

JOINING AS A SKILL IN STRUCTURAL FAMILY THERAPY

by

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SUMMARY

This study is for family therapists. It reviews theory and techniques on the topic of joining in structural family therapy. It offers a way with clients, which can be internally reflected on, investigated, argued about, integrated and finally accepted, ignored or modified.

Action research was selected as the research design. The topic which was investigated was a family system seen during practical sessions at Unisa.

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CHAPTER 1

RESEARCH QUESTIONS

1.1 INTRODUCTION

In order for the researcher to obtain her Master's degree in Social Science she had to participate in group discussions with other students and the lecturer.

Together they formed a team where the integration of theory, which focused on working with families, was put into practice.

The experience within this team, at Unisa, helped the researcher as therapist to become aware of, and to develop the use of her therapeutic self. The researcher became aware of how she can use herself as a tool when she started implementing the skill of joining. The aim of this dissertation is to explore this skill as experienced by the researcher.

To meet the qualification requirements the researcher had to draw a profile of the therapist in terms of skills, limitations, difficulties encountered and different styles. All these skills and styles are rooted in the person of the trainee and relate to her performance as therapist.

The researcher not only planned systematically to increase her skills, but also how to utilise her therapeutic self purposefully with the family (Gurman and Kniskern 1981:341).

Through knowledge of the structural school, the researcher as therapist is learning how to join with people; how to explore transactions and how to modify transactions. Although there are numerous skills identifiable in the structural school, this study intends to explore the skill of joining as part of the researcher's learning experience.

The focus of this study is the exploration of the therapist's joining skills and the use of her therapeutic self in working with a family in therapy.

Chapter one identifies the research question which motivated this study, and describes the research methodology.

In chapter two, this study introduces joining as a skill in structural therapy, and in chapter three discusses it through the implementation of action research.

1.2 EXPLORATION OF THE RESEARCH TOPIC

The question which guide this study is based on the exploration of the skill of joining, as part of the therapist's learning experience with the structural school as theoretical basis.

According to Minuchin and Fishman (1981:2) the art of family therapy lies in the process of: "joining a family, experience reality as the members experience it and to become involved in the repeated interactions that form the family structure and shape the way family members think and behave."

While studying the literature on joining, the researcher discovered some studies which involve the joining process. As the researcher found no studies with a similar focus to the present study, it was decided to proceed with this study.

1.2.1 Studies on joining

In a study done by Clark (1997) it is stated that therapeutic systems are linked by connections formed through joining. Belson (1993) declares in his study that if the therapist is not joined well to the client system, even the best interventions won't work. He also proposed that the therapist should be warm, friendly and caring in order to successfully join people.

Stiles (1997) based his study on the assumption that a responsive therapist joins by attending to his or her own feelings as well as to those of each client within the client system, in order to put each client's previously unsymbolised experiences into words, and to build a meaningful bridge for suppressed voices.

Unsymbolised experiences of clients within families that disagree about their problematic life-situation are dealt with when the therapist finds a way to join with disagreeing family members, and to engage in a therapeutically useful conversation, as stated by Bertram (1996). A study done by Wilkens (1998) investigated how the use of self-disclosure related to the quality of the working alliance with premarital couples, and found that the trainer's use of self-disclosure was positively experienced.

Joining will be discussed in more detail as part of the literature study in chapter two, under 2.3. The issue of self will be discussed in chapter two under 2.3.2 "The therapist's use of self".

1.3 MOTIVATION FOR THE RESEARCH

As part of the researcher's studies at Unisa, she was introduced to the concept of structural family therapy, and more specifically the technique of joining. As a therapist, the researcher felt it necessary to determine to what extent this skill would be applicable to her own work with families. It was also crucially important to her to determine what effect the application of this technique would have on her personally as well as on the family involved.

These queries motivated the researcher to conduct action research on the use of joining in structural family therapy. The researcher could not find information on any action research study done on joining.

In order to provide structure to this study, and to identify the questions to be addressed, the researcher feels that it is vitally important that the aim and objectives are clearly defined.

1.4 AIM AND OBJECTIVES

The aim of this study is to explore how the joining skill is used when the therapist works with a family. In addition, she wants to determine what effect the application of this technique will have on her and the family.

1.4.1 Objectives

The objectives of the study are:

- * to define and describe the concepts of structural therapy, joining and action research as applicable to this study
- * to discuss a case study
- * to record and discuss the actions and reactions of all parties actively involved in the study as they pertain to joining
- * to report hypotheses as generated after exploring the research questions

The following section focusses on the hypotheses and research questions which are to be addressed.

1.5 HYPOTHESES AND RESEARCH QUESTIONS

1.5.1 Hypotheses

As an action research study, this research will not be aimed at testing hypotheses, but rather at generating them. Consequently, the hypotheses that will be generated will be reported in chapter four.

1.5.2 Research questions

The research questions were developed with the motivation of the study in mind. The following questions will be explored in the first action research cycle:

What joining techniques did the therapist use, and will she use them again in family therapy? Is the therapist able to reflect on her pattern and process of joining?

What immediate changes can be observed in the family's structural patterns when the therapist joins them?

Joining is partly a matter of fitting with a family by finding out how the family operates (Umbarger 1983:39). Joining is also a therapeutic tool which can be used to investigate what the family structure can and cannot do (Gurman and Kniskern 1981:316).

What impact does joining have on the emotional state of the therapist, and by joining a family does it create a sense of belonging to the therapist and to the family?

Minuchin (1974:113) states that the therapist's use of herself to support family members is crucial in work with families. The sense of belonging dominates the experience of being, at the expense of a sense of a separate self.

The following question will be explored in the second action research cycle:

What changes can be observed within the therapeutic self of the therapist after reflecting on action-reflection cycle one?

1.6 RESEARCH METHOD

In this section the researcher will focus on the research method selected for this study and the steps used in applying the process. The action research method will be implemented in chapter three.

1.6.1 Action research

Action research implies adopting a deliberate openness to new experiences and processes, and, as such demands that the action of therapeutic research is itself therapeutic. By consciously engaging in their own therapeutic development, therapists gain both professionally and personally, and according to McNiff (1995:9) it is this personal commitment that counts in the process of human enquiry.

Savahl in Davidoff et al (1993:52) defines action research as the study of a social situation with the aim of improving the quality of action within it. It encourages a researcher to reflect on her own practice in order to improve it.

Action research is thus a form of self-reflective enquiry undertaken by participants in social situations, with the aim of improving the rationality and justice of their own practices, their understanding of these practices, and the situation in which these practices are carried out (Carr and Kemmis 1986:162).

As this study focusses on joining as a skill in structural therapy, action research was selected as the research method for this study.

1.6.1.1 Action research versus traditional research

Although action research differs from conventional research, it does however complement it. The difference between action research and traditional research can be described in the following ways:

According to McNiff (1995:5) in traditional research the researcher functions as an expert, who does all the research. The expert has a hypothesis and she conducts experiments on people to corroborate or refute that hypotheses.

In action research, according to McNiff (1995:4) the focus is on improving training through change, to encourage participants to become aware of their own process, to be critical of that process and to be aware of changes in it. In chapter three the first action research cycle will explore the therapist's own joining process, while the second cycle will explore the change the therapist experienced in herself.

Action research is participatory, in that it not only involves the researcher, but also other people, as part of a shared enquiry. This include the reflecting team as well as the client system under study. This is evident from the information presented in chapters three and four.

The researcher's own joining process is studied through the method of self-critical awareness. The process of acting, observing and reflecting which is described by Jack Whitehead (McNiff 1995:37-39) serves as a guideline.

1.6.2 Guidelines for the study

According to McNiff (1995:3) the basis of action research is involvement. That is involvement both for the system under consideration, the therapist and for the people involved in that system - the reflective team and the family under study.

Action research is also systematic. McNiff (1995:37-39) describes this method as a self-reflective spiral of planning, observing, reflecting and re-planning, where one cycle leads to another cycle.

Sources that guided and structured the study were published literature (books and articles) on joining, team discussions during practical sessions at Unisa, as well as recordings of interviews with the family.

1.6.3 Data collection method

The researcher collected relevant information by studying video tapes of the sessions conducted, by being self-reflective while studying the diary which was kept and by exploring the reflecting team's feedback and follow-up planning.

The data collected from these sources will be facilitated by the reflective spiral of observation, reflection, planning and action and represents two cycles.

1.6.4 Sampling

Population = three families

Sample = one family

The sample family was selected for this study since they were the only family who remained available for research. From the population of three families, one family terminated the process after a single session and the other family was excluded from the study as its members were seen on an individual basis rather than a family unit.

The details of the family are presented in chapter three.

1.7 LIMITATIONS

This is a study constructed by the researcher's own experience and cannot be generalised to a larger population.

The sample family consisted only of two members, the mother and child and can therefore not be reflective of all the families the researcher worked with.

The researcher worked with the help of the reflecting team of which she was a member. The reflecting team is only taken into account within the training set-up and the researcher's experience will change when she works alone.

1.8 DEFINITION OF CONCEPTS

To avoid misunderstanding, the following key concepts are defined:

1.8.1 Structural therapy

Gurman and Kniskern (1981:315-316) describe the goal of structural therapy as:

"...the goals of (structural family) therapy are to solve problems and change the underlying systemic structure... the structural therapist sees the problem to be dealt with as sustained by the current structure of the family... the therapist prefers to investigate what the family structures can and cannot do by intervening directly in the transactions of the family to bring about change in the structural pattern of their sequences..."

1.8.2 Joining

Minuchin (1974:123-124) defines joining as: "... actions of the therapist aimed directly at relating to family members or the family system. To join a family system, the therapist must accept the family's organisation and style and blend with them. He must experience the family's transactional patterns and the strength of those patterns. He has to follow their path of communication, discovering which ones are open, which are partly closed and which are entirely blocked. When he pushes beyond the family threshold, he will be alerted by the system's counterdeviation mechanisms. The family's impingements on the therapist are the factors that make the family known to him. This process cannot be one-sided: as the therapist accommodates to join the family, the family must also accommodate to join him."

According to Umbarger (1983:39) joining requires from the therapist to attempt an alteration of family rules and then observing how the family reacts to it. This is different from what Minuchin (1974) defines as joining. Umbarger (1983) defines joining as an act of alteration, while Minuchin (1974) describes it as an act of accommodation to the system, experiencing reality as the members experience it, and to become involved in the repeated interactions that form the family structure and shape the way members think and behave.

For the purpose of the study the researcher accepted Minuchin's description of joining and worked from that perspective. However, for the purpose of diversity,

Umbarger's views are included at times. In chapter three the researcher explores the effect of the therapist on the family's structure when the family was joined and by mutual accommodation a different system was formed.

1.8.3 Transactional patterns

Minuchin and Fishman (1981:11) define transactional patterns as: "...patterns that make up the family structure, which governs the functioning of family members, delineating their range of behaviour and facilitating their interaction..."

1.8.4 Parties involved

1.8.4.1 Therapist / Researcher

The therapist in this study is also the researcher.

1.8.4.2 Family

The family consists of a mother and a son who were referred for therapy after her divorce from an abusive husband.

1.8.4.3 Team

The team consists of two therapists working in the field of social work and the lecturer from Unisa.

1.9 PRESENTATION OF CONTENTS

This study is divided into four chapters:

Chapter 2 This chapter provides a review of the literature study, which will be done in order to explore joining as a skill in structural therapy.

Chapter 3 Chapter three provides a plan for the research study and a description of the execution of the actual research plan.

Chapter 4 Reflections on the research study and hypotheses will be generated.

CHAPTER 2

LITERATURE STUDY

2.1 INTRODUCTION

The literature which will be reviewed, is dealt with in the format of the concepts as postulated in chapter one. These concepts cover the field of joining as a skill in structural therapy.

2.2 WHAT IS STRUCTURAL THERAPY?

Gurman and Kniskern (1981:315-316) define structural therapy as an investigation by the therapist of what the family structure can and cannot do, by intervening directly in the transactions of the family.

Structure is according to Minuchin (1974:51) the invisible set of demands that organise family interaction. Minuchin (1974:51) defines a family as:

" ... a system that operates through transactional patterns." When transactions are repeated, patterns of how, when, and to whom to relate to are established within the system.

The question can be asked, why the structure of a family needs to be altered?

According to Minuchin (1974:89-92) the structural approach to families is based on the concept that a family is more than the individual dynamics of its members. Family members relate according to certain arrangements, which govern their transactions. These arrangements, which are not explicitly

stated or even recognised, form the structure of the family. It must be kept in mind that the reality of the family structure is of a different order than the reality of the individual members.

What is important is that the only family structure immediately available to a therapist is the structure relating to the identified problem. The therapist has to join with the presented structure of the family in order to identify with the family areas for change. By joining, the stability of the family will not be threatened, opening the way for structural transformation.

According to Minuchin and Fishman (1981:29) the structure of the family will be altered by the introduction of a difference. By joining the family, the therapist acts as an agent who brings about change, ensuring a transformation within the family structure.

In order to restructure the family system, the family and therapist must first be able to form a partnership. This is achieved by the process of joining.

In this partnership the therapist uses herself as an instrument to restructure the family.

To achieve this restructuring the therapist uses structural therapy techniques. Minuchin (1974:14-15) describes the scope of the family therapist and the techniques she uses to pursue her goals as being determined by her theoretical framework. Structural therapy is seen as a therapy of action. The tool of this therapy is to modify the present and not to explore or interpret the past.

Since the past is instrumental in the creation of the family's present structure and functioning, it manifests in the present and is available for change by interventions that change the present. Intervention in the present is based on the family system and is achieved when the therapist joins the family system and uses herself to transform it. By changing the position of the system's members, she changes their subjective experiences.

The therapist relies on certain properties of the family system, in order to restructure it. The first property is that a transformation in the system's structure will produce at least one possibility for further change. The second property is that the family system is organised around the support, regulation, nurturance, and socialisation of its members. The therapist thus joins the family not to educate or socialise it, but to repair or modify the family's functioning so that it can better perform tasks. Thirdly, the family system has self-perpetuating properties. Therefore, the process that the therapist initiates within the family will be maintained in her absence by the family's self-regulating mechanisms. In other words, once a change has been effected, the family will preserve that change and alter the feedback which continuously qualifies or validates family member's experience. These concepts of structure are the foundations of family therapy.

For the purpose of the dissertation, the focus is on the process of joining, as set out in chapter one. Joining as a skill in structural therapy will be discussed next.

2.3 JOINING AS A SKILL IN STRUCTURAL THERAPY

In this section the focus will be on the therapist's perception of the family as part of the therapeutic context. Secondly the focus will be on the therapist's sense of self and how the self is used in joining.

2.3.1 The therapeutic context

The therapist joins a family with the purpose of creating and structuring a defined therapeutic context. Her joining ability ensures the continued participation of family members in the therapeutic process to enhance their own healing functions (Minuchin 1974:256; Fishman 1993:14).

In chapter one it was mentioned that Umbarger (1983) and Minuchin (1974) agreed that without joining, interventions can be threatening. The researcher agrees with this and perceives the therapeutic context as where the therapist accommodates to the family's reality, without altering it. Joining interventions can be threatening and will be denied by the family without producing change. If the therapist goes beyond the threshold of what is acceptable, the system corrects itself.

The therapist facilitates her joining in such a way as to enhance the process of transformation within the family system. According to Minuchin (1974:111) this joining process includes three major steps, which are inseparable in actual therapy. These steps are:

Step 1: The therapist joins the family in a position of leadership

According to Minuchin (1974:123) the therapist joins the family in a leadership position and establishes a therapeutic system, in order to restructure it to achieve therapeutic goals.

The family therapist regards herself as an acting and reacting member of the therapeutic system, joining the family from initial contact, throughout all the sessions.

From the initial contact the therapist is already able to explore the presented family structure and to develop therapeutic goals with the family. Minuchin (1974:111) states that by joining the family, the therapist is able to intervene in ways that facilitate the transformation of the family structure in the direction of these goals.

The way in which joining is embraced or resisted offers key information about prominent features of family functioning (Umbarger 1983:39). It also offers the therapist information on the success or the lack of it in the joining itself.

Joining a family requires of the therapist a capacity to adapt. Such adaptation, which Minuchin (1974:125) calls accommodation, can be either unaware or deliberate. When it is used deliberately, it can speed up the early phases of therapy and facilitate treatment.

Gurman and Kniskern (1981), Minuchin and Fishman (1981), Umbarger (1983) and Minuchin (1974) identified some adaptation techniques which the therapist can use in her efforts to join with the family. These techniques are:

Maintenance

Maintenance refers to the technique of providing support to the family structure, as it is perceived and understood by the therapist (Minuchin 1974:125).

The system can be maintained on all levels, from the family structure as a whole to the characteristics of the individual members.

The therapist uses the skill of maintenance to join the family by relating to them, in congruence with their transactional patterns. These operations often involve the active confirmation and support of family subsystems, as well as an individual's strength and potential.

The therapist respects the rules that govern the relationships within the family and demonstrates this respect through the acceptance of the family's communication channels.

By accepting the family's ways, the therapist enters the family's supporting network and thereby forms a basis from which to restructure the family in a carefully planned way (Gurman and Kniskern 1981:331).

Maintenance operations have a restructuring function. When the therapist supports one subsystem, other parts of the family may have to restructure to adapt to this support.

According to Umbarger (1983:40) joining is a matter of fitting with a family, of finding out how the family does its business, and at times, of choosing to conform to family rules. Joining a subsystem constitutes a restructuring intervention, as other family members have to regroup to absorb the impact of the alliance of the powerful therapist with another subsystem (Minuchin 1974:133).

Tracking

Minuchin (1974:127) defines tracking as: "...in its simplest form, ...to ask clarifying questions, to make approving comments, or to elicit amplification of a point."

In using the technique of tracking, the therapist does not challenge what is being said. Rather she positions herself as an interested party. The therapist adopts symbols of the family's life which she uses to communicate with the family in order to build relationships.

These symbols like language, life themes, history and values of the family represent aspects of the family's identity. They are usually found in the contents of the family's communications and represent the relationships within the family, which define family structure (Fishman 1993:39).

The therapist joins the family in using these symbols as an instrument of communication to restructure the family's transactional patterns.

Tracking is done by ways which Minuchin (1974:127) describes as the "um-hum" statement which prompts continuous talk. It constitutes the repetition of what a person has said, the rewarding of a statement by showing interest and asking questions for more content. These are ways by which the therapist follows and gently directs the flow of communication.

Tracking the content of communication is useful in exploring the family structure and it confirms family members by eliciting information. It can therefore also be used as a restructuring strategy (Minuchin 1974:128).

Mimesis

Mimesis is used when the therapist joins with the family's style and affective range (Minuchin 1974:128).

The therapist becomes like a part of the family system or one of its members by adopting their manner of speaking, body language, tempo of communication or other behavioural modes of communication (Gurman and Kniskern 1981:331).

The therapist also joins the family mimetically through the contents of her communications. This is done when she conveys personal experiences, traits or interests that are similar to those of the family. This becomes a form of

self-disclosure, which is used to help the family to identify with the therapist and accept her as part of the family system (Gurman and Kniskern 1981:330).

Within the therapeutic system, mimetic operations are implicit and spontaneous and like the other processes, can be used to restructure.

Tracking, maintenance and mimesis are techniques by which the therapist becomes like a family member in the therapy process.

Step 2: The therapist understands the underlying family structure and develops therapeutic goals based on that understanding

The family usually approaches their problem by focussing on the individual and the past. The family agrees to therapy by the mother who perceives her son as what Minuchin (1974:129) calls the identified patient. Family members enter therapy with the goal of changing the identified patient. They want the therapist to change their situation without changing their transactional patterns. Thus, the family is asking for a return to the situation as it was before the symptoms of the identified patient became unmanageable.

According to Minuchin (1974:130) the identified patient is merely the family member who is expressing, in the most visible way, a problem affecting the entire system. Therefore the whole family becomes the target of therapeutic intervention.

In understanding the family's interactions, Minuchin (1974:130) mentions that the therapist concentrates on six major areas:

- * Firstly, she considers the family structure, its preferred transactional patterns and the alternatives available
- * secondly, she assesses the system's flexibility and its capacity for elaboration and restructuring, as revealed by the reshuffling of the system's alliances, coalitions and subsystems in response to changing circumstances
- * thirdly, the therapist examines the family system's sensitivity to the individual members' actions
- * fourthly, the therapist reviews the family life context, exploring the source of support and stress in the family's ecology
- * fifthly, she examines the family's developmental stage and its performance of the tasks appropriate to that stage
- * sixthly, she explores ways in which the identified patient's symptoms are used for the maintenance of the family's preferred transactional patterns

After exploring the family's interactions, the therapist develops the therapeutic goals based on that assessment.

Step 3: The therapist creates circumstances to allow the transformation of the family's structure

Before the therapist can start exploring the family system, the therapist and family must reach an agreement on the nature of the problem and agree on the

goals to be set to facilitate change. This contract may initially not be very clearly defined, but it must be present (Minuchin 1974:132). It will however evolve as therapy progresses and embodies the promise of help for the family.

The contract serves as a starting point in facilitating transformation of the family system.

In actual therapy these steps are inseparable. The result of the steps can however be seen when the family is transformed. The following section will focus on the therapist's use of self.

2.3.2 Therapist's use of self

Umbarger (1983:41) states that to "use one's self" in therapy means to be oneself and to be personally clear about one's "way of being" in the system. The therapist's personal style and stance create affiliation to the family which make therapeutic interventions more effective. The therapist thus uses herself not only to join but also to enable the family to change itself (Fishman 1993:15-16).

Joining, in order to enable change within the family, entails that the therapist responds to events as they occur in the session. She hears what the family members tell her about the way that they experience reality, she makes observations and poses questions. She also observes the way the family members relate to her and to each other, thereby perceiving transactional

patterns and boundaries. This enables the therapist to form hypotheses about which patterns are contributing to the maintenance of the symptom. These hypotheses guide her in forming a family map (Minuchin 1974:89-90).

A family map is an organisational scheme, which allows the therapist to organise the information she is getting (Minuchin 1974:90). The map helps in formulating hypotheses about painful areas within the family which maintain the symptom.

When probing painful areas, the therapist must be comfortable with different levels of involvement. Any probing technique may be useful, depending on the therapist, the family, and the moment. At times the therapist will want to disengage from the family, perhaps with a hidden agenda to her program. At other times she will throw herself into the fray, taking one member's place in the system, allying strongly with a family underdog, or using whatever tactic which fits the therapeutic goal and her reading of the family (Minuchin and Fishman 1981:30).

These probes can also be presented as tasks which are used to explore significant aspects of family structure (Minuchin 1974:90). As mentioned, the therapist regards herself as an acting and reacting member of the therapeutic system. In joining the family, she emphasises the aspects of her personality and experiences that are similar to the family's and thereby probing and testing family structure.

There are however limitations to this use of self, determined by the therapist's personal characteristics and the characteristics of the family. Within these limits, the therapist can learn to use probes and techniques that require different levels of involvement (Minuchin and Fishman 1981:30). The family usually dismisses probes that do not fit with the family system. When they do fit, one of three things might happen:

- * According to Minuchin (1974:92) the family may reject the therapist's input to its previous transactional patterns without difficulty, this produces learning but not growth
- * secondly, the family may also respond by changing itself, either by expanding its transactional patterns or by activating alternative patterns
- * finally the family may respond to the input by not rejecting it, but by increasing stress in the system, changing homeostasis and opening the way for transformation

Minuchin (1974:109) cautions the therapist that when she maintains herself in a position with the family and she is not open, to become aware of the pain within the family, is an act of blindness. This is seen as a pitfall in structural family therapy which can be avoided if the therapist adapts to the family system to an extent that allows her to experience and explore the stress and pain felt by the family members. The therapist must be sensitive to the dynamics between the family members. This means she must support them

and confirm some aspects of their personality even when she is disqualifying them in other areas. The therapist must have respect for each member as an individual and must be committed to healing or she will lose the family in the processes of transformation.

The sense of belonging to the family dominates the experience of being a separate self. When the therapist enters a family with close boundaries, she will find it very difficult to reach members. If she tries to enable a member of the family to change, she will find that the system counteracts the change. The instability produced by the therapist's entrance into this family and her adaptation to it may be valuable in itself, but may not always lead to the achievement of the therapeutic goals (Minuchin 1974:113).

When the therapist joins the family, she has two main tasks: She must fit in with the family and she must also maintain herself in a position of leadership within the therapeutic context (Minuchin 1974:139), thereby monitoring the impact of therapy and of life circumstances on the family. She is then ever ready to offer support when needed.

Minuchin and Fishman (1981:33-40) mention three positions on a continuum of emotional involvement and supportiveness, which the therapist can utilise to adapt to the family. These positions will be defined next.

2.3.2.1 Emotional involvement positions

The close position

From this position, the therapist is supportive and nurturant in her affiliation with family members. She conveys to the family an understanding of its pain and allows herself to become part of the family's view of reality.

The therapist reflects the family's emotions and ideational stands and always strives to find a positive connotation to the family's actions. By reflecting emotions the therapist confirms the family's feelings and thereby develops leverage to join the family.

The median position

When using the median position, the therapist joins as an active, neutral listener. Minuchin and Fishman (1981:34) relate this to the skill of tracking.

The therapist introduces a consistent attentiveness to help people develop the detail of their story.

In the median position, the therapist helps the family to elaborate on the many consequences of its life routines. This is done with the aim of beginning with intervention, focussing on the process aspects of the family's behaviour. By using this skill the therapist not only follows, but also gently directs explorations of new behaviour.

In this position interventions shift from content to process. The therapist not only listens to what is said, but also starts looking at the transactional patterns presented by the family.

The disengaged position

In the disengaged position the therapist stays in a neutral emotional stance, but directs interventions to enable change within the family. Minuchin and Fishman (1981:40) describe this position as one in which the therapist has already observed the "patterns of the family dance" and by now actively applies pressure to alter the "dance". This is done when the therapist creates new contexts for behaviour by directing people in scenarios to interact, bringing together, for example family members who usually avoid each other. This position focusses mainly on transactional patterns within the family.

Unlike the close position in which the therapist is very much the "sympathetic relative", in this position the therapist joins by being an expert director of change.

Although joining is emphasised at the beginning of contact with a family, it occurs in every stage of intervention. (Umbarger 1983:48).

2.4 SUMMARY

In this chapter basic theoretical issues were highlighted. The chapter started off with basic ideas on what structural therapy is, following by a discussion of the process of joining in the structural school.

Issues in the process of joining which were discussed, include the therapeutic context and the therapist's use of self.

The literature study is followed by the research study. The aim of the following chapters is to reflect whether the information acquired through the literature study is indeed a reflection of the researcher's own joining process as experienced with the sample family.

CHAPTER III

DESCRIPTION OF ACTION RESEARCH

3.1 INTRODUCTION

The study design and process of study, as mentioned in chapter one, will be elaborated on in this chapter. It will clarify the way in which the researcher will implement the action research method to explore joining as a skill in structural therapy. This chapter consists of two parts. Part one focusses on the planning of the study, with the questions asked. Part two follows where research questions are explored and reflected on.

3.2 PART ONE: PLANNING THE RESEARCH STUDY

3.2.1 Data required to answer the research question

In order to answer the research questions and generate hypotheses, as mentioned in chapter one, the following data will be used:

Practical sessions will be hold with clients, during which the process of joining will be implemented by the researcher. The sessions will be recorded in order to be used as material for reflection. The researcher will also reflect on the sessions in the diary which she will keep to explore the reflecting team's feedback and follow-up planning.

3.2.2 The research plan

Action research is guided by the participants' pre-existing frames of reference. Observations of the interview process provide grounds for reflecting upon frames. From these reflections, a plan is derived, which help to constitute some sort of change in all participants' frames of reference. When plans are executed, new grounds for further observation and reflection are generated.

The researcher will now proceed to discuss the research plan of this study according to Jack Whitehead (McNiff 1995:37-39). His approach suggests that changes are sustained by the distinction between the researcher's ideas and her practice. There are two ways to implement the research plan. The first way focusses on professional concerns, while the second way focusses on action research steps, which are derived from the action-reflection cycle. For the purpose of this study, the researcher will discuss both ways, but will use the second way to implement her research study.

3.2.2.1 *Professional concerns*

According to McNiff (1995:57) change begins with a sense of dissatisfaction with present practice. Six critical questions set the scene ready for action.

These questions are:

- (1) What is your concern?
- (2) Why are you concerned?
- (3) What do you think you could do about it?
- (4) What kind of "evidence" could you collect to help you make some judgement about what is happening?

- (5) How would you collect such "evidence"?
- (6) How would you check that your judgement about what has happened is reasonably fair and accurate?

The answers produce a practical assessment of the situation and a possible plan of action can be formulated on the basis of that.

3.2.2.2 Action-reflection cycle

Jack Whitehead (in McNiff 1995:86-87) formulates the action-reflection cycle into a pattern of steps. These steps act as a general formula for tackling practical problems in a systematic way.

These steps are:

Action research steps:

Checklist:

- | | | | |
|-----|--|---|--|
| (1) | I identify a problem
(problem formulation
phase) | - | Is the problem clearly identified and stated? |
| | | - | Are there other associated problem areas? |
| | | - | Did other problem areas emerge during the enquiry? If so, was another action-reflection cycle set up, and is this clearly specified? |
| | | - | Is there evidence to show the denial of values in practice? |
| (2) | I imagine a solution to
the problem
(planning phase) | - | Is the solution clearly comprehensible? |
| | | - | If there were alternative solutions, are reasons given for the choice of this |

- particular one?
 - Is there evidence of the involvement of others?
- (3) I implement the solution (action phase)
- Is there clear evidence to show the implementation of this solution?
 - Have others been involved to monitor the situation?
 - Is there evidence to indicate the researcher's part in the enquiry?
- (4) I evaluate the outcome (reflection phase)
- Is there a clear record of a validation process?
 - Is this process accessible in documented or other form?
 - Is there now a systematic procedure for making it public?
 - Does the solution actually solve the problem?
 - Is there clear evidence of the researcher's development?
- (5) I modify my solution in the light of my evaluation
- If such modification is necessary, are reasons given?
 - Is the new plan clearly specified?

- (re-planning phase) - Is the machinery ready again for a new action-reflection cycle?

The research plan will be executed later in this chapter.

3.2.3 Method of data collection

Data will be collected in two phases.

3.2.3.1 Data collection phase one

During data collection phase one, the researcher will identify questions concerning her joining skills. The researcher joins the family during the first action phase, and reflects on her joining during the reflection phase. This phase is an ongoing process which will evolve into a second phase.

3.2.3.2 Data collection phase two

The second action research phase is implemented when the researcher formulates a question from the first action cycle, which will be reflected on.

Within the research study joining is explored through data collection during interviews which will be discussed and reflected on by the researcher and the team.

The information will be gathered by:

- * The use of a video recorder to obtain information about joining skills during sessions

- * requesting help from colleagues to observe client involvement and participation. (This means that the reflecting team will discuss and prepare for sessions. The team will also meet during and after interviews to discuss the sessions and feedback from clients).
- * keeping a careful check on the connections between the theory and practice by constantly referring to the basic concepts and by keeping a diary

In structural family therapy, self-development for the therapist will be sought within the training process as it relates to doing therapy.

3.2.4 The training field

During the researcher's studies, she studied and discussed theoretical and practical concepts within the training field of family therapy. The final year consisted of an integration of theory, where different schools, theories and philosophies were discussed and applied. During this period the structural school and its concepts were discussed.

3.2.5 The family being studied

A mother and her fifteen year old son will be interviewed at Unisa once a week. They were referred by the Catholic Women's League and reside in Eersterus. At the time of the first session the mother had been divorced for a month, after being married for thirteen years. According to her, her marriage was characterised by violence and emotional hardship.

The mother was concerned about her fifteen year old son, who was playing truant from school. His grades dropped during the past two years and he stopped playing sports, which he enjoyed previously.

The son was not the father's biological son. The mother got pregnant by another man before her marriage. The son was three years old when his mother got married. The mother experienced a number of losses during her life. Her father abandoned her and her mother when she was a baby. The biological father of her son abandoned her when she was pregnant with her son. Her husband left her for an eighteen year old girl, whom he had a relationship with for three years before the divorce.

When the family first started with therapy, they initially identified the son as the identified patient, but during the first session the focus shifted to the loss of the father and husband and the changing structure and roles.

The family spoke Afrikaans and therefore excerpts from the sessions will be quoted in Afrikaans.

3.3 PART TWO: ACTUAL RESEARCH PROCESS

3.3.1 Introduction

Due to the nature of action research as it relates to self-reflection and exploration, the remainder of this chapter is written in the first person syntax rather than in the traditionally accepted passive voice of a researcher.

3.3.2 Observations leading to research topic

During the stages of the study course, I became aware of joining strategies in the structural school. I had become frustrated with the lack of clarity about my own joining process. The main reason for this was that I was confronted with many different schools of thought and skills during my training. I decided to base my dissertation on joining. As a therapist I am curious about my personal processes and patterns concerning joining and choose to reflect on it.

Having studied Minuchin (1974) it became clear that in order to create a therapeutic system and to become the leader in interviews, I must use joining skills. In order to achieve a good working relationship with clients I needed to assess the way in which I utilise joining.

3.3.2.1 Research questions

I will discuss the research questions according to the outline in this chapter, under section 1.3.2, action-reflection cycle. The questions which I will discuss are:

- * What joining techniques did I use, and will I use them again in family therapy in future? Am I able to reflect on my pattern and process of joining?
- * What immediate changes could be observed in the family's structural patterns when I joined them?

- * What impact did joining have on my emotional state, and by joining the family did it create a sense of belonging for myself as well as the family?

3.3.3 Action-reflection cycle one

3.3.3.1 Problem formulation and planning

The first question which I explore is:

What joining techniques did I use in the first two therapy sessions and will I use them again in family therapy in future? Am I able to reflect on my pattern and process of joining?

Planning

I plan to use the techniques of maintenance, tracking and mimesis as described in chapter two, in order to join the family and thereby create a therapeutic context.

I plan to use maintenance to support the family structure, by confirming and supporting each individual's strength and potential. I want to respect the rules that govern the family's relationship, and plan to demonstrate this respect through the acceptance of the family's communication channels.

I plan to use tracking by adopting symbols of the family's life which they use to communicate. This entails repetition of what a person has said and

the rewarding of a statement by showing interest and asking questions for more content and structure.

I plan to use mimesis by adopting the family system's manner of speaking, body language, tempo of communication and other behavioural communication.

I plan to explore the joining techniques within the first two therapy sessions.

The second question which I explore is:

What immediate changes could be observed in the family's structural patterns when I joined them?

Planning

From the initial contact with the family I plan to explore the presented family structure. I plan to concentrate on the six areas as described by Minuchin (1974:130) in chapter two, under step two.

I plan to explore:

- * the family's structure, by focussing on transactional patterns
- * the family system's flexibility and its capacity to restructure when I reshuffle them
- * the family's sensitivity to individual member's actions
- * the family life context, sources of support and stress in their ecology, as experienced by them

- * the family's developmental stage
- * the way the identified patient's symptoms are used to maintain the family's transactional patterns

The last question which I explore is:

What impact did joining have on my emotional state, and by joining the family did it create a sense of belonging for myself and the family?

Planning

By using the emotional involvement positions, as described in chapter two, under 3.2.1, I will explore my own position in emotional situations during interviews with the family.

3.3.3.2 Action within the sessions

SESSION ONE

Session one started with the clients taking their seats. I sat in a position to face the mother and son, in the form of a triangle. I started the session by introducing myself and asking their names.

Mimesis:

Mother: "A, dit is die maklikste..."

(The therapist sits the same as the mother, crossed legs, arms folded.)

Tracking:

Mother: "... Eindelik het R besluit ons moet hom nie sê nie want sy pa het niks 'geworry' nie, maar op 'n stadium het 'n helse bakleiery tussen ek en R uitgebreek..."

Therapist: " R is nou jou...?"

Mother: " Dis nou my gewese man..."

Therapist: " Was dit nou laas jaar?"

Maintenance of individual member:

Mother: "... Op die ou einde het hy net weer lus verloor tot op die huidige oomblik."

Therapist: "So jy was bekommerd dat hy so rond gespring het van sokker en hy kon nie regtig iets kry wat pas nie."

Tracking:

Therapist: "Kan ek jou vra A, wat het verander?... en op 'n stadium het hy toe..."

Son: (Speaking very softly.)

"Dit het alles in standerd vyf begin.... Toe praat ek met my pa, toe begin hy met my baklei."

Therapist: "Uh-hum.""

Son: "Dis van daai tyd af dat ek en hy mekaar nie mooi verstaan nie."

Therapist: "Jy sê dit het gebeur vandat...."

Mother: " Dit was sy laaste jaar op laerskool."

Son: "Toe begin hy my te slaan as hy kwaad is vir my ma..."

Tracking of pattern:

Mother: "Hy't hom nooit eindelijk, ok, ek en hy gaan jok as ons sê hy't hom geslaan..."

Therapist: "As ek dit reg verstaan, hy't moeilikheid begin soek met jou, (C), dan kom jy, (A), nou en probeer hom kry om jou te slaan."

Tracking and Mimesis using language of the family:

Therapist: "Wat gebeur as hy jou wakker maak en julle het nie baklei voor die tyd nie? Moes hy jou eers wakker maak en dan met ma baklei?"

Tracking:

Therapist: "Ja, wie se kamervenster?"

Son: "My ma se kamervenster..."

Therapist: "So hy soek nie noodwendig jou uit nie, hy..."

Maintenance:

Therapist: "Toe waar was jou ma terwyl die dinge gebeur het?"

Son: "My ma was in die huis en..."

Therapist: "Ok, so jy was eerder die 'punchingbag' sodat hy jou
liever moes 'punch'..."

Son: "Dat hy liefwerste my moes slaan..."

Maintenance affect of family:

Mother: "...Gedurende daai vyf maande...wetend dat die kind die kar
gaan sien en gaan weet, want sy het dit haar 'means'
gemaak, sy en haar tjommies..."

Therapist: "So dit was 'n moeilike tyd vir julle twee?"

Mother: "Ja, dit het later so erg begin raak..."

Tracking:

Therapist: (Turns to A.) "Wat het jy gedoen?"

Son: "Ek het op 'n stadium kwaad geraak, toe wil ek bakleierig raak..."

Maintenance of affect:

Son: "Die vrou, as ek verby haar loop by die skool, dan 'point' sy en haar vriende na my toe, ...dan lag hulle."

Therapist: "So hulle het jou so bietjie gekoggel."

Maintenance of affect and structure:

Son: "Vandaar af ignoreer ek hulle, maar hoe meer ek hulle ignoreer hoe meer pla hulle my."

Therapist: "So dit was moeilik vir julle al twee, jy (C) het gevoel jou man het jou gelos, en jy (A) het gevoel jou vriende koggel jou en dit was moeilik gewees."

Tracking structure:

Mother: "Hy ...Ek kon nie na my ma toe gaan nie..."

Therapist: "Was sy aan sy kant?"

Mother: "Nee, my ma is eintlik aan my kant... Ek kon nog minder na sy ma en pa of broer of suster toe gaan..."

Maintenance of affect:

Therapist: "Jy was heeltemal afgesonder..."

Tracking structure:

Mother: "...Hy gee nie eens om hoe kom die kind by die skool nie..."

Therapist: "A, wat het verander vandat jou pa weg is?"

Son: "Nou kom haal hy my by die skool..."

Maintenance of structure:

Mother: "Verlede jaar..."

Therapist: (Turns to son.) "So jy moet die middel mannetjie wees."

Tracking of structure:

Therapist: (To A.) "Waar is jy as jou ma na jou ouma toe gaan?"

Maintenance of family structure and affect:

Therapist: "Ek dink julle twee het baie na mekaar gekyk." (Turns to A.) "Jy het gesê... terwyl jy (C) by jou ma is. So julle twee is nogal 'close' ne?"

Mother: "Dis wat hy (R) nie kon verstaan nie. Ons het as 'n familie...
As 'n gesin het ons saam in gegaan Menlyn toe..."

Therapist: "So julle was baie 'close' gewees."

Mother: "Ons was 'n hegte familie."

Maintenance of structure:

Mother: "...Al bou ons net een kamer. Nee hulle sal hom (R) nie die lening toestaan nie. Elke jaar is dit net volgende jaar, volgende jaar. Hier's ons weg, die man is besig om te bou."

Therapist: "Nou bou hy."

Mother: "Hy bou. So dit kan ek nie verstaan nie. Ek en die kind was maar net 'n struikelblok."

Maintenance of affect:

Therapist: "Maak dit jou nie kwaad nie..."

Mother: "Dit maak my briesend kwaad."

Therapist: "Jy't soveel dinge opgeoffer vir hom en nou, wat gebeur nou?"

Mother: "Ek is skaars 'n maand weg. Hier kom sê die kind vir my daar's 'n stoof, tv, daar's 'n 'room divider', die man is besig om te bou. Dit maak my kwaad. Ek het so te sê my lewe opgeoffer vir hom..."

Tracking of structure:

Therapist: "Ek wil vra, aan die een kant is jy so kwaad vir hom, maar aan die ander gee jy nog om?"

Maintenance of affect:

Mother: "Ek kan dit myself dit ook nie verstaan nie, want dit is so..."

Therapist: "So dit maak bietjie seer nog."

Mother: "Dit maak seer, maar seker nou dat ek iemand het om dit mee uit te praat kom dit uit, ... want ek het my hele lewe opgeoffer vir hom en ek het niks daaruit gekry nie."

Therapist: "Dis baie deurmekaar, jy haat hom, jy's lief vir hom, hy gee alles vir daai kind, jy kry niks en julle sit waar julle sit."

Tracking structure:

Therapist: "Wie't die reëls in die huis gemaak?"

Mother: "R het die reëls gemaak, almal moes dans volgens hom."

Therapist: "Ek wil julle iets vra. Jy (C) sê julle het so baie opgeoffer, jy't opgehou werk en jy (A) het skool verander, jou sport gelos, op hierdie stadium is julle al twee op al. Julle moet alles gee en gee."

Son: "En hy wil niks terug gee nie."

Therapist: "Hy gee niks terug nie."

Son: "Nee."

Mother: "Dis net, hy wil die ontvanger wees, maar hy wil nie die geëer wees nie..."

Tracking of structure:

Therapist: "So wat julle nou sê is dat julle het 'n beter lewe, maar julle is nog bekommerd oor hom."

Mother: "Sedert ons geskei is, is ons honderd persent beter af."

Therapist: "So hy is nie iemand wat julle sommer kan afskud nie, hy is nog deel van die huis... julle het soveel opgegee aan R, dat julle nooit tyd gehad het om vir julleself te gee nie."

Maintenance:

Mother: "Alles wat ek gedoen het moes ek perfek gedoen het anders as hy by die huis kom het ek dit gekry. Almal het gesê ek laat hom van my 'n 'punching bag' maak."

Therapist: "Dit klink my jy doen dit nog steeds."

Son: "Ek stem saam. Toe ek rugby speel...het hy gesê ek moet dit los."

Therapist: "So jy het sport opgeoffer, jy kon niks vir jouself doen nie."

Mother: "Ons moes aantrek wat hy sê...Alles wat ons gedoen het is vir hom."

Therapist: "Dit klink of julle nou nog vir hom opoffer, julle dink aan hom en... is nog nie gereed om vir julle self op te offer nie,..."

Mother: "Ek wil vergeet van R en begin opoffer vir myself."

SESSION TWO

Mimesis:

The session starts with low intensity, soft voice tone.

Tracking:

Mother: " Ja, bietjie inkopies gaan doen, bietjie na my hare gaan laat versien."

Therapist: (To son.) "Wat het jy gedoen toe jou ma...?"

Maintenance of structure:

Therapist: "Is dit nie te skielik, te vinnig, te veel nie, want julle man/pa is nog daar, julle vergeet van hom..."

Mother: "Nee, dis nie dat ons vergeet van hom nie, ons was so besig dat ons nie eens gedink het aan hom nie..."

Therapist: "So ons kan nie regtig sê hy's weg, want hy is nog daar."

Mimesis:

(Son shakes his head.)

Therapist: (To son.) "Jy skud jou kop so heftig?"

Tracking:

Mother: "...en ek sal dit nie wegsteek nie, ek sien iemand."

Therapist: "Daar's iemand in jou lewe?"

Tracking structure:

Mother: "...en as ons weer opmaak dan is dit weer vir twee maande oraait na dit begin die hel weer."

Therapist: "So, dis tipe van 'n patroon wat gevorm het in ses jaar."

Mother: "Ja, dis 'n patroon wat homself elke keer afspeel..."

Maintenance of structure:

Therapist: "Tog die vorige keer het julle gesê julle gee nog vir hom om en hy bly nog..."

Mother: "Um."

Therapist: "...deel van julle lewe..."

Mother: "Ja, dit is 'n bietjie skielik om hom te laat gaan, maar ek dink nie die patroon..."

Maintenance of affect:

Therapist: "Voor ons aangaan wil ek net vra, daar is nog soveel seer en pyn wat jy het teenoor hom..."

Mother: "Soos die naweek...as ek sulke pyne kry dan vloek ek hom, want ek haat hom. Hy het my seer gemaak."

Therapist: (Fetch boxing gloves, and teddy bear.) "Ek wil hê jy moet vir my wys as jy vir hom kan seer maak, hoe gaan jy dit doen."

Tracking and maintenance of affect:

Mother: "Ek wil hom nie 'physical' seer maak... Ek wil hom emosioneel breek..."

Therapist: "Hoe gaan jy dit regkry?"

Mother: "... Somtyds voel dit of ek die lewe uit hom kan wurg..."

(Therapist asks son to give mother the teddy bear.)

Therapist: "Jy verdien 'n antwoord."

Mother: "Ek 'deserve' die antwoord, net om vir my te sê waar het ek verkeerd gegaan..."

Therapist: "Dink jy, jy het iets verkeerd gedoen?"

Mother: "Dit voel vir my so, ek het al gedink, ek het al gewonder..."

Mimesis:

Mother: "Hoekom? Ek wil..."

(Son sits like therapist, leaning forward.)

Maintenance of affect:

Mother: "Alles wat ek doen, alles wat ek maak... As die kind iets doen dan skel ek hom..."

Therapist: "Dis nog seer binnekant, jy moet dit uitkry..."

Mother: "Daarom haat ek myself. Ek kry nie geleentheid om ontslae te raak van hom nie."

Tracking and maintenance of individual affect:

Mother: "Ek is die rede dat my ma nou nog sonder 'n ander man is. Ek is die rede hoekom my kind sukkel...As ek net iewers op 'n punt kan uit kom en sê ok C, dis wat jy verkeerd gedoen het."

Therapist: "Jy soek wat jy verkeerd gedoen het en jy weet nie wat nie?"

Mother: "Ek weet nie waar nie."

Therapist: "Almal kan nie verkeerd wees nie, almal kan nie jok nie."

(Therapist turns to son.)

Therapist: "Jy sit so stil hier so."

Son: "Ek het niks om te sê nie. Ek het so baie haat in my, ek weet nie hoe om dit uit te haal nie..."

Therapist: "Jy sê jy het baie haat..."

Maintenance of individual potential and strength:

Son: "Toe raak ek dik daarvoor... toe sê ek hom ek haat hom.."

Therapist: "Uh-hum, jy's baie sterk, jy staan op teen hom."

Son: "Ek het nadat hy my ma so erg begin slaan het,..."

3.3.3.3 Reflection on research questions

What joining techniques did I use in the first two therapy sessions and will I use them again in family therapy in future? Am I able to reflect on my pattern and process of joining?

At the start of the sessions I joined the family by using mimesis. Mimesis is used when the therapist joins with the family's style and affective range (Minuchin 1974:128).

I sat to face the mother and son, in the form of a triangle. I started the first session by introducing myself and asking their names. I used mimesis throughout the sessions, to create a climate of acceptance and continued interaction. By using mimesis I became like the family in manner and content of their communications. I adopted their manner of speaking, body language, tempo and mood of communication.

By using the same language and body movements, I created a therapeutic context which ensured participation of family members.

I started the first session by doing mostly tracking of content. I did tracking by using minimal encouragement and I presented myself as an interested party by asking questions to show interest. During the first session my focus changed from tracking content to tracking transactional patterns. I will discuss tracking of transactional patterns during reflection on the second research question.

In using the technique of tracking, I did not challenge what was being said, I rather positioned myself as an interested party and adopted symbols of the family's life which I used to communicate with the family.

Maintenance refers to the technique of providing support to the family structure, as it was perceived and understood by the therapist (Minuchin 1974:125).

I used maintenance to explore, understand and support each family member's experiences, as well as the family structure. I used maintenance by copying

the mother. She brought the son into discussions. I copied her, by confirming her action by joining with the son to bring him into discussions. By doing this I demonstrated my respect by accepting their communication channels. I thus used the skill of maintenance to join the family by relating to them, in congruence with their transactional patterns.

By using the joining techniques I could become part of the family, without threatening them. I was able to create a context where I, as therapist, and the family could work together in partnership. The use of mimesis, tracking and maintenance enabled me and the family to explore not only the basic content of our interaction but also the family's structure. I will use these techniques again as guidelines to help me focus in sessions and to become part of the family. These techniques enabled me to reflect on my pattern and process of joining.

What immediate changes could be observed in the family's structural patterns when I joined them?

Through tracking firstly the content of communication, the family structure began to emerge. The family initially presented themselves as a single parent family, where the son was the identified patient. By tracking the structure, it became clear that the divorced father was still very much part of their individual experiences, as well as of the transactional patterns between them.

In the beginning of sessions, I directed questions to the mother. It seemed as if the preferred transactional pattern was through the mother. Only after she

brought the son into conversations, would I follow her process and start directing questions towards the son. At first I found it difficult to talk to the son, as the mother would interfere whenever I directed a question at him. I experienced frustration and boredom whenever this would happen.

When I discussed this with the team it was suggested that I should use a positive reframe when she interrupted, in order to show acknowledgement for her concern for her son. I did this by using maintenance of affect and structure, reflecting back on their closeness and how much they care about each other. The mother stopped interrupting when I asked the son questions.

During discussions with the team, we hypothesised that the family was confronted by who they are. Without the husband present their roles and structure had changed. The family was now dependent on each other for survival. Although their relatives provided financial assistance, they were dependent on each other for emotional support.

By maintaining and supporting individual experiences as well as the family structure, I became aware of the rules regulating the transactional patterns. By maintaining these individual experiences, I enabled the family to become aware of themselves, which enabled them to become aware of themselves as individuals. The family became aware of their own needs and they drew boundaries as a single parent unit. They thus moved from a family where the father was part of them, although not physically present, to becoming aware of themselves as individuals. By becoming aware of their individual experiences

they changed and with that the experiences of the family as unit changed.

The family as a unit was in the developing stage of becoming a new single parent family, while the son was on his way to leave home. This discrepancy in needs left the family with role uncertainty.

What impact did joining have on my emotional state, and by joining the family did it create a sense of belonging for myself as well as the family?

The mother and son were tuned in to each other's pain. When I discussed the son's pain, the mother got upset and when I discussed the mother's pain and hurt the son would mention that he hated his father for what he had done to his mother. Both mother and son were sensitive to each other's pain. After I allowed myself to experience the family's pain, I was able to explore the pain. I became sensitive to this pain and was able to give support concerning it. By experiencing the family system's pain I developed a sense of respect for each individual member and became committed to their healing.

When probing painful areas, I became comfortable with different levels of involvement. After some time I became emotionally able to engage and disengage with the family. Throughout this process I developed my ability to stay with intensity. This was a new experience for me as I was never before comfortable with intensity. The shift came about when I realised that by keeping up with the family's intensity I was able to shift from content to emotion and process.

I joined the family emotionally by adopting the close position. This entailed that I become supportive and could reflect to the family how I understood their pain. By doing this I confirmed not only the validity of their emotions but also my own. By doing this we became part of each others experiential field. This position of the experiential field shifted to the median position during the sessions. In the median position, I helped the family to elaborate on the many experiences in their life. This is done with the aim to begin with intervention, focussing on the process aspects of the family's behaviour. By using joining I not only followed, but also gently directed the sessions.

Some of the sessions were emotionally difficult. When the intensity was too low and I couldn't join with the son, I became bored. I did however manage to maintain high intensity and saw the family through the intensity. I then experienced a sense of belonging to the family system which enabled me to experience the same feelings of pain and uncertainty that the family experienced and which enabled them to open up more towards me.

According to Minuchin (1974:113) the sense of belonging to the family dominates the experience of being a separate self. When I entered the family with its close boundaries, I found it very difficult to reach the members. When I tried to join with the son, I found that the mother would try to redirect the conversation. At times I experienced boredom when this happened. Only when I realised my joining process led to instability within the family could I understand that it was this instability which I experienced as boredom.

I joined the family with the purpose to create a defined therapeutic context. My joining ability ensured the continued participation of family members in their own healing processes.

3.3.4 Action-reflection cycle two

3.3.4.1 Problem formulation

The question which I will explore developed out of action-reflection cycle one.

The question is:

What changes can be observed within the therapeutic self of the therapist after reflecting on action-reflection cycle one?

Planning

I plan to reflect on issues which affected the development of my professional self, as identified from action-reflection cycle one.

Action

I reflected on action-reflection cycle one and identified issues which affected the development of my therapeutic self.

Reflection on research question

I entered the first session with the plan to develop a context that would allow change within the family unit. I initially identified the son as the cause of the problems. As the sessions progressed I identified the absent father and the

family's changing structure as the real problem. Only when the family realised that this issue was their real problem could I join them in a position of leadership to create a therapeutic system. I experienced a shift in my therapeutic self. Previously, I experienced therapy as finding solutions to problems. Now I started to believe in the family's autonomy to solve their own problems and I stopped making choices for them.

Initially I joined the family in order to change them. I did not trust them to bring about change by themselves. I believed I had to introduce change. When I started using joining techniques, I was able to respond to events as they occurred in the sessions. I could hear what the family members told me about the way that they experience reality. I could make observations and pose questions. I was also able to observe the way the family members related to me and to each other. This enabled me to identify transactional patterns and boundaries. By using joining techniques, I started trusting my own abilities as well as the family's ability to change.

I experienced joining as a way of moving from content to emotion and structure, within the sessions. The family and I were able to talk about highly emotional experiences. This was a new experience for me. Before, I believed that I should keep intensity low, as I did not trust myself or clients to cope with deep emotional experiences. Through using joining I realised the healing power of emotional expression and I trusted myself and the family to deal with this.

CHAPTER IV

REFLECTIONS

4.1 REFLECTIONS ON THE RESEARCH PROCESS

The aim of this chapter is to reflect on the past chapters, as completion of the action-reflection process.

According to Minuchin and Fishman (1981:2) the art of family therapy lies in the process of: "joining a family, experience reality as the members experience it and to become involved in the repeated interactions that form the family structure and shape the way family members think and behave."

This study started off with the identification of questions which the researcher explored during the course of the study. The researcher's curiosity concerning her own joining skills served as motivation for the inquiry.

The researcher knew from the start that she wanted to explore joining techniques as well as her own joining process and for this reason she used action research as her study design, as it was (according to the researcher) the most self-reflective design.

The researcher started off by planning her study according to her own joining process. She did her literature study by studying material concerning joining techniques, eliminating irrelevant information and integrating appropriate information into her study.

4.2 REFLECTIONS ON THE RESEARCH STUDY

4.2.1 Reflections on the researcher's development

One of the most important changes, which the therapist experienced was moving away from working in a linear (cause-effect) way, to becoming reflective in her approach. When the therapist worked in a linear way, she believed that problems were caused by something from outside and that people cannot change due to this. By experiencing structural therapy, the therapist was able to perceive the transactional patterns of individuals in the family. By making family members aware of these transactional patterns the therapist enables individuals to become autonomous and self-corrective. When the therapist perceived this change, she became self-corrective and moved away from a linear approach.

Action-reflection research enabled the researcher to start thinking of her own way of joining with people in everyday situations. This empowered the therapist to create contexts where she can communicate with a broad spectrum of people and be able to express herself without feeling threatened, or threatening others.

Another important change, which the therapist experienced was dealing with boredom in the therapeutic environment. The reflecting team allowed the therapist to explore and to become aware of what happened to herself and the family when she experienced boredom. By being reflective the team enabled the therapist to explore ways to deal with her boredom in the therapeutic environment in order not to lose contact with the family.

The reflecting team also played an important role during highly emotional sessions. When the therapist got emotionally tired during a session, the team was afterwards able to reflect on the process in the sessions and this enabled the therapist to realise that she was part of a process. This enables the therapist to reflect on a process even when she is part of an emotional situation.

4.2.2 Reflection on the family

By believing in the family's own autonomy and ability to change, the therapist strengthened the family's structure and communication channels. Where the family at the beginning was still experiencing the father as influential in their life experiences they became more aware of their own needs and boundaries as individuals as well as a single parent family. This change in structure from the son as the mother's protector to being her son, and the father as being central in their lives, to becoming less important, redefined their relationship. This changed interactions and experiences, as the individual members' experiences and interactions create the family unit. The therapist became aware of small meaningful changes and experiences which she could maintain in order to make the family aware of themselves as a unit as well as individuals.

4.3 HYPOTHESES GENERATED

From the research study, the following hypotheses were generated:

If the therapist uses joining techniques in therapy, the therapist can become part of the family, without threatening them.

If the therapist joins the client system through the preferred transactional patterns, the communication channels become more open and transactional patterns more apparent.

If the therapist becomes emotionally supportive, the client system and the therapist can share their hurt and pain, which change the perceptions of the client system and the therapist.

4.4 CONCLUSION

The aim of this study was to explore how joining skills are used when the therapist works with families. The researcher also wanted to determine what effect the application of these techniques would have on her and the family.

The therapist joined a family and created and structured a defined therapeutic context. Her joining ability ensured the continued participation of family members in the therapeutic process, which enhanced their own healing functions.

The researcher experienced the skill of family therapy when she joined with the family to experience reality as the members experienced it and she became involved in the repeated interactions that formed the family structure. In doing this she was shaped by the way family members think and behave and in turn, shaped them.

In conclusion it can be mentioned that this action-reflection research study focussed on the first two spirals of the action-reflection process. The therapist views this as the basis for her perceptions on what had happened to her as an individual, while joining a family. The therapist believes that the hypothesis which were generated from this research study opened a door for action research in the field of family therapy which could be explored further and could be reflected on by future family therapists who are daring enough to be self-reflective.

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TRANSCRIPTIONS

TRANSCRIPTIONS

SESSION ONE

The session started with the mother, son and therapist getting seated.

The seats form a triangle.

Therapist: "Ek wil net gou weer julle name kry, jy is C..."

(Mother shakes her head.)

Therapist: "...en jy is W?..."

Son: "A."

Mother: "A, dit is die maklikste."

(The therapist sits the same as the mother, crosses legs, arms folded.)

Therapist: "Ek is M, miskien moet ons maar begin. Waarvoor is julle vandag hierso?"

Mother: "Die probleem is eindelijk, ek is 'n maand gelede geskei. Ek en my man het verskriklik baie probleme gehad. Hy was, het my geslaan en baie lelike dinge gedoen met my en op 'n stadium het dit begin werk op die kind want meeste, so nege en negentig persent van die tyd was hy teenwoordig."

Therapist: "Uh-hum."

Mother: "Sommige tye was dit met hom hulp dat dinge tot 'n stop gekom het en so aan. Verlede jaar, eindelijk die jaar voor dit het daar probleme gekom met sy skoolwerk. Toe het hy begin laks raak, nie om skool te loop nie, maar om huiswerk te doen, en sy punte het toe begin verswak."

Therapist: "Dit was so 'n jaar terug?"

Mother: "Dit was so twee jaar terug wat dit begin het, maar ek het vir myself gesê kom ons sit hom, (A) op 'n proeftydperk en kyk of hy nie verbeter nie. Ok, teen die einde van die jaar het hy geslaag, ook maar net-net. Toe gaan hy hoërskool toe. Verlede jaar het alles net begin verskriklik skeef loop. Januarie, Februarie het sy pa geloop uit die huis uit. Dis nie eindelijk sy biologiese pa nie, maar hy't my kom kry, toe's ek verwagtend met my seun. En hulle twee het, hy is nou bewus daarvan. Eindelijk het R besluit ons moet hom nie sê nie want sy pa het niks 'geworry' nie, maar op 'n stadium het 'n helse bakleiery tussen ek en R uitgebreek."

Therapist: "R is nou jou...?"

Mother: "Dis nou my gewese man. Het daar 'n helse bakleiery tussen my en R uitgebreek en hy (A) het tussenbeide getree en op 'n mate het dit begin stil raak, maar was daar nog 'n geskellery en so aan en hy het toe na R geroep, want R was nog die een wat

aan en aan gegaan het. Toe sê hy: '*...Daddy hou op ...*'. Toe skree hy vir die kind: '*...ek is nie jou pa nie, sê jou ma moet jou gaan wys wie is jou pa! ...*'. Dit was vir die eerste keer in dertien jaar dat so iets gebeur."

Therapist: "Was dit nou laas jaar?"

Mother: "Nee dit was die vorige jaar. Van toe af het alles net begin agteruit gaan met sy skoolwerk. Hy was 'n baie goeie rugby speler, hy was 'n baie goeie sokker speler, maar van daar af..." (Mother turns to son.) "Ek hoop nie A, alles wat ek nou praat gaan jou onder die indruk plaas dat alles wat jy verkeerd doen gaan lei tot daarnatoe. Ek praat nou net in die verlede in."

Therapist: "Ek dink A, jy moet ook saam praat, soos wat ons praat. Jy weet ook wat aangaan."

Mother: "Kyk hy weet, daar's niks wat ek vir hom kan wegsteek nie, want hy weet alles wat daar aangegaan het."

Therapist: "Ja..."

Mother: "En alles het net begin agteruit gaan en A het net nie meer begin belangstel in rugby speel nie en hy het 'when ever' hy lus gehad het om te gaan rugby oefen, gaan oefen en hy het 'when ever' hy lus gehad het om te gaan sokker speel, gaan speel. Hy het so gewissel tussen sokker, rugby, krieket en hokkie. Op die ou einde het hy net weer lus verloor tot op die huidige oomblik."

- Therapist:** "So jy was bekommerd dat hy so rond gespring het van sokker en hy kon nie regtig iets kry wat pas nie."
- Mother:** "Ja, en hy is 'n kind wat baie aktief is, en hy kom van die skool af, gooi sy goed op die bed neer en skakel die tv. aan en begin tv. kyk. Sommige tye as hy van die skool afgekom het, het hy sommer begin, sy boeke neergesit, sy klere uitgetrek, vir hom iets gemaak om te eet. Baie keer, want ek was meestal by die huis, kom kry hy my en eet, dan..."
- Therapist:** "Ja..."
- Mother:** "Na dit het hy sy skoolboeke op datum gebring dan het hy gaan speel. As dit begin skemer word dan het ek nou begin 'worry', waar's die kind? Ek hoop die kind kom nou huistoe, want hy weet more is dit skool en so aan. Maar agterna het dit net alles begin agteruit gaan, en hy wil by my wees, maar ook nie daar wees nie, want hy wil nie al die 'violence' gesien het nie, maar aan die anderkant wou hy ook nie geloop het nie, want hy wou my nie gelos het by sy pa nie, want hy is bang, sy pa het my verskriklik geslaan. Dat ek in die hospitaal in en uit gekom het..."
- Therapist:** (Therapist to A.) "Kan ek jou vra A, wat het verander? Dit klink vir my jou ma sê, op 'n stadium het jy sokker gespeel en rugby gespeel en op 'n stadium het jy toe..." (Mother uses hands to make big gestures, therapist adapt big gestures.)
- Son:** (Speaking very softly.) "Dit het alles in standerd vyf begin. Ek het meeste van die tyd rugby gespeel, alles het reg verloop, toe begin

die bakleiery weer uitbreek. Naderhand toe kan ek dit nie meer hanteer nie, toe praat ek met my pa, toe begin hy met my baklei."

Therapist: "Uh-hum."

Son: "Dis van daai tyd af dat ek en hy mekaar nie mooi verstaan nie."

Therapist: "Jy sê dit het begin gebeur vandat jy laerskool of hoërskool toe gegaan het?"

Mother: "Dit was sy laaste jaar op laerskool."

Son: "Toe begin hy my te slaan as hy kwaad is vir my ma, en hy kan haar nie slaan nie. Dan kom hy na my toe, dan skoor hy met my."

Mother: "Hy't hom nooit eindelijk, ok, ek en hy gaan jok as ons sê hy't hom geslaan. Hy't hom nooit eindelijk geslaan nie, hy't net baie lelik met hom gepraat."

Therapist: " As ek dit reg verstaan, hy't moeilikheid begin soek met jou, (C), dan kom jy, (A), nou en probeer hom kry om jou te slaan."

Mother: " Want hy probeer nou sy pa te kry om my nie fisies te slaan nie. Dan sal hy (A), vir my altyd aanpor dat ek moet uit die huis uit."

Therapist: "Ja..."

- Mother:** "Want hy's bang sy pa gaan aan my slaan, sodat ek nou uit die huis is dan begin hy nou te vloek en te skel."
- Therapist:** "Wie's hy nou?"
- Mother:** "R nou, dan begin sy pa hom vloek. Op 'n stadiim het hy gesê ek hoereer, toe't ek begin uitvind dat hy met ander meisies begin rondgaan en so aan. Dinge het verander, elke keer as ek hom daarvan vra dan vloek hy my ek is die hoer. Dan baie kere kom hy by die huis in die oggend ure dan slaap die kind dan maak hy hom wakker om my so lelik te vloek, voor die kind. Vloek vir my van my onderliggaam voor die kind. Beskryf vir die kind hoe lyk onder en tipe dinge soos dit."
- Therapist:** "Wat gebeur as hy jou wakker maak en julle het nie baklei voor die tyd nie? Moes hy jou eers wakker maak en dan met ma baklei?"
- Son:** "As hy in die oggende inkom en my ma't geslaap dan klop hy daar by die kamervenster."
- Therapist:** "Ja, wie se kamervenster?"
- Son:** "My ma se kamervenster, en as sy te lank vat dan dink hy sy wil nie oopmaak nie dan begin hy te 'perform' daar buitekant."
- Therapist:** "So hy soek nie noodwendig jou uit nie, hy..."

- Son:** "Nee, maak my ma vir hom die deur oop dan gaan hy kamer toe dan kom hy weer terug dan maak hy my wakker, dan sê hy: '*...gaan kyk wat maak jou ma ...*'"
- Therapist:** "Uh-hum."
- Son:** "*...Sy soek my nie hier by die huis nie ...*", dan begin hy te 'perform', ja hy's die man in die huis en hy sal doen wat hy wil en al die dinge. Toe raak dit net al erger en erger, dat dit nie op 'n einde gekom het nie."
- Therapist:** "Toe waar was jou ma terwyl die dinge gebeur het?"
- Son:** "My ma was in die huis en ek het reeds geprobeer dat hy haar nie moet slaan nie."
- Therapist:** "Ok, so jy was eerder die 'punchingbag' sodat hy jou liewer moes 'punch' as vir haar."
- Son:** "Dat hy liewerste my moes slaan. So het dit aan gegaan totdat ek dit nie langer meer kon uithou nie. Ek het al eenkeer na my ouma toe gegaan om daar te bly. Dan kom my vriende, dan sê hulle dit gaan nie goed daar by die huis nie. Dan gaan ek deur dan sê hy ek kom 'try' my ma weg te vat daar by die huis."
- Therapist:** "Toe jy by jou ouma gebly het hoe het dit toe gegaan by die huis, erger meer bakleiery of minder?"

Mother: "Dit was dieselfde. Niks het verander nie. Dit het net al hoe erger geraak en ek het vir myself gesê, ag volgende jaar is 'n nuwe jaar, miskien sal dinge verbeter. So het ek myself getroos want ek het nie iemand gehad met wie ek my probleme kon gedeel het nie. My ma is 'n baie dwarse persoon."

Therapist: "Ja?"

Mother: "En as jy vir haar 'n ding sê kan sy altyd haar storie inlas of sy sê, sy vat dit andersom as wat jy dit vir haar beskryf."

Therapist: "Ja."

Mother: "Toe't ek net vir myself besluit, as ek elke keer na my ma toe gaan, dan kom my ma, my ma praat met ons altwee, sê ek net iets of sê, R net iets, dan begin my ma baklei met ons altwee. Toe dink ek vir myself, nee elke keer as ek na my ma toe hardloop en my ma kom hier, dan lyk dit net vir my of dinge vererger. Dit was nie die rede nie. Elke keer as ek vir R betrap of ek is aan die gelukkige kant. Die meisies waarmee R uitgaan laat dit hulle besigheid maak om na my toe te kom. As hulle my nie self bel nie, of nie self by my uitkom nie, stuur hulle, hulle vriende, sê 'n vriend van my, of dit het al so erg begin raak dat hulle die kind (A) ook begin betrek het. Dan sê hulle sy vriende, sodat hulle hom kan sê sodat hy my kan sê. En op die ou einde so verlede jaar, toe hy in die hoërskool was, toe begin hy skooltoe gaan 'whenever' hy so voel. Daar was 'n meisie in standerd nege gewees, waarmee sy pa uitgegaan het verlede jaar. Deur haar het R geloop verlede jaar. Hy was vyf maande weg. Gedurende daai vyf maande het R

iemand gehad wat daai meisiekind elke oggend skool toe gevat het en in die middag gaan haal het, wetend dat die kind die kar gaan sien en gaan weet, want sy het dit haar 'means' gemaak, sy en haar tjommies om vir hom te laat weet."

Therapist: "So dit was 'n moeilike tyd vir julle twee?"

Mother: "Ja, dit het later so erg begin raak dat as hy en sy vriende aankom en sy en haar vriende kom aan, dan sal sy vriende sê: '*...daar kom jou stiefma aan ...*', of sal haar vriende sê: '*...daar's jou stiefseun ...*'"

Therapist: (Turns to A.) "Wat het jy gedoen?"

Son: "Ek het op een stadium kwaad geraak, toe wil ek bakleierig raak, toe sê my tjommies ek gaan net my tyd mors. Agterna toe sien sy ek raak kwaad as sy verby my kom..."

Therapist: "Wie's sy?"

Son: "Die vrou, as ek verby haar loop by die skool, dan 'point' sy en haar vriende na my toe, dan praat hulle van my, dan lag hulle."

Therapist: "So hulle het jou so bietjie gekoggel?"

Son: "Ja, dan los ek hulle..."

Mother: "Dan baie kere kom my kind in trane by die huis aan..."

Therapist: "Dan los jy hulle?"

Son: "Dat hulle aan loop. As hulle sien ek vat hulle nie kop toe nie dan roep hulle een van my vriende dan praat hulle met hom of K. Dan kom K na my toe, dan sê hy my wat hulle gesê het. Toe sê ek, ek gaan nie my tyd mors en kwaad raak nie. Nou baklei ek met hulle, dan sê hulle vir hom (R), dan kom hy na my toe en vra my het ek 'n probleem met hulle?"

Therapist: "Ja"

Son: "Vandaar af ignoreer ek hulle, maar hoe meer ek hulle ignoreer hoe meer pla hulle my."

Therapist: "So dit was moeilik vir julle altwee, jy (C) het gevoel jou man het jou gelos, en jy (A) het gevoel jou vriende koggel jou en dit was vir jou moeilik gewees."

Son: "Soms."

Mother: "Ja, want die tye toe hy (R) weg was, was ek en my seun alleen by die huis. Ek is eindelijk werkloos, ook deur hom, want hy wou nooit gehad het ek moet werk nie. Werk vir twee, drie maande dan hoereer ek. Oral, ek en hy is geskei, ek kan enige plek instap. My rekord is skoon want ek gaan dien 'n bedanking in. Dit was 'either' jy bedank jou werk of ek kom moles maak by die werk."

Therapist: "Klink of hy julle baie oorbeskerm het, of verstaan ek dit nou verkeerd?"

Mother: "Hy...Ek kon nie na my ma toe gaan nie..."

- Therapist:** "Was sy aan sy kant?"
- Mother:** "Nee, my ma is eindelijk aan my kant. As ek na my ma toe gaan dan hou my ma vir my 'n hoerman aan. Ek kon nie met my broer kommunikeer nie want my broer bring sy vriende na my toe. Ek kon nog minder na sy ma en pa of broer of suster toe gaan, want dit was dieselfde storie."
- Therapist:** "Jy was heeltemal afgesonder. Jy moes maar by die huis bly."
- Mother:** "Dit is waar ek,... maar bly ek by die huis is dit steeds nie reg nie, want dan hoer ek nog steeds. Deur die dag dan kom kuier die hoer manne, gaan ek na my ma toe, bly dit dieselfde. Ek het op die ou einde nie geweet wat aangaan nie. Toe hy verlede jaar weg is van die huis af het ek gedink, 'well fine', dinge gaan verander. Hy gaan insit vir 'n egskeiding. Dis finaal klaar tussen ek en hy, maar hy sal dit waardeer as ek en hy nog vriende kan wees ter wille van die kind. Hy moet die kind onderhou, hy moet sorg vir die kind en hy wil die kind nog graag sien." (Makes gesture with hands.) "Well fine', kom hy daar en my vriende is daar dan bring hulle nuus van my hoerman."
- Therapist:** "Is dit nou of toe?"
- Mother:** "Dit was verlede jaar. Ek is nou al van Januarie weg van die huis af. Ek het net besluit tot hiertoe."
- Therapist:** "So waar bly julle nou?"

Mother: "My ma en my neef is besig om my te help. Ek en hy (A) bly in 'n woonstel in die stad in. Hulle help my met kos en die huur en dat hy (A) elke dag by die skool is. So huidiglik onderhou hulle my. Ek het toe besluit tot hiertoe en nie verder nie. Elke keer as ek wil loop en ek sê vir R, dan sê hy, ja ek moet net onthou, ek gaan nie 'n ander man vat nie, want hy sal my liewerste doodmaak. En dit het my nog altyd terug gehou, want sê nou iets gebeur met my, wat gaan word van my kind. My ma is huidiglik nie baie gesond nie, sy's 'n asma lyer. Val my ma weg, ek's nie daar nie, wat word van my kind? Hy (R) het in die verlede toe ons nog by hom was nie eens 'geworry' oor ons nie. As ek en my ma nie daar is nie wat gaan word van my kind. Hy is nou so 'concern' oor die kind, hy moet naweke vir hom kom kuier. Hy bel die kind gereeld, hy 'check' die kind op by die skool, maar hy onderhou nog steeds nie die kind nie. Hy gee nie eens om hoe kom die kind by die skool nie, hy gee nie..."

Therapist: "A, wat het verander vandat jou pa weg is?"

Son: "Nou kom haal hy my by die skool dan vra hy my hoe gaan dit, waar bly my ma. Hoe gaan dit en al daai goed. Dan vat hy my huistoe. Maar soos hy praat met sy vriende, sê hy my ma was soos 'n 'girlfriend' vir hom. Hy't nie 'geworry' oor haar, maar as ons allienig is dan praat hy mooi. Dit lyk of hy wil 'afshow' voor sy vriende. Dan kom hy met ander meisies daar, dan stel hy hulle voor aan my, dan sê hy: '*...die's my 'girlfriend', die's my kind ...*' Ek kan niks sê nie. Op die ou end toe wil ek hom nie gaan kuier nie, toe dink hy my ma maak my op teen hom."

- Therapist:** "Ok."
- Son:** "En agter 'n lang ruk kom haal hy my weer by die skool. Seker so 'n maand terug. Toe sê ek nee ek gaan nie weer saam Eersterus toe nie. Ek gaan 'strait' huistoe. Toe sê hy my ma maak my op teen hom dis waarom ons nie oor die weg kom nie. Toe sê ek dis nie so nie, hy't alles op homself gebring. Hy't uitgegaan met ander meisies en op die ou end kom slaan hy my ma, kom haal hy sy frustrasies op haar."
- Mother:** "Verlede jaar..."
- Therapist:** (Turns to the son.) "So jy moet die middel mannetjie wees."
- Mother:** "Van verlede jaar, Januarie af het dinge so erger begin raak dat R nie eens meer omgee het nie. Die meisie met wie hy nou 'n verhouding het, sy is agtien, hulle verhouding kom so drie, vier jaar al saam. Agterna het hy nie eens meer omgee nie, hy het dit somer in die openbaar, in die dag gedoen. Eers het hy Eersterus toe gery. Ons het by sy ma en my ma-hulle in Eersterus gebly..."
- Therapist:** "Wie't na die huis gekyk. Jy (C) was by jou ma. Hy (R) was by die meisie heeldag en jy (A) was in die skool. Hoe't julle oorleef?"
- Mother:** "Whenever hy voel..." (Turning to son.) "Praat jy eerste."
- Son:** "Wanneer hy voel hy wil iets koop vir die huis dan koop hy dit..."
- Mother:** "As hy honger is..."

- Therapist:** "Wie't gewerk? Waar het julle geld gekry?"
- Mother:** "Hy werk, hy's 'n 'technician'. As hy voel hy gaan elke aand die week by die huis wees, koop hy genoeg en verwag hy daar moet elke aand gekook word. As hy die naweek by die huis is het hy gesorg dat daar vir die naweek genoeg is. Andersins het ek hom (A) na my ma toe gestuur, as hy van my ma afkom het hy vir my ook kos saam gebring. Ander tye het ek gedink laat hy maar vloek en skel, ek gaan 'n twee rand vyftig leen om in Eersterus uit te kom. My ma sal sien dat ek by die huis terug kom. Dan kry ek kos wat hy ook vannaand saam gaan eet. Maar as daar 'n 'fight' uitbreek oor die naweek, dan het hy gesê, voor die kind, ek het my gat gewip, want ek het kos van my ma gehaal."
- Therapist:** (To A.) "Waar is jy as jou ma na jou ouma toe gaan?"
- Son:** "Partymaal is ek ook in Eersterus."
- Therapist:** "Gaan jy saam met jou ma?"
- Son:** "Gaan na my vriende toe. Ander keer is ek by die huis ' incase' hy (R) kom daar."
- Mother:** "Laat die deur nie gesluit wees nie."
- Son:** "Ek wag vir my ma, maar op die ou einde dan kom hy maar nog steeds, dan 'perform' hy."

Therapist: "Ek dink julle twee het baie na mekaar gekyk." (Turns to A.) "Jy het gesê jy gaan na jou ouma toe en gaan haal kos en aan die anderkant jy wag by die huis dat jou pa eerder met jou kom baklei terwyl jy (C) by jou ma is."

Therapist: "So julle twee is nogal heel 'close' ne?"

Mother: "Dis wat hy (R) nie kon verstaan het nie. Ons het as 'n familie, ons drie saam het 'n baie goeie band gehad. Hy het sy dinge gedoen, as ek daarvan uitvind, is dit al iets van die verlede en ek het my nooit gesteur daar aan nie, want ek is nou maar net 'n persoon, ek wil dit self sien voor ek dit glo. Na dit het ek vir myself gesê nou 'worry' ek nie meer nie, ek het vir my tydelike werk gekry, ek het aangegaan met my werk, toe was dit ook nie goed genoeg nie. So het dinge aangegaan. R het gehoereer, maar R het besef daar moet aan die einde van elke maand kos gekoop word. As 'n gesin het ons saam in gegaan Menlyn toe..."

Therapist: "So julle was baie 'close' gewees."

Mother: "Ons was 'n baie hegte familie."

Therapist: "Wanneer was dit gewees? Voor, nog altyd?"

Mother: "Nog altyd gewees, en om dit so te stel ek en hy is geskei, hy bly by die meisiekind wat ons lewe opgebreek het. Ek was twee dae weg van die huis af, toe het sy ingetrek en soos ek dit gesien het, was daar nog 'n kans ek sou terug gegaan het, ek het dit gesien as 'n gaping tussen ek en hy. Twee dae daarna toe gaan ek na my ma

toe, toe sê sy vir my: '*...hoor hier, daai kind het ingetrek. ...*'. Ek het dit toe nog nie kop toe gevat nie. Toe het hy (R) self vir die kind gesê: '*... wat gaan aan met jou ma, gaan sy terug huistoe kom of nie?...*'. Toe sê hy (A) : '*...Dadda ek weet nie. ...*'. Toe sê hy: '*...ek wil aan gaan met my lewe, ek wil jou dit self sê voor jy dit moet hoor in die strate, J woon nou by my. ..*'"

Therapist: (To A.) "Dis snaaks dat hy elke keer jou gebruik, vis hy by jou, hoe gaan dit met jou ma."

Son: "Soos hulle sê, hy gebruik my om uit te vind hoe gaan dit met my ma. Agterna toe vat ek hom ook nie eens meer kop toe nie, want hy sê ons gaan uit dan kom hy nie sy beloftes na nie."

Therapist: "Raak jy nie kwaad nie, want hy gebruik jou om uit te vind hoe gaan dit met jou ma."

Son: "Ja..."

Mother: "Daarom wil die kind ook nie meer soontoe nie."

Therapist: "Hy soek jou nie om daar te wees nie..."

Son: "Net om uit te vind hoe gaan dit met my ma, ja .."

Mother: "Dan in die strate sê hy: '*...oe, ek is bly daai 'bitch' is weg nou kan ek aangaan met my lewe ...*'. Ons het gebly in 'n huis, 'n een slaapkamer met 'n 'open plan kitchen', 'n tiolet en 'n 'shower'. My kind het op 'n bank geslaap binne in die sitkamer, en toe't ek vir

hom gesê, kyk ,R, toe staan hy 'n kans om 'n persoonlike lening te kry of 'n huis lening te kry. Toe sê ek 'ok well fine' hoekom gaan jy nie 'n persoonlike lening aan by die werk nie. Al is dit net vir tien duisend rand, al bou ons net een kamer aan, dat die man net sy 'privacy' het want hy (R) hou van baie vriende om hom. Eindelik het sy vriende in 'n mate ook meer van hom 'gebenefit' as wat ek en hy (A) 'gebenefit' het. Nou 'party' hulle tot oggend ure en die kind slaap in ons bed. Dan sê ek vir hom (R) laat ons sommer vir ons bed op die vloer maak. Dan word daar bed gemaak. Dan sê hy (R), hy werk, die vloer is nie goed genoeg nie. Dan maak hy die bed, dan dra hy die kind sitkamer toe, daar waar die kind slaap, en vra ek hom, jy staan dan kans vir 'n huislening, jy is oor die twee jaar daarso. Al bou ons net een kamer. Nee hulle sal hom (R) nie die lening toe staan nie. Elke jaar is dit net volgende jaar, volgende jaar. Hier's ons weg, die man is besig om te bou."

Therapist: "Nou bou hy."

Mother: "Hy bou. So dit kan ek nie verstaan nie. Ek en die kind was maar net 'n struikelblok."

Therapist: "Maak dit jou nie kwaad nie, want hy het nou hierdie jong meisietjie."

Mother: "Dit maak my briesend kwaad."

Therapist: " Jy't soveel dinge opgeoffer vir hom en nou, wat gebeur nou?"

Mother: "Ek is skaars 'n maand weg. Hier kom sê die kind vir my daar's 'n stoof, tv., daar's 'n 'room divider', die man is besig om te bou. Dit

maak my kwaad. Ek het so te sê my hele lewe opgeoffer vir hom. Wat het ek gekry? Niks, 'n kind het die 'benefit' wat ons nooit gehad het nie. Al wat ons gekoop het in die huis was 'n yskas en 'n microwave'. Die bank wat my kind op geslaap het, is 'n bank wat sy ma my gegee het. Die koffie tafel het sy ma ons gegee. Hoekom nou skielik word als nuut gekoop? Die man wat nooit geglo het aan rekeninge nie het rekeninge oop gemaak vir 'n kind. Maar nou vat hy die kind..." (Mother points to son.) "...en dan vra hy hom uit, van wat lewe julle? Wie kuier by jou ma, sulke dinge, maar hy vergeet, 'n kind wat saam met hom (A) skool geloop het, slaap in die aande by hom. Dis deur hom dat die kind..." (Points to son.) "...se skoolwerk so agteruit gegaan het verlede jaar. Die kind het vrot gedoen en hy doen standerd ses weer oor, want hy (A) het nie belang gestel om skool toe te gaan nie, want sy hoermeide het die kind geterroriseer, dat hy nie wou skool loop nie. Toe die kind druiw wou hy hom so 'n lang 'sermon' gee maar hy vergeet dit is deur hom..."

Therapist: "Is jy kwaad of is jy bitter. Aan die een kant klink dit so, jy voel..."

Mother: "Ek weet nie hoe om dit te stel nie. Ek is baie gelukkig nou..."

(Phone rings)

Therapist: "Ek wil vra, aan die een kant is jy so kwaad vir hom, maar aan die ander gee jy nog om?"

Mother: "Ek kan dit myself dit ook nie verstaan nie, want dit is so. Ons is 'legally' geskei, so ek is ontslae van hom, aan die eenkant is ek gelukkig want my kind is gelukkig."

Therapist: "So dit maak bietjie seer nog."

Mother: "Dit maak seer, maar seker nou dat ek iemand het om dit mee uit te praat kom dit uit, want ek is al die tyd nog alleen en ek kan nie sulke goed met my kind praat nie. Om dit so te sê, in 'n mate haat ek hom, want ek het my hele lewe opgeoffer vir hom en ek het niks daaruit gekry nie."

Therapist: "Dis baie deurmekaar, jy haat hom, jy's lief vir hom, hy gee alles vir daai kind, jy kry niks en julle sit waar julle sit."

Mother: "Ons sit waar ons sit. Al die jare het ek gewerk, ek het tien jaar vandat my kind gebore is gewerk, toe ek met R trou was my kind drie jaar oud. Ek het nog twee jaar gewerk, toe is dit nie goed genoeg, toe moes ek by die huis sit, want sy vrou sal nie werk nie. Maar as ek iets wil hê, moet hy eers die 'budget' uitwerk."

Therapist: "Wie't die reëls in die huis gemaak?"

Mother: "R het die reëls gemaak, almal moes dans volgens hom."

(Phone rings.)

- Therapist:** "Ek wil julle iets vra. Jy (C) sê julle het so baie opgeoffer, jy't opgehou werk en jy (A) het skool verander, jou sport gelos, op hierdie stadium is julle altwee op al. Julle moet alles gee en gee."
- Son:** "En hy wil niks terug gee nie."
- Therapist:** "Hy gee niks terug nie."
- Son:** "Nee."
- Mother:** "Dis net, hy wil die ontvanger wees, maar hy wil nie die geeër wees nie. Dit wat ons van hom kry moet ons tevrede mee wees. Hy verwag nog steeds ek moet onderdanig wees aan hom. Ek is nog lief vir hom, maar nie soos ek was nie, ek kan dit nie beskryf nie. Ek is bekommerd oor hom, want hy kan nie geld beheer nie."
- Therapist:** "Wie het die geld in die huis beheer?"
- Mother:** "Hy het."
- Therapist:** "Hy het die besluite geneem, nou is julle alleen. Is dit nie moeilik nie?"
- Mother:** "Nee, nou is dit baie beter, 'everything goes.'"
- Therapist:** "So wat julle nou sê is dat julle het 'n beter lewe, maar julle is nog bekommerd oor hom."
- Mother:** "Sedert ons geskei is, is ons honderd persent beter af."

Therapist: "So hy is nie iemand wat julle somer kan afskud nie, hy is nog deel van die huis."

(On return.)

Therapist: "Julle het net-nou gesê julle het so baie opgeoffer vir R. Jy het alles gegee, jy't jou werk gegee en soveel dinge. Ek wonder, julle het soveel opgegee aan R, dat julle nooit tyd gehad het om vir julleself te gee nie."

Mother: "Alles wat ek gedoen het moes ek perfek gedoen het anders as hy by die huis kom het ek dit gekry. Almal het gesê ek laat hom van my 'n 'punching bag' gemaak."

Therapist: "Dit klink my jy doen dit nog steeds."

Son: "Ek stem saam. Toe ek rugby speel vir Noord Transvaal proewe het hy gesê ek moet dit los."

Therapist: "So jy het sport opgeoffer, jy kon niks vir jouself doen nie."

Mother: "Ons moes aantrek wat hy sê, sodat ons deftig kan lyk vir sy vriende. Alles wat ons gedoen het is vir hom."

Therapist: "Dit klink of julle nou nog vir hom opoffer, julle dink aan hom en die span voel julle is nog nie gereed om vir julle self op te offer nie, maar julle offer vir R op. Ek het vir hulle gesê julle kan vir julle self opoffer en vir mekaar."

Mother: "Ek wil vergeet van R en begin opoffer vir myself."

(Phone rings.)

Therapist: "Vyftien jaar is 'n lang tyd om skielik te vergeet van R" (Turning to the son.) "Hy was jou pa, ek wil julle iets vra. Julle moet nie van hom vergeet nie. Julle moet steeds aan hom dink, maar ek wil hê julle moet 'n halfuur 'n dag aan julle self dink, nie aan mekaar nie, aan julleself."

SESSION TWO

The session starts with low intensity, soft voice tone.

Therapist: " Ek wil hoor hoe't dit toe gegaan die week. Kon julle toe tyd vir julleself kry, of... "

Mother: "Ek moet sê ek het negentig persent van die tyd aan myself gedink."

Therapist: "Sjoe, dis baie..."

Mother: "Ek het soveel as moontlik aan myself gedink. Seker omdat ek so baie besig was of so..."

Therapist: "En die ander tyd?"

Mother: "Ander tye het beplan vir.." (Pointing to son.) "...die familie. Ons het nou die naweek wat nou kom 'n een en twintigste verjaarsdag partytjie. Dit is maar al wat ons nou 'discuss."

Therapist: "Het jy enige iets gedoen om jousef te bederf?"

Mother: "Ja, bietjie inkopies gaan doen, bietjie na my hare gaan laat versien."

Therapist: "Ja, en jousef bietjie gaan bederf."

Mother: "En tyd saam met my kind gaan spandeer."

- Therapist:** "Is dit," (To son.) "...wat het jy gedoen?"
- Son:** "Ek het baie dinge gedoen..."
- Therapist:** "So julle was bietjie saam?"
- Son:** "Ek weet nie eens waar om te begin nie, meeste van die tyd het ons uit gegaan, ek en my ma."
- Therapist:** "Uh-hum."
- Son:** "Ons het tyd saam spandeer, ons self gaan bederf."
- Therapist:** (To son.) "Wat het jy gedoen, toe jou ma haar hare laat doen het?"
- Son:** "Ek en my vriend, wat vir my kom kuier het die vakansie, as my ma haar hare laat doen dan gaan ons af en gaan ry ons 'go-cards'. Dan geniet ons, ons self. Die afgelope week het baie goed gegaan."
- Therapist:** "Is dit nie te skielik, te vinnig, te veel nie, want julle pa is nog daar, julle vergeet van hom..."
- Mother:** "Nee, dis nie dat ons vergeet van hom nie, ons was so besig dat ons nie eens gedink het aan hom nie. Dit is wat ek sê, dis nie dat ons vergeet het van hom nie, want Saterdag was ons by my ma se sussie gewees. Ons wou gaan hoor het van die vervoer, want die partytjie is in Johannesburg, toe sê my tannie vir my nee, sy het hom gekry en hy wil graag my kontak want blykbaar het hy iets om te 'discuss' met my..."

- Therapist:** "Is dit..."
- Mother:** "Dit het nogal gemaak dat ek wonder wat en hoekom skielik..."
- Therapist:** " Uh-hum."
- Mother:** "Ek sou gedink het hy is bly, want hy het nou alles wat hy nog altyd wou gehad het en hy was nie bang om eers te 'move' nie."
- Therapist:** "So hy het die eerste 'move' gemaak en weer kontak gemaak?"
- (Mother shakes her head.)
- Therapist:** "So ons kan nie regtig sê hy's weg, want hy is nog daar."
- Mother:** "Hy is daar, ek kan nie sê hy is nie daar nie, hy is daar..."
- Therapist:** "Uh-hum..."
- (Phone rings.)
- Therapist:** "Ek wil vir julle iets vra. Sê nou net hy (R) kom by julle en hy sê hy wil iets 'discuss' en hy kom by jou en sê hy wil terugkom. Wat sal jy sê?"
- Mother:** "By my kant glo ek nie dit sal werk nie..."
- (Son shakes his head.)

- Therapist:** (To son.) "Jy skud jou kop so heftig?"
- Son:** "Nee, hy sal nie!"
- Mother:** "Wat my betref hy bly by iemand..."
- Therapist:** "Uh-hum..."
- Mother:** "...en ek sal dit nie wegsteek nie, ek sien iemand."
- Therapist:** "Daar's iemand in jou lewe?"
- Mother:** "Ja, want daar gaan baie wrywing tussen ek en hy kom, want laaste keer wat ons opgebreek het en weer bymekaar gekom het, was daar baie klippe wat ons vir mekaar gegooi het en dit sal nou erger wees."
- Therapist:** "En as hy bereid is om die vrou, hy't die huis aangebou, as hy bereid is om haar op te gee?"
- Mother:** "Um, nog nie."
- Therapist:** "Nog nie, maar tog?"
- Mother:** "Um, soos ek nou gesê het daar sal baie klip gooiery wees na mekaar, want ek gaan hom vermaak en hy gaan my vermaak en ek gaan hom verwyd en so gaan dit aangaan. As ons opbreek en ek

loop uit die huis uit, of ek gaan na my ma toe, of so en as ons weer opmaak dan is dit weer vir twee maande oraaait na dit begin die hel weer."

Therapist: "So dis tipe van 'n patroon wat gevorm het in ses jaar."

Mother: "Ja, dis 'n patroon wat homself elke keer afspeel en ek wil nie weer my of my kind in so 'n situasie sit."

Therapist: "Tog die vorige keer het julle gese julle gee nog vir hom om en hy bly nog, julle weet..."

Mother: "Um."

Therapist: "... deel van julle lewe en dis moeilik om hom net so te laat gaan."

Mother: "Ja, dit is 'n bietjie skielik om hom te laat gaan, maar ek dink nie die patroon, want volgens my soos ek dit insien. Die veranderinge wat plaas gevind het in die ses maande, sal ek maar sê..."

Therapist: "Ja?"

Mother: "Ek gaan baie keer wonder, vir die twaalf jaar wat ek en hy saam was, hoekom het hy dit nie vir my gedoen nie?"

Therapist: "Is dit nou vir die huis, of watse verandering is dit?"

Mother: "Sy leefwyse. Ek wou graag gehad het hy moet daai tyd wees wat hy vandag is, en vir my gee, wat hy vandag vir haar gee, en ek het

dit nie 'n geheim gemaak, want ek het dit ' discuss' met hom. En daar was nooit tyd, daar was nooit geld, daar was altyd verskoning. Skielik is ek weg, dit het hom nie 'n maand gekos nie toe gaan alles net so..." (Mother snaps fingers.) "... ek glo nie van my kant af nie, hy sal nog altyd in my agterkop bly. Ek glo nie ek sal ons verhouding nog 'n kans kan gee nie."

Therapist: "En as hy na jou toe kom en sê hy's jammer, hy't als gedoen vir jou en..."

Mother: "Om die waarheid te sê weet ek dis wat hy wil 'discuss'."

Therapist: "Dink jy dit is wat hy wil 'discuss?'"

Mother: "En ek kan jou sê, as ek hom kan gaan ontmoet en ons 'discuss', ons volgende 'meeting' sal ek jou kan sê want dit is wat hy wil doen. Dit is wat hy wil doen, want hy het dit al vir die kind gesê." (Mother points to son.)

Therapist: "Klink of jy hom nie regtig vertrou nie, want jy sê hy het dit al gedoen."

Mother: "Hy het dit al gedoen."

Therapist: "So jy vertrou hom nie regtig nie."

Mother: "Ja, ek vertrou hom nie eindelik nie, want beloftes wat hy gedoen het aan my, hy's 'bound' om dit enige tyd te breek. Hy kan nie 'n belofte hou nie."

- Therapist:** "So al het hy so verskriklik verander..."
- Mother:** "Skielik."
- Therapist:** "Ja?"
- Mother:** "So ek weet nie of dit is om my te 'impress', of vir haar om te impress', of vir my familie te wys hy kan sy leefwyse verander nie. Ek weet nie wat om te dink, hoekom het hy dit gedoen nie."
- Therapist:** "Ja?"
- Mother:** "Maar as ek en hy weer bymekaar kom gaan ons mekaar baie verwyf. Ek kan jou 'garantee', want 'deep down' binne in my het ek nog baie, ek kan dit uitdruk as haat, ek weet nie of ek dit reg uitdruk nie, daar is nog baie seer in my wat ek hom graag mee wil gooi in. Ek dink as ek en hy bymekaar kom gaan dit gebeur. Ek sal hom duidelik sê, ek het hom nie nodig gehad vir ses maande nie en ek het hom nou nie nodig nie, want na elke bakleiery..."
- Therapist:** "Ja.."
- Mother:** "Om dit so te stel, in die tydperk het ek baie verhard. Ek is nie meer die C wat ek eers was nie. Soos ek myself nou ken, sal ek vir hom sê, ek het jou nie gevra om terug te kom na my toe nie. So as jy voel jy wil loop, daar's die deur, of ek pak of ek loop. So ons gaan nou baie vas sit, want hy gaan my vertel, die man wat nou in

my lewe in is, ja jy het gedink jy gaan 'n beter lewe kry by die man, hoekom het jy terug gekom na my toe? Was daai man nie 'n regte man nie en ek gaan vir hom sê hoor hierso, jy het vir hoelank met J gebly, in die huis. Ons gaan baie mekaar vermaak."

Therapist: "Ons gaan nou weer terug kom na jou toe..." (Turns to son.) "Ek wil jou vra, hoe voel jy, want jy het ook gesê nee?"

Son: "Ek glo nie hy staan 'n kans nie, van altyd maak hy beloftes, dan breek hy dit. Eenkeer met 'Christmas' toe begin hy baklei, toe stuur my ouma my ma na haar niggie toe. Toe begin hy te vra, waar's my ma. Hy wil opmaak en alles, toe bring my ouma-hulle my ma terug. Toe praat en praat hulle. Toe loop alles vir 'n maand reg. Hy was die beste wat jy kan kry. Na 'n maand om is toe begin hy weer te perform', ja my ma loop uit die huis uit, wat dink sy van haarself."

Therapist: "So hy verander en dan is hy weer terug?"

Son: "Ek glo nie my ma sal hom weer 'n kans gee nie."

Therapist: "...en jy, sal jy hom 'n kans gee?"

(Son shakes head.)

Son: "Ek glo nie so, definitief."

Therapist: "Julle het gesê voorheen kom maak hy vir julle baie moeilikheid so wat is die kans julle sê nee dat hy wil kom moeilikheid maak? Julle is nog nie reg dat julle hom kan los somer so nie."

- Mother:** "Daarom weet hy nie waar is ek nie. Hy't geen benul waar is ek nie."
- Son:** "Hy laaik moeilikheid maak."
- Mother:** "Ek weet watse tipe persoon is hy en hy laaik druigemente, hy laaik jou druig en negentig persent van die tyd voer hy daai druigemente uit. Hy't altyd gesê as ek hom los gaan hy my so slaan, geen ander man sal weer na my kyk nie. Volgens my het hy dit probeer want daar was nie 'n dag as hy sy hande vir my opgelug het dat ek onder bloed was nie."
- Therapist:** "So jy voel ook dis bietjie tyd dat jy hom terug moet kry?"
- Mother:** "Ek...nie dat ek hom terug wil kry nie, ek wil net aangaan met my lewe."
- Therapist:** "Ok."
- Mother;** "Wil hom iets van die verlede maak om dit so te stel. Ek wil voorentoe kyk, nie meer agtertoe nie, want ek voel net ek het baie kwale en pyne en goed wat nou weer opduik. Sewejaar terug het hy my so lelik geslaan..."
- (Therapist picks up phone.)
- Therapist:** "Voor ons aangaan wil ek net vra, daar is nog soveel seer en pyn wat jy het teenoor hom. Wat nie regtig uitgekom het nie. En jy..."

Mother: "Soos die naweek. My kaak gee my probleme. As dit koud is, hy het my kaak stukkend geslaan in twee plekke. Elke keer as ek sulke pyne kry dan vloek ek hom, want ek haat hom. Hy het my seer gemaak."

Therapist: (Fetch boxing gloves, and teddy bear.) "Ek wil hê jy moet vir my wys, as jy vir hom kan seer maak, hoe gaan jy dit doen."

(Mother starts crying.)

Mother: "Ek wil hom nie fisies seer maak nie, ek wil hom net..."

Therapist: (To son, gives him a glove.) "Ek dink jy moet jou ma help om dit aan te trek."

(Son shakes his head. Therapist sits closer to mother.)

Son: "Nee!"

Therapist: (To mother.) "Ek wil hê jy moet hom slaan en sê, kyk..."

(Mother crying.)

Therapist: "Dis ok, dis ok..."

(Mother throws teddy bear on ground.)

Therapist: "Daar's soveel dinge wat jy nie gesê het nie..."

Mother: "Ek wil hom nie 'physical' seer maak soos hy my seer gemaak het nie. Ek wil hom hartseer maak."

(Son picks up teddy bear.)

Mother: "Ek wil hom emosioneel breek, nie soos wat hy my seer gemaak het nie."

Therapist: "Hoe gaan jy dit regkry?"

Mother: "Net om weg te bly van hom af en om aan te gaan met my lewe. Hy was die een wat vir my gesê het as ek hom los gaan ek in die gutters' opeindig. Ek wil hom net wys, ek is 'n beter mens as hy. Ek gaan nie maak my kind moet swaar kry vir hom nie en ek gaan nie my lewe agteruit sit vir hom nie. Hy gaan die enetjie wees wat my gaan soebat. Ek het hom twaalf jaar gesoebat. Twaalf jaar. Ek het alles opgeoffer, ek het my hele lewe opgeoffer vir R en R het my nie waardeer nie. Ek wil hê hy moet net so seer kry as wat ek seer gekry het. Hy het my emosioneel seer gemaak, fisies seer gemaak, hy het letsels op my gelos, wat baie jare gaan vat om te heel. Ek weet nie wat kan ek maak om hom seer te maak soos wat hy my seer gemaak het nie. Diè..." (Mother lift boxing glove.)
"... is nie 'n uitweg nie."

Therapist: "Dis nie vir jou nie..."

Mother: "Nie vir my nie, want dis nie wat ek in my lewe nodig het nie. Ek sal dit nie kan weg kry nie, want ek is nie so groot gemaak nie. Ek sal dit nie aan iemand anders doen nie. Ek sal nie aan hom kan doen wat hy aan my gedoen het nie. Somtyds voel dit of ek die lewe uit hom kan wurg..."

(Therapist ask son to give mother the teddy bear.)

Mother: "Ek wil hom 'choke' en vra hoekom het hy my lewe so hel gemaak?"

Therapist: "Jy verdien 'n antwoord."

Mother: "Ek 'deserve' die antwoord, net om vir my te sê waar het ek verkeerd gegaan in my lewe in dat hy my so lewe moes gegee het."

Therapist: "Dink jy, jy het iets verkeerd gedoen?"

Mother: "Dit voel vir my so, ek het al gedink, ek het al gewonder, waar het ek verkeerd gegaan. My pa het my gelos toe ken ek hom skaars, hy't my ma gelos toe was ek 'n baba. Toe trou hy met iemand anders wat swanger was van hom af. Ek het swanger geraak met my kind. Sy pa het my gelos toe's ek nog swanger met hom, en ek het gedink, R het belowe om my 'n lewe te gee, om te vergeet van my pa en my verlede. Maar hy het vir homself ook 'n plekkie iewers gegrawe. Waar het ek verkeerd gegaan, hoekom los almal my?"

Therapist: "Almal los jou en gaan weg."

Mother: "Hoekom? Ek wil graag die antwoord hê."

(Son sits like therapist, leaning forward.)

Mother: "Alles wat ek doen, alles wat ek maak, hoekom? As die kind iets doen dan skel ek hom net soos sy pa, as hy nie na my luister nie."

Therapist: " Dis nog so seer binnekant, jy moet dit uitkry. Aan die anderkant gee jy soveel nog vir hom om."

Mother: "Daarom haat ek myself. Ek kry nie geleentheid om ontslae te raak van hom nie."

(Phone rings.)

Therapist: "Klink jy gee jousef die skuld, dis nou weer 'n ander man in jou lewe, nou kan jy R nie vergeet nie."

Mother: "Ek voel baie keer so, dit het al gebeur, ek het al in die hospitaal op geeindig. Meestal van die tye voel ek of ek dit weer kan doen. Ek is meestal van die tye alleen by die huis, as hulle van die skool af kom, kan hulle my kom kry dan's dit klaar te laat. Ek haat myself. Hoekom kan ek nie net aangaan met my lewe."

Therapist: "Jy dink jy het gefaal?"

Mother: "Ek voel ek het iewers, 'somewhere wrong' gegaan in die lewe in. Dit is hoe ek voel. Waar, maar ek weet nie, ek kan nie 'n vinger druk. Somige tye voel ek, ek is die rede my pa my ma gelos het."

Therapist: "Uh-hum."

- Mother:** "Ek is die rede dat my ma nou nog sonder 'n ander man is. Ek is die rede hoekom my kind sukkel. Ek is die rede waarom ek self sukkel. 'Why?' As ek net iewers op 'n punt kan uit kom en sê ok C, dis wat jy verkeerd gedoen het. "
- Therapist:** "Jy soek wat jy verkeerd gedoen het en jy weet nie wat nie?"
- Mother:** "Ek weet nie waar nie."
- Therapist:** "Almal kan nie verkeerd wees nie, almal kan nie jok nie."
- Mother:** "Almal kan my nie so los dat ek my eie probleme uitsorteer nie. Hoekom? Wat het ek verkeerd gedoen? Waar het ek verkeerd gegaan? Is dit omdat ek op die aarde is, of wat? Hoekom het ek nie doodgegaan toe my ma geboorte geskenk het aan my nie?"
- Therapist:** "Wat sou verander het as jy nie gebore was nie?"
- Mother:** "Dan sou ek nie so 'n lewe gehad het soos wat ek nou het nie. Niks wat ek doen is reg nie!"
- (Phone rings. Mother sits like therapist.)
- Therapist:** "Daar's soveel mense se probleme wat jy moet dra, ma, pa en R sin. Dit klink of jy vreeslike skouers moet hê om alles te dra, soveel bagasie."
- Mother:** "Ek moet vergeet van myself."

Therapist: "Jy offer jousef op vir ander."

Mother: "Dalk is dit maar my lot op die aarde."

(Phone rings.)

Therapist: "Jy sê dis jou lot op die aarde om almal gelukkig te hou. Die span daaragter wonder of jy dan almal se 'fairy godmother' is?"

Mother: "Ek weet nie, ek weet nie wat my 'purpose' is nie."

(Phone rings.)

Therapist: "Jy't vreeslik hard gewerk ek gaan jou nou so 'n rukkie los, dat jy ok kan raak."

Therapist: (Therapist turns to son.) "Jy sit so stil hierso."

Son: "Ek het niks om te sê nie. Ek het so baie haat in my, ek weet nie hoe om dit uit te haal nie. Hulle het almal ons so baie seer gemaak, my ma en vir my."

Therapist: "Jy sê jy het baie haat. Dis erg as jy moet sien hoe jou ma ly daar onder en jyself ly."

Son: "Veral my ma."

Therapist: "Veral jou ma."

(Silence)

Therapist: "Dit laat jou baie magteloos voel."

Son: "Ek het al alles probeer."

Therapist: "Alles?"

Son: "Alles."

Therapist: "Wat het jy probeer?"

Son: "Ek het haar laat probeer vergeet van hom, dan kom hy net weer en maak moeilikheid."

Therapist: "Klink vir my jy, jouself sukkel. Jy sê jy probeer alles om jou ma gelukkig te hou, dan kom hy en maak weer alles op."

Son: "Hyself weet nie wat hy soek in die lewe nie. Hy kom self en omkrap. So dit gaan nie uitwerk nie. Enige ander persoon kan sien wat gaan aan. Ek glo nie hy sien wat maak hy nie. My ma het genoeg van sy probleme op haar skouers gedra. Meeste van die tyd kom hy met sy probleme van die straat af en kom haal dit uit op ons in die huis."

Therapist: "So julle moes elke keer nog die pak vat."

Son: "Altyd word hy kwaad in die strate. Kom haal hy dit uit op ons. Sê hy dis ons. Ek weet nie wat het ons gemaak nie."

Therapist: "Klink my jy is nog bekommerd oor jou ma ook, want jy sê sy vat die pak ook."

Son: "Sy vat al die 'blame' op haar."

Therapist: "Ja, en jy voel jy wil graag help, maar jy weet nie waar nie."

Son: "Ek weet nie waar om te help nie."

Therapist: "Ja?"

Son: "Dis die hele probleem."

(Phone rings, therapist adopts the way the son sits.)

Therapist: "Jy't vir my gesê, jou pa't die goed op die straat gaan haal, dan maak hy dit julle probleem."

Son: "As hy by sy vriende is en hulle het 'n probleem, het hy gevoel hy's die man, want meeste mense het na hom toe gekom toe't hy gedink hy kan dit en dit en dit doen. Maar agterna toe begin hy met mense baklei in die strate en agterna toe kom haal hy dit op ons uit."

Therapist: "So dit het eindelijk begin op die straat en nie in die huis nie."

Son: "Bring hy Saterdag sy vriende en een bring dalk 'n nuwe vriend en praat my ma dalk net met die nuwe vriend, dan begin hy te 'perform'."

Therapist: "So elke keer kom dit op julle neer. Dit kom van buite af in die huis in."

Son: "Ek het vir myself op een punt ook gesê, ek kan dit nie meer vat nie."

Therapist: "Uh-hum, so jy't 'fed-up' geraak dat hy dit vir julle bring?"

Son: "Hy kom met sy probleme van buite af dan kom haal hy dit in die huis in uit."

Therapist: "Dan dink julle dis julle skuld."

Son: "Toe raak ek dik daarvoor, toe staan ek voor hom, toe sê ek hom ek haat hom en ek sal enige iets doen om alleen te kom. Na dit toe dreig hy alles na my kant toe, want ek het hom die waarheid gesê, hy's sleg, hy's 'n hond, hy gee ons 'n honde lewe."

Therapist: "Uh-hum, jy's baie sterk, jy staan op teen hom."

Son: "Ek het nadat hy my ma so erg begin slaan het, hy haar kakebeen gebreek, hy't haar in die hospitaal al laat lê vir weke. Dan's ek alleen by die huis en hy's saam met sy vriende. Dan 'worry' hy niks wat gebeur met my ma nie. My ma het al by Wilgers gelê, dit nadat hy haar neus gebreek het. Dis nie so ver weg nie. As hy kom by die huis, dan sê ek, vat my na my ma toe, dan sê hy: '*...nee, niks sal gebeur as jou ma in die hospitaal lê nie, jy hoef nie te 'worry' nie. ...*'"

Therapist: "So hy bring probleme van die vriende af, hy maak jou ma so siek dat sy in die hospitaal moet lê."

- Son:** "As ek hom vra om my te vat, dan sê hy: '*...nee, wat moet ek my tyd voor mors, jou ma sal een van die dae uit die hospitaal uitkom ...*'"
- Therapist:** "So as jou ma nie daar is nie moet jy die blaam vat."
- Son:** "Altyd."
- Therapist:** "So dink jy jou ma dink dis haar skuld, waar jy weet dis nie jou skuld nie?"
- Son:** "Dis nie haar skuld nie, dis sy probleem, hy moet sy eie probleem uitwerk. Hy moet dit nie vir ons kom gee om hom te help nie. Hy kan nie sy probleem allenig hanteer nie."
- Therapist:** "So, hy maak dit julle probleem."
- Son:** "Hy maak dit ons probleem. Ek en my ma het al op 'n staduim baklei deur hom. My ma't my geskel ek het haar geantwoord, toe trek hy part alles teen hom, toe begin ek en hy ook vas te sit. Toe sê ek hom hy's 'n hond, hy's nie 'n man om sy probleme in die huis uit te kom haal. Toe seg hy ek hou my groot, wat dink ek van myself om hom dit te sê."
- Therapist:** "Dit maak dit vir jou moeilik. Soms kom hy om met jou ma te baklei, dan kom jy tussen jou ma en pa in."
- Son:** "Dan sê sy ek moet uit haar besigheid uit bly."

- Therapist:** "So jy probeer haar beskerm en sy sien dit nie. Sy sien jou as nog 'n ou wat inkom."
- Son:** "Ja, maar as 'n mens haar so vloek, sal ek enige iets doen. As ek so vir haar keer dan sê hy ek is in my ma se kant. Sy maak my op teen hom. Toe sê ek nee, hy maak homself op teen my, want hy slaan my ma. Toe sê ek hom dit, toe sê hy wie's ek om hom dit te sê, hy't my groot gemaak al die jare toe sê ek vir hom 'n paar jaar was baie lekker, toe begin die probleme net 'worse' te raak deur my ma erger te slaan."
- Therapist:** "Maak dit jou nie kwaad, want soms sê jy gaan jou ma teen jou. Jy probeer haar so graag help, dan gaan sy teen jou."
- Son:** "Sy dink sy kan my nie 'trust' nie deur hom."
- (Phone rings.)
- Therapist:** "Dink jy ooit jou ma sal glo dat jy haar lief het en dat jy haar probeer beskerm?"
- Son:** "Sy glo dit reeds, maar sy weet nie hoe om dit uit te wys nie. Sy't te veel pyn in haar en sy weet nie hoe om dit te 'express' nie. Ek en my ma het nou 'n baie wonderlike lewe. Ek en sy begin nou mekaar verstaan. Dan kom R weer by ons... "
- Therapist:** "Dan maak hy probleme."
- Son:** "Ja."

- Therapist:** "Jy sê jy glo jou ma kan vir jou ook gee, hoe weet jy dit?"
- Son:** "Hoe kan ek sê, partymaal het sy so baie probleme, dan kom my probleme voor haar. Ek bly haar kind."
- Therapist:** "So al 'remind' jy haar aan R, jy bly haar kind."
- Son:** "Sy gee meer om vir my as wat sy vir haarself omgee. Sy moet die helfte vir my en die helfte vir haarself omgee. "
- Therapist:** "Hoeveel gee sy vir jou om en hoeveel gee sy vir haar om?"
- Son:** "Sy gee vyf en sewentig persent van haar tyd vir my. Voorheen het sy nie soveel tyd met my spandeer nie."
- Therapist:** "Waaraan het sy haar tyd spandeer?"
- Son:** "Meeste van die tyd toe 'worry' sy wat gaan hy doen as hy vannaand huistoe kom. Persentasie gewys het sy tagtig persent 'geworry' wat gaan vannaand gebeur as R by die huis kom."
- Therapist:** "Is daar enige tyd wat sy vir haarself gee?"
- Son:** "Sy gee niks tyd vir haarself nie. Dit kan ek nie vat nie. Dit begin darem stadig reg te raak."
- Therapist:** "Wat verander?"

Son: "Haar leefstyl verander. Sy begin nou vir haarself te sorg. Eers het sy nie so baie gesorg nie. In haar gesig, blou oë, altyd dan is sy skaam. Sy spandeer tyd op haar nou."

Therapist: "Dink jy sy begin so bietjie vir haarself omgee?"

Son: "Sy begin nou baie om te gee vir haarself."

Therapist: "Ek dink jy ken haar baie goed."

Son: "Ek weet baie goed wat aangaan. My ma weet dit nie maar ek sien baie goed."

(Phone rings.)

Therapist: (To mother.) "Dit klink vir my soms is jy nie seker hy is lief vir jou nie en net soos die ander mense in jou lewe is jy soms bietjie bang hy gaan jou los, dan is dit nodig om met hom te baklei."

(Therapist leaves room.)

Therapist: "Daar's sekere dinge wat ek julle gaan vra om vir my te gaan doen."

(To mother.)

"Ons gaan vir jou 'n hergeboorte maak. As jy in die bad is moet jy jou ma bel en vra hoekom met geboorte het sy jou nie gelos nie, of hoekom het sy jou gehou. " (Turn to son.) "Ek sien dit pla jou baie as jy en jou ma baklei. Dit lyk vir my daar's nog baie pyn in jou ma,

sy's baie bang jy los haar. As sy die volgende tyd met jou baklei wil ek hê moet jy aan haar gesig vat, net om te wys jy's hier. Die span is baie 'impress' dat julle dit reg kry om tyd met julle self spandeer, maar julle moet nog tien persent van die tyd aan R afstaan en miskien saam iets doen om hom te onthou."