

STABILITY AND CHANGE IN COUPLES THERAPY:
AN ACTION RESEARCH PROCESS

by

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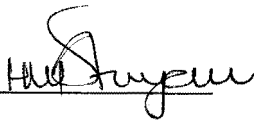
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DECLARATION

I declare that *Stability and change in couples therapy: An action research process*, is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.



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6.4.01

DATE

SUMMARY

This study focuses on the cybernetic complementarity of stability and change in family therapy. Stability and change involve both the client and therapist, and is a self-referential process where the observer is part of that which is observed.

One couple was involved in ten therapy sessions. During the action research cycles of planning, acting and reflecting, the principles of systems theory, cybernetics and second cybernetics were implemented. A team consisting of one lecturer and two students were actively involved throughout all the phases of the research process.

During therapy, the therapist focused on stability to facilitate change in the structure of the couple's organizational system. The research served as a good example of how punctuation of two complementarity processes (*stability* and *change*) can enable and empower clients to autonomously reflect on their own behaviour, and to make decisions regarding patterns they would like or feel ready to change.

Key terms:

Stability and change; action research; cybernetic epistemology; second cybernetics; systemic epistemology; wholeness; hypothesizing; circularity; neutrality; feedback; self reference; autonomy.

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Chapter 1

PURPOSE AND OVERVIEW OF THE STUDY

1.1 Introduction

In this chapter the researcher will outline the problem statement, the objectives of the study and the method of data collection. The nature and aims of action research will thereafter be examined and discussed in detail.

Kurt Lewin, a Prussian psychologist, developed action research in the 1940's and described it as research undertaken in practical context aimed at being socially useful as well as theoretically meaningful (Cornelissen 1996:50). Lewin, studied social issues and was keen to provide people with an instrument to study their own relationships. He felt the best way to accomplish that was to engage them in their own inquiries into their own lives. He stressed the importance of participation for it is of no use when people are inquiring on their own; they are part of the life of other people (McNiff 1988:22).

This study focuses on the cybernetic complementarity of stability and change in family therapy. Cybernetic epistemology emphasizes ecology, relationships and whole systems. Therapists who own this epistemology view their relationship with their clients as part of the process of change, learning and evolution. This is a recursive process and patterns in behaviour are important to the therapist. Cybernetic complementarities involve different orders of recursion, which demonstrates how opposites are related and yet remain distinct. Cybernetics provides a complementary view of the world. It is therefore impossible to consider

¹ Although a couple is involved in therapy, the term family therapy will be used throughout the thesis since we work with processes and systems.

change without stability; change and stability are complementary sides of a systemic coin (Keeney 1983:8-10, 14, & 93).

1.2 Problem statement

The researcher's initial concern revolved around the following question: "To what extent are clients being helped and empowered in therapeutic processes where social workers focus mainly on interventions that would initiate change?" From this followed another concern revolving around the need of the client to maintain stability and what he/she felt ready to change. The researcher became curious about the complementarity of these two processes in therapeutic interventions.

For the purpose of the study, we focused on stability and change in therapy. In cybernetics, stability and change are a complementarity. We cannot study the one without the other or separate the one from the other. We have to study them as interlinked concepts and processes.

In therapy, the client needs stability to maintain his/her equilibrium. His/her experiences are symbolized and unsymbolized experiences. It is therefore the task of the therapist to help clients to explore their stability and to give them the opportunity to symbolize those experiences. In trying to draw the boundaries of the research the following questions were asked:

- How do we understand and define stability and change processes in clients?
- In what way/s do these processes present themselves in individuals?
- How do we explore that stability with them?
- In what ways do the therapist focus on clients' stability in order to give the couple and individuals the opportunity to symbolize their experiences, until *they* are able to introduce some change?

Together with this process of maintaining stability, there are also processes of change. While the client is busy exploring and symbolizing experiences, he/she can also experience change when they rearrange concepts in their organization.

Stability and change don't involve only the client or the therapist, but both parties. This process is a self-referential process where the observer (therapist) is part of that which is observed (client) (Keeney 1983:47).

1.3 Aims and objectives of the study

Action research is concerned with punctuating a problem in a specific context and attempting to find solutions in that context. According to Cornelissen (1996:50) the nature of action research can be described in four statements:

- It is an intervention in the functioning of real situations and a close examination of the effects of this intervention.
- It is situational in that it is concerned with a specific problem in a specific context and it attempts to solve the problem in that context.
- It is collaborative where a group of practitioners are involved in the same project.
- It is self-evaluative where there is an on-going evaluation of the process.

The ultimate aim of action research is to improve practice. Carr and Kemmis (in Goolam 1997:107) define the aim of action research as improvement in three areas:

- Improving their practices;
- Improving their understanding of these practices;
- Improving the situation in which these practices takes place.

The aims of action research are very closely linked to second cybernetics where the therapist is not "outside" the process of the system but part of it. In action research the aims require direct involvement from the researcher. Research is not done in isolation, and is not research *on* but research *with* people. It can be seen as an empathic kind of research, which links well with the theory and principles of the systems theory and cybernetics.

The objectives of the study are closely linked to the aims and nature of action research and can be described as follows:

- The first objective would be for the therapist to focus on stability to facilitate change in therapy. The focus on stability becomes almost a technique or a skill from the therapist, where social workers facilitate a process that could encourage their clients to change.
- The "amount" of stability and change is not of any importance. What is important is the ability of the therapist to identify the stability of the family/couple and the stability of the individuals of the family/couple.
- The therapist will identify the need for change in the family and must also be able to link these processes to the behaviour of *all* the members of the system.
- The therapist will sustain the request for stability and also, the request for "no change". This position of the therapist gives an opportunity to the client to symbolize experiences. To ask for change from the family or persons in the family, doesn't introduce any difference to the family or system. It is "more of the same" or "common sense" which doesn't help therapeutically. All the members of the system ask for change from the identified patient or the person who is the "bearer of the symptom".
- There will be an on-going evaluation of the process by the therapist in cooperation with the team to determine whether the focus on stability enable the client to experience change (difference).

1.4 Method of Data collection

McNiff (1988:75-79) outlines three categories of data-collecting:

- Paper and pencil methods: diaries and questionnaires.
- Live methods: interviews, discussions.
- Ostensive methods: videotaping, audiotaping.

In this study, all three of these methods were implemented in the following ways:

- ***Paper and pencil method:***

A diary with process notes were kept of the processes during all the phases of the action research from planning to reflection. The researcher wrote down all her thoughts and ideas as well as her own learning process and experiences, throughout therapy. This method was also used to write down the ideas of the team that was involved.

- ***Live methods:***

The therapy sessions served as an important source of information.

- ***Ostensive methods:***

All the therapy sessions were video taped. This method was extremely useful for the therapist in the understanding, evaluation and self-reflection processes. It provided the opportunity to think and re-think. It assured that nothing was missed. Even if it were missed in the therapy session, it gave the therapist the opportunity to re-cap and introduce the previously ignored element as new information during the next action phase. This method helped the therapist in fully understanding the experiences of the client.

The researcher planned to work with a team at the University of South Africa during all the phases of the research. All planning was done in collaboration with the team, they observed from behind the one-way mirror and commented when they felt the need to do so. The team was also involved in the reflection phase where they could express their experiences of the action phase.

1.5 Limitations of the research

- Only one couple was involved in this research process. Although information gained from the study is not generalisable to other couples / families, it can provide guidelines for therapists working with families.
- In my involvement with this therapy process, I realized that the outcome of the therapy could be influenced by my own ideas about people and change (my own stability). I also realized that change could have occurred in my own ideas.
- My own epistemology is influenced by the following theories that became the “filters” through which I observed and made punctuations:
 - systems theory,
 - cybernetics and second cybernetics.
- Although I do not describe the theory of the Person Centered Approach in the literature study, it does form part of my epistemology and “therapeutic make-up” as social worker and may filter through in my descriptions, punctuations and therapeutic work.
- The study is based upon my punctuation of the literature and research methodology. In order to make sense of information, it is analyzed and organized on an individual basis and the reader’s punctuation may be different from mine.
- For the purpose of the study the researcher could only focus on one aspect, namely *stability* and *change*.
- The study is based on a “recursive process” and therefore repetition may occur when information repeats. The researcher tried to limit the repetitions, but could not totally exclude it. This would result in exclusion of important process information. A certain hypothesis would be made, the action would be planned in the planning phase and the planning would be acted out in the therapy room. In the therapy room the clients and the therapist worked with metaphors and themes that developed through all the sessions. All the new information were linked to the existing metaphors.

- With regard to describing processes in the therapeutic sessions the social worker had to use some of the terminology brought by the clients. In some cases it could thus be argued that the text, at certain stages seems linguistically incorrect.

1.6 Construction of the dissertation

The study is comprised of four chapters. A brief exposition of the history and origin of action research is given and the reason why it is useful in social work is highlighted. The cycles that are used in action research are also described.

A theoretical overview regarding systemic concepts and cybernetic principles that were punctuated as important for the research is given in Chapter two, based on a literature review. The epistemology of the researcher (therapist) is reflected in the focus that is primarily on systemic principles that played an important role in stability and change. In narrowing down the boundaries of the research, no attention is given to any models or therapeutic techniques that are born from systems theory. The ways in which the therapist can use him/herself in therapy and the epistemological stance that he/she works from is a continuous theme of the research.

In chapter three, a description of the three cycles, which were selected from the ten therapy sessions, is given. Relevant background information is given regarding the initial contact, the initial hypothesis and the first three therapy sessions. A chronological discussion of the three cycles consisting of planning, action and reflection phases follows.

Davidoff and Van den Berg (in Goolam 1997: 108) outline the steps involved in action research as follows:

- **The planning phase:**

During the planning phase you formulate a general idea of what you punctuate as a problem or wish to change. The systemic therapist will describe the patterns

and processes that she could identify rather than problems that could exist. A hypothesis is formed during this phase and can be reformulated during every reflection phase. Planning and the hypothesis are mainly there to assist the therapist in staying focused on process and to prevent him/her from getting lost in content given by the client.

- **The action phase:**

The action phase comprises of the actual therapy session. A description of the therapeutic process as it evolves during the session is given as well as any new information. Observation is a very important part of this phase. Feedback plays a primary role in the observation process. It is important for the therapist to reflect the message that he/she received through the feedback process in order to thoroughly understand it.

- **The reflection phase:**

During the reflection phase, the therapist and the team evaluated the action phase. Questions such as the following were asked:

- What happened?
- When did it happen?
- How did it happen?
- To whom did it happen?
- What was the affect on *each and every* member of the system?
- Can, and in what way/s, can new information be linked to identified themes and previously formulated hypotheses?
- Does the hypothesis still fit or must it be changed? The new information will then be used in the following planning phase where the hypothesis expands or changes.

Chapter four consists of the summary and conclusions of the study.

1.7 Research Design

1.7.1 Definition and description of action research

The research design that was used in the study was an action research approach. Carr and Kemmis (in Goolam 1997:107) define action research as:

"A form of self-reflective inquiry undertaken by participants in social situations in order to improve their own practices and the way they think about these practices."

McLean, (1995:3) accordingly, emphasizes the theme of improving research practice in defining action research as the process of systematically evaluating the consequences of decisions (educational, therapeutic, social) and adjusting practice to maximize effectiveness.

These definitions are supported by Sari & Sari (1992) in Stevens (1997:36). They describe action research as:

"A research approach that moves beyond knowledge production, to action and change within a particular practice context."

The research process can also be seen as a form of intervention research because it is a process where the research itself is used to improve practice (Rothman & Thomas in Stevens 1997:37).

Lewin (in Goolam 1997:107) describes the methodological and cyclical processes inherent in action research in stating that it is a methodological approach comprised of a repeated cycle of four basic moments, namely: planning, acting, fact-finding (observation), and analysis (reflection). Because action research is an ongoing process, the repeating cycle evolves into a continuous spiral of reformulated planning, revised action, more fact-finding, and re-analysis. It is also a sequential and

cumulative process, where each step acts as a springboard for the next (Stevens 1997:38).

1.7.2 The Characteristics of action research

Action research means '*action*', both of the system observed (family) and of the therapist involved (observer) in that system. Since second order cybernetics places the observer in that which is observed, all description is self-referential (Keeney 1983:77). Second order cybernetics thus attends to the recursive relation between client and therapist. The action of action research, whether on a small or large scale, implies change in people's lives, and therefore in the system in which they live. It is an approach that encourages therapists to be aware of their own practice, to be critical of that practice, and to be prepared to change it. It also encourages therapists to be critical in their thinking, to develop theories and rationales for their practice, and to give reasoned justification for their professional thinking (McNiff 1988:3-6).

The characteristics of traditional research are in direct conflict with the characteristics of action research. Collins (1999:7) describe traditional research as follows:

"...all the steps in the research plan are decided upon by the researcher. People providing the data are essential to the plan, as without them there would be no data, but their contribution is structured by what the researcher asks them or observes them doing. Interpretation of the meaning of the contribution relies on the researcher. So there is separation in the roles of researcher, as expert knower, and subjects of research, as suppliers of knowledge".

The method of action research is systematic, yet more elegant, and inquiries can be conducted in a more humane fashion. Kagle and Cowger (in Herr 1995:46) argue that social work research had a trend of "blaming the victim." Action research in contrast to the above trend provides social workers with a very useful strategy for interpersonal issues, and for relationships in different systems other than in a family. The self-reflective spiral of planning, action, observation, reflection, and re-planning

requires the therapist (social worker) to be aware of process in a system and to thus move beyond linear research processes (McNiff 1988:7).

Reason and Rowan in McNiff (1988:7) describe this as a 'new paradigm research,' a method that is softer, more feminine in its approach. The validity of the approach lies in the skills of the inquirer; it is personal and interpersonal rather than methodological. This means that action research has as its philosophical bases an overarching awareness and respect for the integrity of individuals and the systems to which they belong. This awareness can be closely linked to the autonomy of systems as represented in cybernetic terms. Stated recursively, a family is an autonomous system in that it is organized to maintain the organization that defines it as a family. Thus, the closed organization, autonomy or wholeness of a family cannot change, or there would be no family (Keeney 1983:87). It is essential for the therapist to respect this autonomy. Accordingly McNiff (1988:34) emphasizes that action research does not treat those who are the focus of the research as passive subjects but instead seeks to empower them to act on their own behalf as active participants.

✱ Stevens (1997:37) explains the main themes which emerge out of the action research process in the following statements:

- Action research emphasizes participation and co-learning between practitioner-researchers and participants in all phases of the intervention/research process.
- It focuses on experiential learning that occurs during the intervention/research process. Participants are encouraged to reflect on their experiences in the recognition that their knowledge is valid and important.
- Action research aims to empower participants through developing their problem-solving skills. Participants are encouraged to engage in critical self-reflection and dialogue throughout the intervention/research process.
- Action research rejects logically, positivistically interpreted notions of scientific neutrality and objectivity. It aims to increase a community's access to knowledge and skills, in this way, demystifying the myth of practitioner-

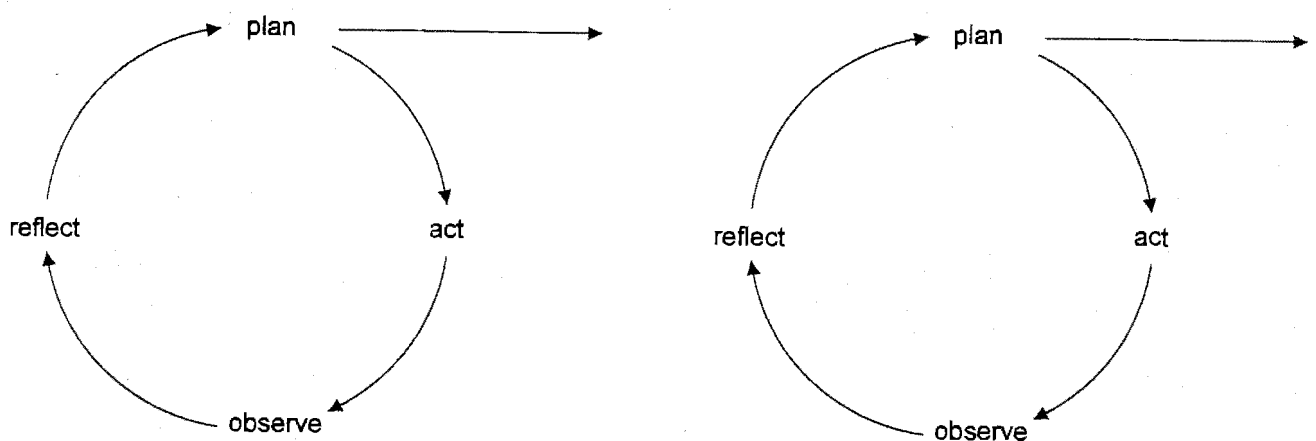
researcher expertise. Participants develop a sense of ownership of the research process.

- Action research is committed to personalizing the intervention/research process by collaborating with research participants in as unobtrusive a manner as possible.

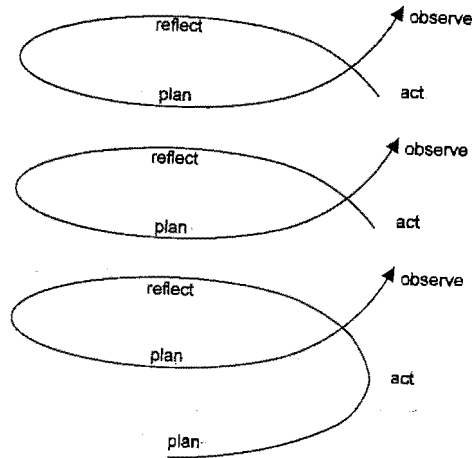
1.7.3 The process of action research.

For Lewin, action research proceeded in a spiral of steps. (See Fig.1 that follows where the process is outlined diagrammatically.) Each spiral is a dynamic process of planning, acting, observing and reflecting which can be repeated in a series of successive spirals. These spirals of Lewin are able to deal with only one aspect at a time (McNiff 1988:22 & 43).

Action research should offer the capacity to deal with more aspects at the same time by allowing the spirals to develop spin-off spirals because we are dealing with the wholeness of systems and the different aspects are linked to each other and may be influenced by each other (Fig. 2).

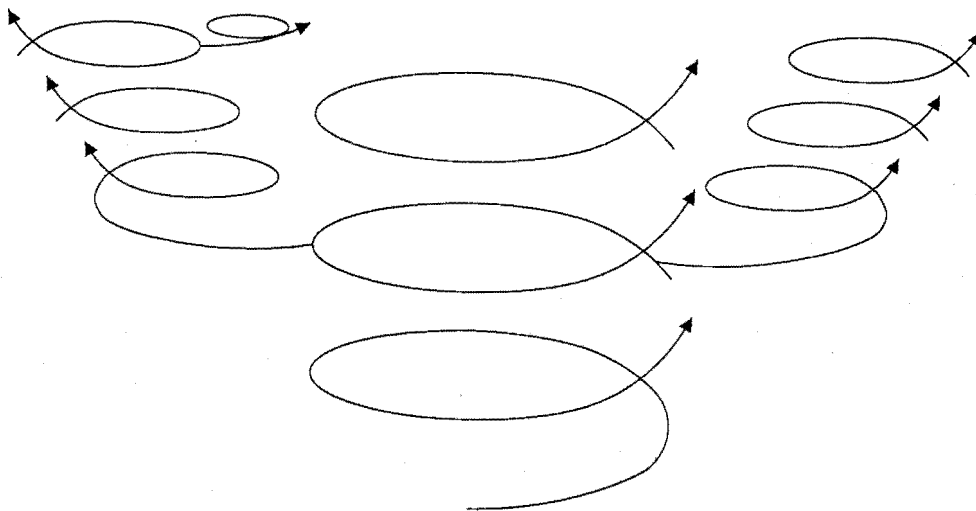


(Fig 1)



(Fig 2) The Kemmis/Elliot/Whitehead action-reflection spiral is more three-dimensional (McNiff 1988:44).

Spin-off spirals may develop out of the main focus of the inquiry. The scheme in Fig 3 reflects a three-dimensional spiral of spirals:



(Fig 3)

Whitehead in McNiff (1988:38) argues that action research must help practitioners to try to make sense of their normal, everyday practice. The four-step spiral can be tied in with a set of questions that act as a starting point in the practitioner's research:

1. *What is my concern?*
2. *Why am I concerned?*
3. *What can I do about it?*
4. *What kind of 'evidence' can I collect to help me understand what is happening?*
5. *How could I collect such 'evidence'?*
6. *How can I evaluate if my understanding fits with the system observed?*

From a systemic point of view it could be said that action research is a way of generating new knowledge about, and into the system by way of feedback. It is not the role of the action researcher to define or solve problems but only to understand what areas of pain the system and its member's experience, facilitate a process that will help them to explore those areas and offer them an intervention to deal with those experiences, in a sensitive and empathic way.

Evaluation is central to action research and provides the means of establishing whether or not the action has led to change (Hart & Bond 1995:17). Similarly in the research undertaken it was often necessary to establish whether or not an action did *fit* with the different members of the system. The processes of evaluation of whether an action did *fit* or not, thus guided therapeutic understanding and interventions.

The action researcher in therapy doesn't evaluate or observe as an outsider, but is part of the system, influences the system and is being influenced by the system. Self-reflection is therefore part of the process and cannot be ignored. In this way

² In cybernetics, a metaphor could be used to explain the meaning of 'fit'. If a key fits into a lock, the door can be opened. If the key doesn't fit, another key will be used until you find the key that fits into the lock. This means that nothing is forced onto the family and that the therapist will respect their autonomy at all times.

action research can also be defined as a systemic kind of research. Action research for the systemic social worker focus on relationships and not on facts. It focuses on process rather than on problems.

Action research can be seen as a means of closing the so-called 'theory-practice gap'. Its power for change lies in the use of a critically reflexive practice, in which theory and practice are integrated and in which theory emerges from practice (McNiff 1988:31).

The cyclical process of action, observation, planning and reflection forms the basis of action research as a model. Although there are many guidelines for these steps in action research in education, nursing and community work, there is not much theory about action research in therapeutic social work. **Table 1** outlines the phases of the action research process in relation to the steps developed by Lewin as described in McNiff (1988: 31-33) and by Davidoff and Van den Berg (in Goolam 1997:108). It also outlines the phases of the action research process followed in this study.

Steps / Phases	Operation / Practical steps
<i>Planning</i>	<ul style="list-style-type: none"> <li data-bbox="787 1251 1282 1338">▪ Formulation and reformulation of the hypothesis during every cycle. <li data-bbox="787 1356 1282 1498">▪ Constructing an idea of what the problem is; where the need for change is. <li data-bbox="787 1515 1282 1603">▪ Planning of the therapeutic intervention.

<i>Acting & observing</i>	<ul style="list-style-type: none"> ▪ The therapy session. ▪ Implementation of the planning. ▪ Observing what the family does with the input. ▪ Reading the feedback from the family. ▪ Observations and feedback from the team behind the one way mirror.
<i>Reflecting</i>	<p>Evaluation of the process before re-planning for the next cycle by way of:</p> <ul style="list-style-type: none"> ▪ Discussions with colleagues involved with the therapeutic process. ▪ Creating a process in which action and reflection constantly complement each other.

Table 1

1.8 Conclusion

This chapter provided an overview of the study that was undertaken. The problem statement was highlighted as a starting point in the research. The aims and objectives of the study were identified to guide the research process and the research methodology was discussed to illustrate how the research was executed. The nature, steps and phases of action research were highlighted.

The principles of the research methodology are aligned with the principles of second cybernetics where the therapist is not outside the system but an insider, who learns with, contributes and helps to change processes. Action research respects the integrity of individuals and the systems to which they belong.

Chapter 2

LITERATURE REVIEW ON SYSTEMS THEORY, CYBERNETICS AND SECOND CYBERNETICS

2.1 Introduction

This chapter reviews a description and key concepts of the systemic epistemology and some of the relevant principles of the systems theory. It also includes the various theoretical concepts of the epistemology of cybernetics and second cybernetics, which are also part of the systemic epistemology. The process of stability and change as in cybernetic terms is explained as well as the art of therapy where the therapist will work with both change and stability. The focus is not, as in traditional social work therapy, only on change. It takes some skill of the therapist to focus on both aspects.

2.2 A description of systemic epistemology

Systemic family therapy is described by Carroll in Keeney (1992:ix) as:

"...the perspective that emphasizes treating the patterns that connect the problem behaviour of one person with the behaviour of other people".

The therapist will focus on patterns and relationships in the system and determine how each member is affected and affects the other members of the system. Papp (1983:7) explains that the key concepts of systems thinking have to do with the following concepts:

- **Wholeness**

The focus is on the context in which events take place and on the connections and relationships rather than on individual characteristics. The whole is to be considered to be greater than the sum of its parts; each part can only be understood in the context of the whole; a change in one part will affect a change in every other part; the whole regulates itself through a series of feedback loops that are referred to as cybernetic circuits. Feedback plays an important role where information travels back and forth within these feedback loops in order to provide stability or homeostasis for the system. A system does not consist of independent parts and does not function independently of each other, but is an inseparable whole (Watzlawick 1967:125).

Thus we can say, that the behaviour of every individual within the family is related to and dependent upon the behaviour of all the others. All behaviour is communication, influences and is influenced by others.

- **Organization and patterning**

The concept of patterning and circular organization has become the foundation upon which family therapy rests. One event or behavioural pattern does not cause another event or behavioural pattern, but each is linked in a circular manner to many other events and behavioural patterns. These processes happen over time and form recurring patterns in the family. These patterns' function is also to balance the family. All behaviour, including the symptom that the family struggles with, establishes and maintains these patterns. Any person of any system is never isolated, but an acting and reacting member of a social group. One of the goals of the therapy would be to change the family's organization in such a way that it would lead to change in the experience of family members (Minuchin 1974:2). The therapist respects the family's system when he accepts the family's organization and style. In doing so, he will discover the transactional patterns and the strengths of those patterns in the family (Minuchin 1974:123).

In this study the strengths of the family patterns were realized and respected through skills and techniques from the therapist. It gave the family a chance to rearrange some of those patterns and it led to a change in the family's organization.

In working with families, the therapist will focus on the function of the behaviour and what the connections are between the different parts of behaviour in the family's system. Family members do not *own* certain characteristics but *manifest* behaviour in relation to the behaviour of others (Papp 1983:8).

In systems thinking, there are no absolutes or certainties; reality and truth are circular. Truths and realities must be connected in such a way to enable the family to make constructive changes (Papp 1983:9).

2.3 Principles in systems theory:

The principles in systems theory are in a way all linked together. The one cannot be described without considering the other. Selvini-Palazolli, Boscolo, Cecchin & Prata (1980:4) describe three basic principles: hypothesizing, circularity and neutrality. These are consistent with the systemic epistemology and they consider these principles indispensable to interviewing families.

2.3.1 Hypothesizing:

According to Selvini-Palazolli (1980:5) hypothesizing refers to:

"...the formulation by the therapist of an hypothesis based upon the information he possesses regarding the family he is interviewing".

The Oxford Wordfinder Dictionary (1993:736) defines hypothesis as:

"A supposition made as a basis for reasoning, without reference to its truths; as a starting point for an investigation".

The hypothesis is useful for the therapist in two ways: Firstly, it establishes a starting point for the therapists' investigation. Secondly the therapists' verification of the validity of his hypothesis is based upon specific methods and skills.

For the hypothesis to be systemic, it must:

- include every member of the system, and
- describe relationships.

The Milan team (*Selvini-Palazolli, et al 1980:5-7*) substantiates this by stating that in order for the hypothesis to fit into the systemic epistemology, it must:

"...include all the components of the family and must furnish us with a supposition concerning the total relational function".

The therapist and team re-evaluates the hypothesis from time to time, consolidating the different aspects of the hypothesis into more circular and systemic ones and disqualifying those that is proven to be not useful, or shown to be invalid. The hypothesis is an unproven supposition and provides a basis for further investigation. The functional value of the hypothesis is not whether it is true or false, but whether it is useful. Even if the hypothesis is not accurate, it contributes to new information. The essential function of the hypothesis can be described as a guide to new information. The new information will be confirmed, refuted or modified. The hypothesis enables the therapist to be actively involved and introduce the unexpected and the improbable into the family system.

2.3.2 Circularity:

By circularity the Milan team (*Selvini-Palazolli, et al 1980:8*) means:

"...the capacity of the therapist to conduct his investigation on the basis of feedback from the family in response to the information he solicits about relationships and; therefore, about difference and change".

Here we are dealing with the investigation of triadic relationships. There can be no mention of circularity without feedback. These two principles are closely linked together. Feedback is an important process between therapist and system but also

an important process between the members of the system. As Minuchin (1974:9) explains, pathology may be inside a person or in his social context, or in the feedback between them. As an individual influences his social context and is influenced by it in constantly recurring processes of interaction, the pathology is part of the system and doesn't belong to a member. This description is also an example of cybernetic epistemology. It is not linear but circular: if one member influences a system, the system will also influence the member. A family is a system that operates through transactional patterns. These transactional patterns explain how, when and to whom the family members relate.

2.3.3 **Neutrality:**

According to Cecchin, (1987:405) neutrality means that the therapist actively avoids the acceptance of any one position as more correct than another. In this way, neutrality has been used to help orient the therapist toward a systemic epistemology. Neutrality creates a state of curiosity in the mind of the therapist. Curiosity leads to exploration and invention of alternative views and moves, and different moves and views lead to curiosity. The therapist is interested in provoking feedback and collecting information and in doing so, is less apt to make moral judgements, whether it is of approval or disapproval (Selvini-Palazolli, et al 1980:11).

2.4 **Epistemology of cybernetics:**

To enter the world of cybernetics, it is necessary to understand what is meant by "epistemology". Without the understanding of this term, it is too easy to interpret cybernetics simply as another theoretical map. Cybernetics provides a complementary view of the world - a radically different view of the world. Therefore it is impossible to consider change without stability; these are the complementary sides of a systemic coin (Keeney 1983:8-10).

"Epistemology" attempts to describe how particular organisms know, think and decide (Bateson 1979:228). Keeney (1983:13) agrees with Bateson by saying:

"The study of epistemology becomes a way of recognizing how people, or systems of people know things and how they think they know things".

It is not possible not to have an epistemology. Even if you claim not to have an epistemology, it must be born out of an epistemology. Bateson in Keeney (1983:13) claims:

"You cannot claim to have no epistemology. Those who so claim have nothing but a bad epistemology".

What is important is that you are responsible for your epistemology and your actions born out of your epistemology.

The basic idea that gave birth to cybernetics is that pattern organizes physical and mental processes. Cybernetics is thus concerned with people as well as their engineering devices (Keeney 1983:66). In cybernetics, we refer to the study of "black boxes" and examine the relation of what goes into a system (input) and what comes out of it (output). The relation is cybernetic when the output is acting on the input so as to modify future output. This is a recursive process and enables the therapist to discern patterns in behaviour. The therapist, at a higher order of recursion, is part of a whole system and subject to its feedback constraints (Keeney, 1983:73-74).

Keeney (1983:14&95) explains that cybernetic or systemic epistemology emphasizes ecology, relationship and whole systems. Therapists who own this epistemology view their relationship with their clients as part of the process of change, learning and evolution. Cybernetic epistemology is explained as follows:

"a way of discerning and knowing patterns that organize events, such as the recursive sequences of action in a family episode".

Cybernetics is part of a science that studies patterns and description of patterns.

Keeney (1983:19) describes the most basic act of epistemology as the creation of a difference. It is only by drawing distinctions that we are able to know our world.

Our world can be observed in many different ways, depending on the distinctions one draw.

2.5 Epistemology of second cybernetics

The framing of therapy is an example of cybernetics. The behaviour of both client and therapist is circularly or recursively connected. Therapists join their clients in constructing a shared reality through the epistemological distinctions they establish. We can say that: One's knowing about therapy changes one's therapy, which subsequently changes one's knowing about therapy (Keeney 1983:21-23). Therefore there is no outside truth or reality when recursion enters: We draw distinctions in order to observe and be able to describe what we observe. The recursive operation of drawing distinctions upon distinctions again points toward the world of cybernetics where action and perception, prescription and description, and construction and representation are intertwined (Keeney 1983:24). Second cybernetics is therefore a way of pointing to the observer's inclusion and participation in the system. It includes concepts of self-reference, autonomy, and more complex units of mind (Keeney 1983:76-77). In second cybernetics, the therapist becomes part of the system and forms a new therapeutic system where he uses himself to transform it.

2.5.1 Feedback

The basic idea of cybernetics is that of "feedback". Minuchin (1974:13) describes family therapy as a therapy that deals with the process of feedback between circumstances and the person involved. It is the task of the therapist to change the relationship between the person and his/her social context, which would change his/her subjective experience. Wiener in Keeney (1983:66-67) defines feedback as follows:

"Feedback is a method of controlling a system by reinserting into it the results of its past performance. If the information which proceeds backward from the performance is able to

change the general method and pattern of performance, we have a process which may be called learning".

All families embody feedback processes that provide stability for the whole family organization (Keeney 1983:68). The cybernetician's eye is focused on seeing the underlying patterns of the feedback process. Positive feedback may lead to change; that is the loss of stability. What is important is that a part of the systems output is reintroduced back into the system as information in a recursive process. Interpersonal systems (families) may be viewed as feedback loops, as the behaviour of each person affects and is affected by the behaviour of each other person in the system. Feedback into a system may introduce change or may maintain stability, depending on whether the feedback mechanisms are positive or negative (Watzlawick et al 1967:30-31).

Feedback is only the first step on the cybernetic road. Keeney (1983:72) explains that complex systems involve a hierarchical arrangement of feedback. He also warns not to forget that such a hierarchy is a "recursive network" rather than a "layered pyramid." The feedback process will always mean this "recursive network".

2.5.2 The process of stability and change

Keeney (1983:70) describes the process of stability and change as follows:

"One cannot, in cybernetics, separate stability from change. Both are complementary sides of a systemic coin. Cybernetics proposes that change cannot be found without a roof of stability over its head. Similarly, stability will always be rooted to underlying processes of change".

The term homeostasis is used in discussing how processes of change lead to stability and processes of stability facilitate change. Change is not only a solution to a problem. Change exacts a price and raises the question as to what the repercussions will be for the rest of the system. These repercussions cannot be ignored because they exist. It is also not the task of the therapist to immediately solve or try to solve

this problem. Solving an immediate problem often creates another problem in the larger ecology (Papp 1983:11).

When a family comes for therapy they bring the symptom and ask the therapist to change the symptom or the identified patient who is the bearer of the symptom. The identified patient is merely the member who is expressing the problem affecting the system in the most visible way (Minuchin 1974:129). They expect the therapist to change the identified patient without changing their system or transactional patterns. The art of therapy requires successfully handling requests from the system for both stability and change (Keeney et al 1992:39). The therapist will connect the symptom to the system (all the members in the system) and show the members of the system that the one cannot change without the other because the symptom does not exist *outside* the system. It is the task of the therapist not to eliminate the symptom, but to explore what will happen if it is changed or removed. The therapeutic focus is shifted from the problem (who has it, what caused it), to the process or patterns around the problem, (how the family will function without it, what price will have to be paid for its removal or containment, who will pay the price, who will suffer more or less after the symptom has changed). The process of the therapist's affiliation with the family facilitates change. This process is part of second cybernetics where the therapist becomes part of the system and doesn't stand outside it. He is an acting and reacting member of the therapeutic system.

2.5.3. Self Reference

Since second order cybernetics places the observer in that which is observed, all description is self-referential (Keeney 1983:77). Since "objectivity" assumes a separation of the observer from the observed, there can be no mention of "objectivity". Second order cybernetics attends to the recursive relation between client and therapist; therefore, we recognize the necessary connection of the observer with the observed, which leads to examining *how* the observer participates in the observed (Keeney 1983:80). Self-reference is a way of pointing to the observer's inclusion and participation in the new therapeutic system that he/she

joined. The therapist is not outside the system, but part of it, participating in it, influence it, and get influenced by it. In this way, there can be no mention of objectivity.

In the study, there will be no mentioning of objectivity.

2.5.4 **Autonomy**

Second order cybernetics is described as a way of viewing the "organizational closure" or "autonomy of systems". This means that a system is entirely self-referential and has no outside. It is an attempt to approach the wholeness of systems. Closed and recursive organization is a characteristic of the autonomy of living systems. Thus, autonomy refers to the maintenance of a system's *wholeness* (Keeney, 1983:84-85). Wholeness and autonomy cannot be separated from each other.

Stated recursively, a family is an autonomous system. A family is organized to maintain the organization that defines it as a family. Thus, the closed organization, autonomy or wholeness of a family cannot change, or there would be no family. If the family system loses its autonomy, it is not a family. This doesn't mean that families do not change: What changes is their structure or the way of maintaining their organization. It is important that the therapist respects the family's stability, in other words, the closed organization of the family system. The organizational closure of a family is a way of pointing to the "whole family" (Keeney 1983:87). The therapist can use the language and myths of the family and build metaphors with this language. This is important as it conveys a message of understanding to the family. To let a family be an autonomous system, respect must be mentioned. Respect is a particular way of seeing people but respect cannot simply be a way of viewing people. According to Rogers (1987:19) respect is more an attitude that is supplemented by certain techniques and methods. The client is always autonomous and the therapist must allow him to make his own decisions. It wouldn't be possible for the therapist to allow the client to take his own decisions if the therapist doesn't

trust the client and respect his choices. There must be acceptance of the client as a person who is competent to direct himself.

To create an atmosphere of acceptance where the client can feel 'safe' to reveal his/her/their most painful experiences, it is necessary for the therapist to communicate his/her understanding of the client and his/her pain. It is important that the therapist will refrain from judging the client. The client must feel that the therapist accept the client, even if the client doesn't accept him/herself.

2.6 Cybernetic complementarities

Keeney (1983:92-93) notes that the cybernetic epistemology proposes that we must view both sides of any distinction that an observer draws. One way to achieve this involves viewing them as part of "cybernetic complementarities". When you consider both sides as different, but related, you approach a cybernetic framing of distinctions. Cybernetic complementarities involve different orders of recursion, which demonstrates how opposites are related and yet remain distinct. Watzlawick (1967:49) explains that activity or inactivity, words or silence are all communication. It follows then that no matter how one may try, one cannot *not* communicate.

2.7 Conclusion

The principles in systems theory that were described, namely: hypothesizing, circularity and neutrality, were an integral part of the research and therapy process. The formulation and reformulation of the hypothesis was part of the planning and reflection phases. Circularity and neutrality helped the therapist to create a curiosity towards her clients where curiosity leads to exploration of their world. This kept the therapist from judging the actions and experiences of the couple.

The therapist becomes part of a new therapeutic system. The theoretical concepts discussed in this chapter link well with the basic ideas of action research, where

action research implies a complementary process of research that is not done *on* people, but in a recursive process *with* them.

In conclusion, the aim of therapy is not changing problem behaviour, but altering a pattern of interaction. In the therapy and research, similarly is stability and change a complementary process of altering of cybernetic patterns. We addressed the recursive relation of the problem behaviour and attempted solutions. This recursive relation pointed to their pattern of interaction.

Chapter 3

ACTION RESEARCH CYCLES

3.1 Introduction

In this chapter the researcher aims to illustrate the course of therapy during the planning, action and reflection phases as outlined in Chapter 1. In practice the different phases will sometimes overlap and the boundaries are not always clear, but in theory the cycles and steps are clearly defined.

Therapeutic sessions with a couple, ³(Mr. & Mrs. Adams) were used for the research that was undertaken. Mr. & Mrs. Adams were seen in ten therapy sessions. Clear descriptions of the problem, from both spouses' frames of reference were given during the first three sessions. During these sessions the therapist has put the family's current problem into new frames. These new frames suggested possible consequences of change for the family.

For the purpose of the study, the fourth, fifth, and sixth sessions will be included in the action-research cycles. From the third interview the therapist did not focus on change alone, but fully addressed the stability of the couple as it evolved and was identified. By emphasizing stability the therapist addressed the cybernetic relation of stability and change, because for the client it meant *change* when the social worker focused on their stability and therefore did not ask any change from them.

The role of the social work therapist is explained where the therapist doesn't act as an "expert" outside the system, but as a role player and as part of the system.

³ *The couple will, in keeping confidentiality, and for other ethical reasons be referred to as Mr. & Mrs. Adams. The names or surnames of other people involved in the study were changed accordingly.*

In second cybernetics, the ⁴therapist becomes part of the system and forms a new therapeutic system where he/she uses him-/herself to transform the system.

3.2 Relevant background information

3.2.1 Data recorded during initial contact

Mrs. Adams was previously involved in therapy for six years. When she moved to Pretoria, her therapist referred her to the Social Work Department at University of South Africa. The researcher/therapist was during this period of time a student registered for the degree, Master of Arts in Social Science (Mental Health) in the Department of Social Work at the University of South Africa, and volunteered to see the couple in therapy in cooperation with the team as described in Chapter 1, page 5. The therapist phoned the couple and the following data were collected from Mrs. Adams:

- Mr. & Mrs. Adams had been married for eight months.
- Mr. Adams was 32 years old and Mrs. Adams 23 years old.
- There were no previous marriages.
- Mr. Adams had been previously engaged for three years to Miss. Zeelie and they had lived together for the duration of their engagement.
- Mr. Adams was a fitter and worked shifts for a big company.
- Mrs. Adams was a housewife and urgently in need of a job.
- The couple didn't have any children.
- According to Mrs. Adams she had to convince Mr. Adams to accompany her to therapy but it was Mr. Adams who had phoned the department twice for an appointment.

According to Mrs. Adams, the problem was stated as follows:

⁴ *In the discussions that follow the researcher will refer to herself as the therapist.*

- Many things had occurred in her past that she felt she could not overcome.
- Mr. Adams's temper was a major problem that caused stress and unhappiness in their relationship.
- Their age difference concerned her and sometimes she felt that she was too young to be married.

3.2.2 Metaphors and themes that developed during therapy

During the first three sessions, themes developed which are described below. The themes are all linked to each other in a recursive way and cannot be separated from each other. All the themes were part of a recursive pattern in the relationship and will be spelled out throughout the study. Out of the themes metaphors developed through which the therapist and couple could describe the processes in their relationship with more fluency and comfort.

Trust

Mr. & Mrs. Adams both had a history of many disappointments. They systematically collected "proof" or "evidence" validating their theory that they should not trust people. They knew they couldn't trust each other because there was no "proof" that it would be safe for them to do so - although they tried to trust and be trusted. Their efforts to change the problem (attempts to trust/getting disappointed/don't trust) actually maintained the problem.

This process clearly illustrates the recursive relation of the problem behaviour and attempted solutions. The recursive relation can be described as a pattern of interaction (Keeney 1992:70).

Out of the theme of trust a metaphor evolved in which the couple described themselves as commuters on railway tracks. Sometimes they were on the same track, on the same train, but not always in the same carriage. Sometimes they

allowed ⁵*ghosts* to travel with them. If their parents accompanied them on the train, they were children again. This theme was linked to the next theme of *age*.

Age: younger/older

A part of Mr. & Mrs. Adams's description of the problem was their great discrepancy in age. The couple saw themselves in different life stages. During certain periods they experienced that they could be in the toddler stage where they could "throw tantrums". They could also be teenagers perceiving themselves as too young to be married. As teenagers they could allow themselves to be quiet for days or to have emotional outbursts. The initial hypothesis was closely linked with this theme.

Areas that the therapist and the team thought needed more exploration were:

- When Mrs. Adams perceived Mr. Adams as older, did she trust him better than when he was younger?
- Did she trust herself better when she was older or younger?
- When Mr. Adams lost his temper did Mrs. Adams perceive him as an older or younger person?
- What would be a mature approach to marriage?

The past

The theme of "the past" was recursively connected to "trust". Mr. & Mrs. Adams couldn't change or dissolve their experiences from the past. They were consistently looking for ways of dealing with these experiences. The ghosts which had emerged from their respective pasts and entered their marriage with them, were:

⁵ *Ghost is a metaphor that was used by the client and therapist for a number of people out of their pasts that played a significant role in their lives.*

- Miss. ⁶Zeelie, which they framed as the biggest most active ghost,
- Mrs. Adams's biological parents,
- her previous boyfriend,
- sometimes her sister, and
- her grandfather.
- Mr. Adams's father.

The therapist and the team did not punctuate the past as something distant, outside or behind a person. Instead, the past was punctuated as a cybernetic complementarity of the future. It was hypothesized that the past took up too much energy from the couple. No energy was left for the future. The therapist felt that there needed to be a balance between the past, present and the future. This balance could enable the couple to cope more effectively with the past present and the future.

Judging people

The couple's judging of people was a relational issue. It was closely interwoven with the "past", where Mr. & Mrs. Adams compared themselves to the significant others around them. This process was part of the cybernetic relation of change and stability in the family. It was safer to judge people beforehand in order to prevent disappointment. Their communication was also part of this recursive process. It was very scary for both of them to speak their heartfelt feelings or thoughts. They wanted to be close to each other, but it was necessary to keep a distance when they attempted to be "near to each other". To illustrate this point, the couple found they were able to communicate better when they spoke on the telephone. Each of them believed that they could read the other one's body language well and were able to discern what he/she thought. In maintaining this pattern (*stability*), they could *know* without taking the risk of *telling*, which would ask directly for trust.

⁶ *The women to whom Mr. Adams was engaged before he got married to Mrs. Adams.*

In cybernetic terms, this is a definition of a self-correcting feedback loop where the efforts to bring change, maintain the problem experienced by the couple.

3.2.3 Core information: first interview.

The initial hypothesis was formulated from the data recorded during the first telephonic contact, reading as follows:

First hypothesis

- The couple struggled with age-differences.
- In their relationship, they respectively took on roles in which they were sometimes younger and sometimes older.
- They were not sure what defines a mature approach to marriage.
- They struggled to trust each other. The past took up too much energy from the couple. The therapist and team hypothesized that there needed to be a balance between the past, present and the future.
- In this relationship both trust and age-differences were issues and could be linked to give new perspectives in both themes.

During the first session the following information was recorded: the couple met each other when Mr. Adams was involved with Miss. Zeelie and Mrs. Adams was involved with Mr. Walters. They all lived together in one house. Both couples broke off their relationships and Mrs. Adams moved into her own apartment. Mr. Adams then courted her and within a very short time, they got engaged and got married. During January 1998, Miss. Zeelie (with whom Mr. Adams had previously co-habited) came to Mr. Adams with the news that she was expecting a child. He didn't believe that he was the father of her child. Mrs. Adams however wanted to adopt the child. She was prepared to do anything in order to secure

their marital relationship. Mrs. Adams explained that she was “on a mission” to take care of the baby and their marital relationship. During August, Miss. Zeelie had a miscarriage. Mrs. Adams felt that there was nothing left for her. Part of the "mission" she undertook was intensified and part of it disappeared with the miscarriage and she felt very disappointed.

Mr. Adams was aware of the fact that Mrs. Adams experienced stress and was afraid that he might leave her for Miss. Zeelie and the baby. However he, at no point considered doing that. Their relationship changed in that they grew further apart from each other after Miss. Zeelie’s miscarriage.

The couple was able to express their mutual lack of trust through the development of the metaphor of the railway track: they were not sure on which train track they were. Sometimes they were on the same track, but in different carriages. Sometimes Mrs. Adams was in her parents’ carriage and sometimes they were on totally different tracks in different carriages.

Mrs. Adams could not let go of “the mission” she had undertaken and the baby continued to live in her thoughts. She couldn’t let go of it or let it die. This experience could be linked to other unfinished processes in her life. Mrs. Adams had two abortions during 1994 and 1996 and was worried that she would not be able to conceive again.

Trust became an important issue for both Mr. & Mrs. Adams. They could not trust each other or other people. Mrs. Adams went away for more or less one month to her parents’ home and returned two weeks before the therapeutic sessions started.

Intervention:

During the first session, the therapist and the team concentrated on an intervention directed at *changing the system*. The therapist framed the behaviour of both the spouses as a struggle to keep their marriage together (*stability*). The

'struggle' indicated that they did communicate, although in a different/special way. Each expected the other to make up for all the bad things that had happened in the past, so they demanded quite a lot from each other. After the first session the couple got homework whereby they had to practice to trust each other outside the therapeutic context (*change*). They had to take turns to blindfold each other and lead each other through their apartment with the furniture re-arranged (*change*). By using a paradox, we focused further on change when the team stated that they thought that Mr. & Mrs. Adams did not trust each other enough to perform the task on their own. The therapist opposed the team by saying that they would be able to complete the task. However the couple did not do the homework.

Observation:

The therapist and the team accepted that the couple did not do the homework and framed their behaviour as autonomy and as an attempt to maintain stability.

Second Hypothesis: after first session

- The themes that emerged out of the first hypothesis were:
 - Trust
 - Age
 - Mr. Adams's temper.
- These themes did not have a meaning in itself. It was part of their relationship and part of a pattern that connected. During the following session the therapist would be looking for patterns in the couple's relationship where these themes could be linked together.
- Mr. & Mrs. Adams both experienced a painful past resulting in their general inability to trust others. Mrs. Adams's father was identified as a person who had hurt her. Out of this information questions arose:
 - Did she trust younger/older people the most?
 - Mr. Adams married a younger girl. Did he trust younger persons better?
 When Mr. Adams lost his temper, to which age group did he belong?

- They both had family issues that caused distress. Mr. Adams experienced his family as distant and experienced a need for closeness in his marital relationship. Mrs. Adams experienced her family as extremely close and needed distance in her relationship with her husband.
- Closeness/distance was part of their relational patterns and could be linked with the other themes of trust, age and temper.
- They wanted the present relationship to compensate for the lack of trust in their past.

3.2.4 Core information: second session

During the second session the themes of *ghosts*, *train tracks* and *the past*, which were already identified during the first session, became more visible. The following became evident:

- Mrs. Adams wanted to get the approval of her mother. She consistently felt that she needed to please her.
- Not only did she feel that she had to prove herself to her mother, but also to her sister, her husband and herself.
- This could be linked to the fact that Mrs. Adams perceived herself as a failure. She went to college but fell pregnant and failed most of her subjects.
- Mrs. Adams felt at times that she was too young to be married.
- Mrs. Adams was very attached to her biological father and continually compared Mr. Adams to him.
- According to Mrs. Adams, she already during her childhood had made up her mind never to trust any man in a relationship with her or her children.
- Mr. Adams, in turn did not trust people either. He believed that he could see *through* people or could see what kind of persons they really were.
- Mr. Adams did not feel “free” to be himself in his relationship to his wife anymore. She compared him all the time to the men that hurt her in her childhood.

Mr. and Mrs. Adams were able to communicate more effectively by way of telephonic conversations. He would call her from work and they could converse for long periods. During periods when they were both at home, they found they could not communicate in the ways they wanted to. The pattern in their communication was that Mrs. Adams decided that she knows what her husband was thinking and she reacted according to that assumption and visa versa. Their conflict revolved around things "outside themselves", namely other people, the past and their parents. They struggled to make personal disclosures. They were, according to their own standards, able to talk more constructively during periods and in places away from home. With regard to their communication it can be said that the couple was not able to undertake a "honeymoon" as two individuals. They both carried people from the past into their marriage.

There were many hurtful and unhappy feelings associated with Miss Zeelie, to whom Mr. Adams was engaged. She was like a ghost who lived with them. Mr. Adams wanted to get rid of the ghost but Mrs. Adams held on to it, although she tried to "kill" the ghost by "killing" one of Mr. Adams's teddy bears. Keeping Miss. Zeelie in their relationship was clearly part of the pattern of maintaining stability. The couple tried to protect each other by not talking about their painful experiences. Mrs. Adams, in particular, wanted to protect Mr. Adams from this ghost. According to Mrs. Adams, she sometimes acted as a "mother" to Mr. Adams. She also sometimes felt stronger and sometimes weaker in her relationship to him. Mr. Adams also sometimes felt stronger and he then wanted to protect Mrs. Adams when she was frustrated, but she would not allow him to protect her. This process left him feeling weak in relationship to Mrs. Adams.

Intervention

The team's intervention was again, as with the first intervention, compiled to focus on change for the couple. The therapist described their relationship as one in which there were too many people playing pertinent roles. These people's presence kept them so busy that they did not get to know each other (*stability*). In

maintaining this pattern they would not get the opportunity to learn to trust each other or to know each other.

They were instructed by the therapist to:

- Arrange dates as teenagers do at least twice a week (*change*).
- Each spouse had to take turns to arrange a once-weekly appointment with the other one.
- They were not allowed to spend money on their dates, except, during the final week of the month.
- They were instructed to be very creative in the planning of the events/dates.

The couple was quite pleased by this intervention, although Mrs. Adams was a bit skeptical. She wasn't sure that Mr. Adams would be able to go through with it.

Observation:

Already in the planning of the intervention, Mrs. Adams could not trust her husband to complete their homework. She wanted to date once a month and Mr. Adams, every day. This was an indication of the stability in the system. (Closeness/distance as described in second hypothesis). It also linked to the metaphor which evolved during the first interview, where they were not sure if they were on the same "train-track".

Third hypothesis: after second session

- When Mrs. Adams was quiet, Mr. Adams came close to her. They had developed a pattern of quietness and closeness.
- The quietness (closeness/distance) could be linked to trust. They wanted to compensate for the lack of trust in the past and they wanted each other to just know what they were thinking, without telling. This evolved in a process

of confirmation where they could not trust each other with the impossible (Paradox).

- The metaphor of “train tracks” and “carriages” that developed could also be linked to trust.
- They were able to communicate in many different ways: fighting, reading non-verbal messages, communicating over the telephone, communicating through silence, communicating also in a more aggressive way, using their fists.
- There were the ever-present ghosts that they carried into their marriage.
- Both Mrs. Adams and her mother have sentenced Mrs. Adams to a “life-sentence” in jail. Mr. Adams was outside the jail, waiting for her. He wanted to free her from of jail and sometimes got frustrated by her reluctance to do that. Sometimes he wanted to break her out of jail. She didn’t hold the keys of the jail-door. We suspected that her mother was the keeper of the keys.

3.2.5 Core information: third session

At the beginning of the third session, the couple displayed stress and irritation in their relationship. Mrs. Adams was comparing herself to her mother and by this comparison upset Mr. Adams. She experienced herself as she experienced her mother. The more she became like her mother the more she hated herself. She hated her mother, but at the same time wanted to prove herself to her mother. She wanted to be herself, but the more she became herself, the more she became like her mother. Thus a circular process with no beginning or end. Mrs. Adams felt that she was like her mother or even worse than her mother.

This was a recursive complementarity, clearly connected to the whole system. This cybernetic relation of love and hate, trust and distrust, will be spelled out again in the discussions of the therapy.

Mrs. Adams became upset and emotional because she experienced herself as a bad wife. She wanted to “mother” Mr. Adams, wanted to be a good wife and a

good cook. She believed if she could be the perfect wife to him, she would feel good about herself. When she was sick, Mr. Adams spoiled her and treated her like a queen. Metaphorically, she described herself as a cat, a child, and a servant. When she spoiled him, she felt good. She didn't spoil him often and therefore she didn't consistently feel good about herself. This is part of the dilemma the couple experienced and the process they maintained. She was afraid that he might leave her and that she might lose him. Mrs. Adams stated over and over again, how bad she really felt she was.

Mrs. Adams couldn't decide what she wanted to be like or how the ideal Mrs. Adams, should look. Another metaphor evolved in which she described this "perfect Mrs. Adams" as an angel. She was sure that this angel was superhuman. She was not an ordinary angel, but a special kind of angel: not a gentle pathetic angel, but a gentle *and* strong angel. She described herself as a lovable angel with finesse who spoiled the people around her. She wanted to be better than an angel but again; she realized she couldn't be the angel because the people around her would destroy this angel. The angel appeared once a week for two minutes, where after the "cat" drove it away.

During the third interview, Mr. Adams described himself as very skeptical about people. He had experienced many disappointments as a result of his association with the people in his past. He wanted to protect his wife, but she wouldn't let him. He wanted to be an adult, a more mature Mr. Adams, but Mrs. Adams wouldn't allow him this. He explained that he sometimes acted like a child, which permitted him to throw a tantrum as if he was a child. When acting as a child, he was sure that he would get Mrs. Adams's attention. The different metaphorical roles and patterns associated with these roles became the pattern in which Mr. & Mrs. Adams communicated with each other.

Intervention

During the third intervention the therapist asked the couple to write down all the positive things people have done that didn't disappoint them. Secondly, Mrs. Adams, was instructed *not* to be an “angel” for the next two weeks. It was too scary for the angel to “appear”. She needed to be only herself (The therapist started to address the *stability*). Mrs. Adams immediately rebelled against the intervention/stability message. She assumed to be herself – she needed to be like her mother and she hated this idea. Direct instructions were given to Mrs. Adams that the angel may only appear for ten minutes, on Saturday night from ten o'clock until ten past ten. During those ten minutes, Mr. Adams would have to be the strong one, the mature person. He must hold her and cuddle her, even if she protested against it (*change*). Mr. Adams was doubtful if Mrs. Adams could be an angel for ten minutes; it was too long.

Observation:

The moment the stability was addressed, Mrs. Adams rebelled against it. She couldn't be herself, but she couldn't be an angel either. Mr. Adams could not trust his wife to be an angel for the prescribed period. This inability to trust was again an indication of the stability in the family.

3.3 Description of the three therapeutic cycles

The three cycles that are described in the study, are sessions four, five, and six. During the first three sessions it was clear that the couple struggled to trust each other and that there were many hurtful experiences in their respective pasts. The therapist and the team compiled their interventions to focus on change. It became clear that the couple needed to explore the intensity and dilemma of their situation. The therapist and team decided to address the family's stability in order to give them the opportunity to experience and explore the intensity and dilemma of their situation (*stability*). Once they completed this task, it was hypothesized that they would be able and ready for change.

3.3.1 First cycle

Fourth hypothesis: after third session

- Not trusting is part of the relationship between the spouses and the pattern maintained a certain distance between them. (Closeness/distance/trust).
- Mrs. Adams didn't want to be the same as her mother, but couldn't let go of her as she listened to her mother's voice.
- The previous hypothesis that Mrs. Adams jailed herself fitted in with the ideas and responses of both the spouses. Mr. Adams found the waiting outside the jail exhausting and wanted to open the jail door with a "crowbar" (the fighting). He felt helpless and wanted to "force" her out of jail. It was clear that Mr. Adams experienced Mrs. Adams as being in jail with very limited visiting hours. He didn't know what the rules of the prison were or how to become familiar with them. It left him lonely and frustrated in his waiting and anticipation.
- Mrs. Adams judged herself to be guilty and punished herself. She felt that she needed to prove that she was rehabilitated before she may leave the prison.
- Mr. Adams felt that he could see through people and that made him a "judge". A judge is superior and must also punish the convicted. The therapist and the team wondered what the role of a judge (Mr. Adams) could be when people confess their crimes and give them up to the law?

3.3.1.1 Planning

At the beginning of the fourth session the therapist and the team realized that the couple hadn't done any of their homework given during the first three sessions. Their *not trusting* was very apparent in this and was part of the relationship; it maintained a certain distance between the spouses and also between them, the therapist and the team. Mr. Adams could *see through* people and decided

beforehand what kind of people they were. The therapist and team linked a metaphor of a “judge” to this ability of Mr. Adams. A judge can *see through* people and must decide whether they are guilty or not. A judge must also punish the convicted. The punishment could be linked to the physical abuse that occurred from time to time in this relationship.

Observation:

The way in which themes in the couples life affected patterns in their relationships with other people, became very clear to the therapist and the team.

Mrs. Adams listened to her mother's “voice” more than any other “voice”. She went to her mother whenever she experienced pain.

Mr. Adams and Mrs. Adams both had family issues. It seemed that Mr. Adams experienced his family as distant and was looking for closeness in his relationship with his wife. Mrs. Adams was very close to her family and struggled to separate herself, to *leave home*. The *coming to therapy* and *closeness* were processes within existing processes and patterns between Mrs. Adams and her family. The link between them is *closeness*. Mr. Adams wanted closeness in his relationship with his wife. Mrs. Adams struggled to maintain a distance in her relationship to her husband.

<i>Closeness and distance are part of a cybernetic complementarity.</i>

Mrs. Adams experienced her father as a wonderful person. He was the one who knew how to love. He was gentle and tender, but not pathetic. She perceived him as the strong one.

The following unexplored areas were identified:

- Did Mr. Adams also have a place to go when he experienced pain?

- The not trusting is part of the relationship between the spouses and this pattern maintained a certain distance between them. When was it comfortable/safe for them to trust each other and alter the distance between them?
- Mrs. Adams's descriptions of her father evolved in a punctuation where the therapist and team suspect that Mrs. Adams's father could have molested her as a child. We planned to ⁷prepare the ground for them to trust us with this painful issue.

3.3.1.2 Action

In trying to initiate some of the processes and patterns that could be addressed by way of homework (which the couple did not do) the therapist and the team instead decided to initiate some of the processes in the therapy room. The couple had to list the *correct* things done by people who didn't disappoint them. Mr. Adams couldn't think of anything positive anyone did. They were there for him a few times, but he waited for them to "stab him in the back", and they did. According to Mrs. Adams, the only positive thing that her mother ever succeeds in doing was bringing up her children. Her response in regard of her father was contradictory when she described him as the one who taught her a few good skills in life, but also the one who hurt her the most. Although he also "stabbed her in the back", he was always there for her. Mrs. Adams saw her father as the strong but also the gentle one.

According to Mr. Adams he could "see through" people, decided who they were and he was mostly correct in his perceptions. The therapist linked this perception to the metaphor of *a judge* as planned and it fitted well. Mr. & Mrs. Adams both *judged* other people but also each other. They judged themselves too. The therapist extended the metaphor of *a judge*: a judge has to decide if a person is *guilty* or *not guilty* and must also punish the convict. According to Mr. Adams, he was a very qualified judge of other people. He didn't want to judge Mrs. Adams

⁷ To build an atmosphere of trust through empathy and neutrality (no blaming of any part of the system).

but ended up judging her. When Mrs. Adams judged herself, he didn't want to talk to her. Mrs. Adams wanted to prove herself in that she was *guilty until proven not guilty*. She had definitely given herself a "life-sentence" and tried harder and harder to prove herself. In the end, she only proved her guiltiness. Mr. Adams, who was the judge, found Mrs. Adams not guilty, but the convict kept on stating that she *was* guilty. Mr. Adams was faced with a process where the dilemma of the role of a judge promoted him to set a convict free, yet the convict didn't accept her freedom. Mrs. Adams was like a prisoner who kept on committing an offence in order to go back to jail.

According to Mr. Adams, he had also been in jail earlier in his life. He felt that he completed his sentence and carried on with his life. Mr. Adams wanted to help his wife, but she wouldn't let him. He felt frustrated by her reluctance to get out of jail.

The couple both experienced that Mrs. Adams played the role of the mother in their relationship. Mr. Adams didn't want Mrs. Adams to be his *mother*. Mrs. Adams in turn didn't want to be his mother, but his wife. She didn't want to be only his wife, but a good wife. She wanted to know "where he was" in his mind all the time. It was as if she wanted to get into his mind to read exactly what he thought and experienced. The couple experienced their communication as "blocked". They didn't trust each other enough to believe that the things they did were "out of love" for one another. They read each other's minds and decided for themselves what the other person was thinking.

Intervention

Trust was a very big issue for Mr. & Mrs. Adams. The therapist and team decided to frame "trust" as *too* big a goal to work toward at that point (*stability*). The therapist indicated very clearly that they couldn't change the *not trusting* at that point in time. They needed to live with it for a while (*stability*).

The therapist spelled out that she and the team heard very clearly that Mrs. Adams had given herself a *life-sentence*. She had decided to stay in jail forever (*stability*). Sometimes, there were visiting hours, but not often. Mrs. Adams had sentenced herself to “prison” for being as bad a mother as her mother. She could not change this indictment because it was too powerful to oppose. (*stability*). Mrs. Adams immediately complained and insisted that she wanted to be the perfect wife. Her response indicated that she asked for change. The therapist stressed the severity of her sentence and pointed out that her circumstances could not be changed that quickly (*stability*).

The therapist noted that Mrs. Adams was looking for work urgently. She felt lonely at home and wanted to go out and do something. The therapist linked this to the metaphor of being *in prison* through empathy by saying: “we can hear your pain but it is not always possible for jailbirds to work.” (*stability*).

The couple’s homework for the following week was as follows: If Mrs. Adams perceived herself as a mother, she needed a son. Mr. Adams would have to be her son. Sometimes he would have to be a naughty boy and sometimes a good boy, but he was not allowed to tell her whether he was going to be good or bad. She would have to persist in the role of the *bad* mother. It was too difficult for her to become a good mother at this stage (*stability*). Mrs. Adams complained again because she wanted to be a good mother and a better wife. The therapist stressed that she brought the sentence upon herself; she couldn’t set herself free, as it was a life sentence.

3.3.1.3 Reflection

In addressing their stability (to ask for “*no change*”) the couple was given a chance to look at themselves and their position in the family. They immediately began to rebel against it and wanted to change. A life-sentence is hard to deal with. Mrs. Adams had time to look at herself, as if in a mirror. She had sentenced herself, now she had time to symbolize it. To underline their dilemma, the intervention was planned to prescribe to them not to try to trust each other, to explain the

impact of a life-sentence to them, and to prescribe to Mrs. Adams to be a mother to her husband, but a bad mother, as her own mother would be.

People always let Mr. Adams down. His ability to see through people and his discretion in deciding whether they were good or bad made him a good judge.

This metaphor fitted well with them. Mr. Adams was sometimes a judge, but Mrs. Adams was also sometimes a judge and a very good one. Two processes evolved:

- she specialized in judging herself, and
- he specialized in judging other people.

Mrs. Adams experienced role confusion: she was uncertain whether she needed to be a mother or a wife. She was also not sure which was which. Sometimes, as was stated in the first hypothesis, the couple felt uncertain about what constituted a mature response or behaviour within their relationship. Sometimes they responded as younger individuals and sometimes as older. As infants, they both felt they could throw a tantrum. As teenagers they were able to get upset and be sullen for days.

The fighting of the couple was reframed as a form of communication. By reframing their behaviour, they could look at it differently. It took some of the stress out of the relationship.

In cybernetic language, there cannot be change without a roof of stability over its head. This process can also be linked with the process of "homeostasis" where the process of stability leads to change and the process of change facilitates stability. The "change" is not the solution to the problem. The family brought their symptom (stability) to family therapy.

The task of the therapist was to connect the symptom to the system (or all the members of the system) and show the members that the symptom is not outside the system. The couple experienced pain in this process. The theory reminded the therapist and the team that the

whole is to be considered to be greater than the sum of its parts; each part can only be understood in the context of the whole; a change in one part will affect a change in every other part. This is a circular recursive process as in cybernetic terms.

3.3.2 Second cycle

Fifth hypothesis: after fourth session

- The third hypothesis where a metaphor of a jail sentence was used to describe the pain of the couple, gave them a framework of words and pictures where they could place and express themselves.
- This hypothesis was expanded where the role of a judge was included.
- The couple could identify themselves well with the roles of prisoner, “waiting loved one” outside the prison, and a judge. Their behaviour could be reframed in it’s linking to the metaphor. Mr. Adams’s aggressive behaviour could be reframed as “breaking his wife out of jail with a crowbar”. It also gave new meaning to the couple’s organization of the family. This metaphor gave a useful description of the process in the couple’s relationship.
- In the past, Mrs. Adams was trying to be a better wife than her mother was. Her attempts to achieve this were never successful enough for her and she felt worse as she failed to “prove” herself repeatedly. The attempts to change became part of the problem in the couples’ relationship.
- As we used this metaphor to address the stability of the couple, we realized that Mrs. Adams wanted to change her “life-sentence”. She wanted to free herself. The therapist also realized that there were many more areas that were unexplored and unsymbolized. In the description of this metaphor, the therapist could put the roles of their parents and themselves into new frames. In addressing their stability (one side of the cybernetic coin) by asking for no-change, it gave the couple the opportunity to rearrange the organizational structure in their families. This was change (the other side of the cybernetic coin) for the couple.
- Their skeptical behaviour about other people could also be linked with the

process where they believed more in people who believed in their guilt as in people who believed in their innocence.

3.3.2.1 Planning

We planned to keep on asking for *no change*. If Mrs. Adams wanted to change, she would have to introduce it. The life-sentence was difficult to deal with; if she wanted to come out of the jail; we planned to be very suspicious (*stability*). Areas that needed to be explored were:

- Who had to open the jail door?
- Who carried the key?
- Who was the jailer?
- Who testified against her?

The following issue could also be linked to trust:

- Who did she trust to collect all the evidence against her?

To heighten the intensity and to stress Mrs. Adams's sense of being imprisoned, we planned to move her to the back of a partition. The rationale here was to provide them with the opportunity to *experience* the life-sentence and the feelings of being *in prison* and *waiting outside prison*, there in the therapy room. The experience of being incarcerated and talking through bars can be very depressing and sad. To further heighten the intensity, the light of the therapy room could be switched off. The darkness was necessary to facilitate a process where they could symbolize their experiences.

Should there be many changes since the last session, Mrs. Adams would be allowed to apply for amnesty from the president's office.

- Who would the president be in her life?
- Who would grant her such a relief?

3.3.2.2 Action

At the beginning of the session, Mrs. Adams explained that she had decided to put her "life sentence" behind her. She felt that her sadness, depression and sense of guilt had been alleviated in the past few days. The therapist stressed with empathy that the team could see that she suffered in jail and didn't want to be there, although both she and the therapist knew she couldn't change it now.

Observation:

Mrs. Adams already wanted to escape from her own stability and was asking for change. It was evident that this experience, (to be like her mother, to be in jail,) was painful and uncomfortable for them both.

Mrs. Adams gave feedback on their homework: According to Mr. Adams he was not a naughty child. He had not given Mrs. Adams any practice in being a "bad" mother. Mrs. Adams wanted a naughty child who could keep her busy. She wanted an active and playful child because she got bored easily. The therapist stressed the imprisonment: prisoners have a great deal of time on their hands and often are lonely and bored (*stability*). The therapist stressed to Mr. Adams that it could be very tiring to wait outside the jail for your loved one to complete her sentence (*stability*). According to Mr. Adams, there was no visiting hours for him. He left her alone because she didn't want to be visited. Mrs. Adams disagreed about this and she reminded Mr. Adams. of the thirty minutes that same morning during which she had sat with him. Mrs. Adams intended this to be a visiting hour but Mr. Adams doesn't see these intervals as visiting hours. To him they were only sessions of peeping through the jail bars.

Observation:

This discrepancy is a good example of the closeness/distance that each of them experienced in their marital relationship as described in the second hypothesis on page 39.

Mrs. Adams didn't want to tell her husband every time it was visiting time. She wanted him to just know it instinctively. She didn't want to tell him what she felt and experienced, he had to know this.

Observation:

Mr. Adams found the waiting exhausting and experienced loneliness and frustration. Mr. Adams wasn't sure when or how he had to approach Mrs. Adams. The distance was very real and painful to him. He had the need to pull her nearer to him. Mrs. Adams expected him to know and understand her completely without telling him anything. Mr. Adams felt frustrated by this idea.

Mrs. Adams explained that she used certain cues to let Mr. Adams know that he could come nearer to her. When she hugged him and was "lovey-dovey", he was supposed to realize that he was allowed to approach her. Mr. Adams explained that this confused him because when he reacted on her affection by hugging her back, she always responded negatively. Mrs. Adams responded that he either hugged her too tightly or too loosely.

Observation:

Mr. & Mrs. Adams were both unsure about when it was safe to approach each other. They were scared to be too near or too distant. They didn't know where the safety line for closeness lay. Maintaining distance was part of the pattern in the relationship.

Mrs. Adams kept on disappointing herself. Mr. Adams's birthday had been in April and she had promised to bake him a birthday cake. She eventually baked the cake two months after his birthday. She kept on saying that only a bad wife would take that long to bake a birthday cake.

Observation:

Mrs. Adams wanted to spoil her husband and be the wife her mother never was. That would make her feel good about herself. She kept on doing things to prove

(only to herself) how bad she was. The more she tried to be a better wife the more she proved to herself that she was bad. (The solution thus became part of the problem).

The therapist added another piece of systemic interpretation, by exploring with them their experience of Mrs. Adams's life sentence. While Mrs. Adams was in jail and Mr. Adams was waiting outside, they struggled to communicate. When Mr. Adams knocked on the jail door, Mrs. Adams didn't come out and he didn't go inside. They talked on the phone through a glass division or they talked through the bars. Mrs. Adams stressed that she came out the previous day, but Mr. Adams disagreed and said that she had only peeped around the jail door and had closed it again. The therapist reframed this behaviour as a result of her being scared to come out of the jail because she was not sure what to expect. According to Mr. Adams, Mrs. Adams peeped around the jail door, looked into his eyes, talked to him and fled back to her jail cell.

Observation:

This metaphor that Mr. Adams used to describe their relationship is another example of the couple's experience of closeness/distance in their marital relationship.

Mrs. Adams explained that they wanted to sell the flat. They decided to buy a house where Mr. Adams's father could live with them because he couldn't cope on his own any more. Mrs. Adams phoned her mother and told her about their decision. Her mother criticized her and they ended up fighting.

The therapist stressed further that a prisoner doesn't have much control in prison. It is lonely for a prisoner inside the jail and lonely for the family and loved ones waiting outside the jail. Mrs. Adams wanted her loved ones to visit her and then didn't know what to tell them when they arrived. She didn't want them to visit her and they arrived unexpectedly at the jail door.

Observation:

The therapist could see that Mrs. Adams wanted to get out of jail. She released herself, but while on the outside she committed a crime; (phoning her mother) and sentenced herself to a term of imprisonment again by listening to her mother's voice, criticizing her, making her feel bad. Her imprisonment results in withdrawing from her husband again.

Mrs. Adams explained that her mother was negative and this in turn made her negative. She knew that she could not free herself from prison. When she opened the door, she wanted to see Mr. Adams, with a smile on his face and open arms. When she didn't see this friendly person when she peeped around the jail door, she slammed the door closed again. The therapist reframed this in stressing that it was safe for her in jail and she needed to be there for her own protection for a while (*stability*). Mrs. Adams didn't want to be there and she protested against the sentence. She had been in jail for six years and wanted to get out of jail immediately.

Mrs. Adams wanted to "always" be full of smiles and to be happy! A previous metaphor of being an angel and not human, was suitable here. Only an angel can always be completely happy. Mrs. Adams expressed her deep concern that she had tried too hard to be perfect and she knew she was losing Mr. Adams.

Mr. Adams wanted to talk Mrs. Adams out of her misery. He wanted to help her out of jail and sometimes he wanted to force the jail door open with aggression. Years ago Mr. Adams was also in jail. He knew how it was to be in jail. He wanted to tell her and help her to free herself but she wouldn't accept his help. He left her alone in her misery. They both wanted to talk about their bad experiences, but one of them always started to talk about an issue not related to that which was supposed to be discussed at that stage.

During the discussion, the intensity in the room escalated. The therapist handed them each a paper and asked them to list the things that they did want to talk

about. After they compiled their lists, she moved Mrs. Adams behind a room divider where she could be in jail and switched off the light. They had to talk about the issues on the list. During this discussion, the therapist facilitate a process in which they talked about themselves, their communication and their experiences. The therapist explored how they experienced the talking through the wall, being in jail. They experienced the discussion as painful and difficult because they could not read each other's body language. They both felt unsafe not being able to look into the other's eyes. They were not sure how the other person would react. *The rationale here was to focus on stability by giving them the opportunity to explore their experiences and also, at the same time be supportive in using empathy.*

We explored the issues around the jail sentence: who was keeping the keys of the jail and who could open the door? Who was the warden? Her mother was the person with the keys of the jail. Her mother was also the warden who saw to it that she didn't escape from jail. Mr. Adams wanted to help her to get out of jail, but he never had the keys to the jail door.

Intervention

The therapist explained to the couple that is it very difficult for both of them to reach to each other through the bars. They didn't know what to expect from each other.

The intervention was given as follows:

- Mr. Adams was once a jailbird himself. He had to let her know in "little bite-sized pieces" how it was for him in jail. He had to phone her from work every second day and tell her how it was for him. They were not allowed to discuss this issue at home. *This was a stability-message, as the couple could not communicate at home, they communicate with greater ease on the telephone or at another event.*

- To stress the importance of the jail sentence and the "no escape", Mrs. Adams had to wear some of her mother's clothes for at least two hours every day. She immediately rebelled against wearing her mother's clothes. The therapist stressed the importance of it; framing it as her "prison clothing" (*stability*).
- Mrs. Adams had to use the diary she gave to Mr. Adams (the one her mother gave her), to write in (*stability*). She was instructed to, on a daily basis, write down her experiences of being in jail and had to bring it with her to the next session. This gave her the opportunity to explore and symbolize those experiences that was painful to her.

3.3.2.3 Reflection

Mrs. Adams started to rebel against her "life sentence". Often, she stated that she didn't want to be in jail any more. She wanted to shorten the life-sentence or put it totally behind her. Mrs. Adams experienced the pain of being "locked up" and wanted to escape.

To be human was not good enough for Mrs. Adams. Being an angel was better, but not a weak angel, a special kind of angel. This metaphor is closely aligned with the metaphor of being a judge. In judging herself, she compares herself to the people around her. To be good enough for the people around her, she needed to be something more than human, someone supernatural.

3.3.3 Third cycle

Sixth hypothesis: after fifth session

- The metaphor of the jail sentence was still useful.
- The therapist and the team still suspected that Mrs. Adams's father sexually abused her. For her punishment, she went to jail and her mother locked the door. Mrs. Adams's life sentence was a dilemma: Some deep part of her had to be in jail for somebody else. If she came out and was happy, someone else

would be unhappy. She didn't want to let her mother down.

3.3.3.1 Planning

After the previous session we realized that Mr. & Mrs. Adams experienced their relationship as painful and that they would have to find new ways to deal with their pain. Mrs. Adams constantly asked to come out of jail and the therapist and the team planned as follows:

- The intensity of the dilemma had to be highlighted. Mrs. Adams had to stay in jail. It was a self and interactional issue. It was necessary to therapeutically maintain and intensify the jail sentence (*stability*) until Mrs. Adams would be ready to grab the key back from her mother and free herself.
- The therapeutic team wanted to facilitate a process in which the couple could establish patterns that would be less painful. It was necessary to continuously maintain their *stability*. They experienced this process as “*change*”. By addressing the *stability*, we were able to simultaneously address *stability* and *change*.
- We suspected that Mrs. Adams's father had abused her sexually and planned the action if it should evolve as follows:
 - to connect the abuse to the themes, and
 - to support interventions with empathy.

The painful issue of abuse could not be isolated and was part of the complementary pattern between Mrs. Adams, Mr. Adams and the other significant persons and ghosts in their lives.

3.3.3.2 Action

The couple seemed relaxed at the beginning of the session. Mrs. Adams was sitting with her diary in her hand and start talking almost immediately. She explained that it had been difficult in the beginning to write in the diary that she got from her mother. She read the following statements out of the diary:

'My mother always criticizes me. I don't feel part of the family any more. I am not part of the children in the family either. I had two abortions and I am the black sheep in the family. We were intimate this week and it was wonderful. He was soft and tender. I missed it.'

According to Mr. and Mrs. Adams, he had been unable to relate his experiences of being in prison to Mrs. Adams. He felt that it was extremely difficult to talk to Mrs. Adams. His perception was that she was locked up all the time.

According to Mrs. Adams, they got married before Mrs. Adams gave herself a life-sentence. Her mother assisted her in sentencing herself. The life-sentence began when her sister returned from overseas and brought a letter with her from Mrs. Adams's mother. Her mother wrote to her to tell her how disappointed she was in her daughter (Mrs. Adams). She blamed her for being a whore, a drunk, lazy, etc. At the end she told her to "enjoy her wedding day" because they would not be back in South Africa in time for the ceremony. Her mother could not forgive her for the above transgressions or for her decision to marry Mr. Adams.

According to Mrs. Adams her mother blamed her father for being the weak one. Her mother was there to keep the family together. There were more letters from her mother with the same message: "...you are not good enough"! Mr. Adams was furious about Mrs. Adams's mother's letters. They fought after the letters arrived and he often felt the need to "give Mrs. Adams's mother a piece of his mind". The fighting got more frequent. After the first letter and the fighting, Mr. Adams had physically ⁸"handled" Mrs. Adams in pushing her around. He wanted her to wake up. She believed everything her mother told her and couldn't get on with her life. Mr. Adams felt as if he were fighting against Mrs. Adams and her mother. He wanted to rescue Mrs. Adams, but she wouldn't allow him. In her mother's eyes Mrs. Adams made too many mistakes. The therapist reframed the dilemma: "she was looking through her mother's eyes at herself". The therapist

⁸ The couple used the word "handled" for the physical fighting that occurred from time to time.

linked it to the theme by stating that it was not going to change: she was always going to see herself through her mother's eyes. She couldn't do anything about the past. She thought so much about the past that there was no time left for the future. Mrs. Adams was actually so close to her mother; she was still attached to the umbilical cord. Her mother fed her through the cord. Mr. Adams and his father were also very close and attached with an umbilical cord. With them the feeding was just reversed where Mr. Adams was sustaining his father.

With emotion Mrs. Adams explained that her mother saw her as the "*other woman*" in her father's life. Her mother wouldn't forgive her for that. She was never a daughter in the house but only a mistress. The only thing she wanted was to be her mothers' daughter. Her dad had sexually abused her from the age of eight until she had turned thirteen. Her mother noticed that her father "touched her in special places" but the abuse persisted for five years before her mother finally realized what was going on.

Mrs. Adams punished herself. She was still paying for her sins. She didn't punish her father; he punished himself. Nobody punished her mother.

Intervention

The therapist explained to the couple that Mrs. Adams never had the chance to be a child or a daughter to her mother. She played the role of mistress. She had to play the role of the child at this point of the therapy. Their roles were explained as follows:

- Mr. Adams would have to be more of a parent. He would have to be a tender, loving parent.
- Mrs. Adams would have to be a child. As a child, she was allowed to have tantrums.
- Mrs. Adams would have to continue writing in her diary. She also had to write all the questions down she wanted to ask her mother.
- They had to take out a children's movie and watch it together.

- Every evening for one hour they had to listen to “rock-&-roll” music. The music would have to be as loud as teenagers would like it.
- The therapist whispered in Mr. Adams's ear that he had to tuck her in with all her soft toys when he went to work in the evening. He agreed and liked the idea.
- They were not allowed to have any sex during the next two weeks. She reacted by saying that they didn't have sex anyway and that it was her fault because she didn't have a sex drive. The therapist stated further that she was not allowed to even have a sex drive because she was suppose to act as a child. *The rationale by saying that they were not allowed to have sex was that the therapist tried to facilitate a process in which the immediate stress and guilt-feelings about their sexual relationship could be relieved. They could now focus on being children and have a bit of relaxed fun. We also hoped that they would have sex in a more relaxed spontaneous manner.*

3.3.3.3 Reflection

At the end of the session they were laughing and planned the movie and the music. This intervention was structured in such a way that it prescribed the symptom and the problem behaviour but with a difference. It didn't ask for any change. The change was to be found in a different pattern in their relationship an in their experiences of this pattern.

Creating the correct therapeutic context during the previous sessions and in this session lead to trust and a warm climate in the therapy room. It gave Mrs. Adams the opportunity to talk about the sexual abuse. Mrs. Adams could identify herself with the metaphor of “looking towards herself through her mothers' eyes”. Her mother never treated her as a child, but as the "other woman" in her husband's life. She was a threat to her mother's marriage. Mrs. Adams never had the chance to just be her mother's daughter. She was looking for her mother's approval in different ways.

Therapeutic Developments:

After the third action-reflection cycle, the therapy carried on for another five sessions. They started to make major changes in their lives. Mrs. Adams started working and after a while felt pregnant. These issues were explored with the couple and it gave them the opportunity to rearrange their organization.

3.4 Conclusion

It seemed that the hypothesis formulated during the first planning connected well with the interactional process that followed. Although the hypothesis didn't change completely it expanded and developed after every session. The cue words of the family and their language were used to reflect empathy and understanding back to them. As the hypothesis expanded, new metaphors that the family introduced or could identify with, were linked to the themes that evolved.

Empathy was found to be an effective tool and supportive therapeutic condition in addressing the complementary processes of *stability* and *change*. Focusing on *stability* during sessions was found to be a process that evolved in a spontaneous process of *change*. In focusing more on *stability* after the initial focus on *change* the couple experienced that they were more autonomous and this process empowered them to take more control of patterns that maintained their *stability*.

Chapter 4

CONCLUSIONS

4.1 Introduction

To illustrate the importance of the use of both stability and change processes from within the family, the therapist (researcher) decided to include the fourth, fifth and sixth sessions in the research that was executed. In these sessions the process of stability and change were punctuated to be more visible. As explained in the limitations of this study, it was only the punctuation of the therapist that led to the inclusion of the three cycles that were used for the purpose of the research. Keeney (1983:24) explains processes of punctuation as follows:

"We draw distinctions in order to observe and subsequently, we draw distinctions in order to describe what we observe. The recursive operation of drawing distinctions upon distinctions again points toward the world of cybernetics where action and perception, prescription and description, and construction and representation are intertwined."

The couple that was involved in the therapy sessions brought the ingredients of already established patterns and processes that they felt needed change. The therapist and team became part of these processes and patterns. Second order cybernetics attends to the recursive relation between client and therapist; therefore, we recognize the necessary connection of the observer with the observed, which leads to examining *how* the observer participates in the observed (Keeney 1983:80). Self-reference is a way of pointing to the observer's inclusion and participation in the new therapeutic system that he/she joined. The therapist is not outside the system, but part of it, participating in it, influencing it, and gets influenced by it. In this way the therapist cannot be a specialist, looking from

outside into the system. The therapist and the couple became part of a new therapeutic system. In this context the therapist was also part of the “not trusting” that was present in the family’s relationships. It took a while before the couple started to trust the therapist and the team with their most painful experiences.

In punctuating processes of *stability* and *change* the therapist and team facilitated an evolving process that provided the opportunity for interventions that in the end led to *changes* in the structure of the couple’s organizational system.

The couple (Mr. & Mrs. Adams) also brought the language, the stories and the metaphors that provided the opportunity for therapy and research. The therapist and the team had to join these stories and metaphors with their own and had to reveal a language that would create a mutual process of understanding.

4.2 Conclusions

With regard to the *therapeutic process*, action research is an approach:

- That encourages and facilitates a process in which both the client, social worker/therapist, and therapeutic team become more aware of, and reflect on their own contributions to, and involvement in the therapeutic process. In doing so, action research could become a meta-process for the facilitation of change and maintenance of stability.
- The approach empowers clients to be more autonomous in the therapeutic context, and to be critical of their own contributions in regard of change and stability.

With regard to *social work practice*, action research could encourage social workers to:

- be self-reflective and critical of their therapeutic practice and the epistemologies that guide practice, and to become aware of both the need for change and stability in social work practice,

- to develop therapeutic processes, theories and rationales that are in line with the basic values and premises of social work, and
- to give reasoned, non-linear justification for their professional thinking and therapeutic practice.

With regard to *stability* and *change* as punctuated in the research the following conclusions can be made:

- During the first three sessions the therapist and team focussed on interventions with change messages. After the third session in our reflection of the therapy, we decided that this approach did not create enough difference (*change*). From the fourth session (first cycle) we focussed on their *stability* and planned to introduce difference with interventions that would maintain their stability. The epistemology underlying these interventions was in line with the epistemology of Keeny & Ross (1983:359) who put it as follows:

“...families must change to remain stable or, as seen from the other direction, remain stable in order to change.”

- As from the first cycle where Mr. & Mrs. Adams' *stability* was strongly addressed, they experienced more difference. The couple needed to “remain stable” and to explore their organization, in order for them to introduce *change*. The therapeutic process evolved in processes where the couple was empowered to symbolize those experiences that were unsymbolized and hidden in themselves.
- The research served as a good example of how punctuation of two complementary processes (*stability* and *change*) can enable and empower clients to autonomously reflect on their own behaviour. The processes of reflection provide them with the opportunity to make decisions regarding patterns they would like or feel ready to *change*.
- The focus on *stability* becomes almost a technique or a skill to facilitate *change*. The couple came to therapy and asked for change. The *asking for change*

becomes the goal of the therapy for the clients and the members of the system to which they belong. When the therapist joins the system to form a new therapeutic system, she becomes part of the *asking for change* from the family and the members of the system. There is pressure from the system for *change* and the therapist has to work from a clearly defined hypothesis and goals where the focus on *stability* is then used as a technique.

- In facilitating processes where *stability* and *change* are simultaneously addressed a metaprocess evolves where the therapist:
 - experiences no pressure to change behavioural patterns,
 - can remain neutral and curious and is less apt to make moral judgments.
- A metaprocess evolves where the client:
 - experience differences (*change*) in the *no-change* messages,
 - has the opportunity to explore and symbolize the experiences from the past,
 - can reflect and hypothesize with the therapist the possible impact of a change in the organization (removal of a symptom) of the system, and on the functioning of the patterns and processes in that system.
- In reflecting on processes that keep people from changing existing patterns, stability and change evolved as complementary processes that transcend the qualities of the individuals, couples, or families in the interactional patterns that evolve during therapeutic processes. The therapist experienced that she, like other social workers, could easily fall into a pattern of punctuating change processes (one part of the system), and in doing so neglect the interactional whole of the system. Watzlawick (1967:123) describes it as follows:

“...a system behaves not as a simple composite of independent elements, but coherently and as an inseparable whole.”

I want to conclude with Keeny (1983: 360) that:

“Effective therapy can be described as the creation of a context which enables a cybernetic system to calibrate the way it changes in order to remain stable.”

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Session 4

- Therapist: How did your homework go?
- Mr. Adams: Well, *she* did it.
- Therapist: Which homework are we talking about; let us look at your lists.
- Mrs. Adams: Well, (laugh) we didn't do it.
- Mr. Adams: I wrote a few.
- Mrs. Adams: So why didn't you remind me.
- Therapist: Missus A, it sounds as though you found it easy, as though you could think of a few things.
- Mrs. Adams: Well, I found a few.
- Therapist: Let us begin with you, Mister A.
- Mr. Adams: She knows all my good and bad points anyway.
- Therapist: Last time you said you quickly sum people up and know what you have in them. Then I asked you what those people whom did things right, did: Those persons whom did not hurt you.
- Mr. Adams: There were a few that were there when I needed them but afterwards they changed in any case.
- Mrs. Adams: That's exactly what I say.
- Mr. Adams: They are quick to ask when they need something and then afterwards they don't know you anymore.
- Therapist: So they weren't always there for you. Did they disappoint you again? Mister & Missus A answered yes.
- Mr. Adams: I am actually quite negative about that aspect of people.
- Mrs. Adams: It's as though he waits to see when people are going to stab him in the back.
- Mr. Adams: Well, so far I haven't been wrong.
- Therapist: Do you think you're waiting for Louise to do the same?
- Mr. Adams: No, she'll just hit me over the head with a pan.
- Mrs. Adams: Why can't I disappoint you?
- Mr. Adams: She asked whether you are going to stab me in the back, not disappoint me. I know you won't stab me in the back.

Mrs. Adams: And disappointed you?

Mr. Adams: Yes, sometimes you say you're going to do something and you don't.

Mrs. Adams: Oh, and you?

Mrs. Adams: Well, my mother raised me; my father showed me the better side of people and taught me patience. I must listen before I talk. He was always there for me and he stabbed me in the back, but I decided it doesn't help to keep holding onto that. That's why I decided it doesn't work.

Therapist: You said a few times that your father is the loving, soft one, but he is not pathetic.

Mrs. Adams: Sometimes he's pathetic in my mother's eyes.

Therapist: And in your eyes?

Mrs. Adams: In my eyes, he's the strong one.

Therapist: But he is also soft?

Mrs. Adams: My mother is the one that always told me I'd be a good mother, a better mother that she was. She always shouted at us. The other day she said if only she could turn back the clock. She would like to raise her two teenagers as she is now.

Therapist: Is that a good point on your list?

Mrs. Adams: No, it's actually a bad point, because she stabbed me in the back and I did the same to her, as a result of her stabbing me in the back. I cannot have children. But I stabbed her in the back too by falling pregnant by someone she did not like. Often, like when we were in Durban I am still blamed for things I did, and she says she should have had an abortion when she was pregnant with me. I don't know. She was always the fishwife, then she became the strong one that kept the family together and now it's as though she's become more emotional and looks back and not forward. She regrets things too much. That's negative. Otherwise she was always there when I needed her. My father was the one who thought logically. My mother was the selfish one. Men always stabbed me in the back; he (Mister A) was the first one that didn't.

Therapist: And your grandfather, Missus A?

Mrs. Adams: He also stabbed me in the back. He did the same as my father. When I told my father what my grandfather did, he said I may never be alone with my grandfather again. That was about ten or eleven years ago, since then I have never again been alone with him. I never spoke to him again, only hello, how are you, and that's that. The rest of the time I hated him until 1993 when he came and asked if I could forgive him. This watch (showing the watch on her

wrist) was my grandmother's that I inherited. When my grandfathers' will was read, I only got this thing. It hit me that after everything he did to me, this is all I got and the others all got much more: guns and cars. I know I'm jealous, but...

Therapist: Did you feel that you should have received more because of what he did to you?

Mrs. Adams: Yes, and it hit hard that all I got was a watch, and the watch was my grandmothers. She was a very nice person. She was hard but also soft natured.

Therapist: Do you think that you need to make up for everything that went wrong in your past?

Mrs. Adams: Yes, definitely.

Therapist: So, your relationships and yourself must be perfect?

Missus A: Yes, definitely. I don't expect him to be the perfect husband, but I want to be the perfect wife.

Therapist: The last time we gave you homework, Mister A, you said you have the ability to see through people and you're usually right.

Mr. Adams: The problem is, that I don't like being right, because then Missus A gets cross with me.

Therapist: If you predict something is going to happen, does it happen? (They both nod positive)

Mrs. Adams: But I don't see it that way. I see this person wants to be my friend and friends don't owe one another anything but friendship.

Therapist: You mean, without expecting anything back?

Mrs. Adams: Yes, friends without asking for anything and he usually expects a lot.

Therapist: If a person has the gift to look through people and to decide if they are right or wrong, we can call that person a judge. This judge has a job to decide weather people are right or wrong, so he must be able to look right through people. I wonder about it. You both told me in the previous session that you are both good with that. You are exceptionally good with each other. You both can look at the other person, read his or her body language and also decide for that person.

Mrs. Adams: Yes. We assume that we know what the other person thinks. Usually we are wrong and that is where the fighting starts.

Therapist: So, sometimes you are wrong, but sometimes you also judge yourself.

Mrs. Adams: Yes.

Therapist: Let's think about a judge. A judge is the person who must decide who is guilty. A judge must also decide on the punishment. It is his work to punish the guilty person. Do you think it happens with you too? Do you sometimes play the role of the judge and also hand out the

punishment?

Mrs. Adams: Yes, it feels just like that..

Therapist: Towards each other or towards yourself when you believe you are guilty?

Mrs. Adams: Towards him. (Indicating her husband)

Therapist: Do you think you judge him *and* punish him?

Missus A: Yes.

Therapist: And you Mr. A?

Mr. Adams: I judge her.

Therapist: And other people?

Mr. Adams: Maybe a little. Well, I judge other people very quick.

Therapist: So, you are a better judge toward other people?

Mr. Adams: You see, I don't want to judge her. She says she feels like my mother. I don't want that. I think we are partners; we are not there to judge each other.

Therapist: I can see that is not what you want, but it still happens.

Mr. Adams: Yes, but we want to be there for each other. Want to help and encourage each other.

Mrs. Adams: To enjoy our time together.

Therapist: Mister A, what happens when Missus A judges herself as "no-good"? Do you think you punish her then?

Mr. Adams: Then I don't even want to talk to her. I want to tell her it's nonsense, but then we both get silent. It is because other people told her that she is not good enough. I don't see it that way. These people don't even know what she can or can't do.

Mrs. Adams: But I just don't get the time to show myself in certain ways.

Therapist: So, you must prove yourself? You are guilty until proven not guilty. Until you prove yourself as "good enough".

Mrs. Adams: But he worked for 12 hours!

Therapist: Do you think that he thinks you are not a good enough wife?

Mr. Adams: That is exactly what she thinks!

Mrs. Adams: Well, his shifts are for 12 hours. He is exhausted after that. I can't expect that from him when he comes home.

Mr. Adams: Well, we both use the kitchen, we both eat. Why must you alone clean up the whole day?

Mrs. Adams: And when I had that operation in my mouth?

Mister A; There you go again!

Mrs. Adams: Do you see the game we play?

Therapist: In this game that you play, it seemed to me if you play it "out of love". The problem is that you don't trust each other that it is "out of love".

Mr. Adams: She gets very upset with me when I do anything like that. When I want to wash the dishes...

Mrs. Adams: Well, then I get the picture: "the house is a mess. I will do it because you don't want to do it." That is how I see it.

Mr. Adams: She decided on that.

Mrs. Adams: I saw him with Miss Zeelie: "Why is the house a mess! Why? Why? Why?"

Therapist: You tell each other that you do these things out of love, but I think you battle to trust each other.

Mrs. Adams: How are we going to get that trust.

Therapist: That is a very difficult question. I want to go and discuss it with the team. It is too difficult for me.

Intervention:

Therapist: We looked at everything that was said today and it is clear that the trust-issue is a big and important issue. We decided that it is still too big for us too. What we also heard is that Missus A gave herself a life-sentence.

Mrs. Adams: How can I change it?

Therapist: I think that *you* have decided to stay in jail forever. You decided that you are not good enough to live a normal life. You are too guilty.

Mrs. Adams: When we are happy, laughing and friendly, it feels for me if I am out of the jail but if we fight I wonder why must I try so hard.

Therapist: Then you remember yourself of your life-sentence. Maybe when you are happy it is time for him to visit you.

Mr. Adams: Only if I am allowed to visit her.

Therapist: Yes, but you must remember, if one has a life-sentence, it takes a lot of organizing to get a visit. You must make an appointment, you can just pop up at jail.

Mrs. Adams: Yes, it is exactly how it is.

Mr. Adams: I don't go to jail. She knocks on the jail door and call to me to come and visit. I don't have to knock. She won't open. There is a big sign on the door reading: "No trespassing!"

Therapist: Missus A, it seems to me if you sentenced yourself as a mother. The same mother as your

mother.

Mrs. Adams: I don't want to be a mother any more. I want to be a partner. I want to be a mother for my children, not for my husband.

Therapist: It's really a dilemma. You judged yourself, gave yourself a number, took a photo and sentenced yourself for life. You can't change it. You must bear with it.

Mrs. Adams: The sentence?

Therapist: Yes. The sentence as being a mother. A mother as your mother.

Mrs. Adams: No, I don't want to be like her.

Therapist: It is a very severe sentence. It is for life. *(There is silence; the therapist carries on with the intervention)*

Therapist: When you are a mother, then you need a child. Mr. Adams, for the next two weeks, you must be a child. Sometimes you can be a naughty child and sometimes a good child, and Mrs. Adams, you must be his mother.

Mr. Adams: I'm not going to be a good boy.

Mrs. Adams: I know how he's going to behave.

Mr. Adams: How?

Mrs. Adams: Bad.

Mr. Adams: What am I going to do? You don't know yet!

Therapist: Well, Mister Adams is going to be a good boy sometimes and sometimes a bad boy. Missus A, you must be his mother, but a bad mother.

Mrs. Adams: Must I be a bad mother? I am a bad mother the whole time. I moan too much.

Therapist: Does a good or bad mother do that?

Mrs. Adams: A bad mother. Every two minutes I moan and nag or I am unhappy about something. That is a bad mother in my view.

Therapist: What kind of mother do you want to be?

Mrs. Adams: I can be a very good mother. I thought about adoption just this morning.

(The team phones in. It seems if she is looking for a way to 'escape' from jail.)

Therapist: The team feels very strong about the fact that you gave yourself a life sentence. You cannot decide now that the sentence is over. You have this sentence. You are that mother. The mom like your mom, the one you don't want to be. You must stay in jail for now.

Mrs. Adams: So, what must I do? Must I be a bad mother?

Therapist: Yes.

(Arrange for next appointment)

Session 4

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- Therapist: So, you are a better judge toward other people?
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- Mr. Adams: Yes, but we want to be there for each other. Want to help and encourage each other.
- Mrs. Adams: To enjoy our time together.
- Therapist: Mister A, what happens when Missus A judges herself as "no-good"? Do you think you punish her then?
- Mr. Adams: Then I don't even want to talk to her. I want to tell her it's nonsense, but then we both get silent. It is because other people told her that she is not good enough. I don't see it that way. These people don't even know what she can or can't do.
- Mrs. Adams: But I just don't get the time to show myself in certain ways.
- Therapist: So, you must prove yourself? You are guilty until proven not guilty. Until you prove yourself as "good enough".
- Mrs. Adams: But he worked for 12 hours!
- Therapist: Do you think that he thinks you are not a good enough wife?
- Mr. Adams: That is exactly what she thinks!
- Mrs. Adams: Well, his shifts are for 12 hours. He is exhausted after that. I can't expect that from him when he comes home.
- Mr. Adams: Well, we both use the kitchen, we both eat. Why must you alone clean up the whole day?
- Mrs. Adams: And when I had that operation in my mouth?
- Mister A; There you go again!

Mrs. Adams: Do you see the game we play?

Therapist: In this game that you play, it seemed to me if you play it "out of love". The problem is that you don't trust each other that it is "out of love".

Mr. Adams: She gets very upset with me when I do anything like that. When I want to wash the dishes...

Mrs. Adams: Well, then I get the picture: "the house is a mess. I will do it because you don't want to do it." That is how I see it.

Mr. Adams: She decided on that.

Mrs. Adams: I saw him with Miss Zeelie: "Why is the house a mess! Why? Why? Why?"

Therapist: You tell each other that you do these things out of love, but I think you battle to trust each other.

Mrs. Adams: How are we going to get that trust.

Therapist: That is a very difficult question. I want to go and discuss it with the team. It is too difficult for me.

Intervention:

Therapist: We looked at everything that was said today and it is clear that the trust-issue is a big and important issue. We decided that it is still too big for us too. What we also heard is that Missus A gave herself a life-sentence.

Mrs. Adams: How can I change it?

Therapist: I think that *you* have decided to stay in jail forever. You decided that you are not good enough to live a normal life. You are too guilty.

Mrs. Adams: When we are happy, laughing and friendly, it feels for me if I am out of the jail but if we fight I wonder why must I try so hard.

Therapist: Then you remember yourself of your life-sentence. Maybe when you are happy it is time for him to visit you.

Mr. Adams: Only if I am allowed to visit her.

Therapist: Yes, but you must remember, if one has a life-sentence, it takes a lot of organizing to get a visit. You must make an appointment, you can just pop up at jail.

Mrs. Adams: Yes, it is exactly how it is.

Mr. Adams: I don't go to jail. She knocks on the jail door and call to me to come and visit. I don't have to knock. She won't open. There is a big sign on the door reading: "No trespassing!"

Therapist: Missus A, it seems to me if you sentenced yourself as a mother. The same mother as your

- mother.
- Mrs. Adams: I don't want to be a mother any more. I want to be a partner. I want to be a mother for my children, not for my husband.
- Therapist: It's really a dilemma. You judged yourself, gave yourself a number, took a photo and sentenced yourself for life. You can't change it. You must bear with it.
- Mrs. Adams: The sentence?
- Therapist: Yes. The sentence as being a mother. A mother as your mother.
- Mrs. Adams: No, I don't want to be like her.
- Therapist: It is a very severe sentence. It is for life. *(There is silence; the therapist carries on with the intervention)*
- Therapist: When you are a mother, then you need a child. Mr. Adams, for the next two weeks, you must be a child. Sometimes you can be a naughty child and sometimes a good child, and Mrs. Adams, you must be his mother.
- Mr. Adams: I'm not going to be a good boy.
- Mrs. Adams: I know how he's going to behave.
- Mr. Adams: How?
- Mrs. Adams: Bad.
- Mr. Adams: What am I going to do? You don't know yet!
- Therapist: Well, Mister Adams is going to be a good boy sometimes and sometimes a bad boy. Missus A, you must be his mother, but a bad mother.
- Mrs. Adams: Must I be a bad mother? I am a bad mother the whole time. I moan too much.
- Therapist: Does a good or bad mother do that?
- Mrs. Adams: A bad mother. Every two minutes I moan and nag or I am unhappy about something. That is a bad mother in my view.
- Therapist: What kind of mother do you want to be?
- Mrs. Adams: I can be a very good mother. I thought about adoption just this morning.
(The team phones in. It seems if she is looking for a way to 'escape' from jail.)
- Therapist: The team feels very strong about the fact that you gave yourself a life sentence. You cannot decide now that the sentence is over. You have this sentence. You are that mother. The mom like your mom, the one you don't want to be. You must stay in jail for now.
- Mrs. Adams: So, what must I do? Must I be a bad mother?
- Therapist: Yes.
(Arrange for next appointment)

Session 5

- Mrs. Adams: He wasn't naughty.
- Mr. Adams: I'm always naughty.
- Mrs. Adams: You just told me that you have never been naughty.
- Therapist: Was it difficult for you to be naughty?
- Mr. Adams: I can't be naughty.
(Mrs. Adams laughs)
- Therapist: It sounds if she doesn't believe you. Were you a good child then?
- Mr. Adams: Yes.
- Therapist: What does a good child do?
- Mr. Adams: He doesn't make a sound.
- Mrs. Adams: Yes, he doesn't talk.
- Therapist: So, do you think you were the ideal child for a mother?
- Mrs. Adams: No, he didn't give me any practice.
- Therapist: To be a bad mother?
- Mrs. Adams: No, to be a mother. (To Mister Adams) Was I a bad mother? In my opinion I wasn't a bad mother. I baked him a cake. We fought about the cake.
- Mr. Adams: A mother will cook for her child, at least cold food. I didn't even have breakfast.
- Therapist: It sounds if he is a naughty boy now.
- Mrs. Adams: If you ask my opinion, he is good.
- Therapist: He also thinks he is good. You also think he is good, and when he is good, he doesn't talk.
- Mrs. Adams: He is too quiet.
- Therapist: Do you prefer a child who is busy?
- Mrs. Adams: I prefer a child who can keep *me* busy to prevent me from getting bored. It is one of the problems: I get bored easily.
- Mr. Adams: What did you do?
- Mrs. Adams: What did I do? (Both laugh)
- Therapist: So, you did nothing and got bored?
- Mrs. Adams: Yes, I didn't know what to do.
- Therapist: And he doesn't give you a chance to practice to be a mother.

Mrs. Adams: No.

Therapist: Missus A, what do you think somebody in jail will do, to keep him busy?

Mrs. Adams: Write letters write books, read. In the movies they make chess pieces but everybody is not the same.

Therapist: A person who has a life sentence must get very bored and lonely 'inside'.

Mrs. Adams: He reads and writes.

Therapist: Mister A, what does the person on the outside do while he is waiting for the other person to complete his life-sentence. It must be very lonely.

Mr. Adams: You mean, when the one is inside the prison and the other one on the outside?

Therapist: Yes, Missus A gave herself a life sentence. What are you doing while she is in prison?

Mr. Adams: I leave her alone.

Mrs. Adams: No, I'm very abrupt with him.

Therapist: How easy is it for you to get visiting hours?

Mr. Adams: Very difficult.

Mrs. Adams: Yesterday morning he had almost half an hour.

Mr. Adams: Yesterday morning? Yesterday evening.

Mrs. Adams: No, yesterday morning. I sat with him and I also made him coffee. I cannot remember if I made coffee. I sat with him for ten, fifteen minutes.

Therapist: Did you let him know it was visiting hours?

Mrs. Adams: No, I only made coffee because I missed him the night before.

Mr. Adams: You see, this one of the problems. She doesn't let me know what or how. She accepts that I know. I am not that clever.

Mrs. Adams: I hate it when he says that.

Therapist: He also hates it when you do it.

Mrs. Adams: Yes, he does.

Mr. Adams: I started to do it, now she gets upset.

Mrs. Adams: But you won't stop it, I stopped it.

Mr. Adams: No, not really.

Mrs. Adams: But I don't say it that much.

Mr. Adams: What did you say yesterday?

Mrs. Adams: O yes. Yesterday, I wanted to surprise him. I promised him a cake for his birthday in April. I wanted the cake to be finished before he came home. I slept till one o'clock and I was mad

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- with myself. I was a disappointment.
- Therapist: For you or for him?
- Mrs. Adams: For myself. I thought that I must get up early and surprise him with the cake. When he came home, I was still asleep.
- Mr. Adams: But I didn't say that you must go to bed at three in the morning.
- Mrs. Adams: And I got a bit....
- Mr. Adams: A bit, you totally freaked out.
- Mrs. Adams: You talk rubbish. I was upset. Did I cut you off?
- Mr. Adams: I'm still trying to get a connection.
- Therapist: I think it is very difficult for a person in jail to get permission to go and work in the kitchen. Not anybody in jail can go to the kitchen to bake a cake.
- Mrs. Adams: Yes that is true.
- Therapist: You must remember that you are in jail.
- Mrs. Adams: The past few days I forgot about it.
- Therapist: The sentence?
- Mrs. Adams: Yes. Yesterday I freaked out, but the other days were not that bad.
- Therapist: What was not so bad?
- Mrs. Adams: The depressive feelings, guilt feelings, that kind of stuff.
- Therapist: Mister A, it seems to me if you learned to keep quiet. You learned to be quiet and say nothing. During the previous session you said that you sometimes knock on the door. When do you think that she let you know that it is time for visiting hours?
- Mr. Adams: She doesn't.
- Therapist: So, she never let you know. Do you knock on the door if you miss her? Does she come out or are you going in?
- Mr. Adams: I don't think one of those.
- Therapist: Do you communicate on the prison's telephone?
- Mrs. Adams: The only time we can communicate is on a telephone. The other times we can not communicate.
- Therapist: It is very difficult to come out of prison, is it? She is behind the bars, but you can go and visit her. You can only talk on the telephone with her, she cannot come out and you cannot go inside.
- Mr. Adams: No.

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- Mrs. Adams: I thought I was out last night?
- Mr. Adams: No, not really. You only peeped, but didn't come out.
- Mrs. Adams: When I am in a good mood or glad that he is home, I smile a lot and hug him, I am 'lovy-dovy', you know. Isn't that a way of telling him I'm glad he is home?
- Therapist:: Mister A, if she is like that, what does it mean to you then? Is it visiting hours?
- Mr. Adams: That is why I say she peeps and go back again. It is only half-an-hour, and then she goes back.
- Therapist:: Is it scary to come out Missus A?
- Mrs. Adams: It is not scary. It is as if I talk to the wall. His eyes get cold or he just stares. I don't get any reaction from him, or he holds my hand only softly and that is not what I want. I want him to hold firm and if I hug him he hold me so slack and doesn't want to hold me tightly.
- Therapist:: Missus A, there is something I don't understand right now. Which of you show to the other that he or she wants a hug. Or do you tell him that you want a hug.
- Mrs. Adams: I tell him that he can squeeze tighter, then he will say: "I don't want to squeeze out your lungs."
- Therapist: So you will tell him that he must hold you firmer.
- Mrs. Adams: Yes.
- Therapist: So, when does it become too tight?
- Mrs. Adams: When I am out of breath.
- Therapist: But you said a few times that he is too close and it is too much. You don't want it too close or too often.
- Mrs. Adams: When I allow him, it is fine. He may hug me, but not force me to hug him back.
- Therapist: So, there are times that you want to force him and he wants to force you and there are also times that you don't want to force him and he doesn't want to force you.
- Mrs. Adams: Yes.
- Therapist: But there are also times that you tell him to hug you tighter and there are times that you tell him to stay away.
- Missus A I don't tell him to stay away, but I get distracted.
- Therapist: Is this the way you show him to stay away? (To Mister A) How do you indicate to her?
- Mr. Adams: Well, I don't know, I think I become quiet.
- Therapist: If you want to approach her or would like her attention?
- Mr. Adams: Then I approach her and she is either irritated or not in the mood.

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- Mrs. Adams: For example, this morning, I was moody. While I was busy washing my toothbrush, the nailbrush fell on my toothbrush. I stripped and threw the stuff against the wall. The books that were on my side of the bed fell off the table during the night. This morning when I got out of bed, I fell over them, got upset and kick it out of my way. He told me to calm down. I was totally out of myself.
- Therapist: It seems to me if you struggle to let each other know when there are visiting hours. He knocks on the door and you don't want to open, and sometimes you wish he wants to knock and he stays absent.
- Mrs. Adams: That's why I say we play this game.
- Therapist: Missus A, you must remember that you judged yourself. You gave yourself a life-sentence and it is difficult to be in jail. It is lonely and there is not always someone to talk to. You have to communicate when you don't feel like it and when you feel like it there is no one to talk to.
- Mrs. Adams: You don't know what to do with yourself most of the time. The last few days, actually, the last week, I was totally preoccupied. We are going to move in the near future, but the date is still unsure. The estate agent came with people who wants to buy the house and I was too optimistic about it: I phoned my mom and told her that we are going to move, maybe at the end of the month. My mom was upset and asked me 'howcome' we move so quickly out of the house when it isn't sold yet. That's when I told her: "Oh please mom, we re not going to pay rent before the house is being sold." She was annoyed and pessimistic.
(The team phones in)
- Therapist: The team says that they heard you said you watched the Oprah Show, that you thought about what they said and you peeped out of the jail.
- Mrs. Adams: I have decided that it won't put me down and I also decided that I won't go back on my agreement.
- Therapist: It seems if you agreed to let yourself out of jail now and then. You peep out of jail to see how it look outside, but then you do something like phoning your mother and that puts you back in jail, where you think you belong.
- Mrs. Adams: But I only phoned her to tell her the good news. Then she told me that she feels so bad she wants to put a gun against her head. I begged her not to do it. She is depressed because they sold their house, she is back from overseas and she has nothing left to give to my brother and sister and now there is friction between them. That's why she is so depressed.

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- Therapist: So, it made you also depressed and it put you back in jail. It seems to me if you want to come out of jail, just a little bit, but then you do something...
- Mrs. Adams: Yes, then I do something stupid and it puts me right back in jail.
- Therapist: Missus A, when you peep around the corner out of jail, who does you want to see?
- Mrs. Adams: Him (directing towards Mister A), with a smile on his face and open arms.
- Therapist: Sometimes you go out of your cell to phone your mom, to tell her some good news, but she doesn't take it joyfully, she is depressed. You expect something else.
- Mrs. Adams: I only expected: "Great my child, I wish you well."
- Therapist: So, you want to see joyful people with smiles when you peep around the corner, but it doesn't happen. When you don't see those friendly people, you go back to jail because it is safer there. I just wonder, are you going to see those friendly people. I think it is safer in jail.
- Mrs. Adams: Maybe it is safer in jail, but our marriage is not going to last and I don't want that. Do you know what I mean? I'm going to cut him out; I won't involve him in my life. He is the one who is going to do everything in the house, I'm going into depression and it took a very long time for me to get out of that depression. I was in it for six years; I don't want it again. Often, with him, I'm not very smiley and happy. Last year, I worked for friends and during that time I was smiley and happy with him. I just wonder, why can't everybody be happy with me. I am very unhappy, but it doesn't mean that I must make everybody miserable.
- Therapist: By what you just said, do I understand you correct if I say you mean that you are not always smiley and happy with him, but he is also not always smiley and happy with you?
- Mrs. Adams: Yes, but I don't expect him to be very happy and friendly when he worked a twelve hour shift. I know he worked hard and is exhausted.
- Therapist: Yes, but maybe an angel can be smiley and happy in those circumstances.
- Mrs. Adams: Yes.
- Therapist: It is not possible for a human, but definitely for an angel.
- Mrs. Adams: I try too hard. That is very clear to me. I struggle too hard.
- Therapist: Too hard?
- Mrs. Adams: To try to be perfect. I'm not perfect anyway, so....
- Therapist: Do you mean that you try too hard to get out of jail?
- Mrs. Adams: I just try too hard to be perfect. In the process of being perfect, I'm losing him and the happiness of my husband. The other day I watched a TV program and I realized that I'm too much of a perfectionist. I realized that it doesn't work that way.

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- Therapist: But it is very hard to change. It is a life sentence.
- Mrs. Adams: There was progress. I don't know what he thinks, but my life-sentence softens a bit.
- Therapist: Did you find some alleviation for your sentence?
- Mrs. Adams: Yes, but I don't know if I got it. ?
- Therapist: Only you will know because you judged yourself. You put yourself in jail and you decided that it is a life sentence. I think it is painful to free yourself.
- Mrs. Adams: It is painful.
- Therapist: Mister A, do you think you want to pull her out of that jail cell?
- Mr. Adams: Yes, I think so. I can see what she is doing to herself. I was in her situation years ago and it took me too long to set myself free from it. By battling with this, you throw your life away.
- Therapist: Maybe you want to chat her out of jail but maybe you sometimes get frustrated because she doesn't listen, then you want to break her out of jail.
- Mr. Adams: Sometimes it feels if she wants to show me she doesn't wants me to help her out of jail. It is or too much, or too little. She wants something different.
- Therapist: When you pull her through the bars of the cell, it could be painful. That's why I leave it and hope for the best. I don't try anymore. Do you sit and wait for her to complete her life-sentence? Yes, she must decide for herself.
- (The team phones in)
- Therapist: The team wonders. You said you were there where she is now. You want to rescue her to come and stay with you, but she thinks the life outside is too scary, she isn't prepared to leave jail. If you go inside to stay with her, what kind of jailbird would you be?
- Mrs. Adams: A better one than me.
- Mr. Adams: No, one of my problems, I won't say problem, but I used to keep my secrets for myself, I didn't bother people with my stories. I don't think solitaire would be that bad.
- Therapist: So, you would be a quiet jailbird? Will you also don't let the people know to come and visit?
- Mr. Adams: It depends if there is someone who can visit.
- Therapist: You were quiet then, are you still like that?
- Mrs. Adams: Yes, I get like that, then he gets like that.
- Therapist: Do you mean, when you get quiet, he gets quiet.
- Mrs. Adams: Yes.
- Mr. Adams: You see, when we talk, we talk about other people and other things, not about our issues.

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- Mrs. Adams: We beat around the bush.
- Mr. Adams: When she starts to talk about other issues, I put myself off.
- Therapist: So, when you start talking about your issues, important issues, one of you involves something unimportant, outside of you, is that correct?
- Mr. & Mrs. Adams: Yes!
- Therapist: Do you both do it?
- Mr. & Mrs. Adams: Yes.
- Therapist: When, Mister A, do you think you do it.
- Mr. Adams: I don't know.
- Mrs. Adams: He doesn't change the subject; he just doesn't answer. It is when know....
- Mr. Adams: (To Missus A) That's why I say we talk about other issues. Maybe you think that those things have something to do with us, but....
- Therapist: Who of you will first bring in a new subject?
- Mrs. Adams: Well, he usually asks: "What is your problem?" "What is your problem?" That's what he keeps asking me. I don't always tell him what it is.
- Therapist: It seems to me, that sometimes, you want to climb into his mind, but sometimes he wants to climb into your mind too. You both say that you talk about issues 'outside' you.
- Mrs. Adams: 'Specially me.
- Therapist: I'm going to give each of you a blank paper. I want you to list the issues that you do want to talk about. What are those issues you want to talk about and what are those issues you you keep bringing in that you don't need to talk about. You must write them down. Mrs. Adams, I want you to sit on the other side of this partition.

(The Therapist: stands up, give them the paper and show Missus A where she wants her to sit. With the 'wall' between them, they write down their lists. Missus A must stay behind the wall because she is in jail. They communicate better when there is a wall between them. The Therapist: put the light of in the 'jail-side' of the room. Missus A starts talking about the issues on her list.)

- Therapist: Are you comfortable to talk to Mister A where you are?
- Mrs. Adams: Yes. It feels very impersonal.
- Therapist: You often read each other's body language. You read his eyes and decide what he is

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- thinking.
- Mrs. Adams: Yes, I read what he means and what he feels.
- Therapist: But, you also say that you communicate as if there is a wall between you?
- Mrs. Adams: It is like he said: "We beat around the bush"
- Therapist: And you Mister A?
- Mr. Adams: Often, it feels if there is a wall and I can often see there is something wrong. Sometimes it is a minor thing, sometimes it is something her mother said, or the way she said it. I can see that there is something wrong, it is ... I don't know...
- Therapist: You talk against a wall?
- Mr. Adams: She tells me I gets upset when she is telling me those things, but it must not stop her to tell me the things that worries her, for example, the things her mother tells her. Maybe it is easier for me; I don't care what the other people say because they don't live my life.
- Therapist: Missus A says she keeps quiet because you get upset when she tells you those things, but you don't see the anger as 'bad'.
- Mr. Adams: If she doesn't tell me, then I get upset. If she tells me what they said, I don't get mad at her; I get upset about what is said. Who are they anyway to tell her those nasty things? There is nothing wrong with a bit of advice, but this is not advice. It seems if some people think she is not capable of doing anything good or that she can't achieve anything.
- Mrs. Adams: Or that he is not good enough for me, am I right?
- Mr. Adams: Hmm.
- Therapist: Do you, Mister A, feel that you are not good enough?
- Mrs. Adams: Many people think I am better than he is and that is painful. It really hurts because he *is* my husband. The time when I wanted to divorce him, they said: "yes, you must get rid of him!" But, my brother is mad about him. He is the only one in my family who actually likes him. He also knows that we are happy.
- Therapist: So, your brother is the only one who likes him, who do you believe in this family?
- Mrs. Adams: I believe what I see, I believe what I know.
- Mr. Adams: So, why don't you believe that you are a good wife?
- Mrs. Adams: Because I know I'm not. When did I say I would bake you a cake for your birthday? April, May, June... It is one of my promises that I broke.
- Therapist: This is maybe an attempt to come out of jail, I think it is too scary. You must remember your jail sentence is for life. You must not try to change it. Do you know who holds the key

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- to your jail door? Who must you ask to open the door? Are there people who can open the door for you?
- Mrs. Adams: I sometimes give the key to him, but I don't allow him to use it. Sometimes I allow my mother to lock me in again, but my father is different. My father is a better human being.
- Therapist: So you, your mother and Mister A are the key-keepers?
- Mrs. Adams: No, they have the keys.
- Therapist: Who do you think is the watchman in jail? Who watch over you? Who see to it that you behave?
- Mrs. Adams: My mother.
- Therapist: So then, sometimes your mother is there to watch over you en sees that you complete your sentence, and the other times Mister A has the keys.
(The team phones in)
- Therapist: The team doesn't agree that Mister A is the keeper of the keys. They mean that your mother is the one who holds the keys. Your mother is the guard, she watches over you and she keeps the keys.
- Mrs. Adams: Yes, but often him also.
- Therapist: Mister A, who does you think is the keeper of the keys.
- Mr. Adams: Her mother is the keeper of the keys and sometimes she. If I get the keys I don't get time to use it.
- Therapist: So, you don't get the key very often and when you do get hold of it, you try to open the door and she will only peep around the corner.
- Mr. Adams: I have never told her to do something or not to do something. We try to decide together what to do. She must decide for herself what she thinks is the right thing to do. I'm not there to tell her what to do.
- Therapist: She must open the jail door herself?
- Mr. Adams: I will like it very much if I can help with that, but if she feels that she wants to do it herself, then she must do it.
- Therapist: In which way do you think you help her?
- Mr. Adams: Sometimes, I am not sure if I do help her.
- Therapist: But you try.
- Mr. Adams: Maybe not hard enough, but I try.
- Therapist: Do you think that sometimes you try to break the jail bars with a crowbar?

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- Mr. Adams: Yes, definitely. 'Specially if it is about the same thing over and over again. Sometimes I am more serious about some issues. Some of the minor issues just stay in one place, unmoved. Then I get frustrated and want to move it out of the way.
- (The Therapist: leaves the room to consult with the team. She tells them that they can move to each other if they want to. They were still in their old positions when the Therapist: came back from the team. They were talking soft and both of them were emotional.)
- Mrs. Adams: Would you believe me if I say I love you?
- Mr. Adams: You know I believe you.
- Therapist: Mister A, your wife is still in jail, you are not allowed to go to her, but you are allowed to put your hand through the bars and touch her.
- Mr. Adams: Do you mind if I hold your hand?
- Missus A I hate it if you spoil moments like these! (She began crying.)
- Mrs. Adams: Mister A is also suffering.
- Therapist: You are both scared to touch. You both are not sure what the other one wants. Visiting hours in jail is not much. You know, Mister A was once a jailbird himself. So I think that for the next two weeks Mister A, you must tell her in little pieces how it was to be in jail for you. What was your experience in jail? It is very difficult for you two to communicate, but you must remember she is in jail.
- Mr. Adams: Well, I tried to explain to her quite a lot of times.
- Mrs. Adams: But I was not listening.
- Therapist: Maybe your jail sentence was overwhelming? Do you like writing, Mister A?
- Mr. Adams: Not really.
- Mrs. Adams: (To her husband) That is the only thing I know about you.
- Therapist: If you don't like to write you must phone her but you are allowed to phone only every second day. You must phone her and tell her in little bits and pieces how it was for you to be in jail, because she is in jail now. (To Missus A) Do you have any garments of your mother?
- Mrs. Adams: Yes, a whole suitcase full.
- Therapist: You must wear it for two hours a day.
- Mrs. Adams: No, I don't want to.
- Therapist: You are in jail and you must wear one of those garments because it is your prison clothing and your mother is the warden. So you must wear those garments two hours per day. The other thing, you gave your husband the diary of you mother and he didn't want to use

it. I want *you* to use it Missus A. I want you to write everyday in your mom's diary how it is to be in jail and you must bring it with you the next time so that we can see that you are definitely in prison. There are no breakouts. If you break out, you must go back.

(Missus A started talking to her husband in an incoherent way)

Therapist: It seems if she is speaking out of the jail door now.

Missus A I want to know is he is going to open the door.

Mr. Adams: Only if I'm going to use dynamite. (They both laugh)

(Arrange for next appointment.)

Session 6

Mrs. Adams starts to talk about her homework where she had to write in her mother's diary. The therapist asked her if she would like to share her experience regarding the writing in the diary.

Mrs. Adams: In the beginning, it wasn't easy. I sank into one of my moods where I had to let it all out. After that it went better. I want to read this one thing: "P talked to my mother tonight. I phoned to find out about a typewriter. I found out. Later we talked about our moving to the new house. I was enthusiastic and told her that I couldn't wait. She asked me: "Are you sure you are going to do it?" After that we talked about our flat. It is unorganized. She told me that she didn't bring me up that way. My room wasn't untidy as a child. I answered that I know, but now it is our flat. They don't visit us because our home is not neat enough as in the standards of my mother. It hurts me. No, it makes me angry. Since their move to Pretoria, they were there one Sunday, for five minutes. Because they don't visit us, I don't feel part of their family anymore. I'm not part of the children anymore. Then, I also know that I'm married and I want a life with my husband. I don't think I give them enough reason not to visit us.

She reads on from a following page: "We are invited to Victor's" birthday party. Victor is my uncle. I have the feeling that my mother is going to say something about our flat and that she will succeed in controlling my mind. If I say something, she says something back.... She controls me and then it confuses me. When she upsets me, I got an attitude (according to her) and she will tell me: "Don't use your attitude on me."

She says that she only want to give me advice. I know what she does: she belittles me because I had hurt her. This is because I did not complete my studies. I had a boyfriend, which she hated. I got pregnant. With my abortions I moved into their home and after a month or two, I moved out again. I had to choose between an abortion and disinheritance. I was looking for it. No wonder I'm the black sheep of the family.

She reads on from a following page: "I had a backflash today. We had foreplay.. The backflash put me off totally. He was upset with himself because he did it. It felt if he used me. I know he didn't do it on purpose. It let me think of a "Lambada dance" in bed. (She laughs). Mr. Adams is not at ease. Or, it let me think of a dog.. A dog who wipes his ass on the grass. I am the grass. (She started laughing hysterical.) I'm sorry, it gave me a back flash to Danie. He did it because he used me. He called it "munchies" I knew it. I felt misused for what he had done to me. For 14 months I hated him, in the same way I hated my father."

Next day: "For the first time today we were intimate. It was wonderful I missed it. He asked me beforehand if it switches me off if he touch me. I realized that I gave him a picture of 'everything that he does' switches me off. It hurts me. I realized for the first time that my perception about things is either wrong or unbelievably negative. My life is passing... I must take it back and live again. He was very soft and loving tonight. Tender. I missed it. He's touch is wonderful. The way he let me feel. He was only soft. I didn't need the clothing. I could only write."

- Therapist: You didn't put the clothing on?
- Mrs. Adams: No, anyway it is all packed away in boxes for the moving.
- Therapist: Let's hear what Mr. A has done with his homework, then we can come back. Could you tell her about your jail sentence?
- Mr. Adams: It wasn't happy times
- Therapist: Could you phone her and tell her about it?
- Mr. Adams: I "phoned" a few times but she didn't answer.
- To his wife: Can you remember?
- Mrs. Adams: Yes.
- Therapist: So, you knocked on the door, but she didn't open?
- Mr. Adams: Yes.
- Therapist: You said previously that she couldn't unlock because she doesn't have the keys.
- Mr. Adams: That's true.
- Therapist: So, you couldn't really tell her how it was for you?
- Mrs. Adams: I think I didn't let him.
- Mr. Adams: I told her a few things. The things that I don't do correctly. The things that I do that irritates her. Most of the times, she didn't want to talk. She was locked up most of the time.

- Therapist: But she *is* locked up.
- Mrs. Adams: I got shy.
- Therapist: Shy?
- Mrs. Adams: Not towards my husband. I was shy to go out of the flat. Why, I don't know.
(Mrs. Adams started talking about other people and other things.)
- Therapist: You say in your diary, where you wrote that you got angry because your parents don't visit you, but also that you realize that you are not one of the children. Do you sometimes feel one of them?
- Mrs. Adams: No, I feel cut off, I try to be one of them. As I see it, it comes from me, or it comes from us.
- Therapist: Do you try to be one of the children?
- Mrs. Adams: I don't try, I am one of their children, but I also realized that I'm married and that I have to carry on with my own life, but we had always had a close knitted family. Why must we give it up? That is what I cannot understand.
- Therapist: When did you start to feel outside, not one of the children?
- Mrs. Adams: From the time that I came to Pretoria. I stayed behind and they went overseas.
- Therapist: What happened then?
- Mrs. Adams: I couldn't go to the airport to greet my mother. My boss told me that if I leave to say goodbye, then I don't come back. My mother was unhappy. She said that I could have phoned to say goodbye, but I couldn't. I thought that I would be able to go home before their flight, but it didn't realize. She was unhappy about that from that time. Then I wrote her a letter and I told her that we are going to get married. I posted the letter but I couldn't tell her over the phone. I knew she wouldn't accept it. Just before our wedding she told me: "thank you that you told me that you are going to get married. I started working. If I knew that you are going to get married, I would come down, but I didn't know." She was upset because I pushed her out.
- Therapist: (To Mr. Adams) Mr. Adams, did you married your wife when she was already locked up in jail?
- Mr. Adams: I think at that stage she was still out. She was very outgoing and it didn't seem if something was faltering her.
- (Mrs. Adams agrees)
- Therapist: So, after your marriage, she sentences herself?
- Mr. Adams: I think her mother helped her. She must not get upset with me, but I think her mother helped her. Every time that she wrote a letter, it was more harmful than helpful.

(Mrs. Adams agrees)

Therapist: When do you think has the life sentence started?

Mrs. Adams: When Adrie, my sister, came back. Just before our marriage. The same week as our marriage. She came back with a letter. My mother said something, like: "I hope you have a happy marriage. I am very unhappy because I was not invited. I was disappointed that it turned out that way. But, remember that you will have problems. You are a drunk, a whore, your standard of living is not the same than us. You didn't listen to us. You didn't complete your studies! But anyway, I hope you enjoy your day. I will be there in spirit. If you have the guts, you can show this letter to Mr. Adams, but I don't think you will have the guts." That was it.

Therapist: Was Adrie part of the hearing in court?

Mr. and Mrs. Adams: No! No, she came back for a holiday and was just the messenger.

Therapist: Your mother was the judge then. She locked you up.

Mrs. Adams: Yes, she cannot forgive me for the mistakes that I have made. But how many mistakes has she made. We had one hell of a fight about that. We started talking about my abortions and the fact that I didn't completed my studies. I told her then that I am married now, I am happy. Accept for the fact that he handled me. I love him. But can't you forget about it and can't you forgive my husband. She told met that she won't get over it because she was the "pillar" in the family and she cannot handle it because she was the one who had to run after her husband. He couldn't do anything for himself. He is the weak one and she is strong. She can't take it anymore.

Therapist: The letter that she wrote to you; it sentenced you. Did you show it to Mr. Adams?

Mr. Adams: Yes, I read it. I was not impressed! It's her mother, but she is my wife. Her mother doesn't have the right to scold on her like that. It is things that are in the past and my wife must live with it. I am willing to go through it with her. But her mother is out of this picture. I don't care about her ideas or what she wants or doesn't want. It is Mrs. Adams and my life. She can do with her life what she wants. It was basic in all the letters that her mother wrote to her. I don't think there were one positive thing in those letters.

Therapist: What changed after that first letter. Mrs. Adams, you went to jail after that letter. What changed between you two?

Mrs. Adams: Yes, I was locked up then.

Mr. Adams: One of the reasons why she was locked up was because I told her that I would tell her mother in her face what I think. Her mother is doing it throughout my wife's life. She just dumps all this negative stuff on her daughter.

Therapist: What changed for you Mr. Adams?

Mr. Adams: Well, I had to decide to keep quiet and to leave her mother to do as she pleases.

Therapist: So, you got quiet?

Mr. Adams: Definitely. Every time when I had something to say, we end up in a fight.

Therapist: It seems if the first letter sentenced you, locked you up in jail and your husband had no choice than to wait outside. You couldn't communicate that well after the jail sentence. After the letter you received from your mother, a few things changed. You said earlier that Mr. Adams handled you, was it before or after the letter.

Mrs. Adams: After the first letter. We were married for 7 months. That is why I went back to Durban

Therapist: Mr. Adams, did you want to tell her something with your handling her?

Mr. Adams: The more I tried to speak to her, the more she told me that her mother was right about the things she said. She started to believe it. You can only take so much. I wanted to wake her up.

Therapist: When coaxing didn't help, you tried another way.

Mrs. Adams: I told him the first time: if you are going to handle me, I will divorce you. The first time we shouted at each other until the police arrived. The second time he strangles me, and threw me on the bed. The third time, ... (she looked at Mr. Adams for help.)

Mr. Adams: Can't you remember, you cut your foot with the portrait...

(They tell the story about the fighting.)

Mr. Adams: Well she arranged beforehand to go back to Durban. Nobody told me anything. I found out that she would go after she and her family talked about it for weeks.

Mrs. Adams: My mother asked me id I would go to Durban and without thinking I said yes. I didn't tell him for two weeks. Then it was this story. I got upset and he pulled me around.

(Mrs. Adams describes the fight in detail. While describing the fight, she named and renamed the days and dates and couldn't come to the point. This is part of the process.)

Therapist: During the previous session, Mr. Adams was told to be like a naughty child. Do you think he was a naughty child then, or maybe an unwanted child?

Mr. Adams: Yes, a bit.

- Mr. Adams: It was as if I fought my wife and her mother. I didn't even fight only with her. We fought about the things her mother said to her and the way she felt about those things. I fought against both of them. If her mother say something, it was right! The way she did things...! I cannot agree with that.
- Therapist: Her mother took her out of the family, put her in jail and locked the door. She is the keeper of the key. You tried to get her out of jail. In that process you tried different ways. You started chatting her out of jail, guiding her out and pulling her out with force.
- Mr. Adams: Well, I really tried that and I really have a problem with her family. If they want me to show respect to them they must show respect to my wife I don't care what they say about me, that is their opinion and their problem. They must just show respect to my wife. She is human and she is my wife. What happened in the past. We can't change that. We can't go back. There are many things that happened in my past. Things that I have done and what I didn't do. That's past tense. I must carry on. That's all that I wanted her to do. The more I tried to help her, the more her mother step on her. I don't want to blame her mother, but she had a very big role in this. She didn't want to give my wife a chance.
- Mrs. Adams: I thought about something. You know what she would have said if she could hear you now? She gave me R10 000 to study. I threw it in the water.
- Mr. Adams: Well that's part of life. You make a decision, you've got to live with it.
- Mrs. Adams: But that's why I'm still guilty in her eyes. Because of this R10 000 that I threw in the water.
- Therapist: It seems if your mother keep reminding you of your sin while you are in jail?
- Mrs. Adams: O she does that big time!
- Mr. Adams: Yes, she does that thoroughly! I keep my mouth shut for peace sake. If I must burst out, we won't make it.
- Mrs. Adams: That is not the problem. The problem is: every time that I want to tell her something I must say: "Please Ma, stop it. I phoned you for another reason".
- Mr. Adams: She phones to say hallo, then her mother begins...
- Mrs. Adams: If I were her child, she would have given me a chance. She wouldn't break me down the whole time. The night when I phoned her, she was very negative about my father. She said: "He's a failure. She is down because she must work and she doesn't like her job. She wants to do something else, She should have taken her things and left, 20 years ago." Then she told me: "You are going to struggle in the

same way that I am. I don't want you to struggle. But you are going to struggle." I thought by myself: "Why is she telling this to me now?"

Therapist: Do you think she speaks out of her role as warden?

Mrs. Adams: As mother.

Therapist: So, she won't unlock you.

Mrs. Adams: No, definitely not. I told her that while I had made so many mistakes. Why hadn't she had an abortion when she was pregnant with me. She said she wish she had. That's how bad it is.

(The team phones in)

Therapist: The team heard that your mother is not going to unlock you and it is a dilemma because you are not going to unlock yourself.

Mrs. Adams: I can unlock myself, but what for?

Mr. Adams: Her mother is ever present.

Mrs. Adams: But if I unlock, she knows exactly when I do, then she comes with all her negative stuff and put me right back in jail.

Therapist: It seems if you let her know that you're going to unlock yourself and go out.

Mrs. Adams: Yes, I don't know how she is doing it.

Therapist: You said you wish your mother had had an abortion. It sounds if you mean: rather dead than out of jail.

Mrs. Adams: Yes that's it. I made mistakes and I learned from it, but I sit with it.

Mr. Adams: But her mother tells her that everything she does is still wrong.

Mrs. Adams: I can't make the right decisions according to the standards of my mother. I should have married a doctor.

(Team phones in)

Therapist: That is the dilemma Mrs. A, it seems if you look at yourself through your mother. You are in jail You don't have eyes of your own. You look through the eyes of your mother.

Both Mr. and Mrs. A nod their heads to confirm.

Mrs. Adams: It is a dilemma. It is going to change.

Therapist: Nothing is going to change because you are going to look through your mother's eyes continuously.

Mrs. Adams: You are so correct!

- Mr. Adams: Take our flat we don't have much. But I told her she could do as she pleases. We do it our way. We fight a lot about it. She asks me what and how she must do it. I tell her, do it as it leases you. Then she gets upset. If I tell her what to do, she is also upset.
- Mrs. Adams: That is also a problem I will ask something, he answers me, and I tell him its wrong. I learned that from my mother. She is always correct.
- Mr. Adams: Yes, your mother is always correct.
- Therapist: It seems to me if there is still an umbilical cord between you and your mother.
- Mrs. Adams: Yes definitely. I continuously try to go back and seek forgiveness from her. I want to correct my wrongdoings.
- Mr. Adams: I can't see that she must seek forgiveness with her mother. She must forgive herself. I don't see that it must dome from her mother. Her mother had her life. She must just allow her daughter to live her life. We will all make mistakes.
- Therapist: It is a dilemma, isn't it? When we look back at the past, there happened many things that we cannot change. You won't ever be back in your parents' home. You won't ever have your childhood back. You are not there anymore. So, what about the future?
- Mrs. Adams: I don't know about the future, I don't think about the future. I try not to think about it.
- Therapist: The past has too many things to think about.
- Mrs. Adams: I think about it too much. I am sick and tired of it. Take Mr. Adams's father. He also lives in the past. I see myself in him. He tells the same stories over and over. But I see myself in him. I also live in the past the whole time. I don't like it at all. I must escape from it. I don't know how.
- Therapist: I can see that the past takes up so much time and energy, there is nothing left for tomorrow. And then you are still in your mother. You are so much part of her that you can only look through her.
- Mrs. Adams: Yes, absolutely. It is if I hang on to her. I don't want to be like that.
- Therapist: But it is painful to cut the umbilical cord.
- Mrs. Adams: It is not that it is painful, it is..... Yes, it is painful. It is an awakening of: yes, I am married and I have my own life. It's scary.
- Mr. Adams: I won't say it is a "cut-off" process. Your family will always be there. There is family that gives me a pain, but I don't worry about them.
- Therapist: Are you still attached to one of them with an umbilical cord?
- Mr. Adams: No.

Mrs. Adams: O yes, maybe your dad.

Mr. Adams: My dad can't do anything for himself. He can't walk. He did many things for us through the years. We must do a little bit for him. I'm the only one who is still here. You are not that attached that you look through his eyes to you?

(The team phones in.)

Therapist: The team says that they can see an umbilical cord between you and your dad as with Mrs. A and her mother, but the food runs in the opposite direction with you and your dad. You, Mr. A, feed your father, but Mrs. A's mother feeds her. She believes that she needs food from her mother or she can't exist.

Mrs. Adams: Every time that I told my mother, fuck you, I will stand on my own feet, she cut me off, she threat me with disinheritance.

Therapist: Do you think she tries to sew the umbilical cord back on, Mrs. A?

Mrs. Adams: I did. I am the "other woman" in her eyes and I will stay that.

Therapist: Other woman?

Mrs. Adams: The other woman in my dad's life. He sexually molested me for 5-6 years and it is part of the pain. That is why I am the black sheep. Everything comes from that.

Mr. Adams: Her mother blamed her for that.

Mrs. Adams: Often, I tell her, I am not the other woman anymore. I am your daughter. I don't want to be the other woman. Hten she tells me that she is not angry anymore. But I can see she is. I can see it in her.

(Team phones in)

Therapist: You know Mrs. A, it is very clear why there is an umbilical cord. You didn't have the chance to be a child. You didn't have the chance to be your mother's daughter.

Mrs. Adams: I tried to make it up, but my mother took it away.

Therapist: But while the umbilical cord is there, you can still be a child and be nurtured.

Mrs. Adams: In her way, but not in mine. That's why I often think that I am jealous of my sister. She is the "blossom" in the family. The A+ child. The active child. The daughter that my mother never had. The daughter that never disappointed her. But I know a few things about my sister that my mother doesn't know. I don't want to be the one that tell her about it and damage their relationship as ours are damaged. And my brother, he is the blue-eye-boy of the family. He's 23, study computers. That's exactly what I would want to do. While I was busy with my studies, a week before my exams, I moved into a new place. I had to clean up the place and unpack my stuff and couldn't study. My mother says it is excuses. Well, maybe it was excuses.

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- Therapist: That's what happened in the past and you can't change it.
- Mrs. Adams: I told her that many times before.
- Mr. Adams: You know, the truth is, her mother doesn't think that my life can do anything for herself.
- Mrs. Adams: But I think it is the message that I give through to her.
- Therapist: Do you prove to her that you are unable..
- Mrs. Adams: Yes, I do. I phone her and ask: "ma, how do I cook rice?" "ma, how do I do this?" "Ma, how do I do that?"
- Therapist: Mrs. Adams, is it part of being a child? To be your mothers daughter?
- Mr. Adams: I think it has to do with stuff that her mother didn't give her when she was young.
- Mrs. Adams: she was supposed to be there. She realized in standard 5, when I was 12, what was wrong. I was "as if" on drugs. I was like a zombie. From there she realized that there was something wrong. The molesting started when I was 8. My dad came to my room when my mother went away. Every time when my mother wasn't there. When he play with me in front of my mother, I couldn't handle it. I hated it. I think it was that that she picked up. He was fond of touching me. This carried on for 5 years. I realized that she didn't know, she wasn't there. It was difficult for her to realize what was going on to get the truth out of me.
- Therapist: do you think your mother punished herself the way she punished you?
- Mr. Adams: I don't think her mother punished herself.
- Mrs. Adams: Maybe she did for a while, but she got out of it.
- Mr. Adams: Yes, because she blamed it on you. She blamed everything on you.

(Team phones in)

- Therapist: The team wants to know if you punished your dad?
- Mrs. Adams: no, I didn't. I didn't punish my dad. We were at the RGN when I was in standard 5. They gave my parents marriage counseling. They did nothing for me.
- Therapist: Do you think your dad punished himself.
- Mrs. Adams: Definitely. When there is a movie about incest or abuse of women, he will turn the TV off. Or he will go and sit in his room or he will go outside. That is how he punished himself. In my second year, we moved to Durban. I couldn't handle it anymore. I told my mother she must get me help or I will comet suicide. She phoned childline. I started to see Jane. Jane told me that I must call my dad and I told my dad to go to childline for me. "If you refuse to go to childline, I will take

you to the police and they will put you in jail” I told my dad. My dad was in the Army. I told him “ It will be on your file. You will be suspended.” He went. From that time he put the movies off. He told me many times that he was sorry, but I never forgave him. I told him that my granddad did the same. He said that I must prevent time with my granddad alone. In my standard 9 year, my granddad came to me and told me that he was very sorry.

Therapist went to the back to consult with the team.

Therapist: It is clear to us, Mrs. Adams, that you never had the chance to be a child and that is also the reason why you are so attached to your mother. You had had another role all the time. The role of the other women, of a mistress. You feel that people misused you and stepped on you.

Mrs. Adams nods positively.

You know, Mrs. Adams, I think you must be a child again. You wrote in your diary that it was good and special to you when Mr. Adams was tender and loving. I think you must be the child again. And you Mr. Adams, must be a parent. But a tender and loving parent. Do you think that you can do that Mr. Adams? If you think that one-day, you will maybe have your own child. You can maybe think how you can be tender and loving but also firm

Mr. Adams smiles and nods.

Mrs. Adams: I think I am a child.

Therapist: But I think that is what you need to be.

Mrs. Adams: Do I still need to write in my diary?

Therapist: Yes, I think you must write in your diary all the questions that you want to ask our mom. You must just remember the umbilical cord is still there. You must not try to change it now.

Mr. Adams: Don't compare me to other people and what they have done.

Mrs. Adams: (With shock) what do you mean.

Mr. Adams: All the others.

Therapist: The people who stepped on you.

Mrs. Adams: I compared him a lot with my dad. His handwork. He suffered a lot. I compared him to my dad.

Therapist: Mr. Adams, you must remember that this child will have tantrums and you must think beforehand how you will manage that.

Mr. Adams: May I give her a hiding when she reacts out?

Mrs. Adams: So, this means that we can't be intimate?

(Team phones in)

Therapist: The team thinks it would be a good idea not to be intimate for the next two weeks.

Mr. A, you are dad, she is the child.

Mrs. Adams: O, we didn't do it for the past month.

Mr. Adams: I didn't say it was your fault.

Mrs. Adams: I know it is my fault. I have a problem. I don't have a sex drive.

Therapist: Mrs. A, you must remember for the next two weeks, you will be a child. You won't have a sex drive. Do you have a video machine?

Mr. Adams: Yes.

Therapist: I want you to go to a video shop and take out a movie for children. Something like..

Mr. & Mrs. Adams: Lion king.

(Everyone laughs)

Therapist: Yes, any animated, Walt Disney movie.

They found it funny and joked about it.

Therapist: Further, for one hour, every night, I want you to listen to rock & roll music. Every night for one hour. You think you can do that.

They look at each other and laugh.

Mr. Adams: I listen to it every night and she turned the radio softer and softer.

Therapist: Now, you will listen to it as teenagers do: hard.

Therapist call Mr. A around the corner and whisper in his ear.

Therapist: When you go to work nightshift, you must tuck her in, before you go to work. The soft toys that you have, you must put them around her to cuddle her.

Mr. Adams thought this was a good idea.

We went back and made the appointment for the next week.