and how these meanings are experienced by the subject and the

intentions behind a subject's process of determining meaning, rather than seeing phenomena, meanings and reality as a given, non-negotiable entity (Audi, 1999:665). The phenomenological interview may produce data on a "...narrative version of ... lived experience..." with the content seen as the 'real' meaning of a subjective experience (Henning, van Rensburg & Smit, 2004:53). This will entail the collection of data from a sample of family therapists working at Family Life Centre. The use of the interview method of qualitative data generation involves listening to 'stories' as part of a meaning-making process. Greeff (2002:292) cites Bergum who refers to a "...conversation..." in preference to an interview – this implies discussion and an attempt to understand the meanings participants give to their experiences. From a constructivist perspective, truth and knowledge cannot be discovered by the researcher, but are co-constructed with respondents to reflect their experiential reality. The researcher supports this view, aiming to understand the topic as respondents construct it, rather than seeking one 'truth'.

Greeff (2002:302) describes the semi-structured interview wherein the researcher attempts to gain an understanding of the beliefs, perceptions and opinions of respondents concerning the phenomena in question. Henning *et al.* (2004:65) believe the issue is not whether an interview is open-ended or meticulously structured, because even the decision **not** to structure is already a way to structure the event. An interview guide with set, predetermined questions may be open to "...discursive interpretation...". Discursive interpretation looks for meaning beyond the superficial and the obvious. It looks at the meaning a phenomenon holds for the respondent, on a content level as well as on an emotional level.

An interview schedule with a set of predetermined questions will be used as a guide to generate data on themes relating to "...the narrative terrain" (Holstein & Gubruin in Greeff, 2002:302). This will allow the researcher to focus on pertinent issues that will attempt to cover the topic thoroughly, with questions designed to help clarify and deepen the discussion. Greeff (2002:303) stresses that the questions must be logical, unbiased and address sensitive issues later on in the interview – however some deviation from the questions may be necessary to fully explore the phenomena in question.

Provisional themes intended for exploration include:

- Exploration of epistemological shifts in family therapy.
- Theoretical and experiential training of the respondent.
- Exploration of the ‘fit’ between respondent and espoused theory.
- Experience of participation in a reflecting team.
- Awareness of self in a therapeutic encounter.
- Awareness of the assumptions of one’s personal paradigm.
- Awareness of one’s capacity for reflexivity.

1.7.1 Data Analysis

Schurink (1998:241) states that qualitative research is an emic perspective of inquiry, whereby meaning is derived from the perceptions of respondents. Concepts are in the form of themes. Data analysis from a qualitative paradigm aims at descriptive data that explores the meanings of phenomena and is a process of bringing some structure to the accumulated data. Qualitative data analysis is an ambiguous, time-consuming, non-linear and creative process. Analysis involves an attempt to discover themes, recurring patterns and relationships among the categories of data (De Vos, 2002b:339-340).

According to De Vos (2002b:340), the methods of analysis in qualitative research have progressed in terms of formulation. Creswell (in De Vos, 2002b:340) refers to an analysis spiral, whereby the researcher moves in analytic circles starting with data (text or image), and ending with a narrative or description of the findings. For convenience, De Vos (2002b:340) presents the analysis spiral in a linear form, remembering however, that the phases move in circles. Five phases or steps are relevant: data collection and recording; managing data; reading and memos; describing, classifying and interpreting; and, representing and visualising.

1.7.1.1 Data collection and recording

The researcher is required to plan both for recording data, as well as for the retrieval of data for analysis. The researcher intends to collect data in the form of recorded interviews which will be transcribed. Data may also be collected in written or diagrammatic format, should respondents wish to augment their descriptions in such a way. Qualitative data analysis involves integration of data collection and data analysis phases. This may necessitate revisions to the data collection process as new data emerges, requiring a new analysis that may generate alternative hypotheses that form the basis for a shared construction of reality (De Vos, 2002b:341). Copies of audiotapes will be kept to facilitate transcription and the classification of themes, sub-themes, recurring phrases or words. Audiotapes will also provide the opportunity to revise the data collection process should this prove necessary.

De Vos (2002b:342) discusses the development of a working hypothesis during data collection. This entails a review of collected data, resulting in a variety of interpretations and culminating in a hypothesis that reflects a shared construction of the topic under study. The researcher may attempt to formulate a working hypothesis based on the insights derived from the data collection in integration with data analysis.

1.7.1.2 Managing data

Managing data is the organisation of data into files relating to text units, i.e. words, sentences, stories. The researcher intends to transcribe the taped interviews, which together with preliminary analysis, increases the efficiency of the data analysis (Marshall & Rossman in De Vos, 2002b:343). Transcription together with the literature review and initial thoughts on analysis can be a useful aspect of data analysis. The researcher will organise data in such a way as to ensure it is retrievable, making the transcriptions together with additional observational notes, theoretical notes and so on. Colour coding and/or numerical coding may be used to facilitate data management.

1.7.1.3 Reading and writing memos

Creswell (in De Vos, 2002b:343) suggests a thorough review of the entire set of transcripts in order to acquire a sense of the interviews as a whole, before deconstructing them into parts. During this reading process the researcher intends to make notes or memos to facilitate the organisation and retrieval of data. Writing memos in the margins of transcripts will enable the researcher to identify key concepts, ideas, themes, etc. that require reflection.

1.7.1.4 Describing, classifying and interpreting

The difficult and complex task of categorising data is, according to De Vos (2002b:344), the “...heart of qualitative data analysis”. The analytic process requires attention to the data that is insightful and sensitive to the subtleties and nuances of the topic under review. The researcher will attempt to identify themes, sub-themes, patterns of belief, ideas and aspects that connect the respondents and that can be integrated to form categories of meaning. De Vos (2002b:344) emphasises that categories be internally consistent yet distinct from one another, not in the manner of quantitative exhaustiveness and mutual exclusivity, but in the identification of categories of meaning held by the respondents. Categories are the product of breaking down the data into manageable parts. Interpretation of the data may be based on intuition, hunches and impressions, or on social scientific constructs – this then involves challenging the apparent patterns for alternative explanations as to why the proposed one is the most plausible.

1.7.1.5 Representing and visualising

The final representation of the data is the creation of a form of presentation appropriate to the type of data collected and analysed. The researcher will present the data in text, since narratives will form the basis of the data generated. If appropriate, an alternative such as the metaphor may be used to represent the data. Any additional contributions by

respondents, such as their own writings or diagrams, may be included in the original format in which they were obtained.

Qualitative data analysis is a complex, creative process requiring sensitivity, insight and intuition as the researcher seeks to identify and describe alternative explanations and multiple perspectives.

1.8 PILOT STUDY

The function of the pilot study is to increase the precision of the study through exact formulation of the research problem and tentative planning on the nature and range of the investigation (Strydom, 2002a:211; Strydom, 1998:178). The pilot study involves a trial on a small scale to determine whether the methodology, sample, instrument and analysis are appropriate and adequate to the topic under investigation. The literature study is an aspect of the pilot study, the purpose being to orientate the researcher with regard to the existing knowledge on the proposed topic. Some of the bibliographic sources (e.g. Andersen, 1987; Auerswald, 1987 & 1985; Baldwin & Satir, 1987; Cecchin, 1987; Gilbert, Hughes & Dryden, 1989; Goldberg, 1986) may seem outdated. However in the opinion of the researcher, these sources are invaluable to the study, providing knowledge that is essential to an in-depth understanding of the relevant concepts. Other aspects of the pilot study include:-

1.8.1 Pre-test of Questionnaire/Measuring Instrument

A pilot study allows for a pre-test of the questionnaire or interview schedule in order to test its efficacy in terms of question formulation, interpretation, confusing questions and so on. Modifications can then be made if necessary (Strydom, 2002a:215; Strydom, 1998: 183).

A pre-test of the interview schedule will be conducted with one respondent (due to the small population), who will then be excluded from the main study, in order to explore the

relevance of the themes to be covered. In addition, colleagues may be consulted with regard to the construction of the interview schedule. Any modifications deemed necessary will then be made before the measuring instrument is used on the larger sample.

1.8.2 Feasibility of the Study

The feasibility of the research project is an important aspect of problem formulation and requires careful consideration (Rubin & Babbie, 1997:122).

The scope of this study is feasible as the organisation in question, Family Life Centre, has two teams of family therapists, averaging 4-5 members per team. The teams work on different evenings of the week, between 4.30pm and 6.30pm, and see one family per evening. In addition, some of the experienced family therapists will see a family without the use of the reflecting team format, should the waiting list become backlogged.

Family Life Centre requires the minimum duration of involvement in family therapy to be one year, thus allowing time for the researcher to collect data on an ongoing basis. The researcher will be able to conduct interviews with the members involved in family therapy who give their consent to be part of the study. Informal discussion with colleagues at the Centre indicates interest in the proposed research topic and a keenness to participate in the study.

The researcher is employed as a staff member at Family Life Centre, having been involved with the organisation from 1999 to the present, initially as a sessional worker and later as a staff member and part of the management team. In addition, the researcher is a facilitator of one of the family therapy teams. Any costs incurred will be at the expense of the researcher. Permission for the research study will be obtained from The Director: Family Life Centre. The requirements of the University of Pretoria are a research proposal which has to be approved by the Department of Social Work Research Committee. Once approved, this research proposal, together with a letter of informed

consent and an ethical questionnaire are submitted to the Ethics Committee, Faculty of Humanities: University of Pretoria, for the final approval before commencement of the empirical study.

1.9 RESEARCH POPULATION, SAMPLE AND SAMPLING METHOD

The research population, sample, sampling method and ethical aspects will be explored in the following sections.

1.9.1 Research Population

Strydom and Venter (2002:198) and De Vos and Fouche (1998:99) define the universe as all the potential subjects who possess the attributes relevant to the study, i.e. all family therapy practitioners. The population however, is the term referring to the individuals who possess the characteristics being studied and to whom the findings will be generalised.

The population of the study consists of all the practitioners working as family therapists/family therapists-in-training in family therapy teams at Family Life Centre: 1 Cardigan Avenue, Parkwood, Johannesburg, during the period January 2006 - July 2006. This group (as at January 2006, N = 9) comprises staff members, sessional workers (qualified social workers and psychologists with varying degrees of experience) and interns (psychology and social work students), from different geographical areas, racial, religious and cultural groups. At the time of writing, all of the population involved in family therapy teams are females, ranging in age from 26 years to 58 years. The population are all from the urban sector. Three practitioners are psychology interns, two from the University of the Witwatersrand, one from the University of Johannesburg, while another practitioner is an MA social work student from the University of Port Elizabeth. One psychologist has a D.Psych. degree from the University of Johannesburg. The remainder of the population are social workers, two of whom have a MA social work

degree, while the others have a BA (Hons) social work degree – these degrees have been obtained from the Universities of South Africa, Witwatersrand, and Pretoria.

*The researcher would like to note that this population may change during the data collection phase. Occasionally existing team members leave, new team members join, or former team members rejoin after a break, and some students/interns from the previous year continue to work in family therapy teams after completion of their studies in order to gain more experience.

1.9.2 Delimitation of the Sample

A sample is defined as a portion of the population that is representative of that population or universe (Strydom & Venter, 2002:198). According to Rubin and Babbie (1993:367), the aim of qualitative research is to select respondents who will best answer the research question, thus making controlled sampling techniques inappropriate.

The size of the sample is an important factor to be considered. Strydom and Venter (2002:200) suggest that the sample be sufficient to reflect a range of views so that outsiders may relate to the findings. If the total population is small, as is the case in this study, it may be necessary to utilise the entire population in an attempt to collect data that reflects the range of themes to be explored. The data collected in qualitative research is in-depth, requiring time to obtain during interviews and/or observation. The researcher intends to request the participation of the entire population of family therapists at Family Life Centre for the qualitative research study – however, this will naturally depend on their consent and willingness to be part of the study. Thus the population in this study and the sample are the same ($N = 9$).

Saturation point is reached when no new data is elicited during data collection, in other words when the same themes are emerging and no new information is forthcoming. However, according to Schurink (1998:304), this point may not be reached, as external factors (e.g. time, funds) may intervene. In this study, saturation point may not be

reached as the population/sample is small, and there will be no opportunity to increase the size of the sample as the number of family therapists at Family Life Centre is finite.

1.9.3 Sampling Method

Various authors discuss the different sampling methods. (Compare Strydom & Venter, 2002:203-206; Babbie & Mouton 2001:202-203; Strydom & De Vos, 1998:195-200.) In this research study, as mentioned above, the population and the sample size are the same, thus sampling methods are not applicable. However, the knowledge and expertise of the Head of Department: Family Therapy will be used to consider whether any team members should be excluded on the basis of vulnerability.

The population/sample will be purposively selected from the three family therapy teams operating on different evenings at Family Life Centre. Family therapy practitioners are currently employed as either staff members, sessional workers or as interns undergoing training at the Centre. The intention is to select all members of each team who give their informed consent to be part of the study. These team members have differing levels of experience (i.e. little experience, moderate experience, extensive experience). The following criteria are required:

- are currently involved in working in a family therapy team
- have a minimum of 6 months experience in a family therapy team
- levels of experience: little experience – 6 to 12 months; moderate experience – 12 months to 4 years; extensive experience – more than four years experience
- are committed to working in a team for a minimum of one year.

Since the population/sample size is small, other criteria such as age, gender, profession (i.e. social work or psychology) will not be considered as exclusionary or inclusionary factors in the research study.

1.9.4 Ethical Aspects

Ethics refer to a set of moral principles or more simply, what is considered right and wrong. Ethical issues are complex and data should never be obtained at the expense of human beings (Strydom, 2002b:62). Rules and expectations about ethical conduct towards respondents in the research study necessitate consideration. Such ethical issues to be considered and explored with respondents include: (Strydom, 2002b:64-73; Babbie & Mouton, 2001:546).

1.9.4.1 Harm to respondents

Social scientific research must ensure that respondents are not harmed, either physically or emotionally during the research process. This requires that respondents be fully informed of the potential impact of the study prior to obtaining their consent, and if necessary given the opportunity to withdraw. It is also necessary to try to identify respondents who may be vulnerable and possibly exclude them from the study (Strydom, 2002b:65).

In this study, the respondents will participate in a semi-structured interview that aims to explore their views, experiences and perceptions of the epistemological shifts in the field of family therapy and how these shifts may impact on the authentic self of the family therapy practitioner. Every effort will be made to ensure that no harm is done to respondents – this entails the value of, and belief in the utmost respect for the individuality of the respondent and the uniqueness of her experiential world.

1.9.4.2 Informed consent/voluntary participation

Strydom (2002b:65) states that respondents must be psychologically and legally competent to give their consent to be part of the study. Consent must be voluntary and respondents are at liberty to withdraw at any stage in the process. In addition,

respondents must be made cognisant of the goals, procedures, dangers, advantages and disadvantages of the study.

In this study the researcher will ensure that respondents feel under no obligation to participate by virtue of their being members of the family therapy teams at Family Life Centre. Respondents will be fully informed of all aspects of the study and their participation will be voluntary with no implied privilege or punishment for their consent to participate or not, as the case may be. Participation in family therapy teams, internship, and/or employment will not be contingent upon participation in the research study.

In addition, a letter of informed consent will be compiled and each respondent will be made fully aware of the contents before a request is made for their consent to participate. Respondents will be requested to sign the informed consent letter to indicate their understanding and agreement to participate in the study.

1.9.4.3 Anonymity/privacy/confidentiality

It is necessary to safeguard the identity of respondents and ensure their anonymity and privacy (Strydom, 2002b:67; Babbie & Mouton, 2001:546). This demands that no deceptive measures be used that could in any way identify their responses or their person. If tape recordings are made of the interviews, respondents will be made fully aware of this and their consent obtained before any recording is conducted.

The researcher will make every effort to ensure that respondents' identities are not made known, and ensure that their responses are not personally identifiable in any way. Tape recordings or notes from interviews will not be marked or made identifiable and all information obtained from the study will be treated with the utmost confidentiality. Data obtained from the interviews will not be kept on the Family Life Centre premises or shared with the colleagues and supervisors of any participants in the study.

1.9.4.4 Deception of subjects

All known aspects of the study, i.e. goals, experiences, and so on are to be accurately communicated to the respondents. Strydom (2002b:66) describes three reasons sometimes used to justify deception of subjects – these include: disguising the goal of the study; concealing the real function of the respondent's actions; and hiding the experiences respondents will endure. Ethically however, deception remains unacceptable for any reason. Respondents will be informed of the true purpose of the study, i.e. the researcher is undertaking a D. Phil for the purpose of enhancing the theoretical component of training at Family Life Centre, as well as exploring the link with the development of the professional self. No concealment of the purpose of the study or deception of the respondents is necessary in any way, and respondents are at liberty to refuse to participate if they choose.

1.9.4.5 Actions and competence of the researcher

It is essential that the researcher be competent to conduct the proposed study. This necessitates accurate reporting on data analysis, results and conclusions of the study. In addition, no value judgements are to be made concerning the personal views and experiences of respondents (Strydom, 2002b:69).

The researcher will be monitored and guided by her promoter, Dr G. Spies (Department of Social Work and Criminology, University of Pretoria) with regard to conducting a competent and ethical research process. At the same time, the personal integrity, values and ethics of the researcher will be consciously explored. All ethical aspects will be adhered to at all times. Should any inadvertent breach of ethics occur, this will be rectified immediately.

1.9.4.6 Cooperation with contributors

Research projects that are sponsored may be prescriptive of the goals and findings of the study. Strydom (2002b:70) states that any ethical issues such as the real goal of the study, sponsors and so on must be clarified before commencement of the research.

Although the researcher is employed at Family Life Centre, the study is not sponsored by the organisation in any way. Other than ethical considerations which the researcher will explore with her supervisor at Family Life Centre, it is not predicted that the organisation will be prescriptive of any aspects relating to the study. Any contribution to the study by colleagues will be properly acknowledged.

1.9.4.7 Release or publication of findings

The findings of the study must be released to the public in the form of a written report that accurately and objectively reflects the final results. Any limitations of the study must be mentioned in the report (Strydom, 2002b:72; Grinnell & Williams, 1990:11).

Family Life Centre will receive a bound copy of the final research product which will be available for all staff members, sessional workers and interns/students to peruse.

1.9.4.8 Debriefing of respondents

Debriefing sessions provide respondents with an opportunity to work through the experience of participation in the study and any possible, unforeseen consequences. Strydom (2002b:73) states that the researcher is required to correct any misperceptions that may have arisen as a consequence of the study.

In this study, the researcher will endeavour to ensure that all information is accurately communicated to the respondents at all times. Debriefing sessions may be considered after completion of the study, if deemed necessary by the promoter and supervisor.

Debriefing, if required, will be undertaken by Mrs J. Ramsden, Head of Family Therapy at Family Life Centre, and this information will be included in the consent letters given to the respondents.

1.10 DEFINITION OF KEY CONCEPTS

The key concepts relevant to the study are defined as follows:

1.10.1 Epistemology

Epistemology is the study of knowledge and knowing, and according to Lyddon (1995:579), is concerned with basic questions relating to the “...origins, nature, limits and validity of knowledge”. Auerswald (1985:1) defines epistemology as “...thinking about thinking”, while Hoffman (1985:324) describes it as “... the study of how we know our knowing”. As can be seen from the above descriptions and definitions, epistemology is about cognition and the assumptions inherent in the way we think and make sense of reality. We construct meaning, describe and conceptualise according to our epistemological assumptions. It is thus essential to be aware of our worldview and know what our epistemology is.

1.10.2 Authentic/Self

The *Oxford Dictionary* (1998:25) definition of the term authentic is ‘genuine’ or ‘real’. Genuineness is one of the core conditions of humanistically orientated practice. The person-centred approach to helping was the vision of Carl Rogers, who believed in the health and growth potential of all people. Genuineness or congruence of the therapist is viewed as pivotal in a therapeutic encounter, and facilitation skills become meaningless and even manipulative without it (Van Dyk, 1997:51).

A condition of congruence or authenticity exists when the therapist has explored deeply his/her own self and accepted the revelation of what he/she finds during this journey.

The therapist can be him/herself in any interactions or encounters, and is experienced by others as trustworthy, humane and real. Authenticity requires a high level of self-awareness, self-acceptance and self-trust – it is a way of ‘being’ rather than a technique. To achieve a level of authenticity requires consistent effort in the drive towards personal and professional maturity (Van Dyk, 1997:53).

The term ‘self’ is described as a “...compelling sense of one’s unique existence...” or personal identity (Reber & Reber, 2001:658-659). These authors describe a number of aspects relating to the self, namely: the self as the inner agent of control over motives, needs, fears, etc.; the introspective quality of the self; the totality of personal experience and expression; the synthesis of the self to form a whole; the self as awareness, consciousness and personal conception; and finally, the self as an abstract goal with the achievement of self as being the final human expression of spiritualistic development.

Authenticity is thus conceptualised as being genuine and real in the therapeutic encounter with a client family, being aware of the self and experiencing congruence between feelings, behaviour and experience.

1.10.3 Reflexivity

Reflexivity is defined by De Vos (2002:369) as the ability to “...formulate an integrated understanding of one’s own cognitive world...” with regard to a person’s influence and role in human relationships. Reflexivity is linked to the capacity for self-awareness and the ability to empathise, and is, according to Clarke (2002:16), a self-conscious process in the search for honesty and growth.

King (1996:175) quotes Mead’s 1934 description of reflexivity as the “...turning back of the experience of the individual upon her or himself...” while more recently, Etherington (2004:19) sees reflexivity as a skill which counsellors develop in their ability to observe their responses and to use that knowledge to inform their actions, communications and

understandings. To engage in reflexivity requires awareness of our personal responses, as well as choice as to how to use them in a therapeutic encounter.

To be reflective is to be contemplative, thoughtful and implies deep thinking (*The Oxford Dictionary*, 1998:344). Reflection is essentially a conscious and cognitive process, thinking about what we already know but opening up the possibility to create new meanings and understandings (Etherington, 2004:28). Thus, although reflective thinking is an aspect of reflexivity, the latter is more concerned with thoughts and reflections about the self as an active agent in the counselling process.

For the purposes of this thesis, reflexivity is defined as awareness and introspection with regard to our personal and professional selves, and the impact of these selves within the context of the therapeutic encounter. Thus it can be seen that authenticity and reflexivity have aspects of commonality, and the one is contingent upon the other.

1.10.4 Family Therapy Theory and Intervention

Family therapy is defined as an umbrella term for a number of therapeutic approaches or models which focus on treating the family as a whole, rather than the individual, in an attempt to promote social functioning (Reber & Reber, 2001:268; *New Dictionary of Social Work*, 1995:25).

Therapy is defined in the *New Dictionary of Social Work* (1995:65) as "...social work assistance which focuses on the emotional and psychological needs of the client". A client may be an individual, a family, group or community to whom services are rendered. The *Dictionary of Psychology* (Reber & Reber, 2001:747) describes the term therapy as a broadly inclusive label for the treatment of disease and disorder, which implies a medical orientation.

The distinction between therapy as defined above, and counselling below, appears arbitrary. Counselling is defined as guidance of the client towards the development of

insight aimed at promoting social functioning (*New Dictionary of Social Work*, 1995:15). In the *Dictionary of Psychology* (Reber & Reber, 2001:162) the definition of counselling parallels that of social work, stating that it is guidance, advice or interviewing aimed at solving problems.

Grinnell and Williams (1990:73) define a theory as a set of interrelated principles developed on the basis of observations, while The *Oxford Dictionary* (1998:431) defines it as a set of ideas formulated to explain something. De Vos and Schulze (2002:40) see the purpose of theory being to explain and predict phenomena, and define a theory as a set of interrelated concepts and propositions that present a systematic view of phenomena by specifying the relationship between the variables. Intervention is defined in the *New Dictionary of Social Work* (1995:35) as professional behaviour intended to bring about change in the client's person-environment situation in order to achieve contractual goals and objectives. In the context of this thesis, intervention refers to work with families based on theoretical constructs relevant to family therapy.

As mentioned in the introduction, the theoretical field of family therapy is extensive and has undergone an evolution from earlier first-order cybernetics through to the postmodern thinking of the present day. Theories on family therapy may be categorised according to behaviour, belief systems and context. These theories will be discussed extensively in Chapter 2.

In this thesis, family therapy theory is conceptualised as intervention with families based on various approaches with specific paradigms that have evolved over time. Family therapy theories attempt to explain phenomena in a scientific and systematic way, although changes in epistemological thinking have paved the way for a belief in multiple perspectives and shared constructions of reality.

1.10.5 Family Therapist/Counsellor/Practitioner

A therapist is defined as an individual trained in and practising the treatment of abnormal conditions (Reber & Reber, 2001:746). The *Oxford Dictionary* (1998:87) lists the word counsellor as a noun pertaining to the definition of counselling (defined in point 10.4), while a practitioner is defined as a professional worker. The term psychotherapist, used in much of the literature, encompasses practitioners from the four mental health professions, namely, psychiatry, psychology, social work and psychiatric nursing (Goldberg, 1986:xxvi).

For the purposes of this thesis, the abovementioned terms used for the practitioner of family therapy will be used interchangeably, since the definitions seem arbitrary and ambiguous. A family therapist is thus conceptualised as a mental health professional that has undergone or is in the process of undergoing training in the field of family therapy.

1.10.6 Postmodern Concepts

To facilitate a clearer understanding of this thesis, various postmodern concepts will be explored and defined.

- **Postmodernism:**

Rivett and Street (2003:31) and Kvale (1992:2) attempt to summarise the relevant features that define postmodernism. ‘Postmodernism’ (the culture of ideas) and ‘postmodernity’ (the social embodiment of postmodernism, or the postmodern age) are defined in relation to what is referred to as ‘modernist’. Thus postmodern has a definition that relies on the definition of ‘modern’, which assumes a view that science is built on the basis of observable facts. According to Rivett and Street (2003:32), it is important to note the importance of epistemology, i.e. the theory of knowledge, to the postmodern paradigm. An epistemology reflects the standards to which knowledge conforms to what is taken to be ‘true’. Epistemological investigation is a process that emphasises doubt, and such a perspective doubts the validity of what Lyotard (in Rivett

& Street, 2003:32) refers to as ‘metanarratives’. A metanarrative is an assumption that dominates Western society and Lyotard terms ‘modern’ as “...any science that legitimates itself with reference to a metadiscourse ... making an explicit appeal to some grand narrative”.

In contrast, postmodern is defined by Lyotard as “... incredulity toward metanarratives”. Significantly, this scepticism includes incredulity to the metanarratives from which postmodernism evolved, including support for the local rather than the universal, and emphasis on multiple perspectives. Rivett and Street (2003:33) thus define postmodern as an attempt to value all ideas as relevant.

Postmodern is thus conceptualised as a philosophical outlook that argues for multiple views of reality, an absence of universality and a rejection of an objective, empirical reality.

- **Social constructionism/constructivism/narrative:**

According to Rivett and Street (2003:33), social constructionism developed naturally out of the features of postmodernism. McNamee and Gergen (in Rivett & Street, 2003:34) describe social constructionism as views that are “...guided by and limited to the systems of language...” which is a result of “...shared conventions of discourse”. Language is seen not only as the medium of communication but the determinant of relationships and future occurrences. Language is a process of social construction that in turn creates narratives. Social constructionism places knowledge in the relational process of social exchange and symbolic interaction that define categories of shared understanding (Gergen in Lyddon, 1995:581).

Social constructionists distinguish themselves from constructivists in that they do not see reality as determined by the individual, but by social structures. Lyddon (1995:581) describes the constructivist perspective as being a knowledge source that focuses on the “...human capacity for imaginative and creative thought”, and the construal of reality through language, metaphor, narrative and other symbolic means.

The term 'narrative' refers to a story or discourse, i.e. a conversation in which the person's story is made manifest. The narrative metaphor has provided an alternative interpretation of family therapy, and proposes that people live their lives through stories that provide structure in life (White, 1991:123). Deconstruction challenges problem saturated stories, enabling families to identify and explore alternative possibilities that may generate new and different stories.

Thus, social constructionism focuses on a construction of reality based on social consensus through language, while constructivism emphasises the subjective perception and construction of reality. The narrative approach proposes the construction of narratives that influence the perceptions and worldview of individuals and families.

1.11 CONTENTS OF THE RESEARCH REPORT

The research report contains the following chapters:-

- Chapter 1: General orientation to the study including problem formulation; purpose, goal and objectives of the study; research question; research design and methodology; ethical aspects; and, definitions of key concepts.
- Chapter 2: Literature study: The evolution of family therapy theory, family therapy approaches and the intervention process.
- Chapter 3: Literature study: The reflecting team as a theoretical and experiential component of family therapy training and practice.
- Chapter 4: Literature study: Development and the use of the self in family therapy.
- Chapter 5: Research findings: Qualitative. The research methodology, research findings and conclusions of the study will be discussed.
- Chapter 6: Summary, conclusions and recommendations of the study will be considered with regard to the contribution to be made to the field of family therapy training and practice at Family Life Centre.