

**FICTION WRITING AS SYMBOLIC CONSTRUCTIVIST INQUIRY
IN EGO STATE THERAPY**

BY

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To the One in Whom I live and move and have my being.

To Johannes: My friend, my husband, my safe place. Thank you.

To my parents. Thank you for always being there.

To Professor Bakker for never giving me an easy answer.

To Venessa.

To Elle, who astonished me with the beauty of the human mind and the tenacity of the human soul.

DECLARATION

I herewith declare that "**FICTION WRITING AS SYMBOLIC CONSTRUCTIVIST INQUIRY IN EGO STATE THERAPY**" is my own work, and that all sources and quotes used have been indicated and acknowledged via complete references. This dissertation was not previously submitted by me for a degree at another university.

Elizabeth Vermooten

ABSTRACT

The dissertation primarily involves an exploration of art-like research possibilities via symbolic constructivism, concerning research into a therapeutic process from the position of a beginning therapist. Symbolic constructivism within the broader framework of artistic inquiry forms the methodological paradigm. Symbolic constructivism is regarded as a social constructionist research method, and entails using art-like formats in creating a symbol representing the issue being researched. Fiction writing is thereby used in creating a story as a co-constructed symbol, exploring what happened during a therapy process involving issues regarding trauma and dissociation that I undertook with a female client. The client acts as co-researcher in co-writing and editing the story's content, style and tone. The study also represents my reality in terms of understanding theoretical constructs from epistemologically diverse paradigms, therapeutic processes, doing research and writing a dissertation as it is punctuated at a specific moment in time. As a subtext the dissertation may also be described as a narrative about becoming - becoming a therapist, being a person, and the interface between these two (amongst other) selves. In the dissertation, I therefore hope to present a process-oriented account of personal therapeutic development as well.

KEY WORDS

Social constructionism
Therapeutic development
Symbolic constructivism
Ego state therapy
Trauma
Dissociation
Artistic inquiry
Art-like research formats
Fiction writing
Story

CHAPTER 1

CONTEXTUALISING THE STUDY: ALICE IN WONDERLAND



Alice was beginning to get very tired of sitting by her sister on the bank and of having nothing to do: once or twice she had peeped into the book her sister was reading, but it had no pictures or conversations in it, "and what is the use of a book," thought Alice, "without pictures or conversations?"

(Carroll, 1865, as cited in Gardner, 2001, p. 11.)¹

The abovementioned excerpt from Alice's story forms the prologue to her discovery of Wonderland. While reading the story about Alice in

Wonderland, I had the sense that her Wonderland is a place of amazement where pictures and conversations seem to come to life. The story of Alice in Wonderland therefore appears to lend itself to a wealth of pictures, metaphors and conversations that help bring ideas in this dissertation to life for me, and hopefully for the reader, in a similar manner.

The dissertation primarily involves an exploration of art-like research possibilities via symbolic constructivism, concerning research into a therapeutic process from the position of a beginning therapist. The study also represents my reality in terms of understanding theoretical constructs, therapeutic processes, doing research and writing a dissertation as it is punctuated at a specific moment in time. As a subtext the dissertation may also be described as a narrative about becoming - becoming a therapist, being a person, and the interface between these two (amongst other) selves. In the dissertation, I therefore hope to present a process-oriented account of personal therapeutic development as well.

¹ All illustrations from *Alice in Wonderland* used in this dissertation are by John Tenniel from the original 1865 and 1871 *Alice in Wonderland* and *Through the Looking-glass* manuscripts, reproduced at <http://www.sabian.org/alice.htm>.

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Presenting a process-oriented account of personal therapeutic development involves ideas related to discovering, embodying and integrating my voice as a therapist in training. It also includes some notions about negotiating the interface between contextually useful, but epistemologically diverse paradigms from the position of a developing therapist.

The style in which the dissertation is written reflects some of the abovementioned processes. The style in which I write often seems more conversational, at times bordering on colloquial (Hall, 2004). This conversational style also appears to be rather sprinkled by “nice grand words” (Carrol, 1865, cited in Gardner, 2001, p. 14) which helps me fall back at times into the (safely) personally disengaged arms of a more conventional academic or scientific writing style. Incidentally, this latter style can be described from a postmodern viewpoint as “a fictional genre” (Viljoen, 2004, p. 129) or science fiction of sorts. The writing style in this dissertation therefore reflects part of my process of starting to “inhabit” my thinking, writing, and doing therapy amongst other things.

Synopsis of the Study

As I have mentioned, the study involves an exploration of art-like research possibilities and presenting a process-oriented account of personal therapeutic development. These ideas find practical expression in the use of fiction writing in creating a story as a co-constructed symbol, exploring what happened during a therapy process which I undertook with a client called Elle (a pseudonym). Symbolic constructivism within the broader framework of artistic inquiry forms the methodological paradigm. The story is co-written between Elle and me where I write the story and she edits the story’s content, style, and tone. Elle’s role as co-researcher therefore includes changing, adapting and writing parts of the text so that the story remains authentic regarding how she constructed her experiences during therapy, as well as remaining accountable to her as the co-creator of the story. The drawings and poetry that Elle created, relevant to the therapy, form part of the text as well.

In presenting a process-oriented account of personal therapeutic development, I hope to explore some ideas on therapy and research from the position of a therapist in training. This exploration takes the form of written reflections, as well as translated (from Afrikaans) and transcribed conversations with Elle about her experience of the

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therapy and the research process. Comments and reflections by a peer evaluator are included as well. This evaluator comments and reflects on the ideas stemming from my and Elle's reflections, and on the logical coherence and the accessibility of the story constructed.

The study concludes with suggestions for possible further research, ideas about supporting responsible and accountable therapeutic development, and relates these notions to other findings with respect to therapeutic development as well.

Constructing Wonderland: Introducing Theoretical Constructs

Allen and Allen (1998), describe psychotherapy as a meaning-making process or semiosis where meaning becomes constructed in the context of a collaborative conversation. Regarding the dissertation, this idea may be reflected in my use of "Constructing Wonderland" on the one hand as part of a description of the context that contributes to the construction of a specific reality, namely the therapeutic process with Elle. The wonderland of Elle's therapy process is described, reflected on, and consequently yet again constructed in Chapter 4.

On the other hand, "Constructing Wonderland" also refers to the social constructionist idea of language as a constructor of meaning (Freedman & Combs, 1996). The fluidity and multiplicity of meaning within this paradigm finds expression in my use of "Wonderland" also as an indication of a lack of certainty; a place where meaning is multidimensional and needs to be negotiated. Social constructionism thereby forms the overarching theoretical framework within which I hope to situate this study. Social constructionism may be described as an orientation to constructs of knowledge and describes the processes whereby people generate meaning together (Gergen & Gergen, 2004). Chapter 2 explores some ideas about social constructionism pertaining to this study.

Therapy with Elle

A brief introduction to Elle seems useful at this point, with a more thorough meeting with Elle following in Chapter 4. The initiative for this study originated from my practical therapeutic work with a 22-year old, female client, for whom she and I decided to use the pseudonym "Elle".

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I initiated a supervised therapy process informed by ego state therapy (Watkins, 1993) within a social constructionist way of thinking about therapy. Ego state therapy draws on the idea that individuals' constructs of self are non-unitary, multidimensional and consist of various part-selves called ego states (Frederick, 2005). Ego states may be described as organised systems of particular behaviours, cognitions and experiences with more or less permeable boundaries linked together by a common rule or principle (Watkins & Watkins, as cited in Hartman, 1995). Frederick (2005) similarly describes ego states as personality parts that are formed in the context of a person's interaction with the environment to help solve problems or deal with trauma. Therefore, the ideas of ego states and psychological trauma appear to be linked (Fosha, 2003; van der Kolk & Courtois, 2005). Ego state therapy consequently may be described as facilitating individual, group and family therapeutic techniques for conflict resolution among the various ego states that make up an individual's family of self (Watkins, 1993), and is frequently used in working with traumatised people (Frederick, 2005). The language of ego state theory and therapy in reference to Elle's therapy process is further explored in Chapter 2.

The approach that I took to Elle's therapy may also be described as reflecting part of my process as a developing therapist in negotiating an interface between using apparently contextually useful therapeutic techniques (such as ego state therapy) within a broader social constructionist paradigm or way of thinking about therapy. In this sense, ego state therapy acted as a metaphor or therapeutic language (Schwarz, 1998), which translated during the therapeutic process into a co-constructed dialogue and consequent reality. The story of my curiosity about negotiating interfaces between different theoretical paradigms and ideas pertaining to therapy while considering the underlying paradigms is described in Chapter 2 as well.

Symbolic Constructivism as Research Method

Symbolic constructivism appears to fit with the overarching social constructionist theoretical framework (Barry, 1996) within which the study is situated. Symbolic constructivism is described as a social constructionist research method (Hervey, 2000) and forms part of the broader qualitative research paradigm of artistic inquiry (Barry, 1996). Symbolic constructivism emphasises intersubjective understanding and involves using non-routine, art-like formats in constructing a

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symbol that elicits, questions, and possibly may alter sense-making frameworks or ways of understanding (Barry, 1996). Therefore, artistic means are used to create a symbol that aids one to elicit and question the ways in which people make sense of whatever the symbol stands for. According to Barry (1996), useful symbols may highlight alternative, tacit meanings, as well as possibly open up space for new ways of knowing.

The art-like symbol used in the study is an illustrated fictional story. The story as symbol stands for the therapy content (what happened) and process (how this happened) during Elle's therapy. The story as symbol is co-created between Elle and myself as a collaborative construction. In constructing the research text, I hope to elicit some sense-making frameworks for the reader and for myself. These frameworks include ideas about doing therapy involving different theoretical paradigms, and art-like research possibilities concerning research on therapy. On the other hand, I hope to reflect on my sense-making frameworks from the position of a developing therapist as well. Symbolic constructivism as a postmodern, social constructionist research method (Hervey 2000) situated within the broader research paradigm of artistic inquiry (Barry, 1996) - as relevant to this study - is set out and discussed in Chapter 3.

Aims of the Study

The aims of the study consist of three interlinking facets. One of these facets involves exploring research possibilities. By means of the research process involving symbolic constructivism, I hope to construct a space where the reader is invited to construct his/her own knowledge in the intersubjective domain between the text, the writer(s) and the reader. Although it is possible that the process of knowledge construction probably occurs automatically whether or not the reader is invited to do so, the role of the reader as co-constructor of meaning is emphasised and made explicit in the process of constructing knowledge in this study.

I therefore hope that the present study functions as a story about "particular trends of knowledge production in psychology" (Hook, 2003, p. 1) in the domain of research. The project of knowledge creation is therefore explicitly informed by the processes of construction (Hook, 2003) during the therapeutic process itself, the research process, as well as in the eventual interaction between the reader, the writer(s) and the text.

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The second facet involves ideas about therapy. Concerning these, the study aims to explore a process of negotiating an interface between possibly contextually useful ideas about therapy from different underlying paradigms without an epistemological clash. Auerswald defines epistemology as “a set of immanent rules used in thought by large groups of people to define reality” (1985, p. 1). Bearing Auerswald’s definition in mind, an epistemological clash may refer to different realities constructed by the paradigms represented by the ideas about therapy that may potentially differ vastly in their basic premises and how these transpire into a therapy process.

The third facet involves exploring ideas with respect to supporting the accountable and responsible therapeutic development of fledgling therapists. By making my presence in both the therapy with Elle as well as the research process explicit, the third facet of the study implicitly also involves, as a subtext, an exploration of my process of discovering, embodying and integrating my voice as a beginning therapist. This process is reflected on in Chapter 4, with a retrospective glance in Chapter 5. Chapter 5 also deals with the trustworthiness and quality control of the research, as well as ideas and suggestions that may support accountable and responsible therapeutic development for beginning therapists.

Other aims of the inquiry involve possibly contributing to the South African-generated body of knowledge in the domains of therapist development, ego state therapy as well as symbolic constructivism as a methodology. Existing research in this field includes several recent studies on the development of therapists (Du Preez, 2004; Hall, 2004; Kühn, 2003; Venter, 2003; Viljoen, 2004) as well as approximately ten studies involving ego state therapy or transactional analysis as recorded on the Nexus database system (<http://0-stardata.nrf.ac.za.innopac.up.ac.za>). The majority of both local and international literature on ego state therapy seems to employ a more descriptive case study methodology (Edelstein, 1982; Fourie & Roets, 2003; Gainer, 1994; Ginandes, 2002; Hartman, 1995; Lemke, 2005; McNeal, 2003; Oakley, 1998; Perri, 2003; Phillips, 1993; Phillips, 2004), and for this reason the contribution of a symbolic constructivist study about therapy using ego state therapy constructs may be useful. For a similar reason the contribution of a symbolic constructivist study about therapist development may seem useful.

Delimitation within Complexity

De Botton quoted in Hoogland (2004, p. 55) mentions that “we all impose such ‘grids of interests’ on the places we live, that prevent us from seeing whatever is excluded in our grid”. This quotation illustrates the possible usefulness of highlighting potential alternative meanings and understandings that may go beyond the grid of understanding used in a particular context, such as a therapy process or undertaking research. This idea plays a key role in the study, and I hope that a sense of openness to different alternatives is communicated in the content as well as in the way in which this study unfolds.

However, this openness to alternatives does not seem useful if it becomes all-encompassing. Every text, according to Iser (1998), draws from “a variety of social, historical, cultural and literary systems that exist as referential fields outside the text” (p. 2). Demarcating the scope of the study therefore becomes relevant, and I had some difficulty in defining that scope amidst ideas from different theoretical fields that all seem to have bearing in some ways on each other. Suddenly an intricate spider’s web of possible connections loomed everywhere!

The respective theoretical fields of social constructionism, ego state theory and therapy, therapist development, artistic inquiry and symbolic constructivism from which ideas in this study have been drawn appear vast and complex. Therefore, for the purposes of this study only ideas, as I understand them from very small segments within these fields, are explored as those ideas seem relevant to the study. This exploration is carried out on the understanding that these ideas are not seen as disembodied from the theoretical framework of meaning in which they are embedded (Safran & Messer, 1997).

The next chapter contextualises the ideas in the dissertation in terms of theory, as well as tracing how the issues explored in the dissertation unfolded for me as a therapist in training.

CHAPTER 2

"NICE GRAND WORDS": THE THEORETICAL CONTEXT

Down, down, down. Would the fall never come to an end? "I wonder how many miles I've fallen by this time?" she said aloud. "I must be getting somewhere near the centre of the earth. Let me see: that would be four thousand miles down, I think--" (for, you see, Alice had learnt several things of this sort in her lessons in the school-room, and though this was not a very good opportunity for showing off her knowledge, as there was no one to listen to her, still it was good practice to say it over) "-- yes that's about the right distance -- but then I wonder what Latitude or Longitude I've got to?" (Alice had not the slightest idea what Latitude was, or Longitude either, but she thought they were nice grand words to say.)
(Carroll, as cited in Gardner, 2001, p. 14.)

Alice's use of 'nice grand words' without really knowing what they mean mirrors to me something of my own struggle as a fledgling therapist negotiating meaning between different theoretical paradigms and ideas pertaining to therapy without experiencing epistemological clashes. By the latter term I refer to eclectically using different therapeutic techniques at the same time without reference to the theoretical context from which they originate. In this chapter I hope to present the ideas in the dissertation in a theoretical context, as well as to track the way in which the issues explored in the dissertation unfolded for me as a therapist in training.

Different worldviews underlie different theories of therapy; and their techniques, constructs and ideas originate from within that particular worldview (Corey, 2001). These techniques and so forth have a particular meaning as defined by that theory, and can be described as logically coherent within the worldview underlying that theory.

Safran and Messer (2004) describe this idea as contextualism, which involves psychotherapeutic concepts, techniques and interventions being embedded in specific theoretical and ideological frameworks, within which their meaning is understood (Safran & Messer, 1997). A therapeutic construct, technique and intervention therefore do not represent a disembodied procedure but intricately refer back to the original framework of meaning situated within a specific discourse (Safran & Messer, 1997).

Mahrer, as cited in Richert, (2006) describes theories of psychotherapy as embedded within parent theories of personality that make certain assumptions about human function and dysfunction, among other aspects. These assumptions have a

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pervasive effect in constructing ideas and concepts used in the theory, as well as in the kinds of explanations of human behaviour that the theory supports. Arbitrarily cutting the techniques, concepts and interventions from their original context and pasting them into an eclectic therapy may alter their meaning (Safran & Messer, 1997) and contribute to a possible epistemological conflict. An epistemological clash therefore occurs where techniques from diverse theories of therapy underscored by different worldviews are used although the underlying worldviews may not be compatible in their basic premises. Richert (2006) suggests in this regard that using therapeutic techniques and interventions outside of the theoretical context from which they originated may do “intellectual violence to the meanings of the various theories” (p. 87).

On the other hand, contextualism does not necessarily call for following an either/or approach (Auerswald, 1987) to therapy, and the idea of pluralism in therapy may help facilitate a both-and approach. Pluralism in therapy points to a number of equally valid possible theoretical, epistemological and methodological approaches that are not mutually exclusive (Safran & Messer, 1997). This idea correlates with Hoffman’s stance as cited in Hoyt (1998), regarding continually fluid and changing realities that become constructed in people’s languaged ways of defining, perceiving or knowing these realities. Different terms, ideas, theories and techniques therefore function on the same level (in describing a certain reality) as social artefacts constructed through historical interchanges between people (Gergen, as cited in Hoyt, 1998).

However, Vorster (2003) mentions that doing therapy in an eclectic way “may not provide a logical basis for moving from one theoretical frame to another” (p. 116). My intention is not to devalue eclectic therapy, but rather to reflect on my process as a beginning therapist in attempting to negotiate an alternative that may allow using techniques in ways which take the underlying paradigms into account. The challenge for me as developing therapist therefore seems to lie in finding a logical basis for using therapeutic techniques and ideas from different theoretical frameworks. In this regard, I find the idea of negotiating the interfaces between the theoretical frameworks useful.

In reflecting on how the idea of negotiating interfaces fits into my therapeutic development, it may be useful to take into account how these ideas about theoretical frameworks originated for me. This process of negotiation seems to have started

during my first year of masters' level academic training where our counselling training group attended psychodiagnostics classes together with the clinical psychology training group. From my understanding, the clinical group was being trained in a psychodynamic theoretical perspective, while our counselling group's theoretical training primarily involved a social constructionist paradigm. Although the class which both groups shared was presented as an atheoretical psychodiagnostics class, the discrepancy in the way I perceived people from different training contexts answering questions concerning the class content gave rise to my curiosity about negotiating interfaces between theoretical frameworks.

Juggling Paradigms or Useful Tools from a Toolbox?

My early attempts at negotiating theoretical interfaces actually did not involve much negotiation! I simply started off by cutting and pasting ideas, theories and techniques from different paradigms together eclectically, using the jargon of whichever particular paradigm, depending not only on who was listening but especially on who was allocating marks. So I began framing ideas from a psychodynamic paradigm in social constructionist language without really reflecting on how these might translate pragmatically, or how these might influence a therapeutic process. This experience felt as if I was juggling paradigms; playing an uncomfortable language game of trying to legitimise one theoretical approach in the language, terms, concepts, and ideas of another. In retrospect, the experience of juggling paradigms seems to have included the subtext of my negotiating an identity as therapist – a continuing process that involves themes of legitimacy as a person and as a therapist and the boundaries between these.

My reflections on theories as described above also translated practically into my approach towards doing therapy, although therapy with Elle started after my initial 'cut and paste' phase. My approach to therapy with her reflects ideas about negotiating theoretical interfaces related to therapy from the position of a therapist in training. These interfaces involve using contextually useful therapeutic techniques such as ego state therapy originating from Federn (Malmo, 1990; Frederick & Philips, 1995a; Hartman & Zimberoff, 2003) within a social constructionist paradigm or way of thinking about therapy. In an attempt to find alternatives to juggling paradigms, I hope that my approach to Elle's therapy may rather evoke an image of a therapeutic toolbox

containing therapeutic tools that may be used and discarded depending on the therapeutic process and especially on the therapeutic relationship: provided that the tools – in this case, ego state therapy – fit in some way with working from a social constructionist perspective: the toolbox.

Bottella's constructivist proposal as cited in Vorster (2003) for a theoretical integration involves integration on different hierarchical levels such as a meta-theory. Although this idea of hierarchical integration may be useful depending on the context, I prefer the description of theories (from which different therapeutic techniques originate) as stories (Richert, 2006). This description of theories as stories also includes social constructionism as an equally valid story. Describing theories as stories may allow them to co-exist on the same level.

Each of these theory stories can be described as constructing a particular reality for its authors and followers (Richert, 2006). Richert (2006) maintains that these realities constructed by theories involve descriptions of human nature, motivation, behaviour, definition and causes of problematic behaviour, as well as how change comes about. Viewing the theories as stories respects and retains the uniqueness of the reality that each story constructs (Richert, 2006).

The notion of theories as stories relates to the previously mentioned ideas of contextualism and pluralism, which may help to describe ways of integrating useful therapeutic techniques within a social constructionist framework of thinking about therapy (Safran & Messer, 1997) without necessarily framing social constructionism as a metanarrative (Viljoen, 2004). I view the ideas of contextualism and pluralism as allowing the theoretical stories to co-exist on the same level as stories, whereas the idea of one story as a metanarrative may imply hierarchical integration.

Because the stories describe different realities, it becomes important to reflect on the specific kind of reality that each theory story constructs. Richert (2006) describes reflection as particularly relevant in terms of the effect of this reality on people's lives, especially in therapy. The different kinds of realities constructed by theory stories may have potential limiting or liberating effects for the client. Therefore, reflecting on the kind of reality that is constructed and the effect of this reality in the client's life, as well as on the fit of the theoretical framework with the therapist, the client, and the therapeutic relationship (Richert, 2006), may help to decide the usefulness of that particular reality in that specific therapeutic context. The ideas represented by the metaphor of juggling paradigms versus that of using tools from a

toolbox from my understanding may therefore also have implications for an ethical, accountable and responsible way of doing therapy.

Some Ethical Implications

According to Hoffman (1992), people's sense of identity becomes constructed in conversation with others (Hoffman, 1992). Neimeyer (2002) underscores a similar idea regarding the construction of a sense of self in saying that "we conserve, and even create a sense of self through dialogue with intimate, and sometimes anonymous others, who call forth, validate, or challenge particular versions of who we are (p. 52)". Therapy therefore becomes a powerful context that contributes toward shaping people's identity. Shotter as cited in Neimeyer (2002) links the dialogical construction of identity with individual action, as people "act into opportunities offered them" (p. 52). In summary, the therapy context therefore seems to represent a potentially powerful influence on people's construction of self as well as on how they live in congruence with that construction.

Neimeyer (2002) mentions that this understanding of identity as conversationally constructed carries implications for doing accountable and responsive therapy. Working in an ethical manner therefore becomes imperative. Freedman and Combs (1996) and Snyman and Fassler (2004) add that an ethical way of working in therapy includes assuming responsibility for whatever is used or undertaken during therapy, as well as being aware of the possible impact thereof on the client and the therapeutic relationship.

Furthermore, continual reflection on the effect of therapeutic practices on people's lives may help a therapist maintain an ethical stance in therapy. This reflection involves evaluating and questioning of the therapists' assumptions about clients, problems and therapy because the assumptions and language used in therapy help define the reality that is being co-constructed (Freedman & Combs, 1996). Although certain reflections on my stance in therapy and my assumptions about Elle, the problems she brought to therapy and the therapeutic process that followed are integrated into parts of the theoretical discussion, further exploration of these assumptions follows in Chapter 4.

Inviting the client's perspectives in these reflections may contribute towards a therapeutic relationship based on openness and transparency (Snyman & Fassler,

2004) and empowers clients to have an explicit voice in their therapy. Such a therapeutic relationship based on openness and transparency therefore helps to make the power relations in therapy more egalitarian (Snyman & Fassler, 2004).

Transparency in the therapeutic relationship also refers to the therapist's positioning, stands and practices concerning therapy and likewise addresses the issue of power relations in therapy (Freedman & Combs, 1996).

Pragmatic Considerations

Finding myself now somewhat further removed in time from my initial confrontation with confusing paradigms, and perceiving myself not to be under the same level of academic scrutiny any more, I am wondering whether these issues about paradigms and theories still matter that much.

One answer may be that although I am not being evaluated any longer on my understanding of difficult theories, the way in which I think about what I do in therapy influences what happens in therapy in a reciprocal fashion. This introduces for me the idea of a pragmatic orientation to the issue concerning the simultaneous use of different theoretical approaches.

I perceive a pragmatic orientation towards the issue of using different techniques from different theories alongside one another as a potential safeguard against intellectual navel-gazing or wordsmithing that does not make any particular contribution towards further understanding or pragmatic use (Gergen & Gergen, 2000). Then I might as well be using Alice's "nice grand words" (Carroll, as cited in Gardner, 2001, p. 14) without any useful practical application.

Hence, employing a pragmatic orientation to the issues of using techniques deriving from the different theories mentioned, I refer to how this may translate practically into a therapeutic process, such as Elle's therapy process. As mentioned, using different techniques from different theories may have ethical implications. I view the practical application of the theoretical issues mentioned therefore as potentially leading to implications for the client as well as for the therapist's own therapeutic development in thinking about therapy.

I find Anderson's idea as cited in Hoyt (2000) of using therapeutic techniques or tools that fit with the experience of the client and that prove useful in that particular context with that particular client, useful as a guideline in thinking about therapy.

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Richert (2006) describes a similar approach to using therapeutic tools that can be constructed as a fit between the client's life story and the ideas of human functioning incorporated in the underlying theory. Consequently, making use of ego state therapeutic techniques in Elle's therapy seemed useful because some of the ego state therapy ideas appeared to resonate with Elle's life story and the story she brought to therapy.

Furthermore, the way in which I aimed to present ideas from ego state therapy to Elle involved unpacking (Du Preez, 2004) what ego state therapy means as a therapeutic tool, not as an absolute reality. I explained the idea of ego state therapy as a possibly useful metaphor to Elle. I presented ego state therapy such ideas to Elle not as absolute entities or realities, but as words that might help us tell part of her story in a different, hopefully useful, way. Elle, being the judge of the usefulness of the different story for her present life, seemed interested in exploring how ego state therapy might work for her.

In conclusion, whereas the preceding section of this chapter involves contextualising the part of this study that refers in particular to my therapeutic development in how I came to reflect on therapy and the place of theory in therapy, the following section continues along the avenue of describing the theoretical context of the study. This part of the theoretical context of the study involves describing social constructionism with reference to therapy as well as relating these theoretical ideas to Elle's therapy.

Advice from a Caterpillar: Defining Social Constructionism

The Caterpillar and Alice looked at each other for some time in silence: at last the Caterpillar took the hookah out of its mouth, and addressed her in a languid, sleepy voice. 'Who are you?' said the Caterpillar. This was not an encouraging opening for a conversation. Alice replied, rather shyly, 'I--I hardly know, sir, just at present-- at least I know who I WAS when I got up this morning, but I think I must have been changed several times since then.' 'What do you mean by that?' said the Caterpillar sternly. 'Explain yourself!' 'I can't explain myself, I'm afraid, sir' said Alice, 'because I'm not myself, you see.' 'I don't see,' said the Caterpillar.

(Carroll, as cited in
Gardner, 2001, p. 49.)



Alice's encounter with the caterpillar revolves around him asking her to define herself. However, no

single definite answer to his question seems possible. In attempting to find the definition of social constructionism, I encountered a similar difficulty.

Defining the social constructionist paradigm does not necessarily entail one singular definition, but may involve multiple constructions of this idea (Edley, 2001; Du Preez, 2004; Viljoen, 2004). De Koster, Devisé, Flament and Loots (2004) consider social constructionism as an epistemology indicating a type of philosophy of knowledge, rather than an explanatory theory. Rorty (1980) defines epistemology as the study of the origin, nature and boundaries of knowledge, which signifies that social constructionism acts as an orientation to constructs of knowledge and describes the processes whereby people generate meaning together (Du Preez, 2004; Gergen & Gergen, 2004).

Descriptions perform an important constructive function according to Edwards, as cited in Edley, (2001) in bringing ideas into being as the substance or material of our understanding. Stam (2001) notes that the particular description of social constructionism that is used often relates to the author's aims in using that definition.

In the context of this dissertation, this conveys to me that whichever description of social constructionism I use will be dependent on what I want to do with the description, and my using that description will bring social constructionism into being as I understand it.

A description of social constructionism as epistemology (Edley, 2001) fits my purpose of exploring some implications of social constructionism for therapy, and specifically the idea of social constructionism as a framework for thinking about therapy. A framework can be defined as a set of rules or guidelines that determines how that set of rules or guidelines operates, according to the *Collins Plain English Dictionary* (Sinclair et al., 1996).

However, before embarking on an exploration of social constructionism as a framework for thinking about therapy, it seems useful to include some ideas on the parent movement loosely referred to as postmodernism that gave rise to social constructionism (De Koster et al., 2004; Du Preez, 2004).

Postmodernism and Social Constructionism

Lacking the context of Alice meeting a smoking, talking caterpillar curious about who she is, the questions about Alice's identity in the abovementioned excerpt would not make sense. Similarly, a brief discussion of the postmodern movement may therefore help construct a broader context for talking about social constructionism.

In much the same way as attempting to define social constructionism, pinning a precise definition on postmodernism again proves an elusive endeavour. This may be the case partly because of the complexity and vastness of meanings that the construct of postmodernism calls into being, and owing to the idea that postmodernism per se largely defies definition (Higgs & Smith, 2000). A *description* of postmodernism, on the other hand, emphasises complexity and a multifaceted situation and tends toward elaboration, rich descriptions, eclecticism and inclusiveness (Doherty, 1991). Social constructionist ideas also seem to share an emphasis on many of these same aspects.

One description of postmodernism as a movement expressing itself in general culture mentions features such as a challenging of conventions, tolerance of ambiguity, emphasis on diversity, revelling in change and innovation and an emphasis on the multiplicity of truth (Beck, 1993). These features marking expression of the postmodern movement can be constructed as also finding expression in social

constructionist ideas. Postmodernity both as a mind-set and a temporal specifier (indicating a period in time following modernism) functions as the cultural backdrop against which postmodernism takes shape (Sey, 2006), and creates a context for the evolution of social constructionist ideas (Parry & Doan, 1994).

As mentioned, no single true definition of postmodernism exists. It may therefore be more useful to describe postmodernism as a broad construct encompassing a variety of different approaches that contrast themselves with the basic ideas of logical coherence and rationality found in the Enlightenment or modernism (Sey, 2006). In line with the idea of a contrast between modernism and postmodernism is the view that postmodernism represents a reaction to modernism (Adams, 1997). However, this idea may be an oversimplification of the relation between modernism and postmodernism. Another perspective is McGowan's view as cited in Beck (1993, What is Postmodernism section 2, para. 4, n.p.) stating that the "postmodern and modern cannot be distinguished from each other temporally... they exist simultaneously, referring to two different responses to modernity". This remark also correlates with one of the aims of this dissertation: that concerned with negotiating interfaces between using social constructionism (associated with a postmodern paradigm) as a framework for thinking about therapy, as well as using therapeutic techniques originating from a paradigm (the psychodynamic paradigm) frequently associated with a modernist perspective (Avis, 1999).

In summary, postmodernism therefore may indicate both a state of mind and a way of being (Adams, 1997). Postmodernism represents a movement away from representing or reflecting reality, to a more self-conscious experimental approach where the role of language in the construction of meaning is highlighted (Sey, 2006).

The basic premises of postmodernism include the following:

1. An emphasis on interconnectivity, relativity, uncertainty, ambivalence, unpredictability and previous certainty, making space for change (Snyman & Fasser, 2004).
2. Moving away from linear, reductionistic, mechanistic and absolutist explanatory paradigms, and moving towards non-linear, holistic, non-summative, relative, and multiple realities (Snyman & Fasser, 2004).
3. Ideas of decentralisation, heterogeneity, locality and flexibility. These ideas contribute to the recognition of how social and cultural

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metanarratives operate in shaping reality (Parry & Doan, 1994; Snyman & Fassler, 2004). This means, for example, that because people are different and live different constructions of reality, one explanation (for example a particular metanarrative about normal behaviour) that claims to be valid for all people over all time in all contexts does not seem useful or relevant for all people precisely because of its centralised, homogenised, globalised and rigid assumptions about people.

4. Multiple, equally valid perspectives concerning truth. Talking about many truths also means that truth is not described as a single, universalised transcendental reality (Sey, 2006).
5. Multiple, equally valid truths therefore facilitate a shift in emphasis from uncovering truth and facts to an exploration of significance and meaning (Snyman & Fassler, 2004), for example in some social science research genres (Sey, 2006).
6. A self-reflexive attitude that acknowledges the contribution of the observer in constructing the object of its observation (Snyman & Fassler, 2004).
7. An orientation towards process rather than product (Du Preez, 2004).
8. A focus on power dimensions that influence processes whereby reality becomes constructed (Higgs & Smith, 2000).

Social Constructionism: Epistemology and Ontology

As previously mentioned, postmodernism can be described as forming a context for the evolution of a body of related ideas called social constructionism (Du Preez, 2004). A description of social constructionism as epistemology (Edley, 2001) in terms of my understanding is set out below. An exploration of epistemic descriptions of social constructionism in this study may be relevant to considering how thinking in an epistemic way about therapy may have carried over into Elle's therapy.

Edwards, as cited in Edley, (2001) makes a distinction between the ontological and epistemic forms of social constructionism. Descriptions of ontological forms of social constructionism involve making claims about the actual reality of the world, whereas epistemological descriptions of social constructionism emphasise the role of language in the process whereby reality becomes constructed (Edley, 2001). This

implies that saying for example, there is nothing outside of the text, does not imply making an absolute truth-claim about reality, but rather emphasises that how and what we know is via language (Edley, 2001).

Adhering to the idea of an epistemic description of social constructionism, this description of social constructionism is process-oriented in that it helps to clarify the processes of how people know, by recognising the social, relational and cultural discourses that participate in the knowledge construction process (Du Preez, 2004). This relates to Chang's (1998) suggestion that social constructionism operates on a variety of different levels which include macro levels involving societal discourses such as therapy and trauma, as well as micro levels involving individuals', families' and therapeutic relationships' interactional patterns that may "cocreate or erode meanings of events" (Chang, 1998, p. 252).

I understand an epistemic description of social constructionism as entailing certain assumptions regarding how reality is constructed (Freedman & Combs, 1996), which include the role of language as an interactive process in constructing reality (Hoyt, 1998); the idea that our ways of understanding are dependent on culture and context, and the way that we understand our reality shapes our response to it (Houston, 2001). Although much can be said about descriptions of epistemic forms of social constructionism, I aim to provide a brief summary of my understanding of this construct in the following paragraphs.

An epistemic description of social constructionism views reality as embedded in and arising through social interaction over time (De Koster et al., 2004; Freedman & Combs, 1996). People construct reality in their daily lives, in their talking and living together. The reality constructed in these continuous interactions between people functions as an evolving set of meanings as a way to create, adapt, maintain and disseminate what society views as truth, reality and meaning (Freedman & Combs, 1996). Language therefore plays a central role in this social interaction as medium for the interactive construction of meaning and reality (Hoyt, 1998).

A focus on language as such a medium means that language functions as an interactive process between people, constituting a shared system of communicative symbols (Hoogland, 2004). Agreement on the meaning of communicative symbols implies agreement on descriptions, which in turn signifies agreement on the reality that is constructed (Freedman & Combs, 1996).

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The act of communicating, speaking or languaging is by implication active and biased in that each act of languaging constructs a particular personalised reality (Freedman & Combs, 1996). Language proceeds by means of consecutive agreements that guide the participants' perceptions towards constructing particular realities and not others (Freedman & Combs, 1996). The way words or language are shared helps to accord legitimacy to the particular reality constructed through language. Legitimation in turn tends to lead to the reification of particular constructs and worldviews (Freedman & Combs, 1996).

Because languaging occurs in a particular context, the way people construct reality is culturally and historically specific (Houston, 2001). Consequently the meaning of reality is dependent on the context in which it is constructed (Houston, 2001) for the people involved in the process of construction. Historical and cultural discourses play an important part in the construction process as sense-making frameworks. The latter in turn call to attention the power dimensions underscoring these discourses (Du Preez, 2004), which also creates a context for the legitimation and reification of particular realities.

Drewery and Winslade (1997) define a discourse as a system of statements or stories that constructs meaning of the world. Discourses are coherent systems of ideas expressed and constructed in language that constructs the object they refer to (Terre Blanche, Durrheim & Kelly, 2006). These definitions of discourse correlate with Foucault's definition as quoted in Terre Blanche, Durrheim et al. (2006): "discourses are practices that systematically form the objects of which they speak" (p. 333). Discourse implies certain positions in patterns of relationships with others and may often perform a regulatory function (Drewery & Winslade, 1997), which again refers to the power dimensions that underlie discourses. According to Chang (1998), an awareness of discourses creates a context that may inform therapy on a macro as well as a micro level by highlighting social constructions which possibly represent supporting patterns and worldviews, influencing and in effect constructing the problem.

Another aspect of an epistemological description of social constructionism involves a discomfort with claims of essential structures within the society and the individual (Hoffman, 1992; Houston, 2001). This issue again involves theories making epistemological versus ontological claims. Social constructionism as epistemology is concerned with the processes whereby people construct knowledge, whereas an

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ontological stance (in any theory) is concerned with defining absolute realities. An epistemological description of social constructionism therefore describes processes whereby people agree on descriptions and thereby construct what they are agreeing on.

Freedman and Combs (1996) describe reality as being coherently organised and maintained through stories or narratives. Reality is seen as subjective, personal, multiple as well as fluid rather than external, absolute, and fixed. Knowledge, or what is perceived as real and true, occurs between people (intersubjectively constructed) and changes itself in each interactional moment (Hoffman, as cited in Freedman & Combs, 1996). These narratives or stories do not possess meanings waiting to be discovered, but rather refers to the way meaning-making occurs through stories in interaction with other people. Meaning is embedded in these stories as an integral part of the sense-making process in people's lives (Freedman & Combs, 1996; Hoyt, 2000), which in turn makes multiple equally valid interpretations or constructions of experience possible (Freedman & Combs, 1996).

These storied realities seem to intricately refer back to people's lives, not only in their ideas about their lives, but also in their lived reality. Houston (2001) mentions that the way people understand and construct their reality (story) shapes their response to that reality, which suggests a link between people's constructed reality and their actions which perform and maintain that reality (Houston, 2001).

In summary, an epistemological description of social constructionism is primarily concerned with the processes whereby knowledge (reality) is constructed. These involve language, context and relationship. Construction of reality is therefore not an intrapsychic process; but an interactional, social process situated within broader cultural and societal discourses. By means of the legitimation and reification of particular realities, discourses powerfully influence which of the many possible realities become constructed. The constructs of discourses and the processes of legitimation and reification therefore also bring to mind the power dimensions that underlie these discourses.

Implications for Therapy

The implication of an epistemic description of social constructionism with regard to therapy that uses techniques from other theories can be summarised

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according to Hoffman's description of the interplay between the social constructionist orientation and other therapeutic styles as quoted in Hoyt, (1998, p. 3):

Many styles of doing therapy that would otherwise compete can crowd together under its [social constructionism] broad rim, as long as their practitioners agree that all therapy takes the form of conversations between people and that the findings of these conversations have no other 'reality' than that bestowed by mutual consent.

Hoffman's argument, as recorded above, seems to correspond to some extent to Gergen's (1998) view on the same topic. Gergen describes therapies typically described as modernist, such as psychoanalysis, cognitive therapy and behaviour modification, as contexts for the generation of meaning, which may provide useful tools in constructionist-oriented therapies. Applied to the theoretical underpinnings of Elle's therapy, ego state therapy therefore may act as such a tool in helping to generate meaning within a social constructionist way of thinking about therapy (the toolbox).

On the other hand, because Elle did not initially arrive in therapy talking about her ego states, it seems important that distinctions be made concerning how Elle and I participated in co-constructing conversation during therapy (Anderson & Levin, 1998). These distinctions refer to which person brought what ideas to therapy. A further element of working from a social constructionist paradigm, namely self-reflexivity (Du Preez, 2004), is emphasised by making this distinction and being mindful of the implications this may hold for the therapeutic relationship and especially for the particular reality that is constructed. This attitude and practice of self-reflexivity in turn acknowledges and informs the ethical basis of therapy (Snyman & Fassler, 2004).

Making it Practical

Situating myself, and finding myself situated, in the position of a fledgling therapist trained primarily within a social constructionist perspective, I am still trying to negotiate a fit between the tools and the toolbox. Du Preez's (2004) idea of social constructionism as an orientation towards constructs of knowledge within the discourse of psychology emphasises the process rather than product (an orientation

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that describes processes whereby realities become constructed) resonates to an extent with the way in which I constructed my training experience, that in turn helped shape my thinking about therapy.

Developing a process-oriented way of thinking (Lax, 1992) that is mindful of, and informed by, content, presented to me a central idea of how I make sense of my growth as a therapist in training. For me this process conflicts with what would have been the more comfortable – although perhaps disembodied – notion of ‘give me a ten-step plan of how to do therapy’. As a subtext to the above-mentioned, the personal narrative of the development of my identity as therapist, versus the role of the therapist being dissociated from the person of the therapist, also comes into play. The idea of dissociated aspects of myself as therapist seems to mirror some of the dominant constructs of dissociation and ego state therapy in Elle’s therapy.

My description of the therapeutic approach I used during Elle’s therapy draws on Friedman’s ideas as cited in Hoyt, (1998) regarding a social constructionist orientation to therapy, as listed below. Although these ideas seem useful in describing aspects of such an orientation to therapy, I do not see them as representing a fixed set of principles. Rather they emphasise the meaning-generative processes within therapy (Gergen & Gergen, 2004).

Reality as socially constructed. A social constructionist orientation to therapy describes reality as socially constructed. This means that reality concerns evolving sets of meanings that continually proceed from the interactions between therapist and client (Anderson & Goolishian, 1992). These meanings do not exist as absolute realities, but form part of a general flow of constantly changing narratives or stories between people (Hoffman, as cited in Hoyt, 1998). Therapist and client co-construct meanings through conversation, an idea which also refers to language as a shared medium for the construction of reality and not as the carrier of meaning (Agger, 1991).

When viewed in terms of Elle’s therapy, the language of ego state therapy that I introduced there constructed a reality that acknowledges ego states, what they help with, what they mean, and what they do. In this sense ego states do not refer to essential psychological processes within Elle’s mind waiting to be discovered, but rather to aspects of how Elle and I define and talk about the therapeutic reality that we co-constructed.

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Reflexivity. A social constructionist orientation emphasises the reflexive nature of the therapeutic relationship. Reflexivity can be understood as “ideas which fold back on themselves” (Lax, 1992, p. 75). Reflexivity may therefore refer to any meaning-generating system that describes itself as the object of its observation. In therapy with Elle, she and I would reflect on the therapy content that involved ego state therapy and hypnosis. It seemed to me that reflecting on the content of therapy during sessions often helped facilitate conversations about the therapy process as well. By ‘conversations’ in this sense I refer to Lax’s (1992) idea of talking about the therapeutic relationship, what seems to be happening between therapist and client, the effects of what is happening interpersonally, as well as how this interpersonal process correlates to the client’s life outside of therapy. Hoffman (1992) also relates the idea of reflexivity in the therapeutic relationship to a partnership that emphasises equal participation by both parties in the continually unfolding process of meaning construction.

Conversations about the therapy often helped us realise that at times the therapeutic relationship seemed very different from Elle’s other relationships in terms of process, but at other times we found that the interpersonal process seems to mirror much of what Elle appears to experience outside of therapy as well. During the conversations about the interpersonal process of the therapeutic relationship being different from other relationships, we started exploring Elle’s resources, skills and strengths which had helped her to relate differently during that particular session, as well as to begin tracking evidence of these strengths outside of therapy. The conversations we held about processes in therapy that appear to mirror what Elle seems to be experiencing outside of therapy helped me bring to the conversation a sense of empathy for her dilemma – which sometimes facilitated a change in the interpersonal process.

Power distinctions. Another important feature of a social constructionist therapeutic orientation involves the idea of power distinctions in relationships and of how this power contributes to the particular reality which becomes constructed. In Elle’s therapy, I hoped to develop an awareness of these power distinctions. An egalitarian positioning in therapy may help create a context for an empathic and respectful therapeutic relationship, which I consider an important part of the therapeutic approach I used with Elle. However, I find it rather challenging to become

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aware of power and how it operates at each specific moment in a therapeutic process, especially because I perceive power dynamics as often presenting themselves in the unexamined and taken-for-granted. Reflecting on and questioning the assumed, the unexamined, and the taken-for-granted therefore represent a continuous process – affecting not only the job of therapy, but particularly my identity, which includes that of being a therapist.

Friedman, as cited in Hoyt (1998), considers an awareness of power distinctions to be useful in facilitating a more egalitarian positioning (as opposed to a hierarchical one) in therapy between client and therapist as regards the ideas offered. In Elle's therapy, I brought the idea of ego state therapy to the relationship, whereas Elle used ego state ideas in ways that constituted a better fit for her. This meant in practice that instead of adhering exclusively to the ego state therapy model which involves activating dissociated ego states through hypnosis and facilitating conversation with the ego states (Watkins, 1993), Elle's primary way of ego state communication seemed to be largely non-verbal via pictures, images, and visual descriptions. Instead of saying an ego state was feeling hurt, she would for example describe the ego state as looking physically wounded and as bleeding. Many of these symbols and their meaning seemed to remain consistent throughout the therapy; for example, flying consistently seemed to communicate a sense of freedom and joy for Elle. However, as therapy progressed the communication of other symbols seemed to alter accordingly, for example bleeding wounds turning into scars, an ego state's blood red hair lightening to blonde, and images of darkness becoming lighter, for example windows opening in dark rooms.

Exploring previously unacknowledged alternatives. Exploring previously unacknowledged alternatives in the client's story is another important feature of a social constructionist therapeutic approach. In Elle's therapy, the use of ego state therapy language helped facilitate alternative descriptions of previously unacknowledged possibilities: for example the idea that all ego states have a helping function in some way (Frederick, 2005). In this way, symptoms that are often labelled as pathological, such as bulimic behaviour, can also be constructed as resources, for example as a powerful message concerning purging emotional pain. Although in this instance the means used in getting rid of pain seems destructive at first glance, the intention underlying this action may be constructed as life-affirming and survival-

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oriented (Schwarz, 1998). Exploring previously unacknowledged alternatives in terms of ego states and how they help Elle may also include investigating possible exceptions to the current problematic expression of an ego state's helping function (Schwarz, 1998), such as, for example, exploring a time when the ego state helped Elle deal with pain in a way that did not involve binge-purge behaviour, as well as considering how that alternative way of helping differs from the problematic means of doing so.

An orientation towards the future and optimism about change. An orientation towards the future that is optimistic towards change forms an important part of a social constructionist way of working in therapy. In relation to the abovementioned example, ideas from ego state therapy which I applied in Elle's therapy also helped facilitate an orientation to the future and optimism towards change. Because ego states are constructed to carry out a helping function, the possibility exists that the way in which the ego states help Elle may change from destructive to more enabling ways. Therefore, instead of helping Elle deal with emotional pain by binge-and-purge behaviour, other alternative ways of dealing with painful emotions may be explored, as mentioned above. The function of the ego state therefore remains the same (coping with pain as well as offering life-affirmation and survival on an intentional level), although the way this function is expressed is different. This change in function therefore becomes co-constructed through conversation in therapy, not 'pasted on' by the therapist.

Therapeutic goals. A social constructionist therapeutic orientation describes goals in therapy as co-constructed and the direction of therapy as negotiated. In Elle's therapy both Elle and I helped in constructing the therapeutic goals which seemed rather fluid and dynamic in that they changed as the therapy process developed. In reflecting back on the process of constructing therapeutic goals, it appears to me that at times goals were explicitly constructed, revised, or both; while at other times the goals seemed to change themselves in the flow of the therapeutic process, depending on what was happening at that moment.

Identifying and developing strengths and resources. Identifying and developing the clients' strengths, competencies and resources forms part of a social

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constructionist way of working in therapy. In Elle's therapy, for example, she used her artistic abilities in a very powerful way to give shape to experiences with which she had difficulty dealing. She therefore discovered and used a visually artistic voice in expressing difficult matters when her audible, verbal voice had trouble finding words.

Language of pathology. A social constructionist therapeutic stance emphasises avoiding language that constructs and reifies pathology and dysfunction. Language that does so may contribute toward the client being placed in a position of reduced agency in her life. On an interpersonal process level, the use of psychological jargon may create distance and maintain hierarchical positioning in therapy.

Although labels such as bulimia and dissociation were used to an extent in Elle's therapy, the construct of dissociation was described according to Frederick's (2005) description that involves dissociation being a creative coping strategy. Describing dissociation accordingly constructs it not as a deficit but as a resource, and links it with the ideas of finding client's resources, as well as of helping to create a respectful relational context with the client. It therefore seems to me that the manner in which labels such as bulimia and dissociation are used may impact on the therapeutic context in determining the meaning of the label, and thus in effect constructing the label itself. This constructed meaning in turn may have limiting or liberating possibilities because of the links between people's constructed reality and their actions which perform and maintain that reality (Houston, 2001).

Sensitivity to methods and processes. Friedman's list as cited in Hoyt, (1998), concludes by highlighting the therapist's sensitivity to the methods and processes used in the therapeutic conversation as part of a social constructionist way of working in therapy. I view developing such sensitivity as a continuous process of growth, rather than as a goal in itself. Reflexive practices may facilitate this process of development both during and outside of therapy.

This idea of developing a sensitivity of this nature is linked to one of the aims of this dissertation, which is to furnish a process-oriented account of personal therapeutic development. Accordingly, I see the process of writing this dissertation as constituting a reflexive act in itself regarding Elle's therapy.

To sum up, the preceding section encompasses a discussion of social constructionism and its relation to postmodernism, as well as a description of social constructionism and the implications for therapy as illustrated by means of Elle's therapy. The final part of describing the theoretical context of the study involves exploring ego state theory and therapy in relation to social constructionism: illustrated by means of examples from Elle's therapy as I understand it.

Down the Rabbit Hole: The Language of Ego State Therapy

...Alice started to her feet, for it flashed across her mind that she had never before seen a rabbit with either a waistcoat-pocket, or a watch to take out of it, and burning with curiosity, she ran across the field after it, and was just in time to see it pop down a large rabbit-hole under the hedge. In another moment down went Alice after it, never once considering how in the world she was to get out again.

(Carroll, as cited in Gardner, 2001, pp. 11-12.)



Alice's adventure began with her following the white rabbit down the rabbit hole, leading her into Wonderland. In Alice's story, the rabbit hole functions as a gateway to Wonderland. It not only provided access to Wonderland, but may also assist in constructing the idea of Wonderland. In much the same way, the language of ego state therapy functions as the medium that helped

construct a certain reality involving ego states in Elle's therapy. However, the use of ego state therapy language and ideas takes place from the standpoint that the language and ideas do not denote any fundamental psychological process or manifestation (Viljoen, 2004) in both the therapy and the study.

Ego state theory: Basic Constructs

In this section the basic constructs of ego state theory are described. Ego state theory provides a framework for understanding ideas regarding ego state therapy, some of which are illustrated by means of examples from Elle's therapy as I understand it.

As previously mentioned, I used techniques and ideas from ego state therapy while working from a social constructionist stance in Elle's therapy. Although an extensive comparison between the social constructionist theoretical framework and the psychodynamic paradigm underlying ego state theory (Frederick, 2005) is beyond the scope of this dissertation, I hope to describe issues relevant to Elle's therapy from the viewpoint of both theoretical frameworks. By including references to the theoretical viewpoints as well as practical examples from Elle's therapy, I hope to illustrate part of the process of how I negotiated an interface between the social constructionist and psychodynamic paradigms which was relevant to her therapy.

Personality as Polypsychic: Ego State Theory Description of Personality

According to Frederick (2005), ego state therapy is based on the premise of the human personality as polypsychic, in other words that a person's personality is described as a construction of multiple selves or personality parts. Hartman (1995) and Ross (1999) describe multiplicity as a normal organisational principle within the personality.

Hunter (2006) views the personality parts (ego states) as aspects of the subconscious with different functions within the personality – conceptualised in much the same way as a group or family system. Although these ego states are part of the person, they may function with relative autonomy in regard to the person's conscious experience of self, and are described as capable of cognition and emotion as well as different constructions of reality (Hartman, 1995). The theory of ego state therapy describes ego states as representing bodies of functions that people may have developed to help themselves to cope better with the environment. In the event of trauma, abuse, or neglect, these ego states may often fulfill a survival purpose for the person (Hartman, 1995), as noted above.

According to Watkins and Watkins (1988), personality multiplicity can be constructed according to a continuum, ranging from adaptive differentiation in the

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personality at one end to pathological dissociation and Dissociated Identity Disorder (DID) (American Psychiatric Association [APA], 2000) at the other end. Watkins and Watkins (1988) consider ego states as constituting the intermediate range of this continuum.

Ego states are usually accessible by hypnotic means in people like Elle who do not appear to meet the diagnostic criteria in the *Diagnostic and Statistical Manual, 4th Edition, Text Revision* (DSM-IV-TR; APA, 2000) for DID (Watkins & Watkins, as cited in Hartman, 1995). Regarding the relation between dissociation and ego state therapy, Hartman (1995) explains that ego state theory and therapy has in part evolved from studies with people who meet the DSM-IV-TR (APA, 2000) diagnostic criteria for DID, as well as from studies involving people's responses to trauma.

The social constructionist perspective supported by Butt, as cited in Neimeyer, (2002) describes personality as interpersonally constructed through linguistic interchanges, rather than being an "irreducible atom of identity" (p 52). However, because the construct of personality is frequently seen as indicating an intrapsychic aspect of people that is rather fixed and stable across time and in different contexts (Plug, Louw, Gouws & Meyer, 1997), the constructs of identity and self instead of personality seem preferred by a social constructionist stance (Raskin, as cited in van der Merwe & Du Preez, 2005).

According to Raskin, as cited in van der Merwe & Du Preez (2005), a social constructionist description of identity focuses on a fluid, constantly changing postmodern self with multiple characteristics. In accordance with the epistemic description of social constructionism in the previous theoretical section, a social constructionist description of identity does not refer to an ontological definition of identity as an essential, objective construct. Rather, such a description of identity emphasises processes whereby people construct the ideas of identity and the self. It is in this sense that Gergen (1999a) refers to relational formulations of the self. As I understand it, this signifies that identity becomes constructed, defined and performed in relationships through language.

The idea of relational formulations of the self also finds expression in Hermans' (1999, p. 110) description of identity in terms of "a dynamic multiplicity of relatively autonomous I-positions." According to Hermans (1999), the I-position moves in accordance with contextual changes such as space and time. The moving I-position is able to shift between the different positions and occupy them wholly, which allows

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dialogue to develop between these different I-positions (Hermans, Kempen & van Loon, as cited in van der Merwe & Du Preez, 2005). This description of a dialogical, multi-voiced self includes other people within this self-construction, where they are seen as occupying positions within the self (Hermans, 1999).

When I was considering ego state therapy and social constructionism, the apparent similarity between ego state theory and a social constructionist perspective on multiplicity, on the level of identity and the construct of self, seemed confusing to me at first. However, I now understand that although both the ego state and a social constructionist perspective refer to multiple self-constructs, the processes whereby the idea of self-multiplicity is constructed from these perspectives appear vastly different.

Regarding the idea of personality as polypsychic, a social constructionist perspective also describes multiple constructions of identity (Parry & Doan, 1994), as does ego state theory. However, whereas the theory of ego state therapy constructs identity multiplicity as a response to trauma, among other matters, a social constructionist perspective views multiple constructions of identity as conversational interchanges between people engaging in a multifaceted world (Cooper & Rowan, 1999).

A social constructionist description therefore again emphasises a process-oriented account of how knowledge (identity) becomes constructed within a particular (relational) context. This socially constructed identity may therefore also include aspects of identity constructed in relation to traumatic experiences, for example self-descriptions of the person as victim or survivor, which correlates with Hermans' (1999) idea of I-positions, in this example 'I' as victim or survivor.

The abovementioned discussion relates to Drewery and Winslade's (1997) suggestion that the way talk is used positions people in relation to themselves, others and the world. Therefore, from a social constructionist perspective, constructs such as personality, ego states, normal, trauma, subconscious, and DID do not exist as separate, objective realities. The meaning of these constructs is determined from the way they are used in relationships (McNamee & Gergen, 1992). Viewing constructs such as the abovementioned in this way facilitates a both-and perspective. This type of perspective may allow the use of these constructs in therapy in an 'as if' (Viljoen, 2004) manner, without assigning to them the status of an objective, essential reality.

On the other hand, because meaning is constructed in relationships, the usefulness of using these constructs in therapy, in terms of the effect on the

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therapeutic relationship, as well as the liberating and limiting effects of the reality that becomes constructed, are important (McNamee & Gergen, 1992). Therefore, this may involve reflecting on Elle's therapy in terms of the manner in which the ideas concerning ego state therapy (among others) were used, especially in considering to what extent the way these ideas were used opened space for Elle to construct a preferred and empowered reality (Hoyt, 2000).

Dissociation

The idea of dissociation plays an important part in the development of ego state theory. At the beginning of the previous century, Janet, as cited in Degun-Mather (2003), described dissociation as systems of ideas not in association with other systems of ideas in the person's personality. This definition evolved over time into the description of dissociation as a continuous process wherein certain information such as emotions, memories, and physical sensations is not integrated with other information with which it usually would have been associated (International Society for the Study of Dissociation [ISSD], 2005). Furthermore, Janet (1907, as cited in Wilhelm, 2005) suggests a connection between dissociation and trauma, where trauma may elicit dissociation as a disintegration in a person's capacity to integrate traumatic material. For the purposes of this dissertation the construct of dissociation refers to the broad description thereof, although I acknowledge that there may be more precise, narrower definitions of a number of qualitatively different dissociative categories or types (Holmes, Brown, Mansell, Fearon, Hunter, Frasquilho & Oakly, 2005; Murray, Ehlers & Mayou, 2002; Waller, Putnam & Carlson, 1996).

The DSM-IV-TR (APA, 2000, p. 519) defines dissociation as a "disruption in the usually integrated functions of consciousness, memory, identity, or perception". Dissociation therefore implies a change in a person's sense of awareness and perception, and can occur in relationship to the self, in terms of memory, or in the person's interaction with the environment (Haddock, 2001; Nijenhuis, van der Hart & Steele, 2004). Haddock (2001) mentions that the construct of dissociation embodies the mind/body connection in involving the brain on a neurological level (van der Kolk, 2006), the body in somatic sensations, as well as the person's emotions and cognitions.

Certain types of dissociation are generally described as part of normal everyday activities such as daydreaming (Wilhelm, 2005). On the other hand, as

mentioned previously dissociation also appears constructed as a response to trauma (Nijenhuis, Spinhoven, van Dyck, van der Hart & Vanderlinden, 1998; van der Kolk, Roth, Pelcovitz, Sunday & Spinazzola, 2005; Wonderlich, Rosenfeldt, Crosby, Mitchell, Engel, Smyth, et al., 2007). The idea of dissociation can therefore be conceptualised on a continuum of severity, ranging from normal dissociative experiences such as daydreaming and being absorbed in watching a movie, to fully dissociated personality fragments as seen in DID (Watkins & Watkins, 1988; Hartman, 1995; Frederick & Phillips, 1995a; Ross, 1999; Carlson, Putnam & Waller, 1996).

Trauma experienced in childhood frequently appears to contribute towards problems related to dissociation not only in childhood, but also in adolescence (McRoberts, Sanders & Tollefson, 1989; Schumm, Briggs-Phillips & Hobfoll, 2006; Sullivan, Fehan, Andres-Hyman, Lipschitz & Grilo, 2006) and adulthood (Nijenhuis, Spinhoven, van Dyck, van der Hart & Vanderlinden, 1998; van der Kolk, Roth, Pelcovitz, Sunday & Spinazzola, 2005; Raghavan & Kingston, 2006; Muller, Sicoli & Lemieux, 2000). As mentioned previously, Elle seemed to present with significant dissociative experiences, which are more fully described in Chapter 4. According to van der Kolk and Courtois (2005), complex, relatively consistent patterns of psychological difficulties occur in traumatised children and adults who have endured chronic or severe interpersonal trauma at any age. In this regard van der Kolk and Courtois (2005) emphasise numerous studies pointing towards the pervasive negative impact of chronic and cumulative childhood trauma and abuse on the developing child and consequently on the adult.

According to van der Kolk (2006), most trauma takes place in relational contexts. This trauma may entail violation of personal boundaries, compromising people's physical, psychological and relational integrity, damage to a person's capacity for autonomous action, contributing towards problems with self-regulation, as well as leading to profound social ramifications. Difficulty with self-regulation refers to a very limited capacity to regulate internal states (van der Kolk & Courtois, 2005): for example in Elle's situation she often seemed to experience intense agitation in what may be described as non-threatening contexts and to possess a limited capacity to calm herself down again. At times, the bulimic and self-mutilative behaviour into which Elle was seduced fulfilled the function of helping her to calm down.

Trauma is often understood as the presence of adverse factors, as described in the abovementioned ideas. However, as I understand it, trauma may also be

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described as the absence of good factors. This description of trauma as the absence of good factors, such as emotional neglect and deprivation, is also relevant to the idea of difficulties with self-regulation. Van der Kolk and Courtois (2005) and Fosha (2003) mention that traumatised children whose relational patterns with their parents seem insecure and ambivalent often experience problems regulating their emotions, knowing what they feel, verbalising their emotions and have difficulty being comforted by a caregiving figure. These problems and difficulties also do not seem limited to childhood (Fosha, 2003). It therefore appears that in many instances the parent-child relationship seems to constitute trauma in the absence of what may be described as socially reified traumatic experiences such as battering or rape in traumatised people.

According to Schwarz (1998), people who experienced severe and/or chronic trauma and neglect as children may have discovered that autohypnosis and dissociation helped them cope with the pain and abuse they suffered. In this regard, Elle described staring at her reflection in a mirror for hours as a child, where she imagined escaping into a dream world beyond the glass. This usually seemed to have happened after the imposition of punishment that included being ignored and not touched for extended periods. In cases of chronic abuse or neglect as children, traumatised people seemed to have used dissociation and autohypnosis frequently over a long period of time, and consequently these abilities appeared to be more developed than in other people (Hartman, 1995; Schwarz, 1998). Schwarz (1998) suggests that in the context of chronic abuse and neglect, children often do not have external comforts or external narratives available to them. As a way of coping, the child's identity develops in a fragmented fashion (the child develops ego states) because of the frequent dissociation and non-supportive relational context. These ideas therefore seem to link the constructs of trauma, dissociation and ego states, and represent part of my thoughts regarding the content of Elle's therapy.

In terms of the different parts or ego states, Schwarz (1998) suggests that the traumatised child may write an internal script or play where different parts have their own qualities, their own dominant feeling and a dominant story. The different ego states perform different functions and display specific relationships to each other to make the play happen (Schwarz, 1998). Regarding the idea of an internal play, Schwarz (1998) writes, "[t]here are rules. All the different parts are cooperating, even if they are fighting or hurting each other. The fight is at the level of the plot; cooperation is at the level of the process" (p. 432). The example that involves bulimic

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behaviour, previously used regarding Elle, seems to fit with these ideas. The construct of dissociation again appears to be emphasised as one means by which people may protect themselves from overwhelming stress which may serve a strong life-affirming function in helping people survive traumatic experiences (Haddock, 2001).

On the other hand, dissociation may become constructed as problematic when the person has little awareness of dissociating and limited ability to manage dissociative responses (Degun-Mather, 2003; Frederick & Phillips, 1995a; Haddock, 2001). This may take place when a person cannot remember being involved in certain acts in their present life, for example waking up in a different location with no memory of how she or he arrived there. Dissociative responses that happen in inappropriate situations also make more severe dissociation problematic (Haddock, 2001); for example dissociation that is triggered by normal sexual activities where the person previously used dissociation in coping with sexual trauma.

The intensity and duration of dissociative episodes that become disruptive in the person's life may also indicate problematic dissociation (Degun-Mather, 2003; Haddock, 2001). Dissociation may also contribute towards a limited ability for self-regulation and emotional modulation, shifts in the person's relationships with others, as well as shifts in her meaning systems (van der Kolk & Courtois, 2005), similar to Elle's situation. Ross' (1999) suggestion regarding problematic dissociation corresponds to the abovementioned view, although he describes the extent of information blocking in the internal personality system and internal conflict as factors contributing to problems with dissociation.

However, according to Ross (1999) people do not need therapy simply because they seem to dissociate as a way of coping with trauma and/or traumatic relationships. This idea particularly resonates with me in terms of therapeutic development, where at first I struggled to come to grips with the idea voiced by Schwarz (1998, p. 435), namely, "if something is not broken, do not fix it". At the start of my training as a therapist, I experienced a strong pull to excavate the client's problems (and potential problems) without really focusing on the alternative stories in the client's life. Incidentally, I feel that developing in this area – which has a little bit to do with learning to relinquish wanting to control the direction of therapy – also translates for me into increased respect and empathy for clients.

Ross (1999) maintains that people with significant dissociative responses may seek therapy because of problems such as self-mutilation, depression, substance

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abuse, problems related to eating disorders (Galper, 1999), suicidal thoughts and behaviour, and anxiety that may be linked to dissociation. The problems Elle reported during therapy, viewed within the broader context of her life story, seemed to fit with the abovementioned description.

Ross' (1999) views appear to relate to Frederick's (2005) suggestion that not all trauma inevitably produces dissociation or problems with dissociation. A person's relational context may at times mediate trauma, for example the presence of supportive relationships and the availability of external narratives (Frederick, 2005; Schwarz, 1998). Fosha (2003) describes the idea of supportive relationships and the availability of external narratives as the presence of a relationship with an understanding and empathic person with self-reflective abilities who can help the child or adult make sense of the trauma in an empowering fashion.

For me, these ideas for working with people who have experienced trauma imply that not all traumatic experiences necessarily result in a fragmented identity or ego states. Consequently, instead of making assumptions about dissociation at the first mention a client makes of trauma, I am learning to listen to the whole story the client brings. This story may include a glimpse of the client in the context of her life, as well as of how she made sense of the trauma and possible relationships that mediated traumatic experiences. Sometimes this may mean that I largely have to suspend what I think I know about trauma and dissociation, or any other problem!

A social constructionist perspective on trauma and dissociation may describe these constructs in terms of their meaning or interpretive functions within communities (Gergen, 1997). A social constructionist perspective may therefore describe the processes whereby the constructs of trauma and dissociation become constructed, without making claims about the ontological existence of these processes (Gergen, 1997). However, this does not negate the existence of abuse and neglect and its devastating consequences *as people make sense of them* (Hoyt, 2000; Schwarz, 1998). The italicised '*as people make sense of them*', may indeed help in pointing towards an epistemic social constructionist description of trauma and dissociation that refers to how people experience (with reference to their lived reality), understand, talk about, and consequently construct these issues. As I understand the issue, thinking about constructs of trauma and dissociation (among others) in a way that describes their epistemology in therapy with a person who has experienced trauma, may help towards cultivating a respectful and empathic alignment with a client.

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In relation to the abovementioned, Fruggeri (1992) suggests that a social constructionist perspective on what may be described as symptoms constitutes a shift from discovering etiology to an awareness of how social processes and power dynamics contribute towards constructing the way the symptoms are understood. This idea appears to correspond to Gergen's (1997) suggestion that a social constructionist perspective views the social relationships as the main locus of understanding, instead of understanding intrapsychic processes that govern behaviour.

Discourses that include ideas involving trauma, abuse, and dissociation are therefore not opposed to a social constructionist perspective (Gergen, 1997). The way in which ideas such as abuse and dissociation are used in therapy may aid in according clients agency in their lives as resourceful, intelligent and creative people dealing with struggles that many other people also face (Drewery & Winslade, 1997).

Furthermore, to speak about these issues of abuse and its consequences in ways that take into account discourses, power dynamics, and the effect of talk translating into reality, may help to strengthen the voice of people who were silenced on some level. In terms of the apparent increased interest in, and research concerning trauma, Schwarz' (1998, p. 430) statement that "the recognition of the existence and the effects of childhood and adult trauma are finally gaining a level of privilege in our culture and therapeutic community" possibly reflects something of the changing discourses involving these issues, in South Africa as well (Venter, 2001). These ideas seem to concur with Gergen's (1997, p. 731) suggestion of "resuscitat[ing] and refurbish[ing] psychological intelligibilities for purposes of augmenting the discursive resources of the culture. The attempt then, is to enrich psychology in ways that may favour positive transformations of society."

Hypnosis

As mentioned previously, ego states are usually accessible by means of hypnosis in people apparently not meeting the diagnostic criteria for DID (Watkins & Watkins, as cited in Hartman, 1995). Hypnosis may briefly be described as a cooperative experience (Frederick & Phillips, 1995) that involves focusing of attention (Hartman, 1995), and ideas about altered states of awareness (trance states) (Hartman, 1995). There appear to be many different constructs of hypnosis, lacking a single unifying theory (Hartman, 1995). However, in terms of ego state therapy what appears to be important is that because hypnosis also seems to involve dissociative

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processes such as focusing attention (Hartman, 1995), it may facilitate access to and communication with ego states (Watkins & Watkins, 1988).

A social constructionist perspective on hypnosis may follow the same description concerning the epistemology of the construct (Edley, 2001), in other words the manner in which hypnosis is constructed through language in relationship in a specific context. My approach to ego state therapy with Elle involved the use of imagery and visualisation in an informal trance: the induction of a trance state was not a focal point of the therapeutic process, but may be described as a by-product of Elle's increased focus, attention and absorption (Frederick & Philips, 1995a) in the imagery (Frederick, 2005).

The practical application of the abovementioned in Elle's therapy involved explicitly unpacking what ego state therapy entails, how the process may work, as well as obtaining informed consent (Philips & Frederick, 1995a) for using ego state therapy.

I introduced the metaphor of a house as a symbol of Elle's self, with a road symbolising a timeline representing her life passing somewhere near the house. In asking Elle to close her eyes and see this house and the road in her imagination, and by asking her to describe the imagery in detail such as colour, shape, texture, sounds, smells, as well as possible thoughts and feelings going through her mind, what may be described as an informal trance state resulted.

Ego State Theoretical Constructs

Watkins and Watkins as cited in Hartman (1995), define ego states as organised systems of particular behaviours, cognitions and experiences with more or less permeable boundaries linked together by a common rule or principle. This definition appears to link with Frederick's (2005) description of ego states as personality parts that are formed in the context of a person's interaction with the environment in order to help solve problems or deal with trauma. As mentioned previously in the section dealing with dissociation and trauma, ego states constructed in response to trauma may consequently be described as creative neurological developments (Fosha, 2003; van der Kolk & Courtois, 2005) to help the person cope in an abusive environment.

Hartman (1995) describes an ego state as constituting a subself or a part of the personality that functions with more or less autonomy in relation to other ego

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states and the whole personality, depending on the level of boundary rigidity or permeability (Hartman, 1995). The latter construct refers to the level of dissociation in the internal system, which includes notions about information blocking (Ross, 1999). The boundaries between ego states therefore function as amnesic barriers that maintain the dissociation between different parts of the personality (Hartman, 1995). Put simply, with increased dissociation, the ego states may be more separate from one another and more individuated, communicate less with one another and share less information with each other, or in the case of fully dissociated personality fragments may not be aware of the existence of other states.

According to Frederick (2005), each ego state seems to have its own thoughts, feelings, body sensations, memories, and way of making sense of the world. This idea correlates with van der Kolk and Courtois' (2005) suggestion relating dissociation to shifts in the person's relationships with others, as well as shifts in her meaning systems; conceptualised in ego state therapy as shifting from different ego states. Similar to Schwarz's (1998) idea of ego states in a sort of internal play, Frederick (2005) mentions that ego states relate to one another in ways similar to how family members relate to one another. Therefore, dependent on the extent of dissociation, the ego states can communicate with each other, share information, as well as carry out specific roles and functions (Frederick, 2005).

Another idea related to the development of ego states involves the notion of introjects. Emmerson (2003) describes an introject as a person's construct of a significant person in her life that resembles an ego state within the personality system. According to Emmerson (2003), introjects seem to have similar traits and characteristics to the significant person, and may tend to act in the same way as the person experienced them in relationship. In Elle's therapy her construct of her father appeared as an introjected ego state.

Emmerson (2003) lists a number of ideas about ego states, which include the following:

1. In therapy an ego state cannot be eliminated; however, it is able to change.
2. Ego states may express an age with which they associate themselves and communicate how old they feel. In Elle's therapy, for example,

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she seemed to have a baby ego state, a school age child state, and two teenage states.

3. Ego states may prefer to be called a certain name, which may sometimes perform a descriptive function, for example 'Angry'. In Elle's therapy, the names that her ego states preferred seemed to express such functions, such as 'Girl with the Red Hair', and 'Angry Girl'.
4. Ego states may know that they are part of the person. This awareness is once again dependent on the extent of dissociation and individualisation of the personality parts.
5. Ego states seem to have a sense of self or an identity. They may speak of themselves as 'me' and the other states in a way indicating a sense of 'not-me'.

Another construct that may be included in describing the ego state constructs from an ego state theoretical point of view, is that which refers to personality multiplicity as part of adaptive differentiation on a continuum of such multiplicity (Watkins & Watkins, 1988). As mentioned previously, ego state theory views this multiplicity as a normal organisational principle (Hartman, 1995). Watkins (1993) explains this idea in terms of the developmental processes of adaptation and integration, in other words that the non-dissociated personality is seen as having ego states that respond to different contexts and experiences (Degun-Mather, 2003), without the presence of amnesia, self-destructive behaviour or other problems associated with problematic dissociation. Frederick (2005) describes the relationships between the ego states in a non-dissociated personality as harmonious and seamless. The flow of information in this system is therefore open and fluid, without a great deal of separation and individuation between the ego states.

Ego State Therapy

In terms of the foregoing discussion, ego state therapy can be defined as the facilitation of group and family therapeutic techniques primarily for the purposes of conflict resolution between the various ego states that make up the individual's family of self (Watkins, 1993). According to Philips and Fredrick (1995), methods for engaging with ego states in therapy include using imagery and visualisation in formal

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or informal hypnotic trance states. This idea corresponds to Degun-Mather's (2003) description of ego state therapy that involves activating dissociated ego states by means of hypnotic techniques (among others) to facilitate therapeutic goals that may include co-consciousness among the different ego states, decreased dissociation, and improved communication in the internal system. Decreased dissociation between the ego states may result in better cooperation and congruence between the parts, with the eventual goal of integration (Philips & Frederick, 1995a). Frederick (2005) mentions that the goals of ego state therapy are negotiated between therapist and client as the result of collaboration. According to Frederick (2005), a very important idea in ego state therapy is its positive and adaptive orientation, which includes the strongly emphasised notion that every ego state has come to help (Frederick, 2005). I find these ideas appealing since the discourse of ego state therapy does not seem to emphasise a vocabulary of deficit, but appears to describe problems in ways that may allow for alternative positioning of problems in therapy. This space that ideas from ego state therapy allows for possible alternative positioning of problems in therapy seems to form part of a possible fit between ego state therapy as the tool within working from a social constructionist perspective as the toolbox.

Other ideas in ego state therapy relevant to Elle's case include using her own language, ideas and constructs during the therapeutic process (Hartman, 1995). Cooper and Cruthers (1999) also suggest focusing on the meaning and on the story which each of the ego states as well as the client narrates (Cooper & Cruthers, 1999) without pathologising or becoming caught up in normative thinking (Philips & Frederick, 1995a).

On the other hand, a social constructionist orientation to therapy involving the idea of a multiple self does not adhere to prescriptions about emotional health (Paré, 1996), such as integration or conflict resolution between the various parts. Rather, therapy involving the idea of self-multiplicity concentrates on relationships, and particularly the relationships between the client's different self-stories or self-narratives. Paré (1996) suggests that this perspective on therapy allows space for multiple meanings, and in facilitating the client in finding the meanings they prefer. These ideas have a bearing on Elle's therapy in terms of a focus on the relationships between the ego states, the meanings of the different stories as well as on ways that may allow space for the different stories.

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In summary, this chapter dealt with the context of the study, which includes two diverse theoretical components: the use of ego state therapy from a social constructionist framework of thinking about therapy, from the position of a developing therapist, is explored on a theoretical level. My construction of the process whereby these theoretical ideas were translated into a therapeutic process follows in Chapter 4. The next chapter deals with exploring the research framework, which includes a social constructionist perspective on research, as well as a description of symbolic constructivism, which constitute the research method.

CHAPTER 3

LOOKING GLASS INSECTS: THE RESEARCH FRAMEWORK

“All this time the Guard was looking at her, first through a telescope, then through a microscope, and then through an opera-glass”

(Carroll, as cited in Gardner, 2001, p. 179.)



This part of Alice’s adventure to me suggests that the lens the observer uses to look through will determine

what is seen. In the present study this idea refers to what is constructed (what is seen) and also to the research method through which I look. The lens that I look through is that of symbolic constructivism (Barry, 1996). What I hope to see (and thereby construct) via this method is a story. Symbolic constructivism is regarded as a social constructionist research method (Hervey, 2000) and is situated in the broader qualitative research paradigm of artistic inquiry (Barry, 1996). A social constructionist approach to research is set out below, integrating throughout this chapter the way in which the research method is related to social constructionism as the theoretical framework of the study. Thereafter a brief discussion of artistic inquiry follows.

A Social Constructionist Approach to Research

Ideas involving social constructionism as a theoretical approach to research (Gergen & Gergen, 2000) can be described as following similar lines to an epistemological description of social constructionism. The idea of research itself is therefore also described as a social construction (Pauw, 1999). Terre Blanche, Kelly and Durrheim (2006) describe research from a social constructionist stance similarly, namely as being concerned with the ways in which talk is used in constructing experiences, feelings, meanings and other social artefacts. In this regard, Gergen and Gergen (2000) mention that

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the intelligibility of our accounts of the world derive not from the world itself, but from our immersion within a tradition of cultural practices we inherit from previous generations. It is only as our accounts approximate these conventions that we make sense at all. Thus it is from our relationships within interpretive communities that our constructions of the world derive (p. 1026).

The following list contributes to Gergen and Gergen's (2000) arguments and describes some of the features of research from a social constructionist perspective. Describing these features as I understand them is relevant to this study since I view these ideas as shaping much of my thinking about research in writing the dissertation.

Social constructionism as an orientation to constructs of knowledge. A description of social constructionism as a theoretical approach to research emphasises it as an orientation to constructs of knowledge (De Koster et al., 2004) as well as emphasising the processes involved in knowledge construction (Terre Blanche, Kelly et al., 2006). This description therefore also correlates with an epistemic description of social constructionism (Edley, 2001), as mentioned previously.

The role of language. The role of language as interactive constructor of meaning is emphasised (Gergen & Gergen, 2000; Terre Blanche, Kelly et al., 2006). Therefore, meaning-making occurs in interaction with other people through language (De Koster et al., 2004). A focus on language in terms of research implies an interest in accounts and descriptions of whatever is studied, such as the therapy undertaken with Elle, viewed in context of various discourses contributing to the descriptions (and therefore constructions) of the object of observation as well as of the discourses shaping the process of observation (Gergen & Gergen, 2000). Some of the discourses shaping the object of observation in this study include my attempt at negotiating interfaces between theoretically diverse paradigms regarding therapy, as well as ideas about therapeutic development. Viewing research from this perspective includes myself as researcher as part of the observed, which embraces the construct of reflexivity.

Reflexivity. Research undertaken from a social constructionist theoretical viewpoint emphasises reflexivity, in which the researcher acknowledges and takes account of the context of knowledge construction. This context refers to the cultural and geographic situatedness of the construction process, and particularly the researcher's personal interests, preferences and ideas that help shape the knowledge construction process (Gergen & Gergen, 2000). In this study, the context of the construction of knowledge involves the therapy that Elle and I undertook. My situatedness as researcher therefore also encompasses the position of a developing therapist trained within a social constructionist paradigm, with specific understandings of therapy informed by my personal narrative. The reflexive practices used in this dissertation are described in the section which discusses symbolic constructivism as a social constructionist research method. Reflexive practices in research may provide the reader with access to the knowledge construction process, by way of tracking how this process unfolds in documenting the researcher's

surprises and 'undoings' in the process of the research endeavour, the ways in which [her] choices of literary tropes lend rhetorical force to the research report, and/or the ways in which [she] ha[s] avoided or suppressed certain points of view (Gergen & Gergen, 2000, p. 1027).

Kelly (2006) describes the tracking of how the knowledge construction process unfolds as involving an accurate description of the research process, explanations accounting for the choice of methodology, and a detailed description of the research context. This tracking in turn again emphasises the role of reflexive practices in research which is carried out from a social constructionist stance. Tracing the process of knowledge construction may also contribute towards the increased trustworthiness of the research (Kelly, 2006).

The researcher's involvement in the knowledge construction process. In terms of reflexivity pertaining to the researcher's involvement in this process, Gergen and Gergen (2000) suggest that an acknowledgement of the researcher's personal investment in the said process also becomes part of the object of observation. This in turn calls to attention the blurred distinction between observer and the observed in the research endeavour. In my initial ideas about research involving therapy with Elle, I

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considered research frameworks and methods that would allow me to maintain a comfortable distance, as a researcher describing ego state therapy, from a client presenting with dissociative and bulimic symptoms.

However, since I hoped to maintain a social constructionist stance while thinking about therapy with Elle during the therapy process, accordingly a social constructionist research framework seemed to fit with the course of the therapy process. Using this type of framework in research therefore means that, like the therapy process, I am part of the knowledge construction process and thus part of the object of observation (Gergen & Gergen, 2000). Being part of the object of observation therefore is reflected by including the notions about my development as therapist.

Context and local knowledge. The idea of context from a social constructionist perspective is closely tied in with the construct of local or situated knowledge. Knowledge as a negotiated construction of meaning is embedded in previous agreements informed by the cultural and historical context (De Koster et al., 2004). Knowledge is therefore dynamic and local as it is negotiated between people in a specific context at a specific time (De Koster et al., 2004). Local or situated knowledge in terms of this perspective on research takes account of how the specific context and time contribute to shaping the knowledge that people perceive as real and true, and to how they use this knowledge to represent their condition (Gergen & Gergen, 2000). The idea of local or situated knowledge therefore also calls to mind ideas about validity of particular knowledge, and how this validity is to be determined. In this respect Gergen and Gergen (2000) mention that “[d]escriptions and explanations can be valid as long as one does not mistake local conventions for universal truth” (p. 1032).

Quality control. The idea of quality control in terms of research from a social constructionist stance involves alternatives to the construct of validity such as the authenticity and trustworthiness of the research (Gergen & Gergen, 2000; Hervey, 2000), which relates to Kvale’s idea of justifiable knowledge claims as cited in Kelly, (2006).

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Trustworthiness of the research. Concerning the trustworthiness of the research from the given stance, Kelly's (2006) suggestion of using the idea of reliability in terms of research seems useful. Reliability may be enhanced by means of member checks (submitting the research report to the research participants for their input and evaluation) and by means of Kelly's (2006, p. 378) question, "have I reliably given voice to your experience?"

Multiple voicing. The possibility of multiple, equally valid realities as described within a social constructionist perspective also translates into the research endeavour by means of the idea of multiple voicing (Gergen & Gergen, 2000), among others, which aims to provide an alternative to the single omniscient voice often used in research undertakings by including multiple voices in the research account (Gergen & Gergen, 2000). Multiple voicing includes inviting research respondents to speak on their own behalf by describing, expressing or interpreting the research endeavour from their perspective. It also involves including a diversity of perspectives in the research without imposing the same interpretational grid onto the varying perspectives (Gergen & Gergen, 2000). According to Epston (1999), the idea of different perspectives and different voices contribute to the knowledge construction process helps to facilitate the enrichment of the research account.

Co-research and collaborative constructions. The notion of multiple voicing links up with another facet possibly associated with a social constructionist perspective on research, namely the idea of co-research and collaborative constructions (Epston, 1999), that is, where research participants contribute to the knowledge construction process from their standpoint not as research subjects, but from the more egalitarian position of co-researchers contributing in co-constructing knowledge (Gergen & Gergen, 2000). The idea of collaborative construction pertaining to this study is set out in the section dealing with symbolic constructivism as a social constructionist research method.

Research as a relational process. Research from a social constructionist perspective largely describes research as a relational process, reflected in descriptions of knowledge construction processes as taking place in a relational context (Gergen & Gergen, 2000). Gergen and Gergen (2000) suggest that this

relationship not only includes the research participants as co-researchers in the research undertaking, but also regarding the way the research is presented: in other words, the format of the research text, with particular formats indicating specific relationships to the reader (Gergen & Gergen, 2000). An example of a format indicating a relationship with the reader is the traditional, formal research text that places the reader and the author in specific positions which favour a particular type of relationship. According to Gergen and Gergen (2000, p. 1038), literary stylised formats in research such as fiction – which is also used in this study – may open alternative forms of relationship that “enable the author to abdicate the position of authority, for example, and invite the reader into a more egalitarian relationship.”

Ethics in research. Partly because research from the given perspective describes research as a relational process between researcher and participants, the issue of ethics is strongly emphasised. In this regard, Wassenaar (2006) suggests that ethical principles guide the research process throughout the undertaking. These principles include the autonomy of the research participants and respect for their dignity, as well as nonmaleficance and beneficance. The relationship of these principles to the present study is described in the section dealing with ethics.

Power dimensions. Research from a social constructionist standpoint also takes into account the power dimensions operating in the research endeavour, which encompasses reflecting on the framework, values and agenda with which research is undertaken (De Koster et al., 2004), as well as on the potential power implications of the constructed text for the people involved (Sey, 2006).

Literary styling. Literary styling, although not an exclusive feature of research from a social constructionist perspective, may be useful in providing an alternative to the traditional realist discourse in research (Gergen & Gergen, 2000). Gergen and Gergen (2000) suggest using, for example, fiction, poetry, or autobiographical formats. The use of literary stylised formats in research may contribute towards making the idea explicit that the research account does not function as a map of the world, as well as towards inviting the reader into an overt meaning-making activity where knowledge is constructed within the interchange between the reader and the text (Gergen & Gergen, 2000).

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Legitimacy of the constructed knowledge. A social constructionist perspective on research is concerned with the legitimacy of the constructed knowledge (Lincoln & Denzin, 2000). Lincoln and Denzin (2000) relate the legitimacy of the constructed knowledge to the authority of the text, in other words that such legitimacy can be described by means of the idea of the text's authority – which involves claims regarding the text's trustworthiness and believability. Lincoln and Denzin (2000) suggest that two questions be asked with respect to the authority of the text, the first being whether the text is faithful to the context and people it is intended to stand for. The second question concerns the issue of whether the text is justified in asserting “that it is a report to the larger world that addresses not only the researcher's interests, but also the interests of those studied” (Lincoln & Denzin, 2000, p. 1052). The notion of the legitimacy of the constructed knowledge correlates with Kelly's (2006) suggestion of assessing the veracity of the knowledge claims of a research undertaking by means of dialogue with the research participants and with the scientific community, for example by means of peer evaluation. The legitimacy of the knowledge is therefore described in terms of the recognition or criticism given to the work (Kelly, 2006).

Pragmatic contribution. This is also emphasised in a social constructionist research account (Epston, 1999; Kelly, 2006): in other words, the knowledge must be useful for people in the context where it is constructed, as well as in the scientific community (De Koster et al., 2004). De Koster et al., (2006) describe useful knowledge as

knowledge that produces new ideas and alternatives. Consequently, scientific research aims not so much at discovering the truth as rather to contributing to the dialogue. This dialogue results in the construction of a common knowledge that is directed towards actions, and new agreements are made in human thinking and understanding (p. 77).

The understanding of research from a social constructionist point of view therefore involves descriptions of the processes whereby what is researched (the object of the research) becomes constructed. As mentioned previously, symbolic constructivism can be described as a postmodern, social constructionist research

method (Hervey 2000) within the broader research paradigm of artistic inquiry. A brief description of this type of inquiry is therefore set out below, followed by a description of symbolic constructivism.

Artistic Inquiry

Artistic inquiry acknowledges a creative process in the systematic use of the arts (McNiff, 2005) in understanding human experience. Hervey's (2000) tripartite definition of artistic inquiry includes engaging in and recognising a creative process in the research endeavour, using artistic methods in gathering, analysing and interpreting information, and aesthetic values informing the research.

An important intention of artistic inquiry is to offer its audience an aesthetic experience (Hervey, 2000). By audience, I refer to the readers of the story in the present study. An aesthetic experience calls upon the senses, emotions and imagination of the audience and helps to facilitate the holistic communication of information (Hervey, 2000).

Artistic inquiry regards research as a non-linear process and makes use of poetic expression, fiction, dialogue and other artistic means to construct evocative experiences for the audience. Such experiences aim to elicit a response from the audience involving imagery and emotions. These evocative experiences assist the knowledge construction process to remain authentic to the complexity, intensity and elusiveness of the aspects of human experience that are being studied (McNiff, as cited in Hervey, 2000). Artistic inquiry enables an open-ended quality in the knowledge construction process (Hoogland, 2004) that values alternative research goals such as meaning and authenticity (Hervey, 2000).

Regarding the present study, Shotter's (1999) suggestion that one employ an arts-based poetic approach to research about therapy involving ideas about a multiple self appears useful. An arts-based, literary stylised approach to research seems helpful in taking into account the relationally and conversationally oriented nature of Elle's therapy. In this context Shotter's (1999) idea of not studying people as objects, but rather "entering their lives in a human way" (p. 85), therefore particularly resonated with me in deciding on a research framework. Thus, the use of artistic inquiry as a broad research framework in the present study may emphasise the relationally contextualised emergence of meaning (Hervey, 2000). An inquiry of this nature

therefore appeared to fit well with the meaning-generating processes of Elle's therapy, as well as with aspects of the theoretical framework of the study.

However, artistic inquiry is often described as dependent on expert interpretation of the arts-based methods used (Hervey, 2000), whereas symbolic constructivism relies on intersubjective construction of meaning (Barry, 1996). For this reason, using symbolic constructivism as a research method appealed more to me.

Symbolic Constructivism as Social Constructionist Research Method

Symbolic constructivism relies on art-like portrayal in creating a symbol to elicit, evoke and challenge sense-making frameworks (Barry, 1996). Hence, artistic means are used to create a symbol that helps to elicit and question the ways in which people make sense of whatever the symbol stands for. This idea seems to be in line with the social constructionist emphasis on and interest in the processes whereby meaning is constructed (Terre Blanche, Kelly et al., 2006).

Symbolic constructivism emphasises the development of intersubjective, process-oriented understandings between the researcher, the research participant, and the reader. Anderson and Goolishian (1988) define intersubjectivity as occurring where two or more people are in fluid and evolving agreement about their individual experience and their consequent construction of the meaning of it in a similar manner. These intersubjective, process-oriented understandings underscore many constructions of possible meanings (Barry, 1996), similar to ideas about research undertaken from a social constructionist stance. Symbolic constructivism also considers the power dimensions that may be influencing the process of meaning construction (Barry, 1996), which also seems to feature strongly in social constructionist ideas with respect to research (De Koster et al., 2004).

The art-like symbol used in the study is an illustrated fictional story. The story as symbol stands for the therapy content (what happened) and process (how this happened) during Elle's therapy. The story as symbol is co-created between Elle and me as a collaborative construction. In constructing the story, I hope to elicit some sense-making frameworks in the reader and in myself. These frameworks include ideas about doing therapy involving different theoretical paradigms, and art-like research possibilities about research on therapy.

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I see these frameworks as implicitly elicited on the reader's behalf, but an explicit exploration of the reader's frameworks falls outside the scope of the dissertation. However, although the reader's sense-making frameworks appear implicitly elicited, they still inform the knowledge construction process as part of the intersubjective process whereby what is known becomes constructed (Barry, 1996).

On the other hand, I aim to reflect on my sense-making frameworks from the position of a developing therapist. This intention points to the important role of reflexivity in a symbolic constructivist research approach (Barry, 1996), as previously described. Reflexivity as an explicit aspect of the research process forms part of the distinction between symbolic constructivism and artistic inquiry, and this distinction influenced my decision to make use of symbolic constructivism as an approach that fits with the social constructionist theoretical framework of the dissertation. Reflexivity assists in making the knowledge construction process transparent (Barry, 1996), which aids in giving the reader access to the process whereby meaning becomes constructed.

Reflexivity also plays an important role in symbolic constructivism because this approach takes into account the power dimensions that may be influencing the process of meaning construction (Barry, 1996). Hoogland (2004) believes that transparency in the methods of construction is important for cultivating an awareness of the social processes in which such methods are embedded. Transparency in the methods of construction therefore pertains to the power dimensions influencing the process of meaning-making. In the same way, Freedman and Combs (1996) relate reflexivity to the idea of power dimensions in suggesting that reflexivity can be constructed as "a political act whose function is to distribute power among all the different voices in the discourse, dominant and non-dominant" (p. 169).

Since I view reflexivity as a continual process that influences every part of this study, including the topic and the method chosen (Du Preez, 2004; Ellis & Bochner, 2000), written reflections on the research and therapy processes form part of the research text. I included these reflective sections to assist in maintaining transparency in the process of constructing knowledge. Elle also reflects on the research process from her perspective (Loewenthal, 2003), in written reflections which, it is hoped, contribute to the authenticity of the story.

The written reflections of a peer evaluator (Kelly, 2006), Venessa Nabal, as a critical reader (Viljoen, 2004), add another voice to the knowledge construction

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process. I invited Venessa to participate as such an evaluator owing to our shared academic training context. Venessa's role includes making reflective comments on my and the client's reflections, as well as on the logical coherence (Beneke, 2005) and the accessibility of the story (Cole & Knowles, as cited in Gosse, 2005).

Reflections from Elle's and Venessa's perspectives not only take research as a relational process (Gergen & Gergen, 2000) into account, but also contribute towards the trustworthiness of the knowledge constructed (Lincoln & Denzin, 2000), thereby adding to the legitimacy of the constructed knowledge. Elle's and Venessa's reflections may also contribute towards the idea of multiple voicing, as previously described.

The Symbol in Symbolic Constructivism

The general meaning of the word *symbol* denotes something that is used in place of something else, to which it refers (Barry, 1996). The structuralist position towards interpreting the meaning of symbols regards symbols as existing in fixed relationships to that which they signify (Barry, 1996). A structuralist position describes linguistic symbols, for example, as substitutes for the things they represent (Barry, 1996).

Another view of the relationship between symbols and their meaning holds that meaning is plural, but that a single interpretation or meaning becomes assigned to a symbol – often resulting in the reification of that meaning (Barry, 1996). The alternative meanings in turn play definitional roles in signifying what a specific symbol does not mean (Barry, 1996). Within this view, attempts at interpreting meaning involve a perpetual referral of symbol to symbol, without arriving at any one true meaning (Derrida, as cited in Barry, 1996).

The meaning of *symbol* as used in symbolic constructivism is situated between these two above-mentioned views, where symbol denotes “something which seemingly has determinable, sign-like form(s), meaning(s), and use(s) and which acts as a gateway to other understandings” (Barry, 1996, p. 414).

Fiction as Art-like Symbol

Hoogland (2004) describes the specialised use of language in literature and poetry as art. This specific deployment of language, particularly in the writing of fiction, therefore serves as the artistic medium that I use in constructing an art-like symbol.

The co-written, illustrated story, as mentioned previously, functions as the said symbol.

According to Richardson (2000), literary stylised approaches involve the rhetorical staging of a story about real, experienced events, such as Elle's therapy story in the present study. A literary stylised approach includes poetry, prose and stories. In much the same way that painting a picture will require certain painting techniques, writing a story requires fiction-writing techniques such as dramatic recall, strong imagery, fleshed-out characters, unusual phrasings, puns, subtexts, allusions, flashbacks and flashforwards, tone shifts, synecdoche, dialogue and interior monologue (Richardson, 2000). These techniques help in maintaining verisimilitude, coherence and interest in the story. Verisimilitude denotes the story's believability and its appearance of being true (Richardson, 2000).

The reasons I decided on using a literary stylised approach, particularly fiction, in constructing the art-like symbol, chime with Gosse's (2005) and Richardson's (2000) description of fiction as a powerfully provocative medium that uses literary devices and styles in evoking responses in the reader. The use of fiction writing may also contribute towards evolving fluid meaning and multiple understandings in the research. Consequently different readers may find different meanings in the text – with these meanings being open to continual change. This idea is more fully set out in the following section concerning intersubjective construction of knowledge and the interchange between the reader and the text.

Another reason why I chose to use a literary stylised approach in constructing the symbol involves the idea of intersubjective construction of knowledge which is emphasised by symbolic constructivism (Barry, 1996). In this regard, Richardson (2000) describes literary stylised research formats as particularly suited for the intersubjective construction of knowledge because the reader is invited into the text. Hoogland (2004) also emphasises the usefulness of fiction in constructing knowledge through performing itself in relation to the reader.

The abovementioned ideas are therefore related to Gergen and Gergen's (2000) suggestion of using literary stylised approaches, in research from a social constructionist stance, for providing an alternative to the traditional realist discourse in research. Consequently, for three reasons – the potential power of fiction as a provocative artistic medium, the suitability of fiction for intersubjective construction of knowledge, as well as the potential fit with social constructionist ideas about research

– fiction writing seems very useful as the artistic medium in constructing the art-like symbol in this study.

*Interchange Between the Reader and the Text:
Intersubjective Construction of Knowledge*

In reading about the topic of intersubjective construction of knowledge through literary texts, I came across reader response theory that seems to embody the idea of intersubjective construction of knowledge on a literary theoretical level. Taking into account the idea that the postmodern movement which gave rise to social constructionism also manifests itself in literary theory (Beck, 1993), a brief reference to reader response theory and intersubjective construction of meaning may be useful at this point.

In this regard, Peck and Coyle (1993) mention certain shifts in emphases in literary theory that embrace a movement from an emphasis on the text to a focus on the interchange between the reader and the text. An emphasis on the latter suggests a process of intersubjective construction of knowledge, one of the goals of symbolic constructivism (Barry, 1996).

According to Peck and Coyle (1993), the focus on the said interchange calls to attention the ways readers may collude or collide with the textual assumptions, find divergent meanings in the text or in the subtext, or react in any number of ways to the text. A focus on an interchange of this kind involves a questioning of strategies or processes by which meaning is constructed (Peck & Coyle, 1993), which seems reminiscent of an epistemic definition of social constructionism that also involves describing the processes whereby people generate meaning together (Du Preez, 2004; Gergen & Gergen, 2004).

Constructing the Text

The aim of the story is to integrate and arrange the therapeutic content in such a way as to construct an aesthetic experience and involve the reader intersubjectively in construction of knowledge (Richardson, 2000).

The following elements form part of the constructed story as a symbol:

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1. A fictional story co-written with Elle. As previously mentioned, the therapeutic content and process as recorded in the process notes during therapy form the basis or the grid according to which this story is co-constructed. In other words, the content of therapy, including the imagery used, the plot of the therapy story, the characterisation of Elle's ego states, as well as the emotional content of Elle's experience of therapy contribute to shaping the narrative. Most of the story is written by me, with Elle's inputs as co-writer being those of editing the narrative's content, style, and tone. Her role therefore includes changing, adapting and writing parts of the text in order for the story to remain authentic to how she constructed her experiences during therapy, and to be accountable to her as co-constructor of the story (Richardson, 2000).

The story is structured according to the way in which the therapy proceeded. The therapy sessions upon which the subsequent parts of the story are based are indicated together with the title of that specific part of the story. Consequently, the story is divided into sections or chapters according to the specific therapy sessions. When read as a whole, the story therefore chronicles the therapeutic process as it developed up to a certain point, in accordance with the specifications of the maximum length of dissertations.

2. Drawings and poetry of some of the ego states, created by Elle during therapy, are included and illustrate the written story. These drawings and poetry are not interpreted in terms of Elle's therapy, but allowed to speak for themselves. In this way, interpretation remains open and fluid (Richardson, 2000).
3. Transcribed and translated (from Afrikaans) conversations with Elle, reflecting on her experience of therapy and the research process, are included. Incorporating these conversations serves the purpose of reflexivity (Du Preez, 2004; Loewenthal, 2003) and contributes to the authenticity of the knowledge construction process (Hervey, 2000), as well as to the authority of the text, that is, the extent to which the text is faithful to the context and people it is intended to represent (Lincoln & Denzin, 2000). These conversations are also intended to serve a

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strong safeguarding function in checking with Elle concerning the effect of her participation in the study, thereby contributing towards ethical practice as well.

4. As mentioned previously, written evaluative comments by a peer, Venessa Nabal, as a critical reader (Viljoen, 2004) in commenting on the logical coherence (Beneke, 2005) as well as the accessibility of the story (Cole & Knowles, as cited in Gosse, 2005) and the ideas pertaining to the reflections are included. According to Kelly (2006), including an element of peer evaluation in the inquiry may aid the communicability of the study as well as enhance the trustworthiness of the knowledge construction process. These aspects in turn may enhance the legitimacy of the knowledge constructed (Lincoln & Denzin, 2000).
5. Reflections on the therapeutic process follow each section or chapter of the story. These encompass thoughts on discovering, embodying and integrating my voice as a novice therapist, as well as certain notions about negotiating the interface between contextually useful, but epistemologically diverse paradigms from the position of a fledgling therapist. These reflections are presented in a written format.

Ethics

The emphases on relationships and power dynamics in research from a social constructionist perspective (Sey, 2006) possibly contribute to an increased sensitivity regarding ethics in research. As I understand it, the idea of ethical principles concerning research from a social constructionist perspective functions more like an integrated orientation or ethical stance that infuses every part of the research process than a list of rules that must be adhered to (Snyman & Fassler, 2004).

However, a practical translation of an ethical stance in research may include Wassenaar's (2006) ethical principles guiding the research process throughout the undertaking. These ethical principles involve the autonomy of the research participants and respect for their dignity, nonmaleficance, and beneficance.

In this study, I hoped to maintain an ethical stance guided by the abovementioned principles throughout the research process.

Autonomy and Respect for Personal Dignity. During our discussion of the possibility of Elle's participation in the study, she was informed of the nature of the study, as well as of what her potential involvement would entail. Elle's participation in the study was voluntary and she reserved the right to discontinue participation at any stage without any negative consequences.

Autonomy and respect for personal dignity also refers to issues of confidentiality (Wassenaar, 2006). In this study, confidentiality therefore is maintained concerning Elle's personal identifiable information such as actual names and locations. In assuring confidentiality, the pseudonym 'Elle' is used throughout. All personal identifiable information gained from the therapy itself is regarded as confidential as well.

Venessa Nabal opted not to use a pseudonym as a peer evaluator in the study. Her participation in the study was also voluntary, and she could have withdrawn her participation in the study at any time without negative consequences. Both Elle and Venessa gave their consent for participation in the study and signed documents detailing informed consent (Appendix A indicating Elle's consent and B indicating Venessa's consent).

Nonmaleficance. Bearing in mind that this study originated from a previous therapeutic relationship with Elle, I am very sensitive to the potential impact of her involvement in this study on her. For this reason, various safeguards such as checking with her in conversations as well as making referrals to other appropriately qualified therapists in the event of Elle wanting to continue with therapy form part of the research process.

Another safeguard was the co-created statement of therapeutic intent (Appendix C) between Elle and myself (W. Louw, personal communication, August 24, 2006). The purpose of this statement is to document and set out the therapeutic intention of Elle's participation in this study. The statement of therapeutic intent not only serves as a protective measure, but is also linked with the idea of beneficence in terms of Elle's participation in the study and furthermore touches on the idea of the often blurred boundaries between therapy and research involving therapy, mentioned earlier (Lindegger, 2006).

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Beneficiance. Elle's participation in the study may benefit her in terms of another level of meaning constructed in her therapy by means of co-writing the story with me. In this study, Elle's positioning as co-creator and editor of the story may contribute towards her empowerment, especially concerning the idea that she has a voice in her own story and that she controls how that story is presented.

In summary, this chapter describes social constructionism, as the research framework, as well as symbolic constructivism, as the research method. Symbolic constructivism is contextualised in terms of its relation to artistic inquiry. Fiction writing as the art-like method used to construct a story as symbol is discussed, with the different elements that form part of the story being set out. The actual story as a symbol follows in the next chapter, together with sections reflecting on the therapy and research process.

CHAPTER 4

ALICE



“The chief difficulty Alice found at first was in managing her flamingo: she succeeded in getting its body tucked away, comfortably enough, under her arm, with its legs hanging down, but generally, just as she had got its neck nicely straightened out, and was going to give the hedgehog a blow with its head, it would twist itself round and look up in her face, with such a puzzled expression that she could not help bursting out laughing: and when she had got its head down, and was going to begin again, it was very provoking to find that the hedgehog had unrolled itself, and was in the act of crawling away: besides all this, there was generally a ridge or furrow in the way wherever she wanted to send the hedgehog to, and, as the doubled-up soldiers were always getting up and walking off to other parts of the ground, Alice soon came to the conclusion that it was a very difficult game indeed.”

(Carroll, as cited in
Gardner, 2001, pp. 88-89.)

Alice’s difficulty in attempting to play an apparently simple game of croquet as narrated

in the above excerpt reflects to me part of my experience of “negotiating the rules of the language game of therapy” (Neimeyer, Herrero, & Botella, 2006, p. 135) as an apprentice therapist. In much the same way as Alice’s game, doing therapy does not seem to follow any set of clearly defined rules or follow predictable avenues, even though initially Alice started out thinking she was going to play the well-defined game of croquet. Instead, rather like Alice’s experience, I am learning that in therapy some rules of the language game of therapy (Neimeyer et al., 2006) are negotiated while the game is being played, for example in Elle’s therapy. On the other hand, there is no game if there are no rules; and therefore some of the rules of the game function as a given in constructing the game. An example from the excerpt is when Alice plays croquet and consequently follows the game’s rule of trying to hit a ball (hedgehog) with a croquet stick (flamingo) in order to send it through the arches (doubled-up

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soldiers). In a similar fashion some rules of the game of therapy involve a discursive context including a client, a therapist, a problem, and other discourses within which therapy is constructed.

In a previous chapter, the use of ego state therapy from a social constructionist framework of thinking about therapy from the position of a developing therapist is explored on a theoretical level. The present chapter deals with my construction of the process whereby these theoretical ideas were translated into a therapeutic process by using symbolic constructivism as a research method.

Symbolic constructivism involves art-like portrayal in creating a symbol that elicits, evokes and challenges sense-making frameworks (Barry, 1996), as discussed in the previous chapter. In this dissertation, fiction writing is used as an artistic medium in the collaborative construction of a story as a symbol for Elle's therapy. The structure of the narrative follows the course of the therapy process, with the therapy meetings forming the basis of the story, as indicated along with the caption. The narrative thus chronicles the therapy process as it developed up to the fourteenth therapy meeting. Each part or chapter of the story is followed by sections reflecting on the therapy, together with two sections reflecting on the research process. The fourteenth therapy meeting heralds our introduction to Bulimia in Elle's therapy, and consequently the story constructed ends rather open-endedly although the therapy continued after this meeting.

The style in which the story is written does not conform to academic writing conventions, but, rather, is more reminiscent of expressive, artistic writing. Elle's direct words, including her poetry and other written material as well as her alterations to the text, are indicated in italics in the language that she used unless stated otherwise. However, since symbols only possess meaning within a particular context, the story also requires a context within which it may be meaningful. Therefore, an introduction to Elle, as well as a description of my positioning in the therapeutic process, forms part of this context, following in the next section. The reader is thereafter introduced to the problem, whereafter the story is recorded.

Meeting Elle

Elle is an attractive 22-year old visual arts student. Intelligent and diligent, she passed matric with seven distinctions and is, at the time of writing, in her fourth year of

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studies at a tertiary institution, where she excels. She appears as quiet, friendly, and fond of quirky clothing.

Elle approached me for therapy regarding suicidal thoughts, eating problems (overeating and purging), depressive mood, relationship problems (she described problems with intimacy and expecting relationships to fail), as well as recurrent self-mutilative behaviour (cutting herself). She described experiencing a war going on in her mind and added that she would often do things to herself without knowing why and without feeling that she had control in the matter. These descriptions led me to wonder about the role of possible dissociative experiences with regards to the problem, which is discussed in the following section.

Concerning her family context, Elle is the middle child in a family of five, with an older brother and a younger sister. During our first meeting Elle described herself as a model child who achieved in various activities and attained good marks at school. In accordance with the idea that people seem to construct reality in their daily lives in living and talking together (Freedman & Combs, 1996), Elle's brother is constructed in the family as the problem child. In living out this reality her brother engages in serious, long-standing drug abuse, recurrent suicide threats and attempts, as well as violent and destructive behaviour. His behaviour consequently received a diagnostic label by a mental health professional, namely that of Bipolar Disorder.

Elle describes her mother as extremely accommodating towards her father and brother, avoiding conflict, and she appears to place great emphasis on eating and food. Playing into the family discourse in this respect, Elle's younger sister is reportedly struggling with eating problems as well.

Elle describes her father as emotionally volatile, aggressive, unstable and verbally abusive. Owing to his work situation he was physically absent for extended times during Elle's earlier years. Elle mentioned that she did not realise her dad was away working, and had thought for a long time that he had died from a heart attack. She said her father never acknowledged her achievements, and instead asked her why she did not do better. Elle describes her relationships with her brother and father as extremely negative, and those with her mother and sister as uninvolved and neutral. The family also frequently relocated during Elle's primary school years and she had been in eight different primary schools.

The abovementioned description of Elle's family context seems reminiscent of Chang's (1998, p. 252) suggestion, as described in the section about social

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constructionism, which concerns discourses operating on micro levels in families' and individuals' (among others) interactional patterns that “cocreate or erode meanings of events”. These patterns also include the therapy context, and make evident how descriptions of people within problem-saturated stories often appear to focus on the problem and ‘what is wrong’, thereby strengthening the story of the problem (Corey, 2001). Although my description of Elle’s context appears to buy into this idea of highlighting the story of the problem, I have attempted to align myself with Elle rather than with the problem throughout her therapy.

Positioning Myself

According to Fruggeri (1992), the way in which the therapist understands and describes the interactional processes in therapy in effect constructs these processes. This relates to how I describe my positioning in Elle’s therapy as well as how I describe the therapy content and process. I construct my positioning regarding Elle as that of being in a curious and respectful not-knowing position (Anderson, 1997). This means that I did not assume that the meanings that Elle and I accorded to her life, the therapeutic conversation, potential goals for therapy, or any specific word for that matter automatically designated a shared meaning. Instead, I continuously asked her what something meant to her, how she felt about it and how she made sense of it in the context of her life (part, present and future: whichever timeframe[s] seemed relevant to the conversation).

The not-knowing position also reminded me that I probably will never hear all the voices that contributed and continue to contribute to what Elle brings to the conversation, and that she is therefore the expert on her life. This way of thinking helped me to maintain a more egalitarian position regarding the power dimensions in our relationship. On the other hand, I construct myself as also, hopefully, having brought some skills to the relationship!

Positioning myself includes a description of my positioning regarding the problem that brought Elle to therapy as well. As mentioned previously, Elle’s description of the problem struck a chord with me about possible dissociative experiences that might contribute to the problems she experienced and was experiencing. Influenced by my personal narrative, I am interested in ideas about trauma, dissociation, and working with these issues in therapy, for example by using

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ego state therapy. Concerning the therapist's ideas which may function like an unexamined underlying lens influencing the conversation, Lax (1992) suggests bringing these ideas to the conversation. In Elle's therapy this notion played a part in my putting some ideas about dissociation and ego state therapy on the table, which Elle felt resonated with her experience.

On the other hand, if I had not been acquainted with the issues of trauma, dissociation and ego state therapy on a more personal level, it probably would not have occurred to me to pursue further training in these areas and consequently bring these ideas to this particular therapeutic conversation with Elle. At the start of my training as a therapist, I found it rather challenging to realise and acknowledge the influence of my personal narrative on how I view and engage with the trauma stories that some clients brought to therapy. This idea is probably interrelated with the clear-cut divisions that existed for me between what I constructed as the personal and the professional. I perceived my personal narrative as influencing me as a person, and probably contributing to an extent towards my intellectual understanding of certain problems; however, the influence of my story on how I think about therapy and especially on how I relate in therapy represented somewhat uncharted territory.

During Elle's therapy, I experienced the process of my identity as a therapist gradually starting to become more integrated with my personal narrative. Even though at present I am describing my construction of an integration between the personal and the professional in myself, this process appears to be part of life-long professional development (Rønnestad & Skovholt, 2003) and is therefore far from complete. Consequently, at this stage the idea of integrating the personal and the professional means for me that developing as a therapist involves more than an intellectual exercise in, for example, attempting an understanding of apparently complex theories and processes: it involves developing as a person as well, especially in how I relate to others. These notions seem to correspond with Rønnestad and Skovholt's (2003) suggestion involving the therapeutic development of novice therapists moving towards personal and professional integration by becoming more aware of the ways in which their identity is expressed in their work.

Negotiating theoretical paradigms pertaining to therapy from the position of a therapist in training therefore flows into practical, interpersonal dimensions as well. This idea is reflected in Rønnestad and Skovholt's (2003) citation of the findings of the International Study of the Development of Psychotherapists [ISDP] (Orlinsky &

Rønnestad, in press) that describe a connection between therapists' approach to theory and the quality of the therapeutic relationship.

Accordingly, I view my relationship with Elle as a key part of the said therapy. When considered from a trauma work perspective, the therapeutic relationship also constitutes a central element of therapy with traumatised people (Ford, Courtois, Steele, van der Hart & Nijenhuis, 2005). I view relating to Elle on an interpersonally connected level as being of more therapeutic value than being able to use “nice grand words” in describing sophisticated theoretical therapeutic underpinnings and complex therapeutic techniques. This idea again has a bearing on the increased integration between my role as therapist and myself as a person. Rønnestad and Skovholt (2003) describe an apparently similar developmental movement, which seems reciprocal yet parallel to the process of integration, as the increasing ability of the therapist to relate in a professionally connected way to clients. This development in terms of relating is described as occurring within the context of professional, ethical boundaries and differentiated responsibilities in the therapeutic relationship.

In reflecting on how these ideas manifested themselves in therapy with Elle, I experienced a decreased need to perform in therapy and a greater freedom to be. By a decreased need to perform, I refer to a lessened sense of performance anxiety, which subsequently allowed me to be more fully present and interpersonally engaged in the therapeutic process. Notions with respect to my positioning in the therapeutic relationship with Elle therefore involve developing a process-oriented way of thinking about therapy (Lax, 1992) that is mindful of – and informed by – content; based primarily on an authentic relationship with another person.

Meeting the Problem

The problem can be introduced as comprising symptoms that seem to fit with ideas of dissociation, for example problems with self-regulation (van der Kolk & Courtois, 2005), where self-mutilation and bulimic behaviour often fulfil the function to attempt to self-regulate or numb emotions (Farber, 1997; Feeny, Zoellner, Fitzgibbons & Foa, 2000; Galper, 1999). The bulimic behaviour apparently escalated when Elle experienced stress or boredom, and she engaged in bingeing and purging mostly at night. During an initial meeting Elle mentioned that she felt she did not really have much control over herself, and that she sometimes did harmful things without knowing

why. Other symptoms Elle described that appeared to fit with dissociative responses included relational problems (van der Kolk & Courtois, 2005), suicidal thoughts and behaviour, anxiety (Ross, 1999), as well as feeling emotionally dead or numb (Ford et al., 2005).

The problem seems strengthened by Elle being seduced into excessive risk-taking behaviour, for example “pill-popping just to see what will happen” (as she describes it), putting her physical safety at risk at times and smoking marijuana from time to time. According to Ford et al., (2005), these symptoms also seem to chime with the idea of behavioural dysregulation associated with dissociation.

In hoping to become somewhat better acquainted with the problem, I asked Elle to complete the Adolescent Dissociative Experiences Scale (A-DES) (Armstrong, Putnam, Carlson, Libero, & Smith, 1997), where her score of 4,9 aided in a possible description of the problem. The A-DES is a self-report screening tool concerning the frequency of dissociative experiences which is appropriate for testees aged 10–21 years. The A-DES screens for dissociative experiences relating to dissociative amnesia, passive influences, depersonalisation, derealisation, absorption and imaginative involvement (Armstrong et al., 1997). The authors suggest that a score above 3,7 warrants further evaluation for a possible dissociative disorder diagnosis. The A-DES seems to discriminate between abused and non-abused adolescents, where adolescents with a history of sexual abuse, physical abuse, and neglect showed significantly elevated scores (Brunner, Parzer, Schuld & Resch, as cited in Martínez-Taboas, Shrout, Canino, Chavez, Ramírez, Bravo et al., 2004), and appears to distinguish between dissociative and non-dissociative psychiatric diagnoses. These findings contributed in describing the possible influence of dissociation on the problem that brought Elle to therapy and formed part of my reasoning in suggesting the idea of ego state therapy as a contextually useful therapeutic technique.

Although attributes of the problem are described in terms of theoretical constructs involving dissociation and trauma (among others), I have attempted to use these constructs in describing aspects of the problem in a way that takes into account an awareness of how social processes and power dynamics contribute towards constructing the way the constructs and problem are understood (Freedman & Combs, 1996). Therefore, the social relationships within which the problem, as well as the therapeutic system, is embedded serve as an important locus of understanding (Gergen, 1997); an issue discussed in Chapter 2. By including the descriptions of

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Elle's current context, which includes her family and historical context, as well as descriptions of my perceived therapeutic positioning and a description of the problem, I hope to highlight some of the discourses giving rise to how the problem is constructed. Even so, the act of describing these discourses in fact constructs them as the object of my understanding (Fruggeri, 1992; Stam, 2001).

In Elle's therapy, the idea of dissociation seemed to have provided a means whereby a different understanding of the problem was constructed. This other understanding involved using the language of trauma, dissociation and consequently ego state therapy as a means for constructing the different self-stories of Elle. By self-story I refer to the stories of the different ego states that make up the coherent narratives of the different self-constructions of Elle (Neimeyer et al., 2006). In Elle's therapy, the idea of ego states is used in reference to these different self-constructions. Although these different self-stories appear to be coherent within themselves, Elle's self-story of her identity may seem fragmented because of dissociation (Neimeyer et al., 2006).

These different self-stories acknowledge Elle as the potent author of multiple accounts of self in her life, creatively constructed in response to difficult circumstances. The space she allows for whichever self-story, at whatever time she feels, is constructively useful, since that moment may also contribute towards a sense of mastery, which is important in working with traumatised people (Ford et al., 2005; van der Kolk, 2002). As I have just noted, in Elle's therapy, the idea of ego states is used in reference with regard to these different self-constructions. A practical example of this idea is evident where Elle had previously silenced angry ego states or engaged in self-mutilation to express her anger; during therapy she has seemed to develop ways that allow an angry ego state to express this emotion, to the extent with which Elle felt comfortable, in safe ways such as drawing or painting. Elle therefore seemed able to allow space for a self-story in which her own anger is acceptable and is expressed in preferred ways.

Therefore the way in which constructs and ideas such as dissociation in Elle's therapy were used did not describe them as essential psychological constructs (pointing towards an ontological description), although the use of screening instruments such as the A-DES may be constructed as underscoring a perspective concerned with the ontology of dissociation. Rather, I hope to have used these constructs and ideas in ways that describe the process whereby dissociation and

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trauma are understood with specific reference to Elle. Used as such, these constructs and ideas may possibly enrich understanding of the problem and “as intelligible interpretations they offer significant options for action” (Gergen, 1997, p. 732).

Elle's Story

The house of wonder

(Therapy meeting 2)

The old man lets us in. The house seems to be holding its breath, waiting for something to happen. We follow the old man's slow, shuffling steps to a room at the back of the house. This is the room that we need to be in now. The walls are still holding their breath, waiting to exhale. Waiting to let go.



Light dimly reflects off the beautiful chandelier dangling from the ceiling, pointing long crystallised fingers to the bed underneath. A sleeping man and his wife, back to back like brittle Siamese fetuses. They fell asleep nineteen years ago, and haven't woken up since. Maybe they just forgot to wake up. Maybe they haven't ever been much awake to begin with.

The old man knows. He points to a statue of an African woman on a pedestal next to the bed. Beautifully decorated, luminous, and angry. Not that the anger is visible – statues are too stuck in their rigid shape to show

much of anything. Cracking a frown may send wooden splinters rocketing in all directions, so the statue much rather remains in a half-cracked smile.

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Have I been standing here for 19 years, on this pedestal you placed me on? I stand so close to where you lie asleep, but there are miles of silent emptiness between us. At first I did not even recognize you sleeping. You taught me to be a statue. I am not allowed to cry or smile in front of you 'cause that's not what statues do. I have 19 years of unexpressed emotions welled up inside of me, someday I will explode.

I feel anger so intense it consumes me from inside. It hurts so much to think or feel, my heart has turned to stone. I stand here before you, having done what you wanted me to, but it's never good enough. You're still asleep. Through my pain I want to wake you up, but I don't want you to see who I've become. I'm ashamed; I failed in so many ways... I'm becoming just like you.

This is the last thing I ever wanted. I want you to accept me for who I am, but you decided who I will be a long time ago for me. I have forgiven you for forgetting me, but it does not make the hurt less. I'm always waiting for you to change, but you never will. I share no trust or fond memories with you; you never kept promises or took some time to get to know me, although I tell myself you tried.

You've worked so hard to try and give us what you never had, that you lost us in the process. I never knew you and never will and it hurts so much to hurt myself because I don't want to hurt you. All I do is disappoint. I don't want to be the best – I just want to be me.

I would like to blame you for so much, but I know you're only children inside too and do what you think is best of what your parents taught you. I understand but you don't because you're blind and asleep and I'm lost.

The old man waits. The statue has stopped staring at the motionless people on the bed. She started scratching at her toenails instead, chipping off the black nail polish splinter by splinter. The house lets its breath out with a musty, hollow sigh.

The old man lets us out.

Reflections on Therapy

The sections dealing with reflections on therapy encompass reflecting on the therapeutic process as well as on the ways that ideas about ego state therapy were used in, hopefully, opening a space for Elle to construct a preferred and empowered reality (Hoyt, 2000). As mentioned in a previous chapter, different theoretical stories describe different realities, and in these reflective sections, I hope to reflect on the realities that were constructed in Elle's therapy.

During the therapy meetings, Elle and I conversed, reflecting about what had taken place in that meeting, including what had happened during hypnosis. These reflective conversations helped us to develop a co-constructed understanding of the symbols, images and metaphors, the meaning they might have for Elle's current life, as well as the possible options for action they might offer.

I hope to describe these symbols, images and metaphors in the dissertation in a way similar to how Elle and I talked about them during therapy. In other words, describing the content of therapy does not involve an ontological description, but rather an epistemic description regarding how the therapy content has meaning, as well as what this meaning may entail and the possible options for action it may offer. As mentioned previously, reflecting on the therapy content often helped facilitate conversations about the therapy process, which are integrated within these reflective sections.

The image of a house is used as a metaphor for Elle's self, with the different ego states being embodied as the different characters in the story. I introduced the idea of a gatekeeper, and Elle came up with the idea of the old man who permits access to different parts of the house.

Using the metaphor of a gatekeeper, it is hoped, conveyed respect for Elle's autonomy as well as facilitating her active sharing of the control and direction of the therapy meeting, thereby contributing towards a more egalitarian therapeutic positioning. Although the metaphor of the old man as gatekeeper did not again present itself as such after the initial meetings, respect for Elle's autonomy and the collaborative therapy undertaking was maintained by inviting Elle to undertake her own hypnotic induction and thereafter go (in the house) where she felt she needed to go.

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Some of the recurrent themes in Elle's therapy are illustrated in the imagery of this part of the story. These themes involve her experience of her parents' extremely high expectations of her, especially in the area of academic and other achievements. In our reflective conversation, Elle described the statue on the pedestal as a symbol of these high expectations. The meaning of the latter involves implicit and explicit requirements to conform to her parents' construct of who she should be, which left no space for Elle to be herself. Her parents' construct of her did not seem to allow Elle to feel or show her emotions. Anger from her especially did not seem to be tolerated, and possibly she had dealt with her anger through dissociation. In this regard, the bulimic and self-mutilative symptoms may function as a means of expressing anger (Haddock, 2001). Elle therefore seemed to have constructed and performed part of her identity in accordance with the discourses (including the discourses constituting the therapy context) in which she was situated (Freedman & Combs, 1996), especially regarding how the requirements for acceptance and love became constructed.

According to the Complex Trauma Workgroup of the National Child Traumatic Stress Network (NCTSN) (n.d., cited in Cook, Spinazzola, Ford, Lanktree, Blaustein, Sprague, Cloitre, DeRosa, Hubbard, Kagan, Liautaud, Mallah, Olafson, & van der Kolk, 2007), aspects that appear useful in working with traumatised people include safety, self-regulation, self-reflective information processing, integration of traumatic experiences, relational engagement, and enhancement of positive affect. In Elle's therapy, I have attempted to integrate these ideas as I understand them into the therapy process throughout. For example, the integration of ideas about safety in the therapy includes the co-constructed image of putting the house and all its contents in a bubble when exiting the house. The notion of a bubble therefore appears to be a symbol of a safe, protected space for Elle.

Reflections on Research

From a symbolic constructivist viewpoint, the process of knowledge construction involves reflexivity (Barry, 1996). However, the process of reflexivity occurs on different levels. By including a section reflecting on research, I hope to create space for explicit reflection on the process of constructing knowledge that may contribute towards transparency in the construction process (Barry, 1996). At first I wondered whether including a section on "reflections on research" might look rather artificial and I was concerned that adding these sections could seem like an external

or meta-conversation (Du Preez, 2004), which is not integral to the knowledge construction process.

However, this specific space for reflecting on the research process helped me to realise that in writing the story a reflexive position seemed to fit well with the process of writing. In other words, for me the process of writing the story involved thinking and rethinking the therapy process as well as of the research process. The act of writing for me seems to construct an experience in which I am both intimately involved, yet simultaneously distanced. By the latter I refer to my intellectual involvement in constructing the story, which includes using fiction writing elements such as those mentioned above (Richardson, 2000).

On the other hand, I am also intimately involved in writing the story since the process of writing the story seems to have required more than only intellectual effort from me; it also called for involvement on a personal level. This kind of involvement in the process of writing the story helped me realise on more than an intellectually removed level that I do not remain an objective outsider of some observed process, but that I construct part of myself as interwoven into this process as well. These ideas find their expression in Du Preez' (2004, p. 16) suggestion that "reflecting on the process of construction is not an external or meta-conversation, but part of the process itself and constitutive of the research process".

Through the trap door

(Therapy meeting 3)

We glimpse her dancing among the dilapidated ruins of the battered house. Up and down, twirling and turning, round and round she goes. Her flow of movement oddly staccato and abrupt. Pretty little doll. Like the marionettes artists use to learn to properly draw moving human bodies. She notices us but keeps on dancing. Twisting her wooden body into rhythmic spasmed choreography. Slowly the mouth starts opening. "My name," she whispers, "is Silence". The voice coming from the gaping wooden hole of her mouth sounds like birds chirping, almost devoid of any human likeness. And it sounds somehow broken – like an old wind-up toy that some uncaring kid mutilated.

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Suddenly flopping to the ground, she turns stiff wooden eyes to see whether we still see her. She scratches around on the floor, her wooden fingers making sounds like tree branches scratching on a window pane. Something slowly takes shape from under the dust and dirt – the faint outline of a secret trap door. It opens. And down we go. Following the winding staircase down and down and down, winding and arching into the bowels of an unknown space. Fleeting images of random animals flash onto the walls and disappear in the instant they arrive. At the bottom of the staircase something glistens.

It is difficult at first to make out where the light comes from. It seems to be coming from under water that breaks up the light at many different angles. The light spurts with stops and starts, coming from an opening under the water at the bottom of the

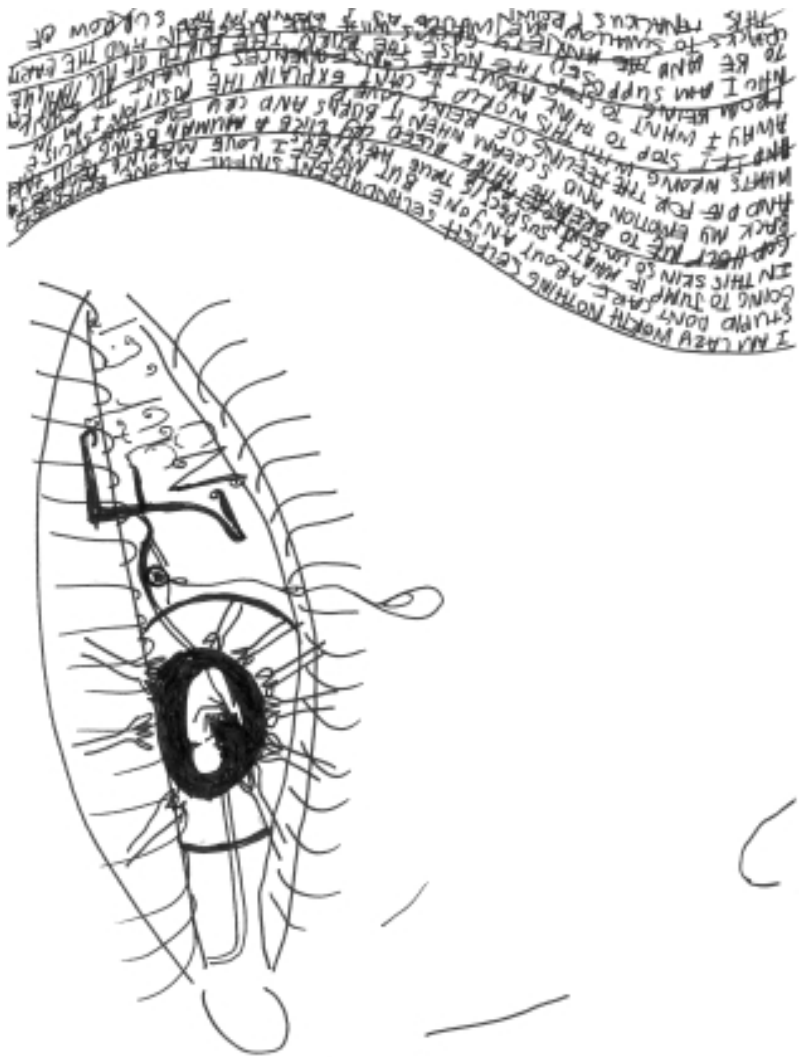


staircase that looks like an eye. She pulls me towards the opening. It's a bit like swimming in jelly. *The jelly surroundings are to a great extent set and a murky green.*

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The creatures on the walls are like fossils or frozen in ice as sometimes seen on documentaries or cartoons. Everywhere jelly-plants and jelly-fish hang motionless in the thick blackish stuff. Waiting, watching, hanging around in suspended (e)motion. One of these jelly-things looks a bit different. Like a tiny tadpole or frog thing. A tiny embryo. Slowly puttering around in the jellyish substance, waving its little arms. Waving or drowning? Tiny baby legs curled up underneath the body. Head out of proportion large to the rest of the body, the way babies kind of look like. There's something oddly misshapen about the baby though. Her skin is blotched black and blue, streaks of pain etched into a fragile little body.

There's another child there. An angelic boy with beautiful blond hair and bright blue eyes. He reaches out his chubby little arms to the bruised baby, fingers softly brushing against her face. Like a mad meerkat he sinks his fingers into the younger child's face, clawing and tearing. She doesn't resist him or fight back – it will only make him worse. This has happened so many times before; she knows the drill. So she waits it out, hoping the pain will go away. It's not that bad, anyway. He let her go once he's done, disappearing into the silent black stuff.



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Gently and carefully we pick up the broken child. Not responding, she stares into space with her one remaining eye. Don't know what happened to the other one. Maybe it was not supposed to see. *It's difficult knowing how to hold and touch the baby, since she's bruised so badly.* Taking the child to a special, safe room for hurting babies, a strong, wise caretaker takes her from us. *The caretaker takes the baby to a room that no-one can find except her. Somewhere the other child cannot get to, and if he does find the room, he will not be able to get in.* The child seems to relax a bit. She likes to be held gently and carefully. She needs to be held and comforted by a safe, strong caretaker. Someone that will hold her close and protect her. We leave her in this room with the caretaker and start walking out the house.

Once outside, the house looks broken and forlorn. But the walls are no longer teetering on the brink of caving in.

Reflections on Therapy

Conventional ego state therapy seems to involve ego states which primarily communicate verbally (Emmerson, 2003; Watkins, 1993), although Frederick and Phillips (1995b) mention examples of symbolic ego state communication. In Elle's therapy, her primary means of communication seemed to be largely non-verbal via pictures, images, and visual descriptions, for example involving the wooden doll. Although I brought the idea of ego state therapy to the relationship, Elle used ego state ideas in ways that constituted a better fit with her. The way in which therapy therefore became co-constructed hopefully contributed towards a cooperative and egalitarian therapeutic relationship on an interpersonal process level.

In the third therapy meeting, Elle used the idea of a wooden doll in directing the therapy narrative on a path that led towards the baby girl ego state. Movement metaphors (such as Elle's path) seem to facilitate increased absorption in the hypnotic process (Hammond, as cited in Hartman, 1995) and may contribute towards accessing dissociated ego states. During Elle's therapy process, movement imagery such as paths or roads seemed to precede therapy content which was particularly emotionally laden. Similar movement imagery can be found in the road imagery of Red (therapy meeting 10).

The baby girl ego state symbolises part of Elle's self that experienced apparently constant bullying by her older brother. Elle described these instances of

being bullied as having occurred for as long as she could remember and as still continuing on a regular basis into her life as a young adult. She described these experiences as traumatic not only because of the victimised position in which she was placed, but also because as a young child she seemed to have had no external narratives available to her (Schwarz, 1998) to protect her, comfort her or to help her make sense of what was happening.

In our conversation reflecting on the therapy's content, Elle's description of the physical injuries inflicted on the baby seemed to symbolise the hurt, pain and sense of being damaged, constructed via the frequent abusive interactions between her and her brother.

The construct of a safe, gentle and protective caretaker taking care of the baby was introduced, whereupon Elle remembered her grandmother with whom she used to feel safe, nurtured, and protected. A co-constructed goal at this point in therapy therefore represented Elle developing a self-narrative that included being protected and nurtured. This narrative was further strengthened in therapy by exploring the ways in which Elle felt safe and nurtured by her grandmother, and incorporating these ideas into the imagery of the caretaker and the baby. Relaxation techniques facilitating the development of Elle's self-regulating abilities (Ford et al., 2005) formed part of the therapy at this stage.

We explored linking the ideas about images of protection and nurturance to possible everyday actions. Elle thus arrived at the conclusion that she did not have to tolerate abuse and that she is able to set boundaries to abusive and demeaning behaviour, specifically regarding her brother. She also decided to start acting in a nurturing way towards herself by making small, positive changes to her daily routine with which she felt comfortable.

Elle's Reflections on the Therapy and the Research Process

This section entails a transcribed conversation between Elle and myself. The purpose of this conversation is to reflect on Elle's understanding of her experience of the therapeutic process, as well as of her experience as research participant in the research process. These reflective sections are included in the study to help maintain transparency in the process of constructing knowledge. I hope that inviting Elle's reflections on the research process from her perspective may contribute towards the authenticity of the story (Loewenthal, 2003) and consequently the authenticity of the

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constructed knowledge. In this sense authenticity denotes a credibility criterion that is described as reflecting the values of, among others, a constructionist research approach by, for example, intentionally representing the realities of everyone involved in the inquiry (Barry, 1996; Hervey, 2000).

In this way, the idea of authenticity contributes to the believability of the constructed knowledge (Barry, 1996). However, since the process of knowledge construction can be described from a social constructionist perspective as continually folding back upon itself and thereby continually changing (Lax, 1992), reflections on the authenticity of the knowledge constructed in the story refers to trustworthy knowledge as punctuated at a specific point. That point in this study is Elle's experience of the therapy process and how trustworthily, according to her, the story about what happened in therapy is constructed.

Nevertheless, returning to the idea of reflective sections mentioned above, I initially wanted to include separate reflective sections that involved reflective conversations about the therapy process and the research process. I still had the idea of separate reflective processes in mind at the start of the first reflective conversation between Elle and I, but as the conversation developed I started wondering about the boundaries between therapy and research about therapy that involves the former therapy client as a current research participant.

It seems that conversations about therapy from the perspective of a research participant (with the former therapist now acting as the researcher) involve some blurring of boundaries between therapy and research. Although this possible ethical issue had occurred to me at the outset of the study and I therefore built appropriate safeguarding aspects into the research process, at that point in time I still perceived the reflexive processes involving Elle's therapy (and my development as therapist) and the research concerning her therapy (which again implicitly comments on my development as therapist) as separate processes.

However, since the reflexive processes concerning therapy and research appear braided into one another, the following conversation starts as a reflection on the research process, but develops into integrating ideas on the therapy process as well. The conversation is translated from Afrikaans and follows after Elle has read and edited the story up until the end of "Through the trap door". The language reflects the informal tone of the conversation, and therefore contains contractions and

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colloquialisms. The bracketed phrases in *italics* are some of my additional reflective comments relevant to the conversation, but do not form part of the actual dialogue.

9 May 2007

Me: Elle, what was your general experience in reading the story?
(My intention in asking this question involves inquiring about the authority of the text, which refers to the extent to which the text is faithful to the context and people it is intended to represent [Lincoln & Denzin, 2000].)

Elle: I cannot remember the detail from these particular therapy meetings, but the story thus far sounds more or less like what I experienced in therapy.

Me: What feelings did you experience while reading the story?

Elle: I don't know what it's called. It's not fear, but it feels weird to read something that is actually about me. But it's also like reading a fairy tale.

Me: Maybe you can tell me a little about the thoughts you had while reading the story?

Elle: I agreed with what I read. Somehow it was a little like déjà vu. I was there before. A bit like experiencing things again.

Me: Can you tell me more about this?

Elle: A little weird, but not uncomfortable. It's like reading a story where you know what's going to happen. You feel things again, but not as intense as before.

Me: Looking back, can you maybe reflect a bit on your therapy journey?

Elle: I put the emotions that I had into abstract stories. I still do the same thing now – I put my difficult feelings into things such as paintings or art that nobody would know the true meaning of. I make my art surreal; it helps me deal with difficult stuff.

Me: It sounds like now you use your art to express what you feel without being exposed?

Elle: Yes. And that was what was cool about the therapy as well. Therapy helped me to voice my emotions. It still takes me long to figure out and

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give a name to what I feel, and I think about it by creating stories in my mind that portray the feeling and start from there.

Me: Is there possibly something that you realised about yourself while reading the story?

Elle: Everything was not as bad for me as it was before. I think I understand things differently now, and I'm not trapped inside one feeling anymore. I realised I grew a lot; I'm now able to handle life in a different way now. I always felt like life's victim, but I now feel that maybe that wasn't always the case.

Me: It sounds as if you maybe see yourself somewhat differently now?

Elle: Yes. I think I accept myself a lot more than I used to.

Me: About your involvement in the research process – how did you experience your involvement in this research process?

Elle: This is all very interesting. And, I used reading the story to help me understand what I went through in a creative way. I have an odd sort of compassion for me now.

Me: About the therapy process – what did you not like?

Elle: I was afraid to go too deep – I was afraid you would think badly of me. And we were there sometimes, but it was very difficult for me to talk about it. So I told you of some of the difficult things through symbols and stories, but other things were not ready to come out yet.

Me: The influence of the therapy on your life – do you feel it was more limiting or more liberating?

(I wondered about this question while I was asking it... Thinking about the power dimensions involved in the therapy relationship, and although I had aimed throughout the therapy process to maintain an egalitarian and respectful stance, what were the chances that Elle was actually going to tell me of the limiting effects? Especially since she had previously been concerned about me thinking badly about her... Maybe I could have rephrased the question as to include space for speaking about both limiting as well as liberating effects instead of implying an either/or choice through my choice of words.)

Elle: Therapy had liberating effects. It helped me a lot when I got to you. I was in bad shape – I did not know what I felt or what to do with what I

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felt. I now better understand what I'm feeling, and I know how to deal differently with it. I don't cut anymore if I'm sad or unhappy. I have more of a choice now. I never really wanted to live, but it felt too stupid to kill myself. But now I feel if a person understands... it's difficult to explain... I don't block things out anymore. I understand them now in a different way. I feel the "blockedness" is less, and this makes me less anxious.

Me: Sometimes people experience the way certain types of therapy is used as having limiting effects on their lives, for example when labels like dissociation and bulimia are used. To what extent do you feel that you maybe have been labelled by terms like dissociation and bulimia, for example?

Elle: I didn't feel labelled in therapy. I think that I would have told you when I didn't agree with a label or something you said. There was a phase some time ago when I know I felt tempted to put the label of bulimia on myself, because I think I was looking for who I was... And I used bulimia and cutting to cope. I don't cut anymore, but somehow bulimia has become something comfortable.

Me: It must be difficult to let something go that has become comfortable.
(This statement may be described as an example of the blurred boundaries between therapy and research in the context of this dissertation. In this regard a statement of therapeutic intent [Appendix C] was co-created by Elle and I in order to explicitly state the intention of Elle's participation in this research project as therapeutically beneficial to her.)

Elle: Yes. It is more comfortable to throw up than to exercise. But I will make the decision to let bulimia go myself.

Me: It sounds like you're not at the mercy of bulimia anymore?

Elle: Sometimes it just remains a bad habit. I always had the idea that bulimia will never really go away. But you know I just started asking myself why it has to come back. My whole life I assumed that there must always be something that suppresses me. And when everything was fine, I created something to suppress myself. But there doesn't

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have to be something that suppresses me. I don't need it anymore. But to fully get to this point is difficult. And I'm a bit lazy.

Me: Do you want to tell me about that?

Elle: I think society teaches us to take the easier option, because we live in a fast-food consumerised society. Everything is just made easy. So I sometimes forget that I have a choice with bulimia, and I get trapped in it again.

Me: Yes, society can sometimes be very sneaky in making us get lazy about our choices. But, I'm wondering whether you will ever get conned into completely forgetting about your choices. You once told me that you hate society's mass-producing, consumerised mentality. You said something about it making precious things cheap. And I remember how hard you fought to be your own person; to dress how you want to, to think how you prefer to think, and to be just who you are. It seemed that many people and things, such as parents, friends, bulimia and society have tried to force you in the past into a different mould – but you never settled for it. You fought very courageously in being your own person, and I'm wondering whether you would ever really fall for society or bulimia's scams.

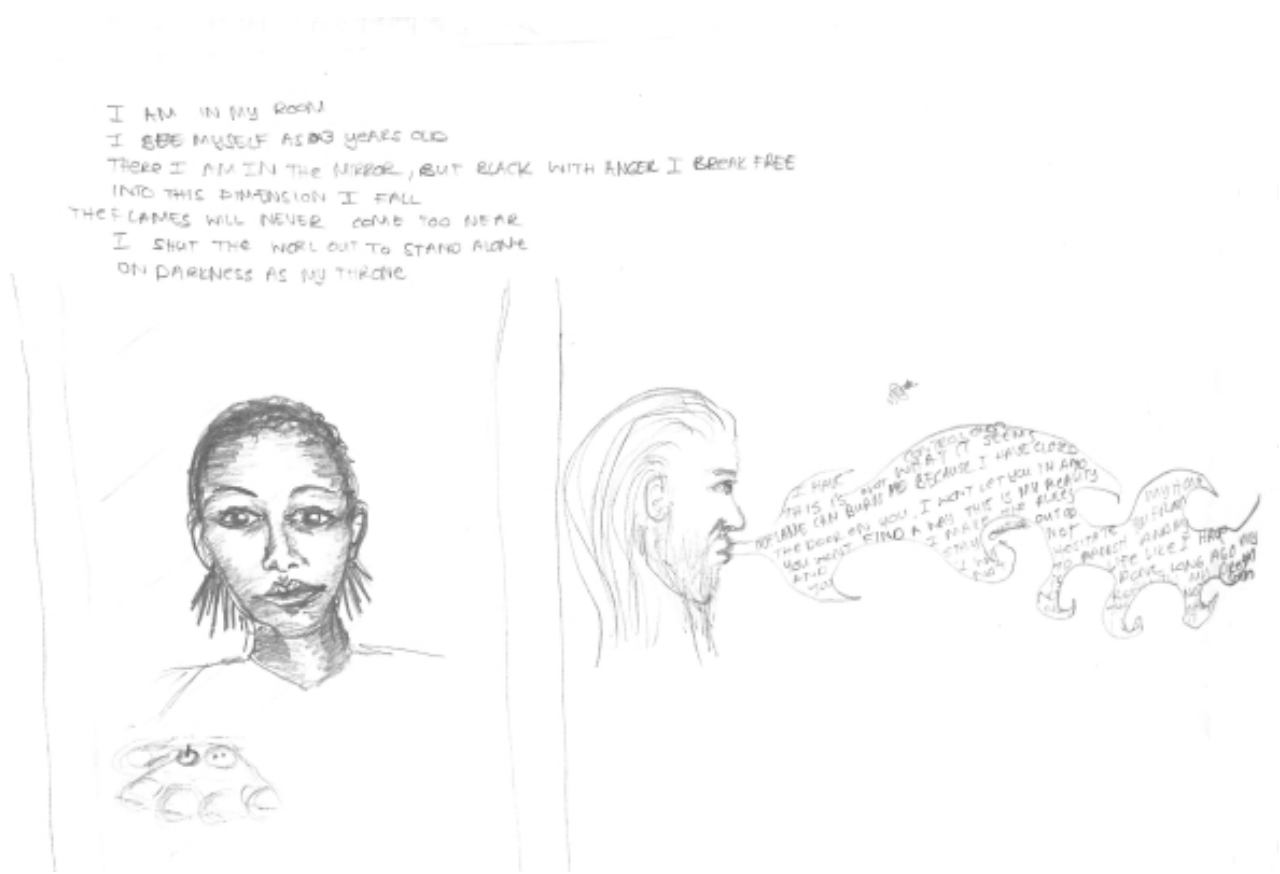
Elle: Yes. I forgot about that. Actually, I never thought about it like that. *(In considering Elle's remark on my preceding comments, I am wondering about the context that might help her sustain change. According to Parry and Doan (1994), a new story needs an audience to help the client sustain and develop their preferred reality. This idea seems to be linked with the notion of developing clients' resources and resiliency in working with traumatised people (Grossman, Sorsoli & Kia-Keating, 2006; Kluft, 2003; Luxenberg, Spinazzola, Hidalgo, Hunt & van der Kolk, 2001; Pearlman & Courtois, 2005; Schmidt, 2004). It seems in retrospect that although Elle's internal resources and resiliency appear to have been strengthened in therapy, more work on explicitly developing external resources in an audience that would help maintain the context that supports change for Elle might have been useful).*

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sparkly stars. “They’re beautiful,” Elle says. The little girl smiles a crooked half-smile and starts drawing stars on Elle’s face.

We leave the little girl in her special, safe room. She will be OK there. Elle shows me another room. There’s a young girl in this room, she’s sitting at a table drawing pictures. She feels black.

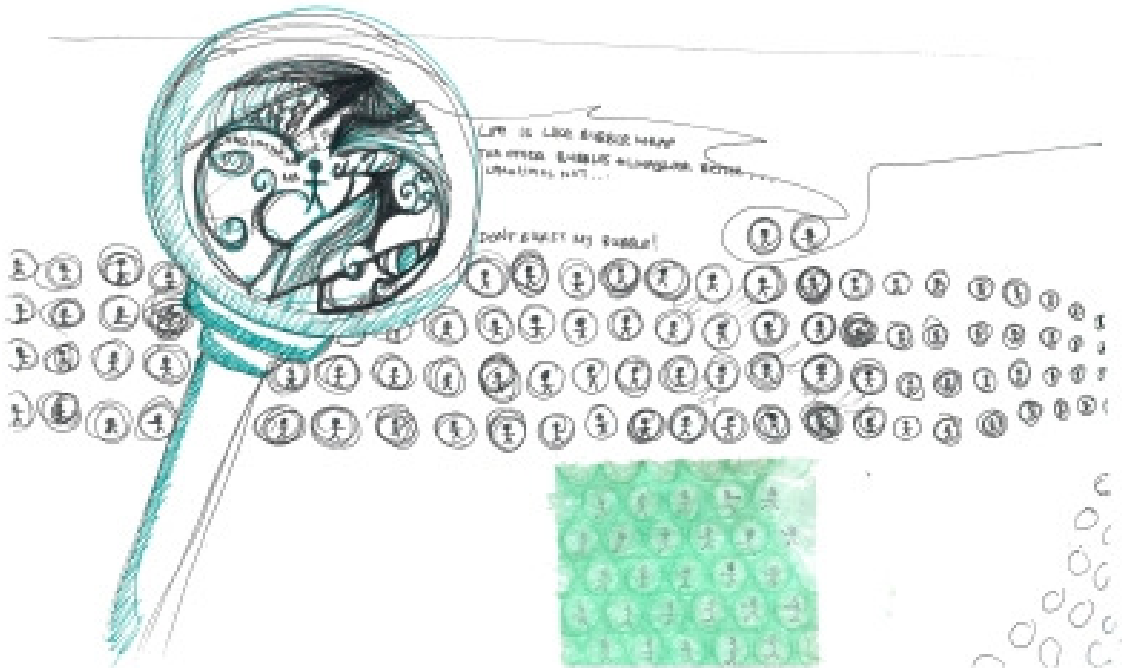
The girl gets up from the table and sits on the bed. Her eyes keep on flitting to the one side of the room. A strange buzzing, hissing sound slithers its way through the air. Then it explodes with hissing, buzzing cartoon bees angrily zooming around in a cloud of flames. Like mini fire projectiles. The girl on the bed seems scared and frightened



and tries to get away from the burning bees. A man’s face appears in the blazing frenzy. He’s spitting inflamed words at the girl on the bed. She recognises him. It’s Elle’s father. The girl on the bed starts hissing back at him. Elle helps her and together they blow him away. Dad’s outside the room, pounding on the door. But he cannot come in now.

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The girl on the bed gets up and starts pacing the floor. Back and forth and back and forth; black with rage. Her eyes catch the mirror and she stops in front of it. What a pretty mirror. Beautifully decorated with curls and twirly things. Her fragmented reflection from the broken glass inside the lovely frame keeps on shifting shape from tall and thin to short and fat. Nothing seems constant. Nothing is consistent. The girl in front of the mirror brings her cupped hands up to her mouth and blows. Millions of tiny glittery sparkles swarm into the air. Another reflection appears in the mirror, but this time it's a different girl.



She's stuck inside the warped world in the mirror. This girl starts pounding on the glass from the other side. She picks up stuff and starts throwing it at the glass. She wants to come out, she wants to destroy. Pieces of broken soul escape her grasp and start flying through to the other side.

On leaving the house, Elle puts it in a magic, safe bubble. The magic bubble keeps things safe and together. Like a tupperware lid on a can of worms.

Reflections on Therapy

According to Rønnestad and Skovholt (2003), beginning therapists in their therapeutic development often seem to develop an increased sense of the significance of the therapeutic relationship as well as of the complexity of the therapy process. At this point in therapy with Elle I started experiencing a similar awareness of these factors, although the complexity of the therapy seemed rather intimidating. Consequently, supervision meetings during this time frequently involved reflecting on ideas concerned with being a useful therapist, as well as on how this construct is to be evaluated above and beyond working ethically. I realised that in attempting to cope with the complexity and uncertainty of the therapy, I experienced a pull to jump in and drive the therapy process in a direction that seemed appropriate. However, doing so would most probably not have been in the service of Elle's needs, but instead would have helped me to deal with the complexity and uncertainty of the process.

Therefore, realising and respecting the egalitarian, cooperative therapeutic relationship meant that I was, on an interpersonal level, learning about allowing space for clients to be where they are, as well as learning about becoming more comfortable with the uncomfortable without trying to remedy it. Accordingly, relating these ideas to an aspect of a social constructionist way of thinking about therapy which I hoped to maintain with Elle, the way the therapeutic process is constructed therefore seems to have a profound influence on both therapist and client (Hoyt & Nylund, 2000).

The therapy content in the fifth meeting included revisiting the baby girl and strengthening ideas regarding nurturance and protection, such as exploring ideas about the special, safe room to which the caretaker had taken the baby. The apparent increased empathic interaction between Elle's adult self and the baby was discussed during our reflective conversation as well. Stars seem to hold a special meaning for Elle, and in the imagery this positive symbol was shared between the adult and infant ego states, which again may emphasise increased compassionate interaction.

Another ego state was accessed via imagery involving a different room with a young girl and a mirror. It seemed that the idea of the young girl functioned in much the same way as the wooden doll in a previous meeting, in guiding the direction of therapy. Anger symbolised by the colour black (similar to the imagery from the second meeting) again constituted a focal theme in this meeting. The anger appeared to be linked to how Elle constructed her father's behaviour towards her. As mentioned in the

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section introducing ideas about Elle's family context, she experienced her father as emotionally volatile and verbally abusive, and in the imagery stemming from the therapy meeting his hurtful words were constructed as burning bees. However, whereas Elle had previously been powerless in dealing with her father's abuse, in this meeting she seemed to have aligned herself with her decision in a previous meeting not to tolerate abuse, and on a symbolic level shut the door on verbal abuse.

Constructing a sense of agency may help to compose an emancipating self-narrative for Elle in interaction with her father, and the anger constructed within this relationship became symbolised in therapy as an angry girl ego state trapped inside a broken mirror. Because this ego state emerged near the end of the therapy meeting, we used the idea of putting the scene in a safe space (the bubble) to safely contain it until the following meeting.

Again the girl in the mirror

(Therapy meetings 6 and 7)

Selfdestruction

*These sweet seductions will never heal
the hateful love for me I feel
gently selfdestructive in time
take what's mine, it's not a crime*

*I am. I will. selfdestruct. it's real
Lose control, lose grip of time
throw away the worth of mind
of hope of fear never show me tears
no compromise we are fine
so many shards to collect in time*

*I am. I will forever be still
the one you push, the one you shove
down your throat and up again
It is not as easy as it seems to be*

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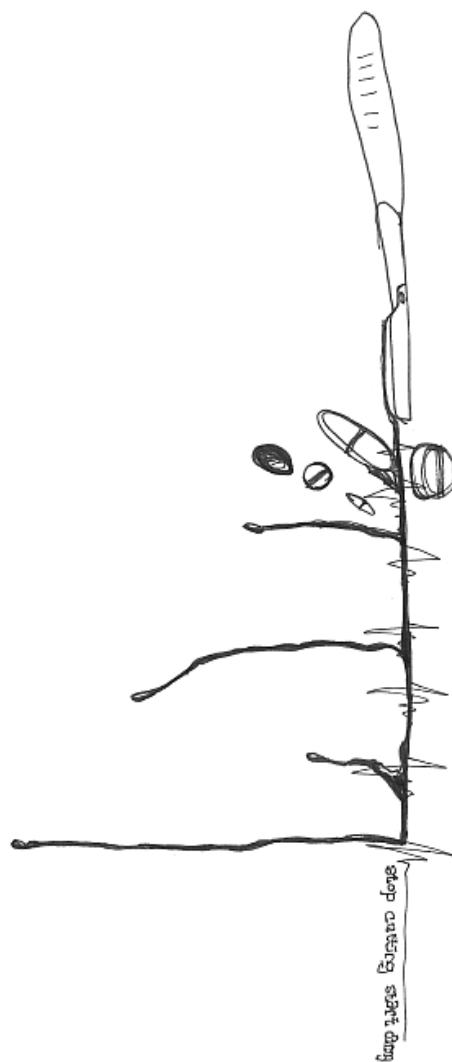
nothing is, will never cease

*Forever lost if not too late
Stuff this down for old
times' sake
Grip my heart, there's no
guilt
Acceptance will not
tolerate
I'll never let you go again
this infiltrated loveful hate
Stop in this chaos to
reveal myself*

*I will, I am the one to
please
Cut these lies dig it in
burn the tears into my
skin*

*Spin and spin and push
me off
I'm gone already, it's my
fate
I have never been so lost
today I prayed to you I
feel
my thoughts and touch is real*

*Forever hold your breath and smile
compromise the way you feel
so no one else can see what's real*



How must I stop the bleeding?

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The house is still in the magic bubble. There are flames on one side of the house, but it's not the house that's burning. Elle moves on to the girl we saw in the beautifully



framed mirror. She had gotten out of the mirror. Those who are suppressed ultimately become angry – whether it's people or people's parts. Elle managed to coax her into a protective, safe bubble. She spits red-hot angry words at us, and we watch it carve out little acid rivers on the sides of the bubble. Trickling down, falling in little hissing pools on the floor.

This girl speaks in a different language from Elle. She frowns

at me when at first I didn't speak to her in the same language. She tells us she wants to be let out of the protective bubble, she wants to destroy. "Destroy everything – everything in this house, everything in my soul" she smiles mockingly, "what else did you think?" She turns to Elle, tracing lines with her finger on her side of the bubble.

"You don't know what it's like. Your life is so perfect, how can you ever even try to understand. Your parents love you; I don't even know how it feels. My parents..." The girl closes her eyes and turns her head away. For a fleeting second we could see vivid

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scratch marks under her eyes. “No, they did not do this. I wish they did. They do nothing. So I do things”.

Elle tells me this girl does not want to stay alone in the bubble anymore. She wants to be in Elle’s art studio, and she wants to have someone with her. Because she’s really very alone, very hurt, and very angry. So we take her out of the bubble, and put her in Elle’s studio. This seems to be a safe space for her where she cannot wreck the whole house. Inside the studio Elle creates a wonderful corner for her with paint, paper, and everything she may need to give expression to her painful, angry feelings. “I want David to be with me. Don’t let me stay here alone. And don’t forget about me.” Elle allows her friend David to stay with the girl. The girl starts sketching the outlines of his face on a large canvas. Even scary parts need friends. Just before it is time for Elle and I to leave the house, I quietly ask this wild, hurt girl if she maybe needs anything else. She stops sketching and stares at the unfinished picture, remaining silent for a long time. “I want to fly away and not be me. Just for one day.” She stretches out her arms wide, “you know - like an eagle.”

Reflections on Therapy

Ideas stemming from the co-constructed goals of Elle’s therapy include a focus on the relationships between the ego states and on the meanings of the different stories as well as on ways of opening up space for the different stories. One aspect of doing so entailed finding safe ways to give a voice to Angry Girl (as the angry ego state referred to herself). In this regard, Schwarz (1998, p. 440) mentions that “in the political world, that which is marginalized eventually gets angry. The same holds true for the intrapersonal world of family culture as well as ego states and alters”. Consequently, inviting Angry Girl into the therapeutic relationship constituted an important part of therapy at that point.

The idea of thus inviting Angry Girl into the therapy relationship reverberated into the interpersonal process of therapy as well. On initially meeting Angry Girl, I was somewhat caught unawares by her prerequisite of conversing only in English (therapy was conducted in Afrikaans), as well as the intensity with which she expressed her anger. It appears that her anger is associated with emotional abuse and neglect, which seem to contribute significantly towards development of dissociative symptoms (Watson, Chilton, Fairchild & Whewell, 2006).

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According to Haddock (2001), speech changes similar to what took place in Elle's therapy often form part of dissociative processes and become apparent during therapy as well. At this point in therapy, Elle came to the meetings dressed primarily in black and sporting a black wig. Nonetheless, relating to Angry Girl in a respectful and empathic way seemed to have facilitated a positive relationship with this part of Elle.

Providing Angry Girl with safe alternatives for expressing her anger, as well as allowing the construct of Elle's friend to keep her company, appears to be in keeping with the notion of developing clients' resources in working with traumatised clients (Grossman, Sorsoli & Kia-Keating, 2006; Kluft, 2003; Luxenberg, Spinazzola, Hidalgo, Hunt & van der Kolk, 2001; Pearlman & Courtois, 2005; Schmidt, 2004). Using the idea of Elle's friend in therapy fitted the purpose of constructing a supportive audience for Elle's developing self-narrative which, in this instance, included Elle dealing with her anger and aggression in a more empowering way. The constructs of anger and aggression thereby became performed or acted differently (Gergen, 1999b).

In terms of process I hoped that the therapeutic relationship with Elle had created a safe enough space to tolerate and contain hostility and anger, without rejection, and that this may have facilitated her in integrating and dealing with her anger and aggression without hurting herself in the process.

Three windows open

(Therapy meeting 9)

*You think you can throw your temperament
into the corners of my inner child
my broken mind won't tolerate
the way you compromise what's mine*

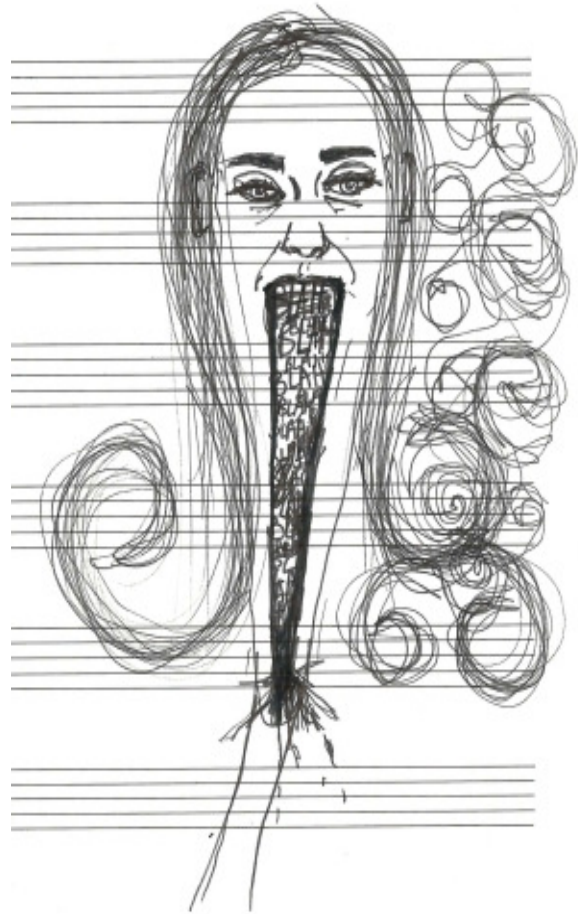
*What is free I'll never say
crammed into your cup so frail
broken dreams you must collect as blood drips from our varnished veins*

*What inspiration for my creative mind
I will show you how destruction triggers*

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*inside the butterflies I died
I flapped my wings just to collide
with a heap of shards and bones
That was left for me alone*

*Laugh a while if you can smile
but not a while if it's on time
to consist of weathered wings on
cries
Threw up all you left behind
hate the words you can't define
and scratch out eyes of the
helpless blind*



We did not forget about her. We find her in the studio with David. She's singing a nursery rhyme to herself, looking very lively. "I'm real comfortable here. Just wait until I get out." She looks at us with an animated grin. "I want to do everything," she presses her palms against the side of the protective bubble, "paint the world black".

Taking a knife she slowly starts cutting into the bubble's smooth surface, watching dirty little ruby drops plopping to the ground. "Of course I'm the one who cuts," she breathes, "what did you expect?" Elle tells me she doesn't want this girl around – not at her friends and not at the place she studies. Nowhere where it would matter. The girl pretends she didn't hear Elle and starts cutting random letters into the bubble.

"I don't need you too. But you have no idea how much you actually need me. Who else is going to bleed for you?" She points the blade of the knife to her heart and tries to stab herself. "Is this what you want?" she asks Elle. The girl pulls the knife from her heart. She sits cross-legged on the ground, trying to wipe the blood from the blade. Making a huge mess instead. Elle looks at her. "I feel a strange, cool compassion for you. You fight so hard. But you seem so lost."

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A long silence follows. The girl keeps on trying to clean the blade. Wiping it against her sleeve, over and over. I start thinking maybe she didn't hear Elle. "This world is messed-up and broken", the girl answers. "You have no clue how messed-up it really is, especially if you're not supposed to know that it's not perfect."

She turns to me. "You know, I don't really want to hurt Elle." She gives me the knife. "You can have this."

Three windows open. The house breathes in some light.

Reflections on Therapy

Reflecting on therapy at this point revolves around two main ideas: the relationship between the different ego states, as well as considering the influences within which the different self-narratives became constructed (Madigan & Goldner, 1998).

The relationship between the different ego states was a focal point during this therapy meeting, particularly the relationship between Elle (young adult self) and Angry Girl. Elle described some antagonism from her side towards this vividly angry part of her. However, following the notion that every ego state came to help (Frederick, 2005), some ideas concerning how Angry Girl might have helped Elle were explored in therapy.

This idea included exploring possible exceptions to the current problematic expression of Angry Girl's helping function (Schwarz, 1998). Within the reflective conversation, a time when Angry Girl helped Elle deal with pain in a way that did not involve self-mutilation was excavated, including the ways in which the alternative way of helping differs from the problematic way of helping. These ideas possibly may have facilitated strengthening of preferred ways of expressing Angry Girl's function, and thereby promoted a more cooperative relationship between Elle and Angry Girl (Neimeyer et al., 2006).

Reflection on the influences within which the different self-narratives became constructed (Madigan & Goldner, 1998) involves examining some of the discourses in accordance with which Elle seemed to have constructed and performed part of her identity. These discourses include the requirements for being accepted and loved, as well as the oppressive ideas of perfection and self-hatred.

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In this regard, Drewery and Winslade (1997) speak about therapy as a context for discovering ways in which clients have had their stories shaped by authors other than themselves, and finding ways in which clients may be empowered to reauthor their stories. By reflecting on the influences within which part of Elle's self-narratives became authored, I hoped that the conversation may have opened ways in which Elle could have been empowered to reauthor her identity (Dimaggio, Salvatore, Azzara & Catania, 2003). Elle increasingly seems to have arrived at alternative understandings about the meaning of her anger, and the place of significant others in these new understandings. One of these alternative meanings of anger included using anger as an impetus in reconstructing ideas about herself, and thereby refusing to settle for the mould in which bulimia and others sought to cast her.

Red

(Therapy meeting 10)

Elle pulls me along on a scratchy road outside the house. Angry Girl seems to be doing just fine. She started helping Elle to draw and paint the pain on paper; she doesn't cut it anymore into Elle's skin. She said she felt like changing her choice of canvas.

We hurry along the scratchy road. There's a sense of urgency in the way Elle pulls me along. Down and down we go further along the road. It seems to be leading into some kind of passageway or tunnel with a light beckoning in front. Elle tells me about the red dot. There's a red dot somewhere at the end of the tunnel. This is where we seem to be going. Time slurs to a standstill as we hurtle towards the splinter of light.

The tunnel spits us out in what looks like a frozen forest. The white frost on the trees contrasts starkly with the black bark. The only patch of colour in the scene is red. There's someone sitting on a rock with blazing red hair. She's sitting hunched forward, her striking red hair streaming over her face. It looks like she's trying to hide something.

She turns her head in our direction. We realise what she's trying to hide. Her face. There's not much face left to speak of. The white bone is visible in places, the skin

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peeling off in mangled chunks. *Beneath her skin pieces of muscle and veins are visible, with partly sunken-in pieces and rotten flesh.* Her teeth seem oddly sharp, her eyes intensely dark. Like little black stars that have lost their twinkle.



Elle draws in her breath sharply. *It's the most disgusting thing she has ever seen.* She feels shocked and sad. The girl opens her broken mouth. "I don't have a name. I'm not allowed to have a name" she softly whispers. Most of the skin on the girl's body looks like dissolving parchment. She looks down at her body like it's something alien. "I think my skin's like that because it was never cared

for. When Elle was naughty her parents punished her by not touching her. When that happened she would sit in front of a mirror and stare and stare into it. Imagining stuff, hoping something would come alive. It's almost like having someone with you. Then you're not so lonely anymore. Especially if something does come alive." Maybe that's why we found a girl in the mirror.

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She points to all her wounds and scars. “You cannot put bandages on the wounds if their stories remain untold.” We assure her we will come back to her and listen to the stories that need to be told.

Reflections on Therapy

The meaning of the different self-narratives, especially the dominant ones, was explored during this therapy meeting. Exploring the meaning of the different self-narratives therefore also included exploring the content of the therapy, on which most of this particular reflective section now focuses. One of these dominant self-narratives revolved around an ego state which we named Girl with the Red Hair. Elle had apparently given voice to her feelings of unimportance through this part, initially saying that she had no name and was not allowed to be named.

Whereas the colour black was constructed as a symbol of anger in therapy, as described previously, the colour red became symbolic of pain. Elle’s vivid descriptions of the Girl with the Red Hair’s injuries, accompanied by constructions of disgust and shock, appear to correspond to ideas associated with dissociation, which includes dysregulation in self-perception by constructing the self as permanently damaged (Ford et al., 2005).

This idea of being damaged appeared linked to the way Elle was punished as a child (touch withheld and being ignored) and how she used to cope with the punishment. In coping with experiences similar to this punishment, Elle seemed to have discovered that autohypnosis and dissociation as creative coping strategies helped her escape from situations that she found hard to deal with and for which she had no external narrative to help her make sense (Schwarz, 1998).

Integrating fragmented trauma narratives into a coherent whole often seems to involve creating safe space for a “non-privileged story to be told” (Schwarz, 1998, p. 436) that is acknowledged and validated (Dolan, as cited in Schwarz, 1998). These ideas are reflected in the Girl with the Red Hair’s reminding Elle and I that we cannot put bandages on the wounds if their stories remain untold. This idea may be elaborated by Schwarz’s (1998) suggestion that in facilitating the telling of the frequently marginalised narrative of what happened and in tracking the meaning and the effect of this story on the client’s life, a coherent narrative may start to develop. However, facilitation of a coherent narrative of the trauma story also involves safe, useful integration of this story into the person’s life-story and identity. Therefore, Elle’s

allowing the Girl with the Red Hair to tell the story of her wounds in a safe context comprised part of this integration process.

Telling scars

(Therapy meeting 11)

We find the girl with the red hair sitting on the same rock. This time she's holding a white dove, or maybe it's a duck, in her hands. When she opens her hands, the bird flies into the air and again lands close to her. Like a sense of freedom that escapes but is never completely out of reach.

“People have hurt me. It feels like they took an axe and hit me in the face with it. It really hurts.” The girl slowly raises her hand to her face, lightly touching the deep gashes and peeling skin fragments. Elle remembers a story about

betrayal and hurt from friends and people she loves. The girl with the red hair seems to be listening intently to what Elle is saying. For so long she had thought many of her



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wounds were her own fault, that she acted in some way that deserved being ripped apart. “It’s because I’m bad. Really bad. Bad people deserve bad stuff. Otherwise it just doesn’t make sense. So I must be bad”.

Elle, on the other hand, seems to have different ideas about this. Slowly, haltingly, she tells the girl with the red hair a different story about the things that caused some of these terrible injuries. This story is not about being bad and deserving bad stuff, but about life that happens and that is not always good or fair. And about people who make mistakes and hurt others. The girl with the red hair cries. Out come huge bloody tears.

*In the shadows lies creation
anything is real
through chaos I find peace
although I cannot feel
Pieces nicked and chipped away to shape my greater whole
Underneath there is some way
to renovate my soul*

*No tears I have devoted
on this purposeless discourse
Many hours and days have passed
Though you showed no remorse*

*You murdered that part that was me
what remains I do not know
Inside me I feel a heart
that beats but never shows*

The bloody tears trickling down her face make little red pools on her rotten, broken body. She starts covering everything on her body that she doesn’t like with blood. Spreading a sparkling crimson veil to hide what she cannot face.

I ask her what she needs. She breathes out a soft sigh and glances at me. “I want to die. Look at me. What do I have left to live for?” I ask her about the wounds. “They all have stories” she answered, picking at a piece of skin. She lightly touches a deep

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gash on her shoulder. “Can I tell you this one’s story?” And as she tells the story of what happened the blood seems to coagulate around the edges of the wound.

Reflections on Therapy

In connection with the previous reflection, emphasising the facilitation of a coherent trauma-narrative and safe integration within the client’s life-story and identity, Neimeyer et al. (2006, p. 134) suggest that this happens in “a dialogical climate that helps the client find a voice for dissociated self-narratives in integrating it, not only in therapy, but also in relationship with relevant friends and family”. Elle’s relating to and talking to the Girl with the Red Hair therefore represented part of this process in her therapy, where she actively participated in reauthoring meaning in her life in the context of various relationships, for example with respect to the Girl with the Red Hair’s sense of badness.

The image of a white bird symbolised Elle’s sense of freedom. This was explored and thereby, hopefully, strengthened during the meeting, including linking ideas of freedom, safety and hope to Elle’s life outside of the therapy context too. Although in her therapy much attention had been given to trauma-stories, these stories appeared to be as much about trauma as they are about survival, and were accordingly constructed in therapy as such. In this regard, van der Kolk’s (2006, p. 289) point that “working with trauma is as much about remembering how one survived as it is about what is broken” particularly appeals to me in reflecting on Elle’s therapy.

Such reflection seems to me at this point to revolve around ideas about meaning-making, including the processes whereby meaning is made, as well as the content of the meaning (the symbols and metaphors that formed part of therapy). These ideas appear to correspond somewhat to Allen and Allen’s (1998) description of psychotherapy as a meaning-making process or semiosis.

On the other hand, in this process of reflecting on Elle’s therapy in terms of meaning-making, I find that for me a tension between therapy, the content and the therapy process existed at times during her therapy. This tension involved an awareness of process, while keeping the content of therapy in mind. At times, I felt myself being lured more into wanting to discover the meaning of the imagery, metaphors and symbols, and consequently somewhat neglecting an equal awareness of process happenings. Drewery and Winslade (1997) mention in this regard that people are continuously making sense of their own lives, and therefore they are not

dependent on the therapist for doing this. Although it may be useful in therapy to share ideas about the therapy content, I understand therapy as not necessarily involving the therapist interpreting events and meanings.

Growing wings

(Therapy meeting 12)

I made myself a pair of wings

How wonderful it must feel to fly

The wind on my face, nothing in my way

I'd never return to earth

Elle leads me again into the forest. Back to the girl with the red hair. She seems to be struggling with something, and as we go closer Elle tells me she's struggling to hold on to the white dove. It is tied to the girl with the red hair by some sort of leash, and it is flapping its wings furiously – sending fine white feathers parachuting into the air.

The leash somehow escapes her grasp, launching the bird into flight. She sits on the ground, cross-legged and confused. "That's my freedom. See, now it got away!" She says the dove doesn't like her very much now. But she knows it will come back later. It is never completely out of reach. However, the red-haired girl first needs to get her wounds cleaned and cared for. Elle frowns on hearing this. She does not want to touch this girl, there's just too much of everything.

Because the dove is never completely out of reach, it circles in the air above us. Its gaze falls on the painful wounds of the girl and it cries. The dove's tears splatter onto some of the gaping wounds and they begin to heal. Still sitting perplexed on the ground, the girl with the red hair looks at the bird, and then at the healing wounds. "One day I am going to grow my own wings", she whispers.

Being the ever cautious therapist, I blunder into the moment asking which part of her needs attention first. She points at her heart, not looking at me. We can see her heart beating inside her chest. It seems to fold itself into the shape of a paper bird. The bird-

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heart grows and beats inside the girl with the red hair, before it changes into a growing flower.

Growing plants need water, so the girl with the red hair allows Elle to drip drops of clean, clear water onto her flowering heart. She stretches out her hand, interrupting the splattering droplets. The water glitters on her skeletal hand. She closes her eyes. "I can feel it. It feels like a soft touch". And like a wilting plant that lifts its head to the touch of water, she seems to become more solid and more real. Elle remarks that the girl's hair is not so vividly red anymore.



But she's still bleeding. The girl with the red hair shows us a wound on her hip that's bleeding badly. There seems to be a huge hole in her hip, it looks like something burnt it and big male fingers gouged out the scorched flesh. Elle says it's her dad's fingers. His anger and lack of interest in her somehow managed to inflame itself into a huge hollowed-out hole. The girl with the red hair opens her mouth and closes it again. About some things she still struggles to find her voice.

Elle looks into the hole. Some of the water she used to drip onto the flowering heart trickles into the wound. It seems to clear up some of the murky red and a picture emerges. The picture tells of Elle as a young preschool child. She's all by herself, lying on a hospital's steel gurney. An enormous snake rears its ugly head and wraps itself around the child's neck. It bites deep into the delicate white skin exposed on her neck. Elle reaches into the picture and pulls the snake off the girl. She kills it and dumps it into a black rubbish bin. "When you were little and in need of protection, no one defended you. But now you are not defenceless anymore. You have me". She takes the child to a safe room and helps her put on clean clothes.

The girl with the red hair lies motionless on the ground, crying soundlessly. Elle sits next to her, still a bit scared to come too close. The dove lands next to the red-haired

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girl. Ruffling its feathers, it glances at the red-haired girl and promptly puts its head under its wing to go to sleep.

Reflections on Therapy

The importance of developing a client's resources to prevent retraumatizing in the process of trauma integration (Ford et al., 2005) is emphasised in Elle's initial reluctance in coming too close to the Girl with the Red Hair. In therapy Elle was encouraged to engage with the Girl with the Red Hair (which may involve dealing with traumatic content) at a pace with which she felt comfortable. By this time in the process Elle had successfully mastered the self-mutilative and excessive risk-taking behaviour, although she still struggled with bulimic symptoms. The Girl with the Red Hair's changing hair colour appeared to link with ideas regarding constructions of decreased pain as well.

The content of the therapy in this meeting involved water as a new symbol. Water seemed to symbolise ideas of healing and hope to Elle, which were also explored in therapy. However, the recurring theme of being hurt by her father was again presented. The Girl with the Red Hair's difficulty in finding her voice about what had happened with her father also reminded me not to push her in this regard, but to let the therapy context create a safe space for her to find her voice in her own time.

The idea of therapy creating a safe space for Elle to voice what she needs to, when she is ready, may pertain to ideas concerning therapeutic development as well. I view these ideas as relevant to developing an ability to tolerate ambivalence and uncertainty in therapy, and especially in developing my capacity to be in the moment with a client without necessarily feeling the need to direct the process of the moment. An example of this can be described where, uncertain of precisely how to proceed, I opted to follow ego state therapy protocol by asking the Girl with the Red Hair which part of her was first in need of attention, rather than by being present with her in a moment when she seemed to be privately making sense of something. In retrospect, I now understand my need to get the system moving as serving to reduce my anxiety as a beginner therapist (Rønnestad & Skovholt, 2003) in making space for the unknown. However, towards the end of Elle's therapy process, I experienced an increased sense of feeling more comfortable in being with her in the moment without having to direct the process, based on managing my own anxiety.

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Other aspects of the therapy content in this meeting entailed Elle remembering being involved in a car accident in which she and her whole family were seriously injured. This incident was symbolised by Elle seeing herself as a young child on a hospital gurney threatened by a snake. Trauma integration in this case included Elle reaching into the picture and actively reconstructing the scene in helping the terrified child. The way such integration occurred here may have reference to Fosha's (2003) suggestion of fostering a supportive relationship with an understanding and empathic adult, in providing an external narrative to help the child make sense of the trauma in an empowering way. Elle's adult self therefore became that understanding and empathic adult facilitating an external narrative. As therapy went on, Elle's adult self increasingly started engaging with ego states in an empathic and understanding way.

The dragon staircase

(Therapy meeting 13)

Breathe.

Just breathe.

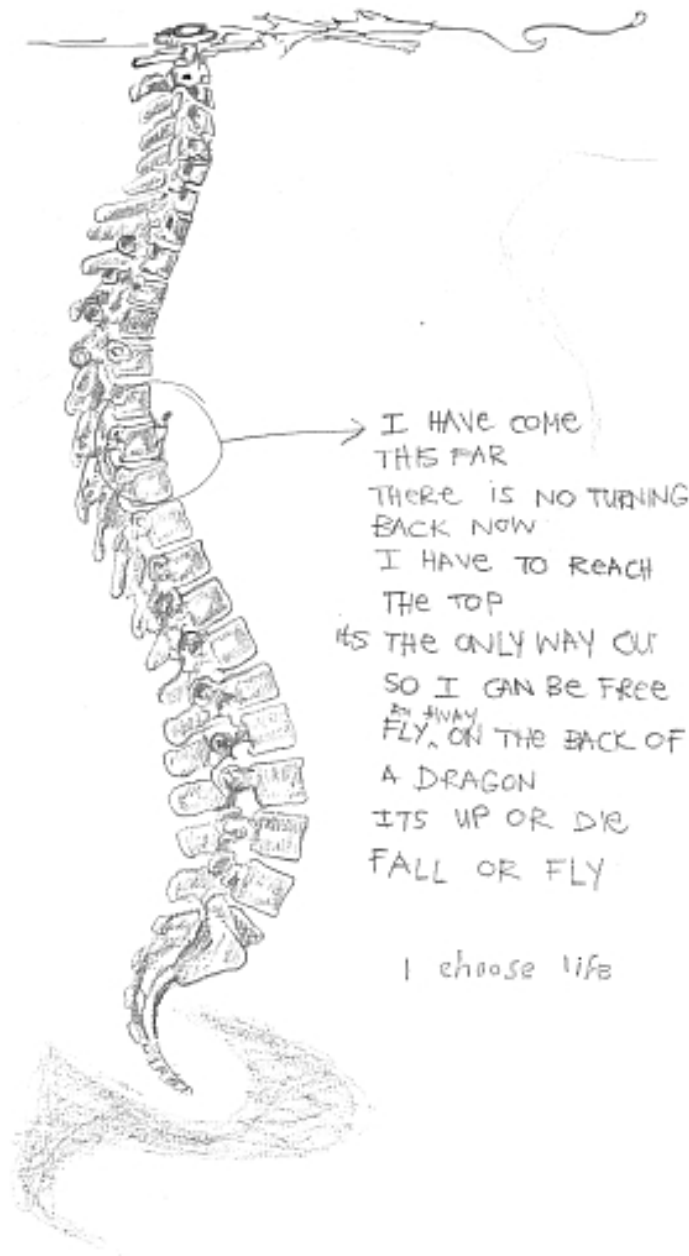
Spinning and spiraling into the forest. The wind howls crazily and Elle has trouble finding the girl with the red hair. After a while the wind calms down somewhat and we stumble upon a picnic table standing in a clearing. Perched on the table is the white dove preening itself with outstretched wings.

The girl with the red hair slowly, shyly enters the picture from behind the dark trees. "Look at what I'm wearing!" She spins around, showing off the hoops of the unfinished ball gown she's wearing. Her hair now sports blonde streaks. Elle explains the ball gown and the blonde streaks symbolise things that are changing and healing.

The red-haired girl's face looks scarred over. The raw, rotten flesh had healed into large, glistening scars. The scars seem to be pulling on her face as she smiles, rendering her smile slightly askew. "I still feel really ugly." Twirling a lock of hair around her finger, she frowns. "I try so hard to make myself look pretty, but nothing works. Underneath it all I'm still the same old ugly me."

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I ask her if she can maybe tell me more about this. “There was a pond near my feet. I bent down to play in the water, and I saw myself. I’m so ugly.” She cries. Elle explains to her that she’s not ugly, she’s hurt. And sometimes pain makes people feel hideous. I ask her what she needs. She shrugs her shoulders.



Not afraid of the red-haired girl anymore, Elle gently takes her scarred face in her hands. She puts make-up on her broken face. “I feel a little bit better. No-one has ever given so much attention to me”. The girl with the red hair tells Elle about a wound on her shoulder. This wound tells the story of a dragon staircase.

The dragon staircase goes up and up into the sky. It looks like the spine of a dragon. The girl with the red hair urges Elle to get to the top of the staircase, because there she will find freedom. It’s a scary climb because the higher she climbs and the more she tries to get to

the top, the louder is the voice that tells her it’s just not good enough. “Why did you get 80%, why not 90%?” Elle recognises the voice of her father.

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The picture fast forwards us to the top of the staircase, where we find a nest with a baby dragon in it. The girl with the red hair slides herself onto the dragon. “I always need something to fly. Have you noticed? I cannot fly by myself. I always need something to be free. But remember I told you one day I’ll grow wings and fly.” Some time passes in silence. I start fidgeting, trying to figure out what to say next. Then she speaks. “My whole life I’ve been climbing these stairs. I cannot get off or get out, there’s no way around, over or under it. So I need to go on to the top. Because once I’m there, I will be free.” She turns to me, “this is such a sadist world. Everyone slogging up their own staircase. Isn’t it silly?”

During our arduous climb on the staircase we at last reach a sort of plateau. A safe, protected space that looks like a cosy little niche encased within the bony staircase structure. “You can leave me here,” the girl with the red hair says. She folds herself into the shape of a beautiful flowering tree growing in the alcove. Elle wraps the tree in a bubble for safety.

Reflections on Therapy

The therapy content of this meeting elaborated on ideas mentioned in previous therapy meetings, such as the Girl with the Red Hair’s hair colour changing to blonde, and her bleeding wounds changing into scars. The symbolic meaning of the therapy content therefore seemed to construct ideas of changing and healing as the symbols transformed. The therapeutic value of the changing symbols may be described as being rather like Gainer’s (1994) illustration regarding imaginative transformation of symbolic imagery as constituting psychological and physical change in a client.

Elle’s reconstructed meaning, that the Girl with the Red Hair’s ideas about being ugly signify being hurt, may again represent ideas of constructing an alternative narrative for the Girl with the Red Hair, with less limiting options for action (Gergen, 1997). The way the Girl with the Red Hair positioned and described herself as ugly, as part of how she made sense of events and relationships, seemed to have a disabling and crippling effect on Elle’s life (Drewery & Winslade, 1997). On the other hand, reconstructing the meaning of “ugly” into “hurt” appeared to be equally plausible within how the Girl with the Red Hair understood herself and events in her life. Therefore the idea of being “hurt” instead of “ugly” enabled her in having options for example,

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healing and becoming whole, whereas the idea of being ugly limited her in constructing actions that only fitted with this self-perception.

The relationship between Elle and the Girl with the Red Hair seemed to have changed, as symbolised by Elle taking the girl's face into her hands and applying make-up for her. Their relationship seemed to have opened space for cooperation and empathy. The symbol of the dragon appeared to function in a similar way to the image of the white bird as a symbol for freedom. These ideas were explored and strengthened in therapy as well.

Other therapy content included a metaphor for containment and safety, such as the Girl folding herself into a tree which Elle protected with the idea of a bubble. These images of containment and safety appeared useful at that time in therapy because this therapy meeting preceded a holiday and a break in therapy for about three weeks.

White forest

(Therapy meeting 14; after holiday break)

You made me a star.

I'm just as imperfect as anyone else

although I shine from afar.

Sometimes I get stuck real bad

But in the end I always manage to break free.

This time it feels as though we have just woken up in the forest. It seems a lot different. The forest reflects a crystallised, transparent whiteness. The trees are blossoming and butterflies float languidly on the crystalline air. Being better acquainted with the dark images in the forest, I'm rather baffled by this light-inspired picture.

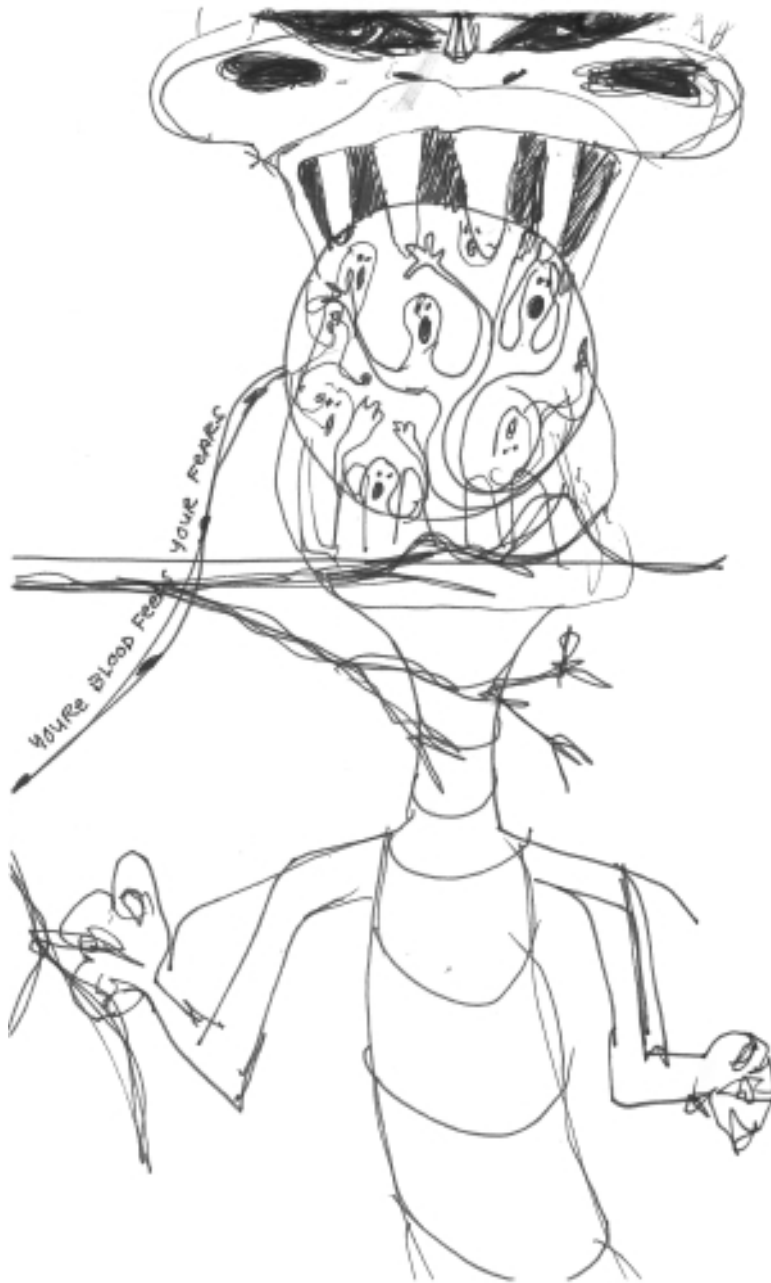
Elle explains that the white, almost transparent feel of the scene is like the void outlines of a colouring book. It's waiting to be coloured, slowly unfreezing itself from a solid state of frozen stuckness. "Still not getting it?" she smiles. "This is not a scary place anymore. I can feel what I need to feel when I'm ready."

I ask about the girl with the red hair (she still prefers to be called that). Elle gestures to somewhere at the edges of the scene. The red-haired girl steps into the

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picture. She is wrapped up in a thick black coat. Her face looks less damaged. It is now easy to see that she had once been beautiful. Or maybe that she will be beautiful somewhere in the future? Funny how easily the boundaries of time sometimes seem to dissolve in an instant.

“There’s not so much blood anymore” she says. She’s still covered in cuts, but most of



them have been carefully stitched up. It looks like somebody has been taking good care of her. She tugs at the collar of the coat. “Look, there’s something here.” A cut running halfway across her throat is still bleeding. There’s a glass tube attached to the wound, with the blood trickling down the tube clearly visible. It appears to be flowing into some sort of glass globe on the ground. The globe resembles an oversized snow-globe, but instead of white sparkles this globe sparkles red.

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*Discard this yes and make a no
our crippled hearts have lost our souls
your body's young, your muscles lean
and in between your thoughts so serene.
Close your eyes, wash your hands clean.
No regret, remorse, control
Tumbling through your secrets fall
I have laughed at these silly foes
until they morphed into flesh-eating crows
shred your dreams from head to toe.*



*Am I just
inside
your
head?*

*Would you prefer I leave instead?
Its cozy inside this warm debate
while you suffocate I'll feed off of your hate.
Tiptoe through this hall of fame
where every toilet knows your name.
Red as your eyes, your mind your tears
are the shadows of your fears
that only holy water cures.*

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We watch the blood snake into patterns against the sides of the globe. “Memories,” the girl with the red hair breathes, “bad things”. “The blood feeds the memories and the bad things inside, take out the tube!” So Elle takes out the tube gently and carefully, and the wound starts healing.

“I think I know what that is,” Elle says pensively. “I’m giving my power away to bulimia and it makes bad things stronger. It stops my wings from growing.”

And as the story of therapy continued we gradually entered the glass globe and found Bulimia there.

Reflections on Therapy

The therapy content and process at this point may be described as drawing attention to ideas about Elle being situated in a position of increased agency in her life. This position is reflected in Elle playing a powerful and positive role in her therapy by proving herself with comfort, doing nurturing acts for herself, and providing herself with a preferred narrative in negotiating meaning of events in her life. This position of increased agency seemed to have translated into lived reality as well. Elle reported being more satisfied with her relationships with people, and even risked inviting new relationships into her life. She was not cutting herself or engaging in excessively risky behaviour any longer; however, during this therapy meeting she realised how she had been giving her power away to bulimia. The construct of bulimia was externalised and personified in an attempt to avoid reifying language that constructs pathology and deficit and which could have placed Elle in a position of reduced agency (Gergen, 1999b).

This therapy meeting therefore represented a significant first encounter with bulimia. Elle made an association between bulimia and traumatic memories, and therapy carefully proceeded towards safe traumatic memory integration after this meeting. According to Ford et al., (2005), an important aspect in the integration of traumatic material is that the client is first physically and psychologically safe and presents as relatively stable. Safety and stability therefore can be described as a prerequisite for trauma integration, and Elle’s therapy proceeded bearing these ideas in mind as well.

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Elle's Reflections on the Therapy and the Research Process

This section entails another transcribed and translated conversation between Elle and myself reflecting on Elle's ideas about her experience of the therapy process and her participation in the research process.

23 June 2007

Me: Having read and edited the completed story, can you maybe reflect on that experience?

Elle: It was cool, but I changed things that I had seen differently in my mind. I felt a bit uncomfortable at times; I initially had thought I would have been more distanced from it. So it was a bit awkward reading the story, but it was also cool. Like looking at it from outside. I think it's because I knew it was me – that was uncomfortable, but not too much.

Me: Any ideas about how the process could have been made more comfortable for you?

Elle: No, I don't think it could have been made more comfortable. Also, the story's detail is much more graphic in my mind; it described how I felt at that stage in my life. But it was good for me to revisit that stuff again; I can now see what I'm finished with. And I don't have to worry about it anymore.

Reflections of the Peer Evaluator as Critical Reader

This section concludes with the written reflections of a peer, Venessa Nabal, as a critical reader (Viljoen, 2004) who commented on the logical coherence (Beneke, 2005) as well as the accessibility of the story (Cole & Knowles, as cited in Gosse, 2005) and the ideas pertaining to the reflections. Although her written reflections are italicised to help distinguish Venessa's voice in the text, her comments are included without any alteration to content.

I found the reading of this chapter as being engulfed in a page turning novel that bound my attention and curiosity. I could effortlessly follow the journey and empathise with both Elle and the researcher.

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Most of the questions I had while I was reading this chapter were clarified as the reading continued, which gave the chapter a very engaging effect that enticed me as a reader to think about what I was reading by asking questions and by managing to answer my questions at a later point in the chapter.

The reflective processes you incorporated seem to serve as a tool of “intensifying” or “clarifying” the content of the story to aid deeper understanding and empathy. It appears that your reflections occurred at different levels and at different occasions during the process.

As I was reading through this chapter I also found myself wondering about the nature of the trauma Elle was exposed to, as I did not come across any reference to a specific traumatic event. Yet as I sat with this I realised that it could be that my immediate expectation of what trauma is had to include a specific event, but in retrospect I think that trauma is a much broader concept than just relating to an event. I think that like in the case of Elle, trauma is also applicable when continuous negative emotions and messages are integrated into the psyche. If the meaning of an event has been constructed as traumatic, regardless of what the event was, then trauma experience remains real for the person experiencing the symptoms.

I wonder how the active inclusion of a client in a research process such as this impacts on the therapeutic process. I suspect that this could be one of those situations that one could argue that it has both positive as well as negative outcome possibilities.

It appears that by including Elle in this process, on the level you did, you created another opportunity for her to reflect on her therapeutic journey from a different perspective. You created even more space for constructing new meanings. This appears to have had an empowering and positive result as she is now more comfortable to express herself and to take care of herself.

A concern that one could raise that might have some negative implications for the client is that the involvement of Elle at this level could perhaps contribute to her existing experience of being placed on a pedestal. I do believe that you managed to resolve such concerns as your awareness of, not only the ethical implications of the process, but also the clients' wellbeing is evident throughout the chapter.

I experienced the manner in which you reflected on the transcribed conversations between yourself and Elle as an indication of the continuous nature of the reflective process that includes your actions and contributions as a therapist.

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In my opinion, the introduction of the Gatekeeper symbolised multiple aspects of this therapeutic process. I perceived the gatekeeper as a very empowering exercise because by doing so you conveyed respect for her autonomy. I get the impression that she was perhaps grateful that you introduced this character on a plain where she could feel very exposed. The acceptance of your suggestion of the gatekeeper could be indicative of not only the trust and rapport that you built in the relationship, but also of a respectful acknowledgement that she trusted that you understood where she was coming from.

The honesty with which you admitted to your anxiety during the difficult moments of this process resonated on a personal level with me as the reader when I remembered such moments during my internship. I remember peer supervision conversations we had about clients of which Elle was one, but only after reading this document do I truly grasp some of the difficult moments with which you struggled.

I think Elle's statement about reading her story empowered her, and that it served as a reminder of "what [she] is finished with". "And don't need to worry about anymore", illustrates the progress and success of the therapy.

Conclusion

In summary, this chapter explores negotiating theoretical interfaces in using ego state therapy within a social constructionist framework of thinking about therapy from my position as a fledgling therapist. My construction of the process whereby these theoretical ideas were translated into a therapeutic process is explored by using symbolic constructivism as the research method. In creating an art-like symbol, fiction writing is used to co-construct a story that chronicles Elle's therapy through approximately 14 meetings.

In conclusion, a great deal of this chapter may be condensed in the idea of multiple positionings. Drewery and Winslade (1997, p. 38) describe this idea as follows: "the way we speak positions us: multiple positionings." Drewery and Winslade (1997, p. 38) add that "each of these subjectivities reflects a particular kind of positioning in relation to others... Each subject position is a position in a possible conversation, and each signals something about the individual's power relationships too." In the dissertation, these multiple positionings involve (among others) positionings in terms of trauma, therapy and becoming a therapist. These multiple

positionings thereby illustrate that “[t]he subjectivities that we live are not necessarily of our own making but are the products of social interactions that are themselves practices of power relations” (Drewery & Winslade, 1997, p. 39).

Epilogue

If we were all perfect, nothing would make our hearts beat faster. Nothing would make us smile in our sleep. We would miss the discovery of something so perfectly imperfect we'd forget how to love deeply and never regret anything that made us smile.

Shortly after the conclusion of her involvement with the research process, Elle received the assignment for her final year's visual arts project. The project entailed a visual narrative about “a person of worth”, and Elle decided that she wants to use the story and her therapy content in memorialising her healing journey by doing the project on herself as that person of worth.



CHAPTER 5

BEWARE THE JABBERWOCKY

"Beware the Jabberwock, my son!
The jaws that bite, the claws that catch!
Beware the Jujub bird, and shun
The frumious Bandersnatch!"
(Carroll, as cited in
Gardner, 2001, p. 155.)

The above excerpt forms part of a poem which Alice found in a looking-glass book that becomes legible once the page is held up to a reflective surface (Carroll, 1871, in Gardner, 2001).

This excerpt represents to me two main ideas regarding the dissertation. One involves the idea of a mirror as a reflective surface which constructs that which is reflected by it as meaningful. Similarly, the dissertation can be described as being meaningful within the intersubjective context that includes the reader. Whatever meaning the reader therefore constructs in reading and thereby engaging with the text may cause the dissertation to have a particular meaning for its audience.

The other main idea focuses on the meaning of the poem's content. According to Gardner (2001), the poem "Jabberwocky" represents a hallmark in English nonsense poetry. Gardner (2001) maintains that the words of the poem appear to have no precise meaning, but allude to possible connotative meanings. The Anglo-Saxon word "wocer", for example, alludes to fruit or offspring, while "jabber" refers to excited and voluble speech. The idea of the "jabberwocky" therefore may allude to the result of much excited conversation (Gardner, 2001). Conversely, the result of much excited conversation may also be nonsense. Hence much conversation of this nature may therefore be constructed as meaningful for a particular audience, or on the other hand, as nonsense. This is not to say that nonsense is not meaningful – depending on



the context and an audience that may find it useful to construct the result of much excited conversation as such!

The above thoughts may be linked with notions about the quality control and trustworthiness of the research. This chapter therefore reflects on these issues, reaches certain conclusions, and makes possible suggestions for future research.

Trustworthiness of the Research: Quality Control

The idea of the trustworthiness or quality control of the study situated within an arts-based framework is outlined by Cole and Knowles as cited in Gosse, (2005). These elements appear to interlink with the criteria of trustworthiness in symbolic constructivist studies, namely the believability, credibility, and utility that contribute to the persuasiveness (Barry, 1996) of the study. These elements may be useful to the reader in constructing ideas concerning the quality control and trustworthiness of the research.

Intentionality. Intentionality encompasses the intellectual and socially responsible purpose of the study (Cole & Knowles, as cited in Gosse, 2005), as well as the demonstration of a grounded theoretical perspective in the study and of how this perspective informed the process of text construction (Richardson, 2000). Therefore, I have attempted to generate contextualised process-oriented knowledge (Gergen & Gergen, 2000) informed by a social constructionist theoretical perspective concerning ideas about therapy and therapist development.

Researcher presence. According to Cole and Knowles, as cited in Gosse (2005), reflective self-accounting forms an important part of an arts-based study. For this reason, I have attempted to reflect on my presence throughout the study as a beginning therapist and co-researcher. However, I have consequently realised that doing so inevitably includes reflecting on my presence as a person as well.

Methodological commitment. This issue concerns the strategies by which knowledge is constructed (Cole & Knowles, as cited in Gosse, 2005). In the study, the text is constructed by means of fiction, drawings, poetry, reflections, and peer

evaluation. Reflexivity, which forms an important part of the methodological commitment, is integrated throughout the knowledge construction process.

Holistic quality. The story as well as the text must display a holistic quality by demonstrating internal consistency, coherence, integrity and authenticity (Cole & Knowles, 2001, as cited in Gosse, 2005). Internal consistency entails that one part of the story does not contradict another (Kelly, 2006). I have attempted to enhance the logical coherence, integrity and authenticity of the story and the ideas in the reflections by making use of peer evaluation (Beneke, 2005), co-research, and collaborative constructions (Gergen & Gergen, 2000).

Communicability. Cole and Knowles (2001, as cited in Gosse, 2005) suggest that the story constructed must be 'a good story', in other words resonant, evocative and accessible to the reader (Cole & Knowles, 2001, as cited in Gosse, 2005). I hope that using peer evaluation may aid the communicability of the story.

Aesthetic form. This criterion is concerned with aesthetic quality and appeal (Cole & Knowles, 2001, as cited in Gosse, 2005). The text therefore must appear artistically shaped, complex, and hopefully interesting (Richardson, 2000). Although peer evaluation and Elle's input in constructing the text may add to its aesthetic form, the text remains open to the reader's appraisal of its aesthetic form.

Knowledge claims. The knowledge claims made by an arts-based study are supposed to invite multiple interpretations and reader responses (Cole & Knowles, 2001, as cited in Gosse, 2005). This criterion ties in with the idea of intersubjective construction of knowledge. I hope that the multifaceted text may provide the reader with possibilities for a rich engagement with the research ideas, without being forced into an interpretational grid (Gergen & Gergen, 2000). On the other hand, according to Kelly (2006), knowledge is intended to be meaningfully linked to networks of meaning within which useful action may take place and meaningful interpretation ensues. Therefore, situating the research undertaking (including ideas about therapy) within a framework linked to previous research and literature may facilitate relating the study to such a network of meaning.

The knowledge claims constructed in the current research process may consequently be described as multifaceted, more holistic, and unique to a particular experience and context; however, the knowledge is not perceived as generalisable or accumulative over time (Neuman, 1997). This idea may again emphasise the intersubjective process of knowledge construction.

Contributions. The idea of contributions refers to the pragmatic use or the utility (Barry, 1996) of the knowledge generated in the study (Cole & Knowles, 2001, as cited in Gosse, 2005). As mentioned in a previous chapter, research undertaken from a social constructionist stance emphasises a pragmatic contribution and the idea of useful knowledge (Epston, 1999; Kelly, 2006). In this study, I hope to contribute on a pragmatic level towards possible practically useful ideas about accountable and continuing responsible therapeutic development for fledgling therapists, as well as to advance suggestions for possible future research.

Reinventing Wonderland: Reflective Conclusions

One of the main ideas in this dissertation includes negotiating meaning between different theoretical paradigms and ideas pertaining to therapy from the position of a developing therapist without experiencing epistemological clashes. These interfaces encompass the use of contextually useful therapeutic techniques such as ego state therapy, originating from Federn (Frederick & Philips, 1995a; Hartman & Zimberoff, 2003; Malmo, 1990) within a social constructionist paradigm or way of thinking about therapy. In negotiating meaning regarding therapy, I have attempted to take into account processes whereby people generate meaning together (Gergen & Gergen, 2004), whether about trauma, social constructionism, dissociation, ego states, or therapeutic development.

Part of negotiating interfaces between ego state therapy and social constructionism also includes the description of these theories as equally valid stories that construct a particular reality in therapy (Richert, 2006). In the sections of Chapter 4 which reflect on therapy meetings, I have attempted to reflect on the particular reality which was constructed in therapy with Elle using ego state therapy within a social constructionist framework.

Aspects that I have hoped to integrate in reflecting include the fit of the theoretical framework with me as therapist, Elle as client, and our therapeutic

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relationship, as well as exploring the potential limiting or liberating effects for Elle (Richert, 2006) as constructed by her. In retrospect therefore, it appears that ideas from ego state therapy may allow for a useful possible fit between ego state therapy as a tool, while working from a social constructionist perspective as the toolbox. However, the potential possible fit may be dependent on some of the following ideas:

The way that ideas from ego state therapy are used. This notion refers to the way the idea of ego states is constructed in therapy, whether the idea is used in an ontological sense (defining the essential nature thereof) or utilised in therapy in an epistemological sense (allowing for “as-if” [Viljoen, 2004] constructions). Using ideas from ego state therapy, in a way that takes into account the discourses and processes within which the idea of ego states is constructed, may allow for a fit between ego state therapy ideas and a social constructionist framework.

The construction of the therapeutic relationship. If the way in which ego state therapy ideas are made use of does not contribute to an egalitarian, respectful, and cooperative therapeutic relationship as proposed by a social constructionist way of working, then ego state therapy may not represent a good possible fit within a social constructionist therapeutic framework.

Another key idea in this dissertation entails research as a process of intersubjective knowledge construction by means of symbolic constructivism as a research method. As mentioned in Chapter 3, symbolic constructivism may be described as a postmodern, social constructionist research method (Hervey, 2000) that involves art-like portrayal in creating a symbol that elicits, evokes and challenges sense-making frameworks (Barry, 1996). My use of symbolic constructivism challenged my sense-making frameworks, especially with respect to therapy using ego state therapy ideas within a social constructionist framework. However, the utilisation of symbolic constructivism in this study may also engage the sense-making frameworks of the reader in regard to the ideas mentioned, although an exploration of the latter frameworks falls outside the scope of this study.

Even though I initiated the study having in mind thoughts about negotiating theoretical interfaces concerning therapy as a beginning therapist, through the process of writing the dissertation I found some of my other sense-making frameworks

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being challenged as well. Since symbolic constructivism entails continuous reflexive processes (Barry, 1996), some of these frameworks that were challenged through these reflexive processes included assumptions about therapy, myself as therapist, and clients and the problems that bring them to therapy. According to Freedman and Combs (1996), evaluating and questioning the therapist's assumptions about clients, problems and therapy may contribute towards increased transparency in the therapeutic relationship. The process of writing this dissertation therefore also hopefully, represents a development in terms of how I construct ideas about transparency that translate into the therapeutic relationship.

Another central aim of the dissertation refers to reflecting on my process as a novice therapist in attempting to negotiate an approach to therapy that may allow using techniques in ways which consider the underlying paradigms. At the outset of the study, I described the challenge facing me as such a therapist in finding a logical basis for using therapeutic techniques and ideas from different theoretical frameworks. My initial attitude towards the study was consequently inclined more towards a strong academic theoretical approach that I secretly hoped would not make many personal demands on me and thereby allow me to remain comfortably disengaged in the process.

However, through the process of research I realised that finding a logical basis for negotiating theory, as related to therapy, includes finding a logical basis for negotiating myself in terms of the role of a therapist and the person of a therapist. This realisation seems consistent with Rønnestad and Skovholt's (2003) first theme of therapeutic development that concerns an increased higher order integration of the therapist's personal and professional self.

Therefore, although the origins of my curiosity about negotiating interfaces between theoretical paradigms used in therapy may be traced to the constructions stemming from my experience of academic training, I came to realise that my curiosity about negotiating meaning in therapy appears closely related to how I construct my personal and professional identity. In this regard, Rønnestad and Skovholt (2003) in their study of therapeutic development describe therapists as learning by means of reflecting on interpersonal experiences in their personal and professional contexts where theoretical concepts serve a supplementary function. This supplementary function involves the utility of theoretical concepts in providing a fitting description to experiences and constructions so as to facilitate meaningful interpretation (Rønnestad

& Skovholt, 2003). However, a key idea concerning the place of theory in therapeutic practice may be summarised in the words of Rønnestad and Skovholt (2003, p. 6): that “it makes a bigger difference who the therapist is than which method is used.”

Beyond Wonderland:

Practical Ideas and Suggestions for Future Research

As mentioned previously, professional development appears to be a life-long process with continual reflection as a requirement for optimised learning and development (Rønnestad & Skovholt, 2003). Rønnestad and Skovholt (2003, p. 30) also mention that “[a] stimulating and supportive work environment, including informal dialogues among colleagues and in formal supervision, impact the reflective capacity and adaptive handling of the challenges encountered.” Therefore, in supporting the development of the reflexive capability of fledgling therapists, activities such as peer supervision, informal group discussions about topics of interest, reflexive journalling, continuing supervision, and further training in fields of interest together with follow-up on the meaningful integration of training experiences may be useful. These ideas might supplement Lindegger’s (2006) description of an increase in process research, based on principles of accountability, versus outcome research in psychotherapy. Ideas supporting the development of apprentices such as myself may consequently contribute towards the integration of responsible and accountable therapeutic development throughout the life-long process of developing as a therapist. The practical implementation of some of these ideas may be useful for future research as well.

Rønnestad and Skovholt (2003) also mention that therapists’ learning and professional development appears boosted by personal sources such as peer supervision and consultation, rather than impersonal sources such as reading a book. In reflecting on these remarks, I wondered about the usefulness of impersonal sources that appear personalised such as internet discussion groups and participation in virtual therapeutic communities. However, viewed from my understanding of Rønnestad and Skovholt’s (2003) position, sources of professional development that may be constructed as either personal or impersonal, such as internet discussion groups, may be useful to an extent, depending on the context and preferences of the participants. On the other hand, virtual, technologised interpersonal contact may make

less personal demands on the participants than would a real-life discussion group, a result which, in certain contexts, may have limited utility. Future research based on some of these suggestions could be valuable.

To sum up, it therefore appears that any idea or suggestion that contributes to, and supports the cultivation of, “[a]n attitude of respect for the complexity of therapy work lies at the base of ethical practice and also for a constructive professional developmental process” (Rønnestad & Skovholt, 2003, p. 39).

Conclusion

Satir’s (1987, cited in Viljoen, 2004) description of therapy as an intensely intimate and vulnerable experience that requires awareness of processes on many different levels and consists of the meeting of the deepest selves of therapist and client, reflects some of my thoughts in concluding this dissertation. Negotiating the rules of the language game of therapy (Neimeyer et al., 2006) therefore appears to involve much more than negotiating theoretical ideas and interfaces between ideas. It involves people, relationships between people, and continuous negotiation of the self in these relationships. Hoyt’s (2000, p. 7) quotation of a remark by the amateur golfer and songwriter Willie Nelson, applied to therapy, summarises these ideas for me on one level: “It’s a difficult game to learn. You can’t care too much. If you try too hard, you blow it. There’s too much and too little. That’s a good metaphor for a lot of things.”

In conclusion, my initial ideas in writing this dissertation revolved around attempting to illustrate part of the process of how I negotiated an interface between the social constructionist and psychodynamic paradigms relevant to Elle’s therapy. Therefore, it seems that although my initial focus in writing this dissertation involved a rather personally distanced description of negotiating theoretical interfaces, this process in the end actually involved a very personal negotiating of my identity as therapist. I thereby increasingly came to realise and experience that who I am as a person is who I am as a therapist. It seems therefore that in the end my attempt at negotiating theoretical interfaces symbolised an attempt at negotiating narrative coherence (Neimeyer et al, 2006) between my identity as a therapist and as a person.

A final thought about the process of writing the dissertation, developing as a therapist, and in essence finding myself, is therefore concluded by the following

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image: “We therapists are in the strange but wonderful business of going into small rooms with unhappy people and trying to talk them out of it” (Hoyt, 2000, p. 12).

REFERENCES

- Adams, D.J. (1997). Towards a theological understanding of postmodernism. *Cross Currents: Association for Religion and Intellectual Life*, (47)4. Retrieved August 9, 2005 from <http://www.crosscurrents.org/adams.htm>
- Agger, B. (1991). Critical theory, poststructuralism, postmodernism: their sociological relevance. [Electronic version]. *Annual Review of Sociology*, 17, 105-131.
- Allen, J.R., & Allen, B.A. (1998). Redecision therapy: Through a narrative lens. In M.F. Hoyt (Ed.), *The handbook of constructive therapies. Innovative approaches from leading practitioners* (pp. 31-45). San Francisco, CA: Jossey-Bass.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.) (Rev. ed.). Washington, DC: Author.
- Anderson, H. (1997). *Conversation, language and possibilities: A postmodern approach to therapy*. New York: Basic Books.
- Anderson, H.D., & Goolishian, H.A. (1988). Human systems as linguistic systems: Preliminary and evolving ideas about the implications for clinical theory. *Family Process*, 27(4), 317-393.
- Anderson, H.D., & Goolishian, H.A. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K.F. Gergen (Eds.), *Therapy as social construction* (pp. 25-39). London: Sage.
- Anderson, H. & Levin, S.B. (1998). Generative conversations: A postmodern approach to conceptualizing and working with human systems. In M.F. Hoyt (Ed.), *The handbook of constructive therapies. Innovative approaches from leading practitioners* (pp. 46-67). San Francisco, CA: Jossey-Bass.
- Armstrong, J.G., Putnam, F.W., Carlson, E.B., Libero, D.Z., & Smith, S.R. (1997). Development and validation of a measure of adolescent dissociation: the Adolescent Dissociative Experiences Scale [Electronic version]. *Journal of Nervous and Mental Disease*, 185(8), 491-497.
- Auerswald, E.H. (1985). Thinking about thinking in family therapy. *Family Process*, 24(1), 1-12.
- Auerswald, E.H. (1987). Epistemological confusion in family therapy and research. *Family Process*, 26, 317-330.

- Avis, P. (1999). Introduction. In P. Avis, A. Pauw, & I. van der Spuy (Eds.), *Psychological perspectives. An introductory workbook* (pp. 1-17). Pretoria: Vista University and Pearson Education.
- Barry, D. (1996). Artful inquiry: A symbolic constructivist approach to social science research [Electronic version]. *Qualitative Inquiry*, 2(4), 411-438.
- Beck, C. (1993). Postmodernism, pedagogy, and philosophy of education. *Ontario Institute for Studies in Education*. Retrieved August 9, 2005, from http://www.ed.uiuc.edu/EPS/PES-Yearbook/93_docs/BECK.HTM
- Becvar, D.S., & Becvar, R.J. (2000). *Family therapy. A systemic integration*. Needham Heights, MA: Allyn and Bacon.
- Beneke, M. (2005). *The way it was, the way it is: Reminiscence as intergenerational construction of identity*. Unpublished master's dissertation. Pretoria: University of Pretoria.
- Chang, J. (1998). Children's stories, children's solutions. Social constructionist therapy for children and their families. In M.F. Hoyt (Ed.), *The handbook of constructive therapies. Innovative approaches from leading practitioners* (pp. 251-275). San Francisco, CA: Jossey-Bass.
- Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Sprague, C., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liataud, J., Mallah, K., Olafson, E., & van der Kolk, B.A. (2007). Complex trauma in children and adolescents [Electronic version]. *Focal Point: Research, policy, & practice in children's mental health*, 21(1), 4-8.
- Cooper, M., & Rowan, J. (1999). Introduction: Self-plurality – the one and the many. In J. Rowan, & M. Cooper (Eds.), *The plural self. Multiplicity in everyday life* (pp. 1-9). Thousand Oaks, CA: Sage.
- Corey, G. (2001). *Theory and practice of counseling and psychotherapy (6th ed.)*. Belmont, CA: Wadsworth/Thomson.
- Degun-Mather, M. (2003). Ego-state therapy in the treatment of a complex eating disorder. *Contemporary Hypnosis*, 20(3), 165-173.
- De Koster, K., Devisé, I., Flament, I., & Loots, G. (2004). Two practices, one perspective, many constructs: On the implications of social constructionism on scientific research and therapy [Electronic version]. *Brief Strategic and Systemic Therapy European Review*, 1, 74-80.

- Dimaggio, G., Salvatore, G., Azzara, C., & Catania, D. (2003). Rewriting self-narratives: The therapeutic process [Electronic version]. *Journal of Constructivist Psychology, 16*(2), 155-181.
- Drewery, W., & Winslade, J. (1997). The theoretical story of narrative therapy. In G. Monk, J. Winslade, K. Crocket, & D. Epston, (Eds.), *Narrative therapy in practice: An archaeology of hope* (pp. 32-52). San Francisco: Jossey-Bass.
- Doherty, W.J. (1991). Family therapy goes postmodern. *Networker, 15* (5), 37-42.
- Du Preez, E. (2004). *The social construction of counsellor identity in a South African context*. Unpublished PhD (Psychology) thesis, Pretoria: University of Pretoria.
- Edley, N. (2001). Unravelling social constructionism [Electronic version]. *Theory & Psychology, 11*(1), 433-441.
- Edelstein, M. (1983). Ego-state therapy in the management of resistance. *American Journal of Clinical Hypnosis, 25*(1), 15-20.
- Ellis, C., & Bocher, A.P. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed.) (pp. 733-762). Thousand Oaks, CA: Sage.
- Emmerson, G. (2003). *Ego state therapy*. Camarthen: Crown House.
- Epston, D. (1999). *Co-research: The making of an alternative knowledge*. Retrieved March 2, 2006, from <http://www.dulwichcentre.com.au/DavidEpstonarticle.htm>
- Farber, S.K. (1997). Self-medication, traumatic reenactment, and somatic expression in bulimic and self-mutilating behavior [Electronic version]. *Clinical Social Work Journal, 25*(1), 87-106.
- Feeny, N.C., Zoellner, L.A., Fitzgibbons, L.A., & Foa, E.B. (2000). Exploring the roles of emotional numbing, depression, and dissociation in PTSD [Electronic version]. *Journal of Traumatic Stress, 13*(3), 489-498.
- Ford, J.D., Courtois, C.A., Steele, K., van der Hart, O., & Nijenhuis E.R.S. (2005). Treatment of complex posttraumatic self-dysregulation [Electronic version]. *Journal of Traumatic Stress, 18*(5), 437-447.
- Fosha, D. (2003). Dyadic regulation and experiential work with emotion and relatedness in trauma and disorganized attachment. In M.F. Solomon & D.J. Siegel (Eds.), *Healing trauma: Attachment, trauma, the brain, and the mind* (pp. 221-281). New York: Norton.
- Fourie, A.M., & Roets, H.E. (2003). Ego-state therapy as treatment for severe stomach pains after sexual intercourse: A case presentation. *Australian Journal of Clinical Hypnotherapy and Hypnosis, 24*, 67-76.

- Frederick, C. (2005). Selected topics in ego state therapy. *Journal of Clinical and Experimental Hypnosis*, 53(4), 339-429.
- Frederick, C., & Phillips, M. (1995a). *Healing the divided self: Clinical and Ericksonian hypnotherapy for post-traumatic and dissociative conditions*. New York: Norton.
- Frederick, C., & Phillips, M. (1995b). Decoding mystifying signals: Translating symbolic communication of elusive ego-states. *American Journal of Clinical Hypnosis*, 38(2), 87-96.
- Freedman, J., & Combs, C. (1996). *Narrative therapy: The social construction of preferred realities*. New York: Norton.
- Fruggeri, L. (1992). Therapeutic process as the social construction of change. In S. McNamee & K.F. Gergen (Eds.), *Therapy as social construction* (pp. 40-52). London: Sage.
- Gainer, M.J. (1993). Somatization of dissociated traumatic memories in a case of reflex sympathetic dystrophy. *American Journal of Clinical Hypnosis*, 36(2), 124-131.
- Gainer, M.J., & Torem, M.S. (1993). Ego-state therapy for self-injurious behaviour. *American Journal of Clinical Hypnosis*, 35(4), 257-266.
- Galper, D.I. (1999). *Bulimic symptomatology in college women: To what degree are hypnotizability, dissociation, and absorption of relevance?* Unpublished D.Phil thesis, Blacksburg: Virginia Polytechnic Institute and State University.
- Gardner, M. (Ed.). (2001). *Lewis Carroll: The annotated Alice. The definitive edition*. London: Penguin.
- Gergen, K.J. (n.d.). Ghost in the therapy machine: An interview with Kenneth Gergen. Retrieved June 1, 2006, from <http://www.newtherapist.com/gergen.html>
- Gergen, K.J. (1997). The place of the psyche in a constructed world [Electronic version]. *Theory & Psychology*, 7, 723-746.
- Gergen, K.J. (1998). Foreword. In M.F. Hoyt (Ed.), *The handbook of constructive therapies. Innovative approaches from leading practitioners* (pp. xi-xv). San Francisco, CA: Jossey-Bass.
- Gergen, K.J. (1999a). Beyond the self-society antimony [Electronic version]. *Journal of Constructivist Psychology*, 12, 173-178.
- Gergen, K.J. (1999b). Agency: social construction and relational action [Electronic version]. *Theory & Psychology*, 9(1), 113-115.

- Gergen, M.M., & Gergen, K.J. (2000). Qualitative inquiry: Tensions and transformations. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed.) (pp. 1025-1046). Thousand Oaks, CA: Sage.
- Gergen, M.M., & Gergen, K.J. (2004). Reflections: Between Narcissus and Dorian Grey [Electronic version]. *Journal of Community and Applied Social Psychology*, 14, 299-301.
- Ginandes, C. (2002). Extended, strategic therapy for recalcitrant mind/body healing: An integrative model. *American Journal of Clinical Hypnosis*, 45(2), 91-102.
- Gosse, D. (2005). My arts-informed narrative inquiry into homophobia in elementary schools as a supply teacher [Electronic version]. *International Journal of Education and the Arts*, 6(7), 1-20.
- Grossman, F.K., Sorsoli, L., & Kia-Keating, M. (2006). A gale force wind: Meaning making by male survivors of childhood sexual abuse [Electronic version]. *American Journal of Orthopsychiatry*, 76(4), 434–443.
- Haddock, D.B. (2001). *The Dissociative Identity Disorder sourcebook*. New York: McGraw-Hill.
- Hall, J. E. M. (2004). *Eating the apple: The impact of becoming a clinical psychologist on personal relationships*. Unpublished master's dissertation. Pretoria: University of Pretoria.
- Hartman, W. (1995). *Ego state therapy with sexually traumatized children*. Pretoria: Kagiso.
- Hartman, D., & Zimberoff, D. (2003). Ego states in heart-centered therapies [Electronic version]. *Journal of Heart-Centered Therapies*, 6(1), 47-92.
- Hermans, H.J.M. (1999). The polyphony of the mind: A multivoiced and dialogical self. In J. Rowan, & M. Cooper (Eds.), *The plural self. Multiplicity in everyday life* (pp. 107-131). Thousand Oaks, CA: Sage.
- Hervey, W.L. (2000). *Artistic inquiry in dance/movement therapy: Creative research alternatives*. Springfield, IL: Charles C. Thomas.
- Higgs, P., & Smith, J. (2000). *Rethinking our world*. Kenwyn: Juta.
- Hoffman, L. (1992). A reflexive stance for family therapy. In S. McNamee & K.F. Gergen (Eds.), *Therapy as social construction* (pp. 1-24). London: Sage.
- Holopainen, D., & Emmerson, G.J. (2002). Ego-state therapy and the treatment of depression. *Australian Journal of Clinical Hypnotherapy and Hypnosis*, 23, 89-99.

- Holmes, A., Brown, R.J., Mansell, W., Fearon, R.P., Hunter, E.C.M., Frasilho, F., & Oakley, D.A. (2005). Are there two qualitatively different forms of dissociation? A review and some clinical implications [Electronic version]. *Clinical Psychology Review, 25*, 1-23.
- Hoogland, C. (2004). An aesthetics of language [Electronic version]. *Journal of the Canadian Association for Curriculum Studies, 2*(2), 43-59.
- Hook, D. (2003). Reading Geldenhuis: Constructing and deconstructing the Norwood killer [Electronic version]. *South African Journal of Psychology, 33*(1), 1-9.
- Houston, S. (2001). Beyond social constructionism: Critical realism and social work [Electronic version]. *British Journal of Social Work, 31*, 845-861.
- Hoyt, M.F. (1998). Introduction. In M.F. Hoyt (Ed.), *The handbook of constructive therapies. Innovative approaches from leading practitioners* (pp. 1-27). San Francisco, CA: Jossey-Bass.
- Hoyt, M.F. (2000). Some stories are better than others: A postmodern pastiche. In M.F. Hoyt (Ed.), *Some stories are better than others. Doing what works in brief therapy and managed care* (pp. 17-75). Philadelphia, PA: Brunner/Mazel.
- Hoyt, M.F. (2000). Preface. In M.F. Hoyt (Ed.), *Some stories are better than others. Doing what works in brief therapy and managed care* (pp. xi-xvi). Philadelphia, PA: Brunner/Mazel.
- Hoyt, M.F., & Nylund, D. (2000). The joy of narrative: An exercise for learning from our internalized clients. In M.F. Hoyt (Ed.), *Some stories are better than others. Doing what works in brief therapy and managed care* (pp. 17-75). Philadelphia, PA: Brunner/Mazel.
- Hunter, C.R. (2006). Client-centered parts therapy [Electronic version]. *European Journal of Clinical Hypnosis, 6*(4), 22-27. International Society for the study of dissociation. (2005). Guidelines for treating Dissociative Identity Disorder in adults [Electronic version]. *Journal of Trauma & Dissociation, 6*(4), 69-149.
- Iser, W. (1998). The significance of fictionalizing. *Anthropoetics, 3*(2), 1-7.
- Janesick, V.J. (2000). The choreography of qualitative research design: Minuets, improvisations, and crystallization. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed.) (pp. 379-397). Thousand Oaks, CA: Sage Publications.
- Kelly, K. (2006). Calling it a day: Reaching conclusions in qualitative research. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for*

- the social sciences* (2nd ed.) (pp. 285-319). Cape Town: University of Cape Town Press.
- Kluft, R.P. (2003). Current issues in dissociative identity disorder [Electronic version]. *Bridging Eastern and Western Psychiatry*, 1(1), 71-87.
- Kühn, C. (2003). *The internship year: The experience of clinical psychology interns*. Unpublished master's dissertation. Pretoria: University of Pretoria.
- Lax, W.D. (1992). Postmodern thinking in a clinical practice. In S. McNamee & K.F. Gergen (Eds.), *Therapy as social construction* (pp. 69-85). London: Sage.
- Lemke, W. (2005). Utilizing hypnosis and ego-state therapy to facilitate healthy adaptive differentiation in the treatment of sexual disorders. *American Journal of Clinical Hypnosis*, 47(3), 179-189.
- Lincoln, Y.S., & Denzin, N.K. (2000). The seventh moment: Out of the past. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed.) (pp. 1047-1063). Thousand Oaks, CA: Sage.
- Lindegger, G. (2006). Research methods in clinical research. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (2nd ed.) (pp. 455-475). Cape Town: University of Cape Town Press.
- Loewenthal, D. (2003). The other in educational research: Some postmodern implications for educational practice theory, research and professionalism [Electronic version]. *Research in post-Compulsory Education*, 8(3), 367-376.
- Luxenberg, T., Spinazzola, J., Hidalgo, J., Hunt, C., & van der Kolk, B.A. (2001). Complex trauma and disorders of extreme stress (DESNOS) diagnosis, part two: Treatment [Electronic version]. *Directions in Psychiatry*, 21, 395-414.
- Madigan, S.P., & Goldner, E.M. (1998). A narrative approach to anorexia: Discourse, reflexivity, and questions. In M.F. Hoyt (Ed.), *The handbook of constructive therapies. Innovative approaches from leading practitioners* (pp. 380-400). San Francisco, CA: Jossey-Bass.
- Malmo, C. (1990). Recreating equality: A feminist perspective to ego-state therapy. In C. Malmo & T.A. Laidlaw (Eds.), *Healing voices: Feminist approaches to therapy with women* (pp. 288-319). San Francisco, CA: Jossey-Bass.
- Martínez-Taboas, A., Shrout, P.E., Canino, G., Chavez, L.M., Ramírez, R., Bravo, M., Bauermeister, J.J., & Ribera, J.C. (2004). The psychometric properties of a shortened version of the Spanish Adolescent Dissociative Experiences Scale [Electronic version]. *Journal of Trauma & Dissociation*, 5(4), 33-54.

- McNamee, S., & Gergen, K.J. (1992). Introduction. In S. McNamee & K.J. Gergen (Eds.), *Therapy as social construction* (pp. 1-6). London: Sage.
- McNeal, S. (2003). A character in search of character: Narcissistic personality disorder and ego-state therapy. *American Journal of Clinical Hypnosis*, 45(3), 233-243.
- McNiff, S. (2005). Research in new keys: An introduction to the ideas and methods of arts-based research. *Research in New Keys*, 2. Retrieved August, 27, 2005, from <http://www.lesley.edu/journals/jppp/9/McNiff%20Intro.html>
- Muller, R.T., Sicoli, L.A., & Lemieux, K.E. (2000). Relationship between attachment style and posttraumatic stress symptomatology among adults who report the experience of childhood abuse. *Journal of Traumatic Stress*, 13(2), 321-332.
- Murray, J., Ehlers, A., & Mayou, R.A., (2002). Dissociation and post-traumatic stress disorder: Two perspective studies of road traffic accident survivors [Electronic version]. *British Journal of Psychiatry*, 180, 363-368.
- Neimeyer, R.A. (2002). The relational co-construction of selves: A postmodern perspective [Electronic version]. *Journal of Contemporary Psychotherapy*, 32(1), 51-59.
- Neimeyer, R.A., Herrero, O., & Botella, L. (2006). Chaos to coherence: Psychotherapeutic integration of traumatic loss [Electronic version]. *Journal of Constructivist Psychology*, 19(2), 127-145.
- Neuman, W.L. (1997). *Social research methods* (3rd ed.). Boston: Allyn and Bacon.
- Nijenhuis, E.R.S., Spinhoven, P., van Dyck, R., van der Hart, O., & Vanderlinden, J. (1998). Degree of somatoform & psychological dissociation in dissociative disorder is correlated with reported trauma [Electronic version]. *Journal of Traumatic Stress*, 11(4), 711-730.
- Nijenhuis, E.R.S., van der Hart, O., & Steele, K. (2004). *Trauma-related structural dissociation of the personality*. Retrieved January 22, 2007 from <http://www.trauma-pages.com/a/nijenhuis-2004.php>
- Oakley, D.A. (1998). Emptying the habit: A case of trichotillomania. *Contemporary Hypnosis*, 15(2), 109-117.
- Parry, A., & Doan, R.E. (1994). *Story re-visions. Narrative therapy in the postmodern world*. New York: Guilford Press.
- Pauw, A. (1999). Narrative psychology. In P. Avis, A. Pauw, & I. van der Spuy (Eds.), *Psychological perspectives. An introductory workbook* (pp. 169-180). Pretoria: Vista University and Pearson Education.

- Peck, J., & Coyle, M. (1993). *Literary terms and criticism* (2nd ed.). London: Macmillan.
- Pearlman, L.A., Courtois, C.A., (2005). Clinical applications of the attachment framework: relational treatment of complex trauma [Electronic version]. *Journal of Traumatic Stress, 18*(5), 449–459.
- Perri, F.B. (2003). An investigation into the use of ego-state therapy in enhancing creative output. *Australian Journal of Clinical Hypnotherapy and Hypnosis, 24*, 77-87.
- Phillips, M. (1993). The use of ego-state therapy in the treatment of post-traumatic stress disorder. *American Journal of Clinical Hypnosis, 35*(4), 241-249.
- Phillips, M. (2004). Joan of Arc meets Mary Poppins: Maternal re-nurturing approaches with male patients in ego-state therapy. *American Journal of Clinical Hypnosis, 47*(1), 3-12.
- Plug, C., Louw, D.A.P., Gouws, L.A. & Meyer, W.F. (1997). *Verklarende en Vertalende Sielkundewoordeboek*. Johannesburg: Heinemann.
- Raghavan, C., & Kingston, S. (2006). Child sexual abuse and Posttraumatic Stress Disorder: The role of age at first use of substances and lifetime traumatic events [Electronic version]. *Journal of Traumatic Stress, 19*(2), 269-278.
- Richardson, L. (2000). Writing: A method of inquiry. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed.) (pp. 923-948). Thousand Oaks, CA: Sage.
- Richert, A.J. (2006). Narrative psychology and psychotherapy integration [Electronic version]. *Journal of Psychotherapy Integration, 16*(1), 84-110.
- Rønnestad, M.H., & Skovholt, T.M. (2003). The journey of the counselor and therapist: Research findings and perspectives [Electronic version]. *Journal of career development, 30*(1), 5-44.
- Rorty, R. (1980). *Philosophy and the mirror of nature*. Oxford: Blackwell.
- Ross, C.A. (1999). Subpersonalities and multiple personalities: A dissociative continuum? In J. Rowan, & M. Cooper (Eds.), *The plural self. Multiplicity in everyday life* (pp. 183-197). Thousand Oaks, CA: Sage.
- Terre Blanche, M., Durrheim, K., & Kelly, K. (2006). First steps in qualitative data analysis. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (2nd ed.) (pp. 320-344). Cape Town: University of Cape Town Press.
- Terre Blanche, M., Kelly, K., & Durrheim, K. (2006). Why qualitative research? In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (2nd ed.) (pp. 271-284). Cape Town: University of Cape Town Press.

- Torem, M.S. (1986). Psychodynamic ego-state therapy for eating disorders. *New Directions for Mental Health Services*, 31, 99-107.
- Torem, M.S. (1987). Ego-state therapy for eating disorders. *American Journal of Clinical Hypnosis*, 30(2), 94-103.
- Safran, J.D., & Messer, S.B. (1997). Psychotherapy integration: A postmodern critique [Electronic version]. *Clinical Psychology: Science and Practice*, 4, 140-152.
- Sanders, B., McRoberts, G., & Tollefson, C. (1989). Childhood stress and dissociation in a college population [Electronic version]. *Dissociation*, 2(1), 17-23.
- Schmidt, S.J. (2004). Developmental needs meeting strategy: A new treatment approach applied to Dissociative Identity Disorder [Electronic version]. *Journal of Trauma and Dissociation*, 5(4), 55-78.
- Schumm, J.A., Briggs-Phillips, M., & Hobfoll, S.E. (2006). Cumulative interpersonal traumas and social support as risk and resiliency factors in predicting PTSD and depression among inner-city women [Electronic version]. *Journal of Traumatic Stress*, 19(6), 825-836.
- Schwarz, R.A. (1998). From “either-or” to “both-and”. Treating dissociative disorders collaboratively. In M.F. Hoyt (Ed.), *The handbook of constructive therapies. Innovative approaches from leading practitioners* (pp. 428-448). San Francisco, CA: Jossey-Bass.
- Sey, J. (2006). Postmodernism: A critical practice? In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (2nd ed.) (pp. 523-537). Cape Town: University of Cape Town Press.
- Shotter, J. (1999). Life inside dialogically structured mentalities: Bakhtin’s and Voloshinov’s account of our mental activities as out in the world between us. In J. Rowan, & M. Cooper (Eds.), *The plural self. Multiplicity in everyday life* (pp. 71-93). Thousand Oaks, CA: Sage.
- Sinclair, J., Fox, G., Murphy, M., Comby, R., Griffiths, I., Hewings, A., et al. (1996). *Collins plain English dictionary*. London: HarperCollins.
- Snyman, S., & Fasser, R. (2004). Thoughts on ethics, psychotherapy and postmodernism [Electronic version]. *South African Journal of Psychology*, 34(1), 72-83.
- Stam, H.J. (2001). Introduction: Social constructionism and its critics [Electronic version]. *Theory & Psychology*, 11(3), 291-296.
- Sullivan, T.P., Fehon, D.C., Andres-Hyman, R., Lipschitz, D.S., & Grilo, C.M. (2006). Differential relationships of childhood abuse and neglect subtypes to PTSD symptom

- clusters among adolescent inpatients [Electronic version]. *Journal of Traumatic Stress, 19*(2), 229-239.
- Van der Hart, O., Nijenhuis, E.R.S., & Steele, K. (2005). Dissociation: An insufficiently recognized major feature of complex posttraumatic stress disorder [Electronic version]. *Journal of Traumatic Stress, 18*(5), 413-423.
- van der Kolk, B.A. (2002). Assessment and treatment of Complex PTSD. In R. Yehuda (Ed.), *Treating trauma survivors with PTSD* (pp. 127-156). Arlington, VA: American Psychiatric Publishing.
- van der Kolk, B.A. (2006). Clinical implications of neuroscience research in PTSD. *Annals New York Academy of Sciences, 1071*, 277-293.
- van der Kolk, B.A., & Courtois, C.A. (2005). Editorial comments: Complex developmental trauma [Electronic version]. *Journal of Traumatic Stress, 18*(5), 385-388.
- van der Kolk, B.A., Roth, S., Pelcovitz, D., Sunday, S., & Spinazzola, J. (2005). Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma [Electronic version]. *Journal of Traumatic Stress, 18*(5), 389-399.
- Van der Merwe, L., & Du Preez, E. (2005). *Narrative ways of thinking and counselling*. Pretoria: Verbum.
- Venter, J. P. (2004). *(Re)construction in progress: A social constructionist reification of the therapeutic relationship*. Unpublished master's dissertation. Pretoria: University of Pretoria.
- Venter, L. (2001). *In the shadow of the rainbow*. Johannesburg: Heinemann.
- Viljoen, G.A. (2004). The well-being of young psychotherapists: A social constructionist approach. Unpublished D.Litt et Phil thesis, Pretoria: University of South Africa.
- Vorster, C. (2003) *General systems theory and psychotherapy: Beyond postmodernism*. Pretoria: Satori.
- Waller, N.G., Putnam, F.W., & Carlson, E.B. (1996). Types of dissociation and dissociative types: A taxometric analysis of dissociative experiences. *Psychological Methods, 1*(3), 300-321.
- Wassenaar, D. (2006). Ethical issues in social science research. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for the social sciences* (2nd ed.) (pp. 60-79). Cape Town: University of Cape Town Press.
- Watkins, H.H. (1993). Ego-state therapy: An overview [Electronic version]. *American Journal of Clinical Hypnosis, 35*(4), 232-240.

- Watkins, J.G., & Watkins, H.H. (1988). The management of malevolent ego states in Multiple Personality Disorder [Electronic version]. *Dissociation*, 1(1), 67-72.
- Watson, S., Chilton, R., Fairchild, H., & Whewell, P. (2006). Association between childhood trauma and dissociation among patients with borderline personality disorder [Electronic version]. *Australian and New Zealand Journal of Psychiatry*, 40(5), 478-481.
- Weingarten, K. (2001). Making sense of illness narratives: Braiding theory, practice and the embodied life. *Working with the stories of women's lives: Dulwich Centre Publications*. Retrieved March 2, 2006, from <http://www.dulwichcentre.com.au/kaethearticle.html>
- Wilhelm, M.E. (2005). Dissociation as a psychic division along natural lines: An exploration in adult psychotherapy. Unpublished PhD (Psychotherapy) thesis, Pretoria: University of Pretoria.
- Wonderlich, S.A., Rosenfeldt, S., Ross, D.C., Mitchell, J.E., Engel, S.G., Smyth, J., & Miltenberger, R. (2007). The effects of childhood trauma on daily mood lability and comorbid psychopathology in bulimia nervosa [Electronic version]. *Journal of Traumatic Stress*, 20(1), 77-87.

APPENDIX A

INFORMED CONSENT (ELLE)

FICTION WRITING AS SYMBOLIC CONSTRUCTIVIST INQUIRY IN EGO STATE THERAPY

1. TITLE OF STUDY:

Fiction writing as symbolic constructivist inquiry in ego state therapy

2. PURPOSE OF STUDY:

The purpose of the study is to use writing fiction as research medium about the therapy process in which you were involved with the researcher. This study also serves as means to explore the researcher's development as therapist.

3. PROCEDURE TO BE FOLLOWED IN THE STUDY:

You are invited to participate in the study in the following ways:

- Co-writing a fictional story about what you experienced during the therapy process. This will be done by studying your process notes that were written during therapy with your consent, and writing a story using that information as a guide.

The researcher will write most of the story, and you are invited to edit the story's content, style, and tone. Your role therefore includes changing, adapting and writing parts of the text so that the story remains authentic to how you experienced the therapy.

- Copies of the drawings and poetry that you created relevant to the therapy will be included in the research with your consent.
- Participating in conversations about your experience of both the therapy and the research process. The researcher will translate, transcribe and include these conversations in the study. Anything that is unclear in this consent form will be translated in Afrikaans and discussed as well.

4. ANONYMITY OF SUBJECT AND CONFIDENTIALITY:

Confidentiality will be maintained concerning personal identifiable data such as actual names and locations. All personal identifiable data gained from the therapy itself will be treated as confidential as well. In assuring confidentiality, a pseudonym is used throughout the study. The research data will be

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destroyed should you decide to withdraw from the inquiry. You as research participant, the researcher's supervisor, and the researcher will have access to the research data.

A peer evaluator (Venessa Nabal) will have access to the story material and to the transcribed reflective conversations. She will not have access to your process notes, therapy records or any personal identifiable data.

5. DISCOMFORTS AND RISKS FROM PARTICIPATING IN THE STUDY:

You may experience psychological discomfort in taking part in reworking your therapeutic material into a story. The researcher will check with you through conversations about the effect of your participation in the inquiry on you. These conversations are also intended to help safeguard you. You will have access to the researcher by telephone or appointment at any time - should you have questions or doubts in regards to any issue concerning the study.

Because the study originated from a previous therapeutic relationship between you and the researcher, re-establishment of this relationship will be available to you on the same terms as before should you require it. Otherwise, the researcher will make appropriate referrals.

6. POSSIBLE BENEFITS:

No guarantee of benefit has been made to induce your participation, however you may benefit therapeutically from participating by reworking some things from your therapy in a creative, empowering way in a story.

7. FREEDOM TO WITHDRAW:

Your participation in the study is voluntary and this means you reserve the right to discontinue participation at any stage without any negative consequences.

8. PARTICIPANT'S PERMISSION:

- I have read and understand the above description of the study.
- I have had an opportunity to ask questions and have had them all answered.
- I hereby acknowledge the above and give my voluntary consent for participation in this study in the following areas:
 - I give consent that my process notes and therapy records may be reviewed and used in the way explained in this letter.

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- I give consent that drawings and poetry that I have created relevant to the therapy may be included in the research.

- I further understand that if I participate I may withdraw at any time without penalty. I understand that should I have any questions regarding this research and its conduct, I should contact the researcher.

Research Participant

Researcher (Elizabeth Vermooten)

Date

Date

APPENDIX B

INFORMED CONSENT (VENESSA NABAL)

FICTION WRITING AS SYMBOLIC CONSTRUCTIVIST INQUIRY IN EGO STATE THERAPY

1. TITLE OF STUDY:

Fiction writing as symbolic constructivist inquiry in ego state therapy

2. PURPOSE OF STUDY:

The purpose of the study can be summarised as follows:

- Exploration of art-like research possibilities (fiction writing) concerning research on therapy.
- Presenting a process-oriented account of personal therapeutic development.

3. PROCEDURE TO BE FOLLOWED IN THE STUDY:

You are invited to participate in the study as a critical reader in the following ways:

- Acting as a peer evaluator. This includes writing evaluative comments on the story about its logical coherence.
- These evaluative comments also include writing about the accessibility of the story to the reader.
- Evaluating the ideas pertaining to the reflections on the therapy and research processes in writing.

All the above-mentioned writing will be included in the dissertation as part of the text. The writing may be communicated via e-mail if preferred.

4. ANONYMITY OF SUBJECT AND CONFIDENTIALITY:

You have opted not to use a pseudonym in the study. As a peer evaluator, you maintain the right to decide which comments you would like to include or withdraw from the final text.

The evaluative material will be destroyed should you decide to withdraw from the inquiry. You will have access to the story material and the reflections on the research and therapy processes. The researcher's supervisor, the

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researcher and the research participant will have access to all of the research data.

5. DISCOMFORTS AND RISKS FROM PARTICIPATING IN THE STUDY:

You may experience minor fatigue in reading the above-mentioned selected material and writing evaluative comments. You will have access to the researcher by telephone or appointment at any time should you have questions or doubts in regards to any issue concerning the study.

6. POSSIBLE BENEFITS:

No guarantee of benefit has been made to induce your participation, however you may possibly benefit on a personal-professional level in contributing your voice to an academic project and potentially learning something in the process.

7. FREEDOM TO WITHDRAW:

Your participation in the study is voluntary and this means you reserve the right to discontinue participation at any stage without any negative consequences.

8. PARTICIPANT'S PERMISSION:

- I have read and understand the above description of the study.
- I have had an opportunity to ask questions and have had them all answered.
- I hereby acknowledge the above and give my voluntary consent for participation in this study as a peer evaluator in critically reading the selected text and commenting on it in writing.
- I further understand that if I participate I may withdraw at any time without penalty. I understand that should I have any questions regarding this research and its conduct, I should contact the researcher.

Research Participant

Researcher (Elizabeth Vermooten)

Date

Date

APPENDIX C

STATEMENT OF THERAPEUTIC INTENT

This is a statement of therapeutic intent that the researcher and research participant created together. With this statement, we intend the research participant's participation in the study to benefit her on a therapeutic level, and to protect her against possible negative effects of her participation.

This means that the research participant's psychological well-being in regards to the study is a condition of her participation at all times during the course of the study.

With this statement, we aim to provide a safeguard for the research participant in the following ways:

1. If the research participant feels that her participation at any time in the study does not contribute to her therapeutic benefit, she is free to stop participation at any time.
2. The researcher is willing to re-enter the therapeutic relationship with the research participant on the same terms as the previous relationship should the participant want to do so because of her participation in the study.
3. The researcher is willing to re-enter the abovementioned therapeutic relationship also if the participant decides to stop participating in the study.
4. The researcher will refer the research participant to a suitable professional if she does not want to re-enter therapy with the researcher.

Research Participant

Researcher (Elizabeth Vermooten)

Date

Date