
by

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It’s hard to tell just when the night becomes the day
That golden moment when the darkness rolls away
But there is a moment nonetheless

Ask the ocean where the water meets the land
He will tell you it depends on where you stand
And you’re neither right nor wrong

But in the fathoms of the soul that won’t ring true
Cause truth is more than an imposing point of view
It rises above the changing tide
As sure as the morning sky

Within the scheme of things well, I know where I stand
My convictions they define who I am
Some move the boundaries at any cost
But there is a line I will not cross
No riding on the fence - no alibis
No building on the sands of compromise
I won’t be borrowed and I can’t be bought

There is a line I will not cross. (Kirkpatrick & Sprague, 1993)

- from ‘There Is A Line’ sung by Susan Ashton
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There are many, many people who in both small and big ways have made an impact on my life and development as a psychologist, and hence this study. Constraints of time and space have left me to select the most significant in terms of the focus of my study.

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There is a moment in time
when the knowledge of love
and the experience of love
precariously meet
to form one brilliant point
of rest
for the soul.

From this place,
every direction is the same –
backwards...forwards... all indelibly marked
with the peace that comes
when it is finally understood
that nothing
can shake you
from the firm grip
of love’s hand.

- Margaret Becker, loosely based on Psalm 126:5-6
NOTES ON LANGUAGE AND TERMINOLOGY

This being a study with social constructionist undertones, it is important to bear in mind that social constructionists view language as the tool that constructs meaning and that multiple descriptions are possible in most situations (Gergen, 1999). I have attempted to describe in a style that is not too colloquial to sound informally disrespectful to seasoned academics, but not too academic to sound traditional and boring to those who are not very familiar with research jargon. It was difficult to achieve this balance.

My use of feminine pronouns is not so much an attempt to challenge male gender bias, but an expression of my view that masculine is implicit in the feminine. This is best illustrated in the words ‘he’ and ‘she’, where the letters of ‘he’ are included in the word ‘she’. When I see the word ‘she’, in my mind I read it as ‘she and or he’. The Bible refers to human beings as ‘man’, not ‘woman’. As a female, I have chosen the feminine as the inclusive terminology.

Spelling is done according to South African English conventions unless words are part of a quote from a source that is not South African. This accounts for my spelling of words like ‘counselling’, ‘behaviour’, ‘colour’, ‘humour’ and all words ending in ‘-ise’ or ‘-ising’.
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SUMMARY

From a social constructionist perspective, the self of the therapist is the only tool that she takes into therapy with her. The study of the therapeutic self therefore becomes important as this impacts on the quality of therapy received by the client. This treatise explores the development of the researcher’s therapeutic self through the storying of significant learning experiences in the course of her training in counselling psychology. An analysis of the narrative reveals the substance of some of the soul tattoos that make up her therapeutic self. The study was undertaken from an action research approach, thus emphasising the investigation of the therapeutic self in the field and feeding this information back into the practice of counselling psychology in the course of the research project. The themes extracted in the analysis reveal the process of action learning and what constituted significant learning experiences for the researcher. The researcher found that certain conditions were required for the formation of soul tattoos and that merely obtaining a masters degree in counselling psychology was not sufficient preparation for the practice of counselling psychology.

KEY TERMS

Social constructionism, action research, therapeutic self, professional development, supervision, postmodernism, self-reflexiveness, storying, soul, and values.
CHAPTER 1: INTRODUCTION

The Art of Tattooing

The artist sinks her needle into the unblemished tanned skin and releases a shade of red - it appears as if the ankle is bleeding. The recipient winces slightly, all the while thinking ‘Suffer for beauty…’. Thousands of pricks down the line, a rose emerges, dainty and perfect. This rose’s beauty will never fade away, for it will remain indelibly etched, only to go unnoticed when winter comes and layers of clothing keep it out of sight. As time goes by, the memories of pain might remain, but the desire fulfilled makes it all worthwhile.

Although issues of identity and self are well established as vital aspects to theories of human behaviour (Gergen, 1999), Polson and Nida (1998) claim that understanding those experiences which bring about growth and transformation in psychotherapists, is a much-neglected area of research. Dieckmann presented the first in-depth report about a psychoanalyst’s experiences during analysis in 1971 (Sedgewick, 1984). According to the theory of social constructionism, the therapeutic self is one of many selves that manifest in various contexts (Avis, Pauw & Van der Spuy, 1999). These selves are in turn a part of one’s identity. This is contrary to the traditional theory that a single, unitary self exists. This is discussed in more depth in Chapter 2.

Other studies have focused more on the growth and development of psychologists whilst in training or starting out in the profession. Ford’s (1963) study showed how important it is to study the development of the psychologist who in turn studies the development of his clients. Themes of sources of growth and kinds of
growth experienced by intern psychologists were the focus of a study done by Paris (2000). Other contemporary studies, like Zagnoev’s (1996) have focused on the development of the therapeutic self. A more detailed literature review can be found in Chapter 2.

While some might dispute it and others might be blissfully unaware of it, I believe that the selves of the therapist are important tools that she takes into therapy with her. The therapist is challenged to use her personal self effectively within the therapeutic relationship (Aponte, 1994). The relationship between the personal self and the professional self of the therapist is an important one. To me it therefore seems logical that the therapeutic self ought to be researched and studied in order to determine how best to instill whatever it takes to be a good psychotherapist in trainees. In order to accomplish this, the question of what does it take to be a good therapist needs to be answered. This is a study of the researcher’s therapeutic self, done partly in order to answer the question of what it takes to be a good psychotherapist, but more importantly, how does one then become a good psychotherapist, and once I know that, do I want to be a psychotherapist?

According to Louw (2000), therapists’ identities and the development of their therapeutic selves are influenced by their training which largely determines what and how they learn about the practice of psychotherapy. In my experience, the most significant growth that took place in me as a psychotherapist was a result of reflecting on my training (specific experiences); interaction with colleagues, lecturers and other professionals; experiences in the field of psychology; reading appealing and relevant books and other resources and reflecting on life experiences in my learning journal. Making this the topic of my research has resulted in transformational growth. This
transformational growth is the soul tattoos that I refer to in my title. In the light of my interest in the topic and Polson and Nida’s (1998) claim that the growth of psychologists is a much-neglected area of research, I explore the development of my therapeutic self in the hope that one might better understand the growth and transformation of the psychotherapist and that trainers and trainees in the field of psychotherapy might be able to identify with my experiences and learn something from them.

I believe that there is more to the good practice of psychotherapy than merely obtaining a masters degree in counselling psychology and that the benefit that this study potentially holds for trainers is twofold: they might become aware of adaptations that could be made to their programmes which could somehow be more effective in terms of developing the therapeutic self of the therapists that they train and, where programmes cannot be adapted, they might point trainee psychologists in the right direction so that they can fill the necessary gaps in terms of skills and knowledge.

This study was undertaken from an action research and social constructionist perspective, thus the emphasis is on effecting change whilst exploring the system in which I, the researcher resides. I narrate the story of the development of my therapeutic self, but in my voice the reader will hear the voices of many significant others who have made their mark on my life, in one way or another. The story starts in the year in which I began my honours degree in psychology on a part time basis (1998), and ends in the internship year of my masters degree in counselling psychology (2003). Thereafter I refer to the first year of my masters degree in counselling psychology as my M1 year and the second year of my masters degree in
counselling psychology as my internship year. There are stories within stories of those events during this period, which made the biggest impression on the development of my therapeutic self.

My sample was my self in various contexts: in therapy, in training, in conversation with others and interacting with various resources over the two years of my training. My data was largely obtained from my personal learning journal, which I have kept over the years, as well as feedback from lecturers, clients and colleagues. I analysed my data by extracting themes and sub themes in the stories and by arriving at a description of what I believe are my indelible soul tattoos. In my storying I describe some of the disposables: those tattoos that have faded because they have not been helpful as far as my growth as a therapist is concerned. The pervasive themes and subthemes were identified as discussed in Chapter 7 where the interrelatedness amongst these themes is also described.

In summary: this study is part of the story of my growth and journey as a psychotherapist in training with detailed descriptions of aspects that I consider to be most significant and relevant and will hopefully serve as an example to the reader of how action research can be used to bring about growth and development in a trainee counselling psychologist.

In this chapter I have laid the foundations, described the research problem and justified the research and the methodology for the study. Chapter 2 is a review of some of the literature on theories of identity, self and the therapeutic self. In Chapter 3 the methodology and research procedures are described. Chapters 4, 5 and 6 contain narratives of my experiences in the course of my training in counselling psychology.
The data analysis is written up in Chapter 7, and finally Chapter 8 contains a discussion of the results and the conclusion.
CHAPTER 2

Who’s Tattooing Whom?

In this chapter I review some of the literature on theories of the self, identity and more specifically, the therapeutic self. This review serves to document relevant knowledge regarding studies done in this regard and will provide and inform the creation of a suitable background for constructing my personal therapeutic self. The postmodern views of self differ from the earlier modern views and the constructionist view of the self has evolved with time.

Early Studies

To some the idea of being the object of one’s own study is probably a conceited and bizarre notion stemming from laziness to find participants or an unhealthy obsession with oneself. To the scientific, modernist mind the idea of doing research with some uncertainty of where one is going is probably an absurdity. These perceptions exist in spite of the fact that some of the early ideas and studies date back to the 1970’s, 1960’s and even 1950’s. The first in-depth report of the experiences of a psychoanalyst during analysis was presented by Dieckmann in 1971 at the Fifth International Jungian Congress (Sedgewick, 1984). In order to facilitate a shift in focus from the patient to the analyst, Dieckmann and three other German analysts took part in a research project in which they recorded the associative content of their associations to material put forward by their patients. The content of their associations fell into four categories, as illustrated in Figure One:
Dieckmann found a close connection between the patients’ chains of association and the analysts’ problems and history. Thus both client and therapist brought the entire ‘self’ (according to the modernist definition at the time, this included soul, needs, wounds, neuroses and values) to therapy and upon meeting each other, there was an almost immediate interest in the individual’s conception of self, as is the case in any first meeting amongst individuals (Goffman, 1990; Sedgewick, 1984). Issues of identity and self have long since been established as vital aspects to theories of human behaviour (Grodin & Lindloff, 1996). According to Erikson (1950), identity can be described as those characteristics that establish where people are going and who they are. It implies a sense of inner harmony with the values and ideas of a social group.
According to him, adolescents have to resolve their identity crisis in order to have a sense of self. The self is therefore an aspect of identity, and the therapeutic self, according to social constructionism, is one of the selves that manifests in certain contexts.

In Ford’s (1963) study on psychotherapist’s search for identity he makes mention of the relevance of studying psychotherapist development in light of the fact that they study their clients’ development in an attempt to better understand them. It would appear then that the person of the therapist and the therapeutic self would be better understood if one were to study their relevant personal and professional growth experiences. Paris (2000) undertook such a study via the Internet. Through setting up a chat room, she obtained data from thirteen marriage and family therapist interns and was able to determine themes with regard to sources of growth and kinds of growth that had taken place in their lives. I used a completely different method to arrive at ideas about growth in trainee counselling psychologists. This is expounded on in the next chapter.

George Kelly (1955) coined the term ‘constructive alternativism’ which means that people have different worldviews and in order to make sense of their world, they develop theories and constructs toward viewing events and individuals. In the traditional paradigm of positivistic science if I, for example, view a colleague as being lazy, I might predict that that person would shirk a certain responsibility. When the person does exactly this, my theory is proved. We act like scientists, putting forth theories that predict events and then testing these theories. Unique individual constructs are constantly modified to enhance predictions (Sharf, 2002). A personal example of this is that I am a Christian with a biblical worldview and it is this value
system that plays an integral role in the way I conduct therapy and is hence an important aspect of my therapeutic self.

Unlike the traditional view that an essential self exists which is consistent, unitary and unchangeable, the narrative postmodern approach views the self as constructed by subjectivities which we act out in different contexts and it therefore might vary in different contexts or be the same in comparable contexts at different times (Kvale, 1992). That individuals can change is acknowledged, which is a far more liberating way of viewing individuals and in the light of therapeutic goals to my mind this is preferable.

Within the postmodern paradigm, not only is there plenty of scope for research of this nature, but new tools have emerged to guide a practical understanding – tools like performance, conversation, story and spectacle (Terre Blanche & Durrheim, 1999).

The idea is not a novel one: many contemporary studies have examined the development of the therapeutic self whilst training as a psychologist. Zagnoev (1996), for example, recorded the development of her therapeutic self and her underlying assumption was that the therapeutic self is constantly evolving. She explains that her aim was not to find answers, but to make meaning of her explorations. Through ‘storying’ her experiences she has made them meaningful to both herself and readers like myself who find they can identify with some of the aspects that she wrote about. Louw (2000) emphasises the impact that his training context (particularly the clinic in which he did his internship) and his interpersonal style had on his experiences of stuckness or growth as a trainee psychotherapist.
One of the challenges that I’m faced with is that my training context (like some others in South Africa) does not fully integrate the construction of self into its training programme. When training programmes are integrated, the emphasis is often on the academic and cognitive understanding of the self, excluding the spiritual and emotional constructions of self (Viljoen, 2004). As a result I found myself having to deal with the irony that therapist training programmes often fail to model the processes they are attempting to teach and that in a competitive, impersonal learning environment, trainees are unlikely to find sufficient time to reflect on their own growth and development (Small, 2003; Viljoen, 2004). Having to deal with the demands of course work, community placements, colleagues and clients and then being revived by my husband, socialising with good friends, attending church and dancing left little room for lengthy philosophical and personally meaningful reflections on the nature of my therapeutic self and my development that I experienced in my M1 year. However, the little time that was left over was used to reflect on my experiences through journaling, which proved to be a very useful tool indeed.

My perceptions of its usefulness fluctuated – when very busy it seemed like a useless burden and when inspired or motivated it seemed like a wonderful tool of self-expression. I suspect this is not unlike the fluctuating emotions experienced by a client with regard to therapy. It is a tremendous struggle to set aside time for therapy, but once there, the client might experience a tremendous sense of relief and gratitude for having made time for it.

*Soul Tattoos*

In the past, when I thought of a tattoo, the connotations that immediately sprang to mind were mostly negative: pain, permanent marking, exhibitionism,
needles and seedy tattooing parlours. The acquisition of tattoos by close friends has led to a paradigm shift in my thinking. The thoughts that come to mind when I now think of tattoos are far more positive: something that conveys a meaningful message, something with aesthetic appeal if tastefully done, something that makes a statement, normally by somebody bold enough to risk being misunderstood and something that conveys potentially different messages to other viewers. It might be hidden most of the time, but the fact that it’s there in the first place conveys a message to those who know about it.

While soul tattoos, in a literal sense, may be completely hidden from the human eye and it is highly unlikely that any person other than the one owning them would have any conscious awareness of them, they do have the power to make an impression on others and on ourselves. They too communicate a message to others while at times being completely or partially hidden from the owner’s sensory awareness. To me, soul tattoos represent milestones, growth or regression, moments of insight, transformation and change or painful awareness of not being able to change and are often, like ordinary tattoos, acquired through a somewhat painful process.

Unlike the ordinary tattoo, however, the soul tattoo might evolve and change many times before its formation is complete – even then there might not be permanence – whereas the ordinary tattoo is usually completed in one visit to the tattoo artist. When individuals choose to cover their entire bodies in tattoos, one cannot help but wonder if they are trying to hide or communicate something and if so, what they are trying to hide or communicate? Similarly, I wonder whether a therapist can ‘fake’ soul tattoos and misrepresent herself and if so, what this means in terms of the therapeutic self. Can one’s soul tattoos represent one’s therapeutic self? I would
like to think that they could. I believe that authentic soul tattoos could be an accurate representation of the self of the therapist. Unlike the name of an old boyfriend inscribed on one’s thigh - an ever-present reminder of a huge mistake – we have some control over the evolution of our soul tattoos and I believe that we choose both the indelible and the disposable. The memories of the painful acquisition of the soul tattoos might remain, but the desire to be a psychotherapist fulfilled makes it all worthwhile.

Training to be a psychotherapist is certainly a painful process. It is a journey filled with ironies, paradoxes, ambiguities, much learning and confusion, but it is certainly a journey that etches the soul tattoos one needs to better understand therapy on one’s heart. Louw (2000) described in his study on the learning and teaching of systemic therapy how the theoretical training he received at university felt far removed from what was required of him in the context where he had to do his practical training. Much of one’s learning about and understanding of psychotherapy hinges on one’s understanding of oneself and the soul tattoos that remain provide us with helpful tools for the practice of psychotherapy. That which is indelibly etched on the soul is likely to be so much part of the therapeutic self, which is one of the most important tools of the therapist, that it will pervade therapy through the person of the therapist. The logical first step for me was to attempt to fully understand what the therapeutic self of the therapist is and how one goes about studying this.

Soul Searching

An motivating suggestion made by Shawver (1999) to enable greater understanding of the self and prevent de-personalisation of the learning environment, is that trainers should try to find creative ways in which students can converse with,
for example, some of the authors of books on postmodernity and other topics relevant to their fields of interest. She refers to a ‘culture of conversational paralogy’ which would replace the culture of the textbook and could go a long way in enabling students to benefit from conversing with experts in their fields of interest and observing their responses to conveyed ideas and knowledge. According to Lyotard (1984), ‘paralogy’ is when conversation inspires a flood of novel and creative ideas. He claims that postmodernists have a desire for this, especially when stimulating conversation generates ideas that work in a satisfying way. Paralogy is not a respecter of conventional theories as it reinvents and transforms them, breaking them up and combining them at will. I find the concept of paralogy very appealing and have often times used electronic mail to exchange ideas to this end.

Electronic mail is one way of overcoming the logistical problems posed by paralogy, especially if one wants to discuss concepts and ideas with people overseas. If training institutions were to encourage students to make contact with academics on the cutting edge of their fields of interest, not only would this enhance the training process, but also it would provide a platform for self-development in the chosen field. Whitehead (1988) from the University of Bath has established a website on which he publishes much of his own work and his students’ work. This is freely available for perusal on the Internet and makes for captivating reading if one is partial to action research. Dick (1997a) from Australia has also been pro-active in this regard and students interested in doing action research are encouraged to be part of the e-mail conversations surrounding action research. Discussions take place on various levels, so the beginner action researcher need not feel too intimidated to make an input. One could also simply make use of the website as a resource – much information on how to conduct an action research study is accessible for those who are doing such studies.
There is, however, no website that focuses on action research studies undertaken by counselling psychologists, thus much of the literature had to be obtained from hard copies of masters and doctoral theses. One such study was that of Valkin (1994), a clinical psychologist who describes in her doctoral thesis how she felt the need for a ‘map of self’ in order to answer the fundamental question: ‘Who am I?’ It is a question that needs answering both to help the therapist to define her self, other than according to her roles (this is only too easy) and to prevent clients from being subjected to a therapeutic process that is marred by the therapist’s frame of reference and needs.

Cunningham’s (1996) study attempts to connect his personal and professional self in a narrative, which relates to his educative relationships with others. He acknowledges his living relationship with God as one that impacts on his values and therefore also his relationships. It is this spiritual aspect of the self that I am including in my exploration as I too feel that this is an inseparable part of my self. Is the spiritual aspect of my therapeutic self dormant when dealing with clients of other religions? Or is it simply present but silently active? Another educator based her study on the fact that her professional and personal practices are ‘inextricably linked’ to her entire life and to each other (Shobbrook, 1997). It would appear that in much of the literature available on psychological research of the development of the self, that personal identity and professional identity are presented as two separate manifestations of identity (Gergen, 1999). I would like to argue that neither could be viewed in isolation and it is impossible to nurture one without impacting on the other.

In line with the systemic approach to psychotherapy which acknowledges the impact that the systems in which the individual resides has on the individual, I believe that I could not do a thorough study of my therapeutic self without studying how
different contexts influence and impact on it (Avis et al., 1999). Action research accommodates social constructionism because it enables one to study the creation of the therapeutic self in different contexts (Bhana, 1999).

Gergen (1996) asserts that one’s reasons, passions, motives, opinions and core traits are all an important part of one’s ‘interior life’. To be without these is to be without an identity. Hirschhorn (1999) is of the opinion that it’s only when the therapist’s clinical practice reflects her values and beliefs that she moves from ‘doing therapy to being a therapist’ (p. 8). The onus is therefore on the individual to choose the model(s) that best fit her personal beliefs. Self-reflexivity is therefore a key component of any study of the therapeutic self. This occurs when the researcher (and/or therapist in training) reflects on her values, ideals and histories and how these make a contribution to the results of the research (Avis et al., 1999).

According to Cushman (2000), it takes a certain affective and cognitive capacity and awareness to be in possession of an internal directive toward self-realisation, change and growth. He refers to this as being ‘self-contained’. He sees the self as essentially being defined by the indigenous psychology of the cultural group in which the individual is embedded. Thus the social and historical construction of the self cannot be ignored, as human nature cannot be transhistorical and transcultural. The process of our historical formation plays a key role in defining the self: we cannot evade the impact of the years of struggle when white supremacy robbed all other South Africans of their rights, the role of the apartheid era and all its laws that dictated how we should live our lives and the transformation that has taken place as our new democracy has emerged. I later tell my story of my experiences on the Phelophepha Health Care Train which is an excellent example of how the South African context has radically impacted on the development of my therapeutic self.
Gordon (1990) distinguishes between the ‘self in order’ and the ‘self in disarray’. There are certain factors that can disturb one’s cohesion of self and are associated with behaviour that is unprofessional, anti-therapeutic, and possibly even destructive to the self and others, which characterises the self in disarray. Then there is what Gordon (1990) refers to as three pre-requisites to maintaining cohesion of self:

1. The ability to self soothe – in other words, a way of collecting oneself and re-establishing a sense of harmony and peacefulness.
2. A sense of belonging should encompass the self in the areas of family, society, profession and culture.
3. The capacity for self-assertion and a determination that will see the self through till the goals have been achieved is necessary if one wants to maintain self-cohesion.

The psychotherapist with a healthy therapeutic self should be able to establish for herself a structured, ordered life and when necessary, re-establish her sense of order (Gordon, 1990). The self that is organised is able to organise and environmental structure is borne out of self-structure. Thus being self-contained enables one to manage one’s environment and behaviour in a coherent manner.

Cushman’s (2000) work is based on the assumption that one can only begin to understand, what he terms, American psychotherapy if one understands the world in which it was birthed and in which it resides. It is for this reason that we cannot adopt the theories of Euro-American (and other) psychotherapists and apply them in a South African society without critical evaluation and adapting them if necessary. He goes on to explain how psychotherapy reflects and constructs the social field. Through the eyes of a social constructionist, no theory represents essential truths. Theories are
constructed when psychotherapists apply them in specific social contexts (Viljoen, 2004). As a trainee therapist at the Vista Psychology Centre I therefore had the responsibility of constructing theories out of existing knowledge with an awareness of my unique needs and those of the clients in the particular communities that I was serving. Similar dynamics applied when I was an intern psychologist in a local high school.

One simply cannot take a carte blanche smorgasbord of American and European therapies and expect resonating results in South African therapists and clients. We need to have these theories and psychotherapies constructed in a way that they would become fitting or appropriate interactive channels of healing in the lives of the individuals in our society. It goes without saying that a South African therapeutic self should have a natural, intrinsic disposition to the South African context and its multicultural and multilingual people. The South African context has taught me to be particularly sensitive regarding culture and language as a therapist during my training up to the present moment. It has taught me that we are all prejudiced to a greater or lesser extent. The preconceived ideas instilled by parents are often endorsed by teachers, friends, the government or other like-minded people and lead us to believe that it is fine to have our minds made up because we are right. This is more blatant in some people’s lives, subtler in others. I have some soul tattoos that are a direct result of being involved in doing therapy in a poverty stricken, rural part of our country which I story in more detail in one of the following chapters.

In our contemporary postmodern society we have a wide variety of technological means of communication that were not available to us previously. It is hard to imagine how we managed a few years ago without cell phones, the Internet
and electronic mail, to name but a few. This emergence of electronic communication has brought with it new ways of exploring the therapeutic self and its development. The question of whether the self in relationships experienced in cyberspace and other mediated forms allows for an experience that is unavailable in non-mediated forms arises (Grodin & Lindlof, 1996). Does the monthly ‘Naidoo News’ (a monthly newsletter written by myself that contains an update on what’s happening in our family) distributed amongst close family and friends via electronic mail portray a different self to the one you would meet in person? Am I able to present my self in person in the same way I do via electronic mail? Would I want to?

Through submitting my journal work via electronic mail I discovered just how easily information could be misconstrued in this manner. It might be a quick, cheap and convenient way to access information and communicate, but when one is struggling to understand what a person means one cannot immediately obtain clarity like one can in person. When follow-up responses are delayed too long, meaning may be lost. Valuable nonverbal communication is excluded, to the detriment of the receiver of the message who can often test sincerity by consistency between the verbal and nonverbal behaviour. The omission of important details that the recipient is assumed to know, can bring about huge misunderstandings and misconceptions. The omission of one letter could lead to the break up of a relationship when “I wish you were here” becomes “I wish you were her”!

A parallel can be drawn with therapy, where what is assumed and what is left unsaid can impact greatly on the outcome. When appearing before others, the individual’s actions influence their retrospective definition of the situation (Goffman, 1990). The individual might act in a calculating manner in order to evoke a response
through creating a particular impression. Sometimes the individual is unaware of being calculating, but sometimes expression is consciously traditional because of the requirements of the group or social status.

According to social constructionist theory, different identities are created with each social interaction (Gergen, 1999). Upon meeting other people there is an almost immediate interest in the individual’s conception of self (Goffman, 1990). We therefore each have many selves and many identities. I’m hoping that this peek at my academic and professional selves (which inevitably overlap with personal and spiritual selves) has aroused some interest in the reader and that some encouragement and/or comfort might be gained from the description of the rest of my journey. I have no desire to reveal hidden truths or establish causal relationships, but I’m hoping that the personal changes that preceded and emerged during this study will not just improve my practice of psychotherapy, but might be meaningful and helpful to its readers in offering further insight and understanding into the ways in which one can grow and change as a psychotherapist in training.

In the next chapter I spend some time delineating the action research methodology and how it is applicable and relevant to this particular study.
CHAPTER 3

Researching and Analysing Tattoos

The research problem, aims and objectives of the study are included here. How this study has evolved, the research procedures and methodology are then described. A brief description of qualitative research and a model for action research is provided, as well as a discussion on data collection and procedures used for data analysis. The central role of researcher that I occupied in the study is also expounded upon.

The Research Problem

The original question guiding my research was “How do I incorporate drama, dance and music in therapy in order to successfully bring about change in the lives of clients?” or “How do I become a therapist who is skillfully able to incorporate drama, music and dance in therapy?” Having read some material on dance therapy and music therapy, I realised that I might not want to make use of those techniques after all, so there was a need to make my question broader, less restricting. This resulted in new questions: “Which techniques, theories and strategies in psychotherapy do I want to make part of my self as a counselling psychologist?” and “Which learning experiences best equipped me for my role as a therapist able to integrate the above?”

My aim is by the end of this study, to be able to say with confidence where I stand with regard to myself as a therapist: which theories can I identify with? Which techniques work for me and in which situations? More specifically, because of my great passion for the arts: can I make use of any of the arts in therapy? Do the arts have the power to change lives or do they simply help clients to relax and de-stress?
Through this study of my therapeutic self I am hoping that my aims and objectives will find resonance with the voices of like-minded people in our society or at least provoke a response that may provide valuable insight into their own views regarding the creation of knowledge in this way. Ultimately my hope is that, as Gergen (1999) so aptly says of his book ‘An Invitation to Social Construction’, “there is sufficient communality remaining that all may locate themselves somewhere in these pages.” (p. vii).

I trust that this dissertation will not just benefit me as researcher, therapist and person, but that the end product would have the following repercussions:

- Training institutions and trainers would be challenged and encouraged to train in a way that would deliver psychologists to our society with healthy therapeutic selves.
- That it would be particularly helpful to South Africans who are studying to become therapists in a context that is very unique, diverse and constantly changing.
- That it would be helpful for those studying psychology or who are thinking of embarking on a professional career in the field of the social sciences as they would probably be able to identify with issues raised in the study.
- That the study will somehow contribute to the broad knowledge base that already exists in the world of qualitative research.
- That it would be encouraging to all who have to come to grips with the struggles they go through while adapting to changes.
- That future clients and people I come into contact with on a daily basis will benefit from the skills, knowledge and values I will have attained from this study.
With more questions than answers and my voice, the only medium through which to pose them, I am fully reliant on the philosophical position of post modernism, which acknowledges that individuals perceive or construct their own reality and truth – there is therefore no fixed, objective truth (Sharf, 2002). Post modernism rejects the idea that an independent reality exists that can be known through science and reason. New theoretical systems that give definition to multiple realities also explain how these realities are constructed (Cushman, 2000). One such system is referred to as social constructionism, which while it does not claim to have superiority over other systems, seems to be a suitable and appropriate paradigm for understanding the construction of the therapeutic self. In this system there is no endeavour to discover an ultimate reality and reason is seen as only one agent of invention and creativity – there are no absolutes or sets of independent criteria (Cushman, 2000). This gives me freedom in my exploration of my construction of my therapeutic self.

*Mixing, Matching and Creating a Methodology*

The overlap between personal and professional self is exactly what began to steer my personal style of therapy, and hence my research in a certain direction. I have always had a keen interest in drama, music and dancing and I began to wonder if there was room for any of these in psychotherapy. Conversations with various significant people in my life led me to conclude inconclusively (I always had contingency plans in the back of my mind) in my journal (09-04-02), “…what was confirmed is that in my heart I would love to marry the arts and therapy, but was clueless about where to begin.” (p. 27).
I wanted to find out whether the enjoyment that I obtained from a dance class could be of any real therapeutic value or whether it was merely an enjoyable and relaxing experience. Having done a bit of reading up on dance therapy, I decided to cease exploration of this as it seemed too limiting in terms of the wide variety of clients I would be dealing with. Particularly in a school (which was to be the context of my internship) where the majority of the pupils were boys, advocating dance therapy as one of my primary therapeutic techniques was not likely to generate a waiting list of clients.

Although music therapy also seemed appealing initially, I soon realised that what constitutes relaxing music in the mind of the adolescent was the same type of music that had the potential to drive me to more regular therapy sessions of my own. While I do still consider music a very powerful therapeutic tool, I resolved to use it only when appropriate and when I could cater for the taste of the group or individual I was with. It would not be my primary method of therapeutic intervention, but rather a tool for setting an atmosphere or doing relaxation exercises.

I realised in retrospect that my research supervisor and another psychologist with whom I had consulted and who had a keen interest in arts therapies had anticipated that psychodrama would be the therapy that had the most appeal for me in the end. There are a number of reasons why I felt that psychodrama fitted comfortably with me personally and in the context of my internship, a local South African high school:

**Protagonist:** What do you mean ‘psychodrama’? Are we not supposed to lie on the couch and speak our minds?

**Director:** Psychodrama is an innovative and creative approach to therapy that combines aspects of drama that have therapeutic value with theoretical
aspects of psychoanalysis to provide a platform (or stage, if you like) for change (Dayton, 1994). Moreno was one of the pioneers in the field of psychodrama and he was convinced that creativity and spontaneity exist at the heart of human nature (Moreno, 1947). He explained how psychodrama could be used as a medium to allow clients to detach from their social roles, thus increasing their capacity for meaningful human experience. Much of his writing focused on the use of psychodrama as a therapeutic method.

Protagonist: Why drama? What about some of the other arts?

Director: I have been involved in music, dance and drama and most certainly recognise therapeutic value in all of these and other art forms. I felt that drama was more accessible than the other art forms, particularly in a high school in which most of the learners are boys. My past experience in drama made me aware that drama has the power to help one to explore one’s self and one’s relationships. I’ve also come to realise the therapeutic value of dressing up and taking on new roles.

Protagonist: Does one need to have a drama background in order for this to work effectively?

Director: No, not necessarily, but it does help to be creative as there is great potential for creative input from the client and therapist within the framework of psychodrama. While some psychodrama techniques can be used successfully with individuals, the optimal benefits of psychodrama can only be experienced in groups. Ideas are easily generated in groups and the success of psychodrama does not rely on acting skills or talent.
Protagonist: That makes sense, but I still do not see why you would want to risk using such an unconventional method instead of something more familiar to people like cognitive behavioural therapy.

Director: I have a keen interest in groups and group dynamics. The diversity and creative input of many people can often achieve better outcomes than just me working on my own. Time constraints also make the idea of a group more appealing. To me, psychodrama seems particularly appropriate in the South African context where heterogeneous groups contribute to the enriching experience of psychodrama. Also, the fact that nobody was actually doing psychodrama in Port Elizabeth made the idea both alluring and a bit intimidating. Had I not found 2 extremely helpful books on psychodrama I might still be wondering whether it is a meaningful therapeutic technique or not.

Protagonist: The fact that you are passionate about this and believe in this make me want to give it a bash, but what about empirical evidence of its value in therapy?

Director: Although research done on psychodrama is somewhat sparse (Kastner & Sheffer, 1999; Torres, n.d.), it has been used on a wide variety of client populations, including adolescents, and there is a fruitful history of how the techniques have been used in group psychotherapy (Moreno, 1947; Strum, 1965). The last seven decades have seen the development of hundreds of different psychodramatic techniques by psychologists from various orientations. These techniques are applied in a wide variety of contexts, in spite of little empirical support (Azima, 1996). Kastner and Sheffer (1999) implore researchers to do
something about the fact that literature dealing with the use of psychodrama with adolescents, particularly with regard to action-oriented and psychodramatic techniques, has been dolefully neglected. Their own response to this problem was a study that they conducted to determine the effects of psychodramatic techniques on group climate and behaviour of adolescents in adolescent group therapy. While the psychodramatic techniques did not appear to affect behavioural measures, they did improve engagement in the group, decreased avoidance between members and there was a trend toward enhanced group climate.

Protagonist: So while it is an established form of therapy it appears that few psychodramatists have made an effort to publish their findings.

Director: All the more reason for me to investigate it for myself.

Having established this as my focal point was all good and well. The disconcerting question I kept asking myself was how could I, a trainee psychotherapist, make use of a therapeutic approach that I would have to take co-responsibility for integrating into my therapeutic repertoire in a professional and ethical manner? Part of the answer to this question lay in supervision, and the other safety net I put in place turned out to be the methodology of my dissertation: action research.

*Method in my Madness*

Qualitative studies are often prompted by the personal concerns and passions of the researcher (Creswell, 1998). The result is an authentic approach to interactive events and processes (Neuman, 1997) and I was already finding an exciting
interrelationship between my professional growth, my research and the way in which I practiced psychotherapy.

Qualitative methods are highly compatible with the aims of this research because the social contexts and beliefs of the researcher become important factors in the development of the research process (Avis et al., 1999). Qualitative methodologies are therefore value laden and in action research, the researcher acknowledges the value positions of all stakeholders in the research (Melrose, 1996).

In the same way that action research has been used to improve instruction in schools and make schools a more enjoyable place for learners to be (Newman, 2003), it has been used by therapists to improve their practice of psychotherapy (Louw, 2000), making the therapeutic process more relevant, empowering, emancipatory and life changing both for the therapist and the client. It also provides a structured approach to facilitate personal growth and change in the therapist.

Where action research in higher education might focus on a critical, collaborative enquiry by educators themselves into problems of curricula, problems of student learning and educators’ own teaching practice (Zuber-Skerritt, 1996a), the psychotherapist could apply the same methodology to her practice of psychotherapy, problems of clients and theoretical approaches to these problems. These two trains of thought run parallel in my mind as I apply them to my dual role as therapist and psycho-educationalist in the school context.

Zuber-Skerritt (1996a) postulates that a ‘deep meaning’ orientation to higher education teaching and learning could be more effective than some of the more technocratic approaches (whereby formulae for improving teaching techniques are supplied by expert researchers). This orientation fits well with this study because it
includes the following which I have attempted to depict creatively through an acrostic and photographs in figure two below:

A ttempts to understand ideas and meanings conveyed through discourse
(between my self and clients, friends, other professionals, lecturers and supervisors)

R elating this to existing knowledge (throughout this study I have found myself shifting backwards and forwards between existing knowledge and new knowledge, trying to make sense of it)

T ransferring acquired skills and knowledge to new situations (from the classroom and from lectures to the therapeutic environment)

& learning by:

<table>
<thead>
<tr>
<th>Discovery</th>
<th>Problem Solving</th>
<th>Experiential Learning</th>
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<tr>
<td>![Discovery Image]</td>
<td>![Problem Solving Image]</td>
<td>![Experiential Learning Image]</td>
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Figure 2. Aspects of a ‘deep meaning’ orientation to learning.

In the field of psychology, participants (that is, therapists and clients) generate knowledge in active and creative therapeutic environments and this knowledge in the field can be advanced through action research. This principle is reminiscent of the
psychodrama technique whereby the participants script their life stories with different endings, thus generating knowledge in order to bring about change (Dayton, 1994). Reporting the process provides opportunity for reflection and improvement of practice.

There is a resemblance between the ways in which meaningful learning can take place in the classroom and in psychotherapy. They are both more effective when there is an emotive and cognitive component (Rogers, 1989) and both rely on the active participation of those involved. If a learner or client is not engaged in the process it probably will not have the same impact.

Let us revisit the tattoo analogy. The tattoo is grafted into the skin – painfully. It cannot be scrubbed off. It might be hidden from view, but it is still there. It can be removed, but the price is high – you pay in cash and pain. But the remaining scar will always serve as a reminder of what was once there… So too with the changes I hope to achieve through action research and training as a psychotherapist. They do not happen overnight. There may be some painful feelings involved, certainly much hard work and commitment to the process. Initial attempts to ‘deal’ with the issues that arise in training might include hiding them from the view of others. But this does nothing to remove the experience or the resultant learning. The final decision of whether or not to be a psychotherapist needs to be followed up with action in order to facilitate the necessary change. And should one decide not to, the memories would still linger like a scar, but at least a scar also symbolises healing.

Action Research

Carr and Kemmis provide the following definition for action research:

Action research is simply a form of self-reflective enquiry undertaken by participants in social situations in order to
improve the rationality and justice of their own practices, their understanding of these practices, and the situations in which the practices are carried out (1986, p. 162).

I am partial to this definition because of its emphasis on self-reflection in the realm of the practitioner. I agree with Viljoen (2004) who feels that self-reflection is a most helpful tool for beginner and trainee psychotherapists. Reflecting on actions, cognitions and emotions assists in bringing about an understanding of the therapeutic process and hence the therapeutic self. According to Schön (1983), the action research practitioner experiences an element of surprise, puzzlement or confusion in the unique circumstances she finds herself in. Through the eyes of prior understandings evident in her behaviour, current phenomena are reflected upon. Experiments carried out in the process generate new understanding of the phenomena and bring about the changes characteristic of action research. Familiar situations function as metaphors for new ones, just like the enactment phase in psychodrama which can have a cathartic effect on the protagonist as new learning occurs (Dayton, 1994). Lewin, the father of action research, and Moreno, the inventor of group dynamics, sociodrama and psychodrama were mutually influenced by each other’s thinking (Kemmis, 1993).

Kurt Lewin coined the term ‘action research’ in a paper entitled “Action Research and Minority Problems” in 1946 (cited in O’Brien, 1998). As one of the founders of the Gestalt school and as a social and experimental psychologist, his focus was on addressing change, conflict and crises – mostly within organisations - as a result of his concern about social problems (Huizer, 1997; O’Brien, 1998). As a pioneer of the action research approach, he described it as “a specific approach in which the researcher generates new social knowledge about a social system, while at the same time attempts to change it.” (Lewin, 1946). He went on to explain that action
research consists of a three-step spiral process: (1) plan – this includes reconnaissance; (2) take action and (3) find out the facts about the results of the action. Action research cycles have since been developed and adapted and I shall be applying the following cycle, as adapted by Kemmis and McTaggart, to my study (1988):

![Action Research Cycle](image)

Figure 3. Lewin’s problem solving model.

The first cycle of plan, act, observe and reflect feeds into the next cycle as the plan is revised and the cycle repeats itself.

Action research shares commonalities with the theory on which psychodrama is based. Shón (1983) believes in this regard that as we engage with a situation, we draw on past routines, our paradigms and our repertoires. Our theories and responses are built on memories as we test the water. Thus action researchers make use of an inventory of theories, images and metaphors and can describe how they are cognitively aware of their actions, hence my use of the tattoo metaphor. It has been a lengthy process that I have been through to arrive at a point where I am comfortable with this type of research. My past routines, repertoires and paradigms were grounded in the quantitative approach to research and I have often longed for the comfort and ease of working with what I am familiar with. It is largely thanks to expert
supervision and a real desire to see change and growth in myself as a therapist that I have persevered and married the old scripts with the new knowledge in an attempt to produce a new drama.

The voice of the skeptical modernist is, however, ever present in my thoughts. I often have to remind the remnants of the skeptical modernist part of my self that action research is characterised by the following, which render it particularly appropriate for the study in question:

Sceptical Modernist:  This term ‘action research’… what exactly is it referring to?

Action Researcher:  According to Zuber-Skerritt (1996a), it refers to a dialectic between action and research; in other words, action and research are two sides of the same coin. Dick (1997a) explains that the word ‘action’ refers to producing change; the word ‘research’ refers to producing understanding, hence ‘action research’ is aimed at bringing about both change and understanding. It emphasises the consequences of actions, rather than just reflecting on truths (Bhana, 1999).

Sceptical Modernist:  How can you even think of change? A real researcher needs to first establish the facts, then the cause and effect and the linear relationships that exist between variables…

Action Researcher:  Zuber-Skerritt (1996a) says that action research is systematic in its approach to change. Aspects of a system which might pose a threat to improvement or future development in practice need to be changed systematically. Systematic changes are implemented through the action research cycle. A problem is understood through exploration. Plans are then made for some
form of intervention. Elliott (1991) explains that the intervention is then carried out and observations are made in various forms. According to Dick (1997a), the cycle ends in reflection, which feeds into the plans for the following cycle. MacIsaac (1996) claims that the idea is to close in on a final outcome or goal through repeated iterations. Questions inductively progress from being general to being more specific and the researcher begins to identify the crucial relationships. Swepson (1995) says that this may result in a grounded theory, although that is not the specific aim of this study.

Sceptical Modernist: Aha, but how can one change when the past is ever present in the unconscious mind?

Action Researcher: Far be it for us to be victims of our past. Carr and Kemmis (1986) claim that true action research is emancipatory. Zuber-Skerritt (1996a) argues that technical, practical and emancipatory action research can be seen as three developmental stages of action research. He further asserts that action research becomes emancipatory when it goes beyond improving participants’ understanding and bringing about change within set boundaries, but actually goes as far as transforming the system itself or changing the conditions that prevent improvement and development from taking place (Zuber-Skerritt, 1996b).
Sceptical Modernist: With all this emancipation going on, you will never be able to control behaviour! Why waste research expertise in this manner?

Action Researcher: That is part of the beauty of action research: it is responsive. According to Dick (2000) it has the ability to respond to the needs that arise out of a situation. This provides flexibility which modern methods cannot offer. It was necessary for me to take advantage of this responsiveness right at the beginning of my study when the need to change my research question arose. Responsiveness is necessary because action research is located in a community context, rather than an individual one (Bhana, 1999). The community standards are consulted and kept in mind, thus the community plays a vital role in the planning, implementation and evaluation of the research (Swepson, 1995). This is why I had to take into account the various training contexts when deciding on the best strategies for therapeutic intervention. The change in the focus of my study from arts therapies to therapies in general was a response that emerged as the study progressed and contexts were taken into consideration.

Sceptical Modernist: No control… I would never even think of conducting such an experiment! The human response to stimuli needs to be observed in a controlled environment or there is no point to the research design whatsoever. Besides, how could anything be
achieved with so much personal involvement on the part of the researcher? Surely the researcher should remain objective?

**Action Researcher:** According to Avis et al. (1999), action researchers accept that it is not possible for the researcher to be objective. There is an acceptance and acknowledgement of the fact that the researcher brings her values, social contexts and history to the research process. Reflection, or self-reflective enquiry is therefore also characteristic of action research and is part of every cycle. In attempting to find exceptions to data already collected, the researcher needs to adopt a critically reflective attitude (Dick, 1997b). As was the case in this study, personal journals and diaries can be particularly helpful for recording reflections on personal growth and empowerment. Critical reflection helps the researcher to find both disconfirming and confirming evidence (Swepson, 1995). The processes, experiences and understandings generated through reflection on action are drawn on by the researcher (Smith, 2001).

In summary, the aim of action research is to produce knowledge through actively involving where possible and relevant those affected by the entire knowledge production process in order to improve their material, social, professional and / or educational circumstances (Bhana, 1999). Interventions often seek to change not only the individual, but also the system in which the individual resides. This study attempts to determine how changes in the therapeutic self can positively impact on the self and others in the system. Huizer (1997) suggests that the following prerequisites might make the task of the action researcher somewhat easier:
1. Consciousness of one’s values and an awareness that they differ from those around us.

2. A sense of insecurity, awareness of one’s own limitations and ‘ignorance’ with regard to others involved in the research.

3. Dialogue with relevant people is an important part of determining what the problems are and possible solutions. It is through dialogue that social constructionism makes allowances for the co-existence of traditional and alternative views on knowledge, truth and the self (Gergen, 1999).

These suggestions have all proven to be very valuable considerations in the context of therapy.

Data Collection and Analysis

The sample used for the study consisted of the expression of my therapeutic self in various contexts. Contexts included the following: impact of lectures on professional development; exposure to various community settings as determined by the training institution, including the Phelophepha Health Care Train; supervision (group and individual); formal assessment opportunities; meetings with other professionals in the field of counselling psychology; reading and self study and experiences with clients in therapy. Some of the contexts were anticipated; others only emerged as the narrative progressed. Specific attention was paid to my reading and experience of psychodrama. Incidental learning that took place was noted, but only included if it had relevance to professional growth and development. Participants in the study included my research supervisor, fellow students, lecturers, clients, a psychodrama group, colleagues and friends.
Figure 4. Sample of contexts used for this study.

Much of the data used for this study came from my personal learning journal. I had been keeping a learning journal for counselling psychology since the final year of my honours degree. It was a requirement for the honours course ‘Psychological Intervention’ and also for the M1 Counselling module. In this way I had kept a record of significant learning experiences, thoughts and challenges. I had also been making notes on important and valuable information that I had gleaned from books that I had
read and conversations that I had had with colleagues, friends and other experts. Other data I made use of included seminars that I had presented and attended; lecture notes; feedback from lecturers; feedback from placement centres; literature (in the form of books, theses, journal articles and information from the Internet) and information gained by interviewing practicing psychologists.

According to Neuman (1997), notes of a personal nature serve three functions: a) they help the researcher to cope with stress as they are a way of downloading emotions; b) they are a valuable data source for personal responses and c) they provide a way to evaluate observations or field notes when read later.

Cole and Knowles (1995) conducted a narrative study on a teacher exchange that took place between New Zealand and Canada. The two teachers involved were required to journal their experiences. In this way record was kept of their thoughts, impressions, events and experiences and it helped them to make sense of their experiences in the broader context and in the classroom. According to the researchers, these journals provided the ‘narrative thread’ which gave continuity to the experiences.

A diary is a helpful tool in action research as it can be used in the following ways: it provides a reflection of the self; it is a means of sharing experiences with peers; it can be used to explore practices and finally it helps researchers to gain confidence in the areas of writing and recording research and engaging in critical interaction with peers and participants (Hughes, 2000). The diary may be used as data and although the structure need not be rigid, it could be helpful to write up the entries under the following headings when the contents are to be used for action research: reflection, plan, action and observation. Although I chose not to journal under
structured headings, as the stories unfold they clearly progress through the four phases of the cycle.

The data selected for analysis consisted of that which I perceived as providing evidence for my existing soul tattoos. This was determined by reading through the data and reflecting on how events had impacted on my perception of my therapeutic self. Those that I perceived to have made a significant impact were included. The detail in which I had recorded incidents and how my feelings then compared with feelings upon later reflection often provided clues in terms of significance.

The data analysis was conducted through the identification of themes (Ryan, n.d.). Themes are induced from texts and are defined as abstract constructs identified by a researcher after, during or before data collection. For the purposes of my study, themes had to be identified after the data had been collected.

In recent years, many different techniques for analysing qualitative data have come to the fore. Because storying is done through the use of words and language, it made sense for me to make use of word-based techniques to analyse my data. One needs to take a closer look at the words people use in order to understand them – words that are used often are considered to be prominent in the minds of the user (D’Andrade, 1995). I paid close attention to words and phrases that occurred often in the different records of my experiences and the contexts in which I used them and derived my themes in this way (Ryan, n.d.). Sub-themes often arose from looking at the contexts in which I used the words or phrases. This would be classified as an informal word repetition analysis. It involves a simple reading of the text and noting down words and synonyms for those words that are used frequently. The relationship between these themes was described. The aim was not to come up with an exhaustive
list of themes derived from the text, but rather to establish the salient themes and their
interrelatedness (Ryan, n.d.).

Limitations and Challenges of Action Research

A research methodology that is perceived by many researchers as alternative
and can easily be misunderstood and misinterpreted, would undoubtedly be
questioned and scrutinised as far as the traditional positivistic research criteria, such
as validity and reliability, are concerned. Like all research methodologies, action
research does have its shortcomings, but the important issues to consider are the
nature of the research and what the researcher hopes to achieve through the research
(Dick, 1997a). While it is true that solutions in action research may not always be
generalized beyond the immediate community involved in the research (Bhana, 1999),
action research aims to provide answers in a particular, often social situation
(Sweepson, 1995). Experimental science may provide generalisable answers to
questions, but these questions are unlikely to relate to complex social situations (Dick,
1997a).

As a unique individual working in unique contexts, some of my findings will
not be generalisable in the traditional positivistic way, but my hope is that where
solutions may be helpful for me, they might at least serve to generate ideas and
creative strategies for the next person in similar contexts. I can identify with
O’Connor and Patrick’s (1996) view that partiality is one of the strengths of narrative
research and therapy. Action research, narrative psychology and social-
constructionism all fall into the postmodern paradigm and therefore share some
commonalities. This study is an example of an action research study reported as a
descriptive narrative. An acknowledgment of the impossibility of neutrality becomes
an advantage as we become aware of our personal biases.
Action research is an approach to research that is oriented to problem solving in organisational and social settings (Smith, 2002). While action research aims to solve real problems in real world situations (O’Brien, 1998), it acknowledges that we do not have access to the ‘real’ world (Swepson, 1995). Researchers only have access to perceptions of their world; therefore it is important to include the relevant perceptions of participants in order to achieve some sort of objectivity. The data I selected for analysis was selected according to my perception of what was important with the input of my research supervisor.

It has also been argued that action research does not place enough emphasis on analysis at crucial points (Smith, 2002). The basic model has led some to believe that the general idea behind the research can be determined in advance and that fact-finding is part of this rather basic process (Elliott, 1991). The question arose as to whether this could be regarded as real research. This depends on how one defines research. If research is defined as a test of a hypothesis, then obviously action research falls short by this definition (Dick, 1997a). In some situations, especially when there are many variables involved and they interact with one another in complex ways, it is not much use to know that ‘a’ influences ‘b’. Where systems are involved, one needs an orientation towards change that allows for systematic understanding and action research rises to the occasion where hypothesis testing might be a waste of time (Dick, 1997a).

Bhana (1999) refers to three tensions that need to be understood as integral aspects to action research:
Figure 5. Bhana’s three tensions integral to action research.

- Valid knowledge of humans and their social contexts can only be acquired through attempts to change their world. Participants can only undergo authentic change if there is a shift in their knowledge base. This relies on the tension between science and practice.

- Emphasis on empowerment of groups and individuals with the least power in society results in tension between collective and individual needs. My use of feminine third person pronouns is in partial response to this.

- Participants are not mere subjects in the study, but become partners in the research. There is a sharing of knowledge rather than an imbalance in power created by ‘knowing about’ instead of ‘knowing with’.

Understanding these tensions is key to appreciating the potential value of action research. Achieving these tensions is possibly the key to doing action research that has value.

Winter (1996) lists four challenges that face the action researcher:

1. The problem of how to, in a limited time and with one’s normal workload, find an economical method for data gathering and data processing. In my opinion, a popular way of overcoming this is to base the study on one’s
practice, that way work and research are combined and one is left then only to decide on the best way to gather and process data. This is ideal for the psychotherapist because in this way she can try and keep up with current research and improve her practice at the same time. If her journaling is to be her data, once again the dual purpose of dealing with emotions and accumulating research data is achieved simultaneously.

2. How does one use action research in a relatively small-scale investigation to generate fresh insights that are not too unrealistic to be feasible, but not too minimal either? Personally, I think that one way of dealing with this would be by sharing action research ideas with one’s supervisor and other professionals in the field. This could be in person or via email and the Internet – either way one could communicate with other researchers in order to obtain critical feedback to assist one with maintaining a focus that makes some contribution to the broader knowledge base that already exists. In the action research literature this is referred to as Critical friends or a Validation group and is highly valued amongst action researchers at Bath (Whitehead, 1988). I have found my supervisor, colleagues and friends who have done research to be an invaluable help in this regard.

3. How can one make action research methods accessible to other practitioners who want to build on current competencies? I have found that Dick (1997a) and Whitehead (1988) are excellent examples of action research practitioners who through innovative web sites have made their own and their students’ research accessible on the Internet, free of charge. These sites have provided beginner and more advanced action researchers with more than enough information to increase their competence in this approach to research.
Researchers are also invited to get involved through publishing their studies on these sites or contacting other researchers who might have a vested interest in their current work via email.

4. Can action research be more rigorous than positivist research? In other words, would the results achieved through action research be worth the time and energy expended? Would there be a genuine improvement in skill and understanding that could not have been otherwise attained? In the literature, Kock, McQueen and Scott (2000) argue that through multiple iterations action researchers are potentially able to make their studies more rigorous in a positivistic sense without losing the characteristic elements of action research.

As I convey my story to you, I am the narrator and the voice is therefore undoubtedly my own. I have to the best of my ability tried to portray those voices and stories which have made a great impression on my life with accuracy and honesty and given credit where credit is due. I am hoping that trustworthiness will resonate in the consistent thread of my self that is woven into all the stories (Freeman, 1993). My research supervisor also presented the course on counselling during my M1 year and was thus a part of the creation of both my journal and this study. Through this co-creation of knowledge I planned to produce trustworthiness in this study.

The cyclic nature of action research helps it to have rigour (Dick, 2000). The more cycles in a shorter period of time, the more rigour can be achieved because what was interpreted from early cycles can be challenged and tested in later cycles. Through critical reflection and flexibility, experiences can be learned from and once again rigour is reinforced. This study consists of cycles within a bigger cycle - each little cycle contributing a soul tattoo that would be part of the bigger picture: a soul
tattoo that depicts my therapeutic self. The coherence between the smaller cycles and
the bigger cycle speaks of trustworthiness with regard to this study.

In addition to this, rigour is also achieved through a co-creation of knowledge. Much of the knowledge in this study was created through interaction with various resources in the form of texts and individuals. If I were creating knowledge on my own, one could certainly question it, but interfacing with authors, psychologists, trainers and trainees has helped me to establish authenticity, honest critique and sincerity in my storying. Other experts and my supervisor have helped to detect inconsistencies, which are either addressed within the story or become new learning experiences that feed into the planning phase of the next cycle. I have an appreciation for the way in which Whitehead expresses this:

The strength of the action research approach to professional development rests upon a critical and creative dialogue between members of a community which includes teachers, academics, parents, industrialists, and politicians. We move ahead through creative leaps of imagination. We learn from our mistakes in detailed criticisms of our positions. (1988, p. xi).

Some of my action research cycles depict mistakes that were made, learnt from and then used to adapt the planning of the following action research cycle.

Out of my intimidation grew a sense of excitement when I finally understood that with action research there is always an element of discovery: the precise end or the new state is not known to the researcher or participants, all that is known is that the study comes from somewhere and is going somewhere (Wadsworth, 1998). This liberated me to accept the doubts that I was having about psychotherapy and whether or not I wanted to be a therapist. Instead of feeling stuck and undecided, I felt excited
about the prospects of becoming.
CHAPTER 4
Replacement of Temporary and Dated Tattoos

We head out by tracing the development of my interest in psychology and how I finally decided that this was an area of study that I was going to pursue on a post-graduate level. Through exploration and descriptions, the story of the development of my therapeutic self in the years in which I did my honours degree in psychology part time began to unfold here. It is an attempt to understand my self as a professional counselling psychologist and to describe the process that I have come through in order to be equipped and skilled as a counselling psychologist who has integrated her interests, knowledge, and skills with her practice of counselling psychology. Even now as I sit here and work on this study, the cautionary words of one of my lecturers resound in my ears, “It has the potential to become nothing more than an autobiographical story, which might make for enjoyable reading, but won’t make any significant contribution to research whatsoever.” My hope was that this work would not degenerate to that level.

Tracing the Roots of Interest

When exactly I decided I wanted to study psychology, I couldn’t say. What even made me interested in psychology in the first place, I couldn’t tell you. No-one in my family had studied it, I had never met a psychologist or been to a psychologist and I very nearly did a Bachelor of Science degree because of my passion for mathematics and science. But what I do know is that in spite of times of great ambivalence and impasse, there have been moments of reckoning and divine appointments which have often times been the deciding factors for me when it came to study and career decision making. I love those moments: when the calculating mind weighs up all that it is cognitively and emotionally capable of and makes a decision,
one that is pending on other circumstances, other people’s decisions and ultimately God and when all these come together the answer is clear, underlined and in bold letters: the decision confirmed and you move on.

On the other hand, there have been those times when I have decided on something (a BA degree with Mathematics and English majors), had my heart set on that (and received a bursary for it, which seemed like the ultimate confirmation) only to have my plans thwarted (the university timetable that did not cater for such combinations). Many tears and letters later, I found myself doing a BA degree with English and Psychology majors. When and if I ever made peace with that decision, I do not know because the following year I carried mathematics as an extra subject and to this day there are times when I so wish I were a mathematics teacher… But then again, there are those days when I so wish I were not a teacher at all but a fully-fledged practicing counselling psychologist.

Once I had understood and accepted that life did not always go as planned, things got a bit easier. Flexibility and a ready-for-anything approach are skills that can sometimes maintain one’s sanity in today’s society. We plan to buy bread, but we find the most divine shoes whilst at the shop. We plan to visit our friends, but they will understand how busy we are. We plan to be good parents, but when all else fails we resort to our own parents’ tactics. I want the challenge and freedom that qualitative research has to offer, but I long for the comfort of the familiarity and structure provided by my previous training in quantitative research paradigms. Gergen (1999) refers to this as an important conflict in which universities are steeped and one which may even determine the outcome of a job interview for students. This has been an ongoing battle for me and one, at times, that I have only been able to overcome with
the help of my research supervisor whose experience and expertise in the field of qualitative research have proven to be invaluable in terms of helping me with this study.

I was driven by a vague notion that I had to further my studies to ensure that new opportunities would open up for me outside of the teaching profession. The fact that the teaching profession was causing me more stress than fulfillment led me to be more introspective with regard to my self, my future and my career. I had been involved in lay counselling in various contexts and thoroughly enjoyed working with adolescents, particularly when the opportunities to make meaningful differences in their lives presented themselves. With a major in psychology and no desire to pursue my other major, English, the logical next step seemed to be an honours degree in psychology.

*The Honours Degree*

Our starting point: Port Elizabeth, South Africa, 1998 – the continuation of my post-graduate studies in psychology. An awareness of my therapeutic self only started to develop in the final year of my honours degree which I did part time over two and half years while teaching. I started studying my honours degree through the University of South Africa (hereafter referred to as UNISA) and changed to the University of Port Elizabeth (hereafter referred to as UPE) after the first year of part time studying. Whatever I had gleaned from my undergraduate studies at the University of Stellenbosch was nothing more than a vague memory when I enrolled with UNISA. The temporary tattoos had been washed off and at the outset of furthering my studies, I had no idea where I was headed in terms of psychology and psychotherapy, never mind a sense of myself as a therapist. Thus, the significance of
the first 25 years of my life will undoubtedly permeate the story, but will remain in itself a story untold.

Admittedly, by the end of the story, I may not even be a therapist or want to be a therapist, but I am hoping that this will not be discouraging; after all, life is like that: as we construct our own realities, an unexpected turn of events might result in a construction that is far different from what we thought we were constructing in the first place. Throughout our life times, we spend much time and energy adapting ourselves to unexpected changes that life throws at us and what we make of it and what we become is often determined by those, at best, uncomfortable and at worst, painful changes. I’m encouraged by these words of Eliot:

We must not cease from exploration and the end of all our exploring will be to arrive where we began and to know the place for the first time (1987, p. 36).

Needless to say, this journey of self-discovery is, of course, a very risky one. Risky because the destination is unknown, the vehicle barely describable and readers’ responses cannot be predicted by the writer. Whether or not a road exists and if it does, whether it is navigable or not are further questions that cannot be answered yet. A consciousness of possible reader responses compels me to attempt to include only that which is potentially intriguing or useful. In spite of all ambivalence I’m taking the plunge. I am forging ahead beyond this state of impasse in the hope that we shall all be richer for it at the end of the proverbial day.

It should therefore come as no surprise then when I confess that after six years of studying psychology, I still go through phases of wondering if I really want to become a psychologist. Is one by default the thing that one studies? Does successfully studying psychology for the required period of time make one a psychologist? The
answers to these questions seem obvious, but a desire to fully understand the difference between *doing* therapy and *being* a therapist is one of the issues that has prompted this study. In a similar study, Louw (2000) interpreted his struggle to understand what it means to be a psychotherapist as one that involved a distinction between “what it is to do therapy (skills) and what it means to be a psychotherapist (identity)” (p. 9). It has been encouraging to note that other therapists-in-training at other training institutions in different contexts share the same struggles and feelings of inadequacy that I have experienced during my training (Louw, 2000; Malan, 2002).

In my mind I entertain a parallel between the apparently universal feelings of inadequacy experienced by beginner psychotherapists and the anxiety that individuals experience when they are about to be tattooed. I find myself wondering whether there are any psychotherapists who step out of training into the real world of psychotherapy feeling fully confident in their ability to do psychotherapy with whoever walks through their door. Are there any individuals who go to a tattoo parlour to have their first tattoo without feeling the least bit nervous? Do they first find out how experienced the tattoo artist is or a bit of history about the person before making the appointment? Do clients do their homework about psychotherapists in terms of who and what is available before they make their appointments? Is it necessary to make a match between client and therapist? If so, surely this would depend on the therapeutic self of the therapist?

A welcome change when I started at UPE was the contact sessions with lecturers and opportunities to meet other students. The loneliness of distance education was immediately removed and with this came constant reminders that ‘you might not be invited to come and do your masters degree with us…’ This was the
blatant reminder we got from one of the professors from time to time, the subtle reminder being the competitive edge amongst the students in class. Initially this did not bother me too much as I was not sure that I wanted to do my masters degree, although I felt that if I had the opportunity I more than likely would. It was only during the last six months while we were doing a course in counselling and psychotherapy with Dr Roelf van Niekerk that it dawned on me that I had the potential to be a psychotherapist. Having just read a chapter from Corey’s book ‘Theory and Practice of Counselling and Psychotherapy’, I wrote the following in my learning journal (20-07-2000):

I found myself getting so excited about what I was reading… I found Corey’s list of character traits that make for effective counsellors to be very interesting and initially found myself saying ‘Yes! This is me!’ all the way. After some introspection and a second reading, I began to realise that in some of these areas I’m very strong, and in others, I’m consciously working at them because I’m aware of their importance.

The following quote from Corey had made an impact on me and continues to be one of the most indelible tattoos as I practice psychotherapy:

Our most powerful source of influencing clients in a positive direction is our living example of who we are and how we make decisions about the kind of life we want to live (p. 15).

The first significant soul tattoos relevant to my therapeutic self that I could recall from that year emerged as a result of this course and the way in which it was presented. The learning that took place was experiential by Roger’s (1989) definition. He defines experiential learning as learning by the whole person: cognitions and
feelings are involved and there is a gut level awareness of different aspects that make this a unified learning experience. There was a definite emotive component – I felt excited. Excitement tends to mobilise me, and what I was reading and hearing excited me. We were required to journal our thoughts about each therapy that we studied and this reflective process gave me some additional insight and understanding of therapy.

Developing our own style of therapy further challenged me to integrate my thoughts and feelings with regard to different therapies. At this stage, no one particular school of therapy appealed to me, but I could see principles in most that made a lot of sense and seemed to have the potential to work in therapy. I had this very vague sense that therapy had the potential to be a very powerful experience. But the most indelible soul tattoo in my honours years resulted from a comparison of my therapeutic self to Corey’s (2001) description of character traits of effective counsellors. I wrote the following in my journal (20-07-2000):

Having read Corey’s list and comments, I am excited because more than ever I feel that I have the potential to be an effective counsellor and that I am on the right track at school where I often find myself in informal counselling sessions.

According to Corey, some of the personal characteristics of effective counselling psychologists include: an ability to make choices that shape their lives; authenticity, honesty and genuineness; they appreciate cultural influences; they find meaning in their work and have a genuine interest in the well being of others. When I realised that as a person I had what it took to be a psychotherapist, I began to take definite steps towards making this a reality. Naturally, there were also areas that required some work and recognising this would prove to be an important part of the process.
To me, that is the essence of a soul tattoo: something that impacts so radically on one’s life and self that one will not think or feel entirely the same again. Those experiences of change that work through one’s affect and cognitions, affecting one’s decisions and ultimately one’s behaviour and mobilising one to improve one’s quality of life – they are the soul tattoos that I am referring to in the title of this study. Later, one of my aims for therapy would be to help clients to experience and recognise their own soul tattoos.

It is this tattoo that marked the start of my journey of discovery of my therapeutic self. Little did I know that I would still have doubts about the existence of my therapeutic self many times in the future: doubting that I had the skills to be a therapist; doubting whether therapy actually worked and even doubting that I wanted to be a therapist after all. The important lesson that I’ve learnt along the way in the course of my postgraduate studies at UPE and Vista University is not to base my decisions only on my feelings. In fact, for people like myself who by predisposition are intense and emotional it can be very dangerous to make important life-changing decisions based on feelings only, particularly when one is not sure what one is feeling. My disappointment in not being accepted on the masters programme first time round could have impacted on a decision to never apply again. For me, ambivalence has been common in my life and has forced me to employ cognitive skills in decision-making. I therefore believe that ambivalence can be healthy as long as we view it as such and do not remain stuck in it.

With each new intensely emotional experience I found myself more skilled at putting words to the feelings of ambivalence and more accepting of the seeming paradoxes in my life. I actually welcomed the challenge of working through the mixed feelings in order to determine what I truly felt. It often resulted in growth and I’ve
come to understand it to be a normal part of working through important emotional milestones.

*Colourful Ink and More Needles: Tattooing Continues*

Towards the end of my honours degree the words of the professor proved to be prophetic, and indeed, although I was shortlisted and invited to attend the interview for master’s selection, I was not invited back to UPE to do my master’s degree. This was devastating as I realised that it did not matter how much potential I thought I had to be a therapist, if there wasn’t a training institution that I knew of that thought I had the potential, I simply wasn’t going to be one. I was highly irritated by the fact that training institutions wielded such power and that after all the effort one had to go through for the interview (completing the Minnesota Multiphasic Personality Inventory, doing a case study, building a model of one’s family) one received no feedback whatsoever, no closure and had no idea what criteria they were looking for in the first place. This painful process, cutting deep like laser surgery, has the potential power to remove tattoos or make one forget about them and not act upon them. Although an ecosystemic perspective might attribute my not being accepted to do the masters programme to other factors like demographics prescribed by the institution, such as culture, race, mother tongue and ethnicity, I could not help taking it very personally and I felt judged as not being good enough. The old paradigms can so easily creep in in times of emotional turmoil…

This was not to be the case with me, however. I was not entirely dissuaded since the desire to become a therapist was growing inside of me and I made another attempt to get into a master’s programme, but not at UPE. The following year I applied at Vista University (Port Elizabeth Campus) and was delighted to receive the call that informed me that I had been accepted for their masters programme. One
cannot underestimate the important role that the training institution and staff play in
terms of one’s development as a therapist. It took a while before I fully comprehended
this and it is probably only now with hindsight that I can truly appreciate the impact
that this environment has made in terms of soul tattoos through the many different
experiences I was afforded in the course of the two year training period.

I hasten to add that as other researchers have already suggested, (Louw, 2000;
Zagnoev, 1996) one also cannot underestimate the role that one’s personality and
interpersonal style play in the development of one’s therapeutic self. I shall revisit this
in more detail at a later stage, but it might be helpful for the reader to know at this
stage that I am the eternal optimist and I tend to (in case you haven’t already noticed!)
express myself in extreme dichotomies. This is well illustrated by the following
extract from my learning journal in which I boldly proclaim after not even one month
on the masters programme (06-02-2002):

I’m more convinced than ever that the degree Vista has to offer

is a good one and that I will be fully prepared to be a

psychologist (p. 4).

It is with these intense feelings of optimism that I set myself up for
disappointment, and sadly it is perhaps this overwhelming optimism that has the
potential to also set clients up for disappointment, which I only learnt in my internship
year. But that’s another story that I’ll return to later.
CHAPTER 5

Indelible Tattoos Masterfully Made

The potential to become a psychologist finally became a reality as I got accepted to do the masters programme at Vista University, which is now incorporated in the Nelson Mandela Metropolitan University. In order to maintain my focus and have an end goal in sight, I have chosen specific contexts for my study. I story some of my most significant experiences on the Phelophepha Health Care Train and at the Vista Psychology Centre in the course of the first year of my masters degree in counselling psychology. Some of the difficult aspects of psychotherapy practice begin to rear their heads: uncertainty, lack of closure, issues of boundaries and supervision… Would this be enough to deter an enthusiastic young masters student? Read on.

Contexts for Indelible Tattoos

As my story began to unfold I realised that in order to refine this study and remain goal directed, I would have to limit myself in terms of my focus on factors contributing to the development of my therapeutic self, else I would end up with enough data to fill an entire library. I was tempted to narrow the focus of this study at the outset, but then I was reminded by my supervisor that action research is by nature responsive and emergent. (Dick, 2000). This has freed me up to be open to observation with a sense of potential discovery in creating findings/results as my life experiences unfolded. The benefit for the reader is that I am no longer giving away the end of the story before we even get started.

From the earliest days of my M1 year I began wondering about therapy and the role of the arts – thoughts which were purely based on my personal interest and a desire to find my niche in the professional world.
Some of the things I had learnt in my honours year (Corey’s (2001) characteristics of effective counselling psychologists, for example) and some comments that psychologist friends had made (Malan’s (2002) comment that the client must feel that the therapeutic session is her time, for example) were also very present in my thoughts in the first few months of training in particular. It wasn’t long, however, before my initial excitement became dampened. Various factors at various stages of the training process had helped to instil in me considerable doubts with regard to my desire and potential to be a counselling psychologist. For the most part, I have chosen not to narrate the story according to these factors, but rather to allow these factors to permeate my story telling. It is easier to understand my enquiry in terms of the action research cycle if I stick to a more or less chronological story telling style. The aspect of supervision is possibly the only deviation in this regard. There is often so much overlap between these factors that it would have been too difficult to try and separate them into little compartments and so they will all remain intertwined in the storying, waiting to be spotted by the reader.

In the course of the two years of my masters degree in counselling psychology I felt that there were a number of these factors that I refer to above that at some point had had the ‘power’ to make me change my mind about wanting to be a psychotherapist. It felt like there was no escaping their impact, whether positive or negative, and often it took sheer perseverance, drive and motivation to move beyond the obstacles that some of these factors were able to cast on my path. The work of a counselling psychologist is emotionally taxing and in response to the stress they experience, they present at times with a wide array of symptoms ranging from disillusionment to exhaustion, isolation, depression and irritability (Sussman, 1993). At the risk of sounding like I am having a pity party, one can do without all the other
complications since the challenge of becoming a therapist and having to deal with these emotions alone is enough. But the advantage is that some of the problems that arise from training contexts help to prepare one for problems in the context of private practice (Malan, 2002). An example of this might be problems in dealing with colleagues or other staff members.

*Phelophepha Health Care Train*

Our very first taste of practicing psychotherapy and psycho-education came when we had to spend two weeks on the Phelophepha Health Care Train. The Phelophepha Train is a brilliant concept which is used to bring health care services, including dental, optical, nursing and psychological services to the rural parts of our country where these services are inaccessible. The train spends a week or two in each community before moving on. We spent two weeks in what used to be called the Transkei, one week in Vidgesville and one week in Idutywa. It was in Idutywa that some significant tattoos were etched onto my soul…

Thanks to my education background, I had no problem with psycho-education workshops which we were required to present at schools, clinics and community halls to teachers, nurses, learners and other members of the community. My experience in this regard almost made me over confident, and this was perhaps one of the predisposing factors in the situation. I was discussing sexuality and AIDS with a group of grade 10 adolescents in a very poverty stricken area – the classrooms had dung floors that were full of holes; goats and other livestock roamed about freely on the premises and there were far too few classrooms to accommodate the hundreds of adolescents attending the school. The village had nothing to offer an adolescent by way of entertainment – they had to make do with undulating hills, farm animals and talking to one another to keep themselves entertained. I had built good rapport with
the learners and they had the freedom to ask me questions. One young man wanted to
know what one should do if one had been indulging in unprotected sex. Without
hesitation I said that one should immediately go for an AIDS test. I was so intent on
showing my competence by answering as many questions as possible, I barely noticed
that his face had dropped and I did not realise at the time that I had unthinkingly
caused this young man much anxiety and possibly even guilt.

Had it not been for the reflection aspect of the action research cycle, I might
never have realised the graveness of the situation or the damage I may have caused.
We were required to reflect on our work through filling in self-assessment
questionnaires as well as journaling, and while I was reflecting on this workshop I
found myself in tears when I realised what had happened. One of the questions
required me to reflect on the responses of the learners to the workshop. A vivid
picture of the unhappy look on the face of the young man who had asked me the
question about going for an AIDS test came to mind. It was then that I realised that
the answer that I had intended to come across as informative and practical had
possibly come across as judgmental and completely lacking in empathy. I felt certain
that none of these learners would want to confide in somebody who showed such
flippancy and nonchalance and I knew that there was nothing I could do to rectify this
mistake. I felt so terrible that I shared all of this with my supervisor who somehow
managed to make me feel better without downplaying the situation. The message I got
from her is one that clients often need to understand too: I was responsible for making
a mistake that had hurt somebody, but the fact that I realised that I had made a
mistake and acknowledged it meant that I could move forward, having learnt from it,
and make the necessary changes and improvements.
With a renewed awareness that I was responsible not only for the content of what came across in a psycho-education workshop, but also for the attitude, tone and sensitivity with which it was put across, I was subsequently able to show more empathy when working with such groups. Without critical reflection through self-assessment, this soul tattoo would have evaded me. In my journal I recorded that the following learning had taken place (07-03-02):

I now fully understand that unconditional positive regard and a non-judgmental approach is vital in terms of empowering the other person.

Silence doesn’t mean consent and just because one doesn’t express an opinion doesn’t mean that one doesn’t have one or that it is unimportant. But it is very exciting to see people discover for themselves what values would work best in a situation / context. I have by no means perfected this, but I feel I’ve come a long way in understanding it better (p. 10).

The second very significant soul tattoo that I acquired through my involvement in the Phelophepha Health Care Train was as a result of the system (community) in which the Phelophepha train was operating. The local people in Idutywa are Xhosa speaking and mostly farmers. They have a very simple lifestyle and hold steadfastly to traditions passed down by their ancestors. Without access to health care professionals like people in the cities, they make do with advice passed down from other family members which have been embedded in the culture over many generations. While preparing to go on the train, we had been reminded of the importance of working with the system and the importance of the cultural context in which we would be doing therapy. It is difficult to foresee how one is going to do this,
but once one is part of the system, one begins to find helpful resources in the people who fully understand the system and how it operates. After my first week on the train, I wrote in my learning journal (01-03-02):

I was very grateful to have Xhosa-speaking colleagues who could help me to understand the culture. This insight is invaluable (p. 11).

Although there were aspects of the culture that I could really appreciate like ‘ubuntu’ – being a person through one’s relationship with other people, my big gripe was the role of women in the culture. I found it incomprehensible that women could allow themselves to be treated the way they did and often had to bite my tongue to stop myself from expressing this. I did not know whether to berate these women or respect them or whether they even wanted to be liberated from what I perceived to be a very oppressive society.

One of the ladies on our team saw a client for therapy who had lost her son in an accident. According to cultural beliefs and norms, the mother was not allowed to see or come near the son’s body as this would bring bad luck to the family and as far as the family was concerned, it was probably the mother’s bad luck that had caused the death in the first place. She wasn’t even allowed to attend the funeral. Through further dialogue with this woman, my colleague discovered that the women had invented coping mechanisms, which helped them to find closure in such cases. In my mind I was battling to fully understand this. The client was also not convinced that she could get over her son’s death without some tangible evidence that he had in fact died, so she had snuck off on her own and went to the place at the river where it was thought that he had drowned.
The idea of keeping the women away from the funeral angered me. I felt that it was a selfish act on the part of the men who were looking for someone to blame for their own loss and grief. I wondered when and how this practice had come about and if there had at some stage been more feasible reasons for it. After I had been exposed to a few more similar cases (women dressed in black, forced to grieve outwardly, but often with hardened hearts on the inside), I couldn’t handle it anymore. I broke down and cried for these women, women who had unfaithful husbands; women who were blamed by their in-laws for deaths in the family; women who were deprived of opportunities for closure after the death of a loved one… And I cried even more because I couldn’t understand why they weren’t crying themselves. What I had failed to see and what later comforted me is that the coping mechanisms built into the system were powerful and effective in helping these women to cope. It wasn’t through lack of backbone or defeat that these women had accepted their lot in life; it was possibly wise of them to have found innovative ways of dealing with these painful experiences within a very established and highly unlikely to change system.

To attempt to fight against such an established system is a waste of precious emotion and energy. After much pondering about the matter, I wondered if the saving grace for some of these women was the fact that when one is born into such a system, one doesn’t know any other way. I also found comfort in Huizer’s (1997) suggestion that assuming a position of ignorance makes the task of the action researcher easier. I was dealing here with a system that I certainly did not and could never fully understand because of my radically different culture, values and upbringing. Even as I share these thoughts I hear the voices saying that I cannot make such generalisations, which is true. There might be some women from the culture who feel the same way as
I do, with my western values, ideas and mindset and Christian worldview: I could not make peace with values that to me were so blatantly wrong and discriminatory.

Fortunately I didn’t really have to make peace with them, as such, but as a trainee counsellor I was soon learning the skill and importance of seeking answers within the established system, not outside of it. When I asked the women in the community how they coped with trauma such as deaths there was always an answer. There was a friend, family member, church sister, beautiful scenery or some other coping mechanism in place that had been providing a sense of solace in the person’s life. Seeking help outside the system by approaching a psychologist at the Phelophepha Train, for example, was an exception to the rule and only occurred in desperate circumstances that the system had failed to address. The amazing thing I discovered was that those answers are often there. I wrote the following in my learning journal (08-03-02):

I was often amazed at the intrinsic resources and self-motivation and strength that people [in Idutywa and Vidgesville] displayed. They have developed coping mechanisms and this is why it is so important to work within their cultural and social context. There is far more satisfaction in empowering others to deal with problems themselves rather than spoon-feed them with solutions that seem good to oneself (p. 15).

Those women who came for therapy had been coping within the system for their entire lives thus far. Their need was often to just realise and be aware of how inherently strong they were and how well they were doing in spite of a system that didn’t always accommodate them.
The strong affective component of my learning is noteworthy. Tears and negative emotions like disappointment, anxiety, guilt and sadness accompanied both of the instances described above, yet the resultant learning that took place was positive. In Mohammed’s (2001) study, which has the effect emotions have on learning as one of its foci, she describes how in some learning situations she had to step back from her emotions which were ‘inappropriate and out of proportion’ in order to actually learn from the experience. After questioning where the emotions were coming from, she was able to have a positive learning experience instead of only being overwhelmed by negative emotions. She explained that one’s quality of learning might have less integrity if the affective element is missing.

Rogers (1989) also advocates a type of learning where ideas and feelings merge. He stresses that the affective component should not be completely divorced from the cognitive component of the learning. He is referring to the type of whole person learning that could take place in psychotherapy or in the classroom. This both encouraged me and cautioned me. Emotions can be a help and a hindrance in learning and one needs to engage in metacognition to establish what role the emotions are playing in the experience and what to do thereafter.

The Vista Psychology Centre

In the course of our first year of training as master’s students, we began to see clients at the Vista Psychology Centre (hereafter referred to as the Centre) situated on the Port Elizabeth campus. The campus itself is situated in Missionvale, a poverty-stricken area populated largely by coloured Afrikaans speaking and black Xhosa speaking families. One of the advantages of having a psychology centre on campus is that it makes it possible to bring affordable psychological services to the people living in the area. In addition to seeing clients at the Centre, we were required to gain
experience at various other organisational contexts providing mental health care
services to specific target groups in the community.

My first placement was with Rape Crisis Centre where my first client was a
rape survivor who had been raped on four separate occasions. At this stage I had not
made a conscious decision to conduct a study on my therapeutic self, but in spite of
this was very aware of my role, feelings and the ethics guiding clinical practice of
counselling psychologists as ethics in research had been one of the first lectures we
attended. I was, however, unaware of the fact that I had misunderstood the
Psychology Centre’s procedures and regulations for conducting the intake interview. I
mention this because I believe it had a role to play in terms of the therapy.

Under the impression that we could decide whether to do a structured, semi-
structured or unstructured intake interview, I went with my gut feel, which in this case
resulted in an unstructured interview. At this stage we had only received a crash
course in conducting an intake interview and doing brief therapy - we had not yet
looked at any of the therapies in depth. My gut feel was that the young lady I was
seeing for therapy (whom I shall refer to as Lynn in order to protect her identity) had
a desperate need to download many sad stories from her life that she had not had the
opportunity to share with somebody who cared. Her story was so intriguing and she
had so much to tell, we accidentally went on for one and a half hours. It seemed so
easy to be with her in therapy, I mused at what I had been feeling before I met her for
therapy (22-04-02):

Although I’m very comfortable with the topic [rape] in terms
of content, the emotional aspect had me a bit worried – I
wasn’t sure if I could handle the emotional aspect (p. 35).
Clearly I had felt nervous and very uncertain of what to expect. Listening to her sharing all these thoughts and feelings gave me a clear sense that much of her thinking was irrational and that we would also have to work on her emotions because her affect seemed quite inappropriate. She was telling me these horrific tales with a smile on her face and seemed quite good-humoured throughout the session. As I recorded in my learning journal just after this experience (22-04-02): ‘… she tried to make light of it by being humorous. She didn’t ever really seem to be sad or depressed.’ (p. 37).

My idea of working cognitively was confirmed by my supervisor who said that Lynn definitely needed to do some cognitive restructuring. I was very encouraged to know that I had been on the right track, which was to first allow her to story her experience and vent her feelings, then to begin to challenge and restructure some of the irrational thoughts she had been having. One thing that bothered me though was that my supervisor had only good things to say: this was my first attempt at therapy that would last longer than one session and she offered no criticism. I wasn’t sure if she was trying to encourage me and instil confidence or if she had maybe missed something. I also wondered if I were perhaps making a mountain out of a molehill.

My joy of having survived this first session with Lynn was short-lived as the next day we role-played the intake interview in a lecture. Not only was our lecturer quite taken aback by the fact that we had not been using the structured format provided by the Centre, but I also felt quite incompetent after he criticised the way I had conducted the interview by saying that I had jumped around too much and had tried to cover too many aspects of the client’s life. By then I was really confused. On the one hand we were told to follow the format of the questionnaire for the intake interview, on the other hand we were required to thoroughly explore one aspect of the
client’s life before moving on. I wondered how much room there was for interpersonal style and personality in the midst of all that? I felt frustrated and a bit lost. Only later did it dawn on me that every single psychologist (therapists in training and trainers included) would have her own preferences, peculiarities and personality pervading every decision and angle on therapeutic approaches.

The following session with Lynn did nothing to assuage the fears and doubts I was having about myself as a therapist. Although she cried a few times in this session, which I took as a sign that she was getting in touch with deep seated feelings, I struggled to keep up with all the detail she was giving me and I could not seem to with certainty put my finger on what her main struggle was or where to start in terms of therapy. Upon reflection, I found myself wondering about how to begin with in-depth therapy and then if there even was such a thing and if there wasn’t, why did I and various other psychologists assume that there was. I was struggling to adopt a definition for therapy that made sense to me and I wondered if we had done more in-depth studying of the types of therapies prior to actually doing therapy if I wouldn’t have felt more confident in this regard. I also wondered about the difference between a lay-counsellor and a therapist, who was considered to be a professional and whether or not in reality therapy was worth the hourly rate of R 240 at the time. I think this was an awakening of an awareness of some of the very real challenges that face psychotherapists, particularly beginner psychotherapists and psychotherapists in training. My supervisor picked up on something else that was challenging me in therapy and provided the following feedback in my learning journal (Hoelson, 2002):

You both seem to be struggling to put your deeper feelings and thoughts into words at present (p.19).
This was in response to the following comment of mine in my learning journal (28-04-02):

I saw my client again on Friday and it seems to be going okay.

This is a terribly non-descript word, but it is a reflection of my struggle to put into words how she’s feeling and maybe even how I’m feeling about the therapy at this stage.

He challenged me to try and use my knowledge and experience of psychodrama to deal with this problem, but the truth is I felt that I didn’t have adequate knowledge or experience of psychodrama at that stage. In retrospect, a role reversal might have worked very nicely at helping us both to understand what the other was feeling and what we ourselves were feeling. At that stage I had not read up sufficiently about psychodrama to fully understand all the techniques that can be employed in therapy and reading was the only option if I were to become competent in using it since nobody in Port Elizabeth was offering training or even making use of it at the time.

In the mean time I also realised that it was of utmost importance for me to obtain collateral information in Lynn’s case in order to verify some of the things she had told me, but also to help in my diagnosis. Although at that stage I had told myself that I did not want to work diagnostically, it seemed and felt like if I knew what her diagnosis was, I might have a clue as to where we were headed. That she was suffering from Rape Trauma Syndrome was obvious, but she had a history of admissions to psychiatric institutions which together with other clues in her behaviour made me realise that there was more to it than met the eye. One of my lecturers was of the opinion that the case should have been referred due to my lack of experience, but I felt that I was not doing anything ethically harmful and I wanted to persevere
and learn from this case. My supervisor had confidence in my ability to hold things together and make some headway and that was very reassuring.

I prepared for the third session with an expectation of taking the therapy to an even deeper level emotionally. I felt that she had not allowed herself to express the pain that had been in existence in her life for a long time as she felt that crying was a weakness and that she had to be strong. I thought that she might benefit from having the freedom to express her true feelings. I had in the mean time obtained some collateral information from Lynn's father, who was able to confirm the main aspects of her story, but was often telling me stories of what had happened as she had related them to him. She had only plucked up the courage to tell him about the rapes at a later stage. He also confirmed the history of psychiatric institutions and I made a mental note of obtaining her permission to get a report from the one particular institution where she had spent a reasonable amount of time. In addition to dealing with emotions and continuing the cognitive restructuring, I planned to make use of music therapy in order to start looking at her relationship with her father, which had deteriorated to such an extent that she appeared to be seeking father figures in her relationships with men and this was adding to her already lengthy list of problems. Lynn was musical and enjoyed music and had been on the worship team at church. There is a song which speaks of the father’s heart of God, which I felt would be meaningful and that Lynn would be able to appreciate. Little did I know that all my preparations would go out of the window the minute I saw Lynn…

She arrived in a somewhat euphoric mood and proceeded to say that this was our last session because she was off to Cape Town to live with an old friend whom she planned to marry. In her state of euphoria, there was little we could accomplish therapeutically and I wondered whether she had perhaps been treated for bipolar
disorder in the hospital. I tried to caution her and help her not to set herself up for
disappointment for I could hardly believe what she was telling me in the light of our
previous sessions. She could not be daunted and I was left to draw some logical
conclusions from our three sessions in order to wrap up and end off by summing up
what had been covered and accomplished. She wasn’t really taking in anything I was
saying and at the end of the session she told me how good she thought I was and how
sorry she was that our sessions would come to such an abrupt end and that she would
write and tell me what happened in Cape Town. I could not argue, did not hear a word
from her afterwards and am still curious as to what her diagnosis is, as I could do no
further work on the case having terminated with her. I did refer her to a clinic in Cape
Town and had she stayed in Port Elizabeth, my next step would probably have been to
refer her to a psychiatrist. I was very disappointed as I had envisaged this as a fairly
long-term case both due to the nature of her problem and my desire to learn more
about long-term therapy and I had been enjoying working with her as I was learning
so much.

The lesson I learnt at this very early stage of the first year of my masters
degree: one can never be fully prepared for what may be presented in therapy. One
can at best expect the unexpected and prepare oneself for the waves of uncertainty one
goes through in therapy as different things come up at different stages and in peculiar
ways and times. I thus concluded that the trainee therapist who decides to make an
enquiry into her own practice could use the planning phase in the action research
cycle to become mentally and emotionally prepared for the uncertainties which are an
inevitable part of therapy. The preparation is largely an acceptance that these
uncertainties will always exist, but that one can rely on one’s therapeutic skills such
as appropriate questioning and building self-esteem; appropriate attitudes, such as
unconditional positive regard and empathy; and knowledge acquired through years of studying psychology.

I also realised that therapists have to live without closure in many of their cases. Unexpected termination of sessions can occur at any stage and then the therapist has to live without answers to the questions they may still have and quite likely without a sense of accomplishment, wondering whether any of what took place was helpful or meaningful in any way. What then could therapists do to protect their sense of professional self when after many cases they might not have had any feedback from clients (or anyone else, for that matter) whatsoever? And how do beginner therapists cope with the amount of emotional energy that gets expended when dealing with clients, particularly those who have been through severe trauma and hence cause secondary trauma for the therapist? O’Halloran and Linton (2000) define secondary traumatic stress as follows: ‘[It is] an outcome or risk that is related to engaging empathically with another’s traumatic material’ (p. 355). This is an inevitable part of being a psychotherapist. These are just some of the challenges that caused doubts to creep in at an early stage in my training (28-04-02):

I’m also realising more and more that the job of a therapist is by no means an easy one. Every client presents himself / herself differently and has different issues, sub-issues, needs and/or irrational thoughts… there is just SO MUCH. One of the second year masters students was saying that the initial job energy expended by therapists in training is great because of their lack of experience, but that with time you learn to not expend so much energy. Hope this is true!!
I would later discover the invaluable role that debriefing and humour had to play in helping the therapist to maintain her sanity…

*Cycles Within Cycles: A Summary*

I view the development of each soul tattoo as a cycle within the bigger cycle, which is the development of my therapeutic self. By the middle of the first year of my masters degree I had to take stock of where I was in terms of the bigger cycle. It is impossible for me to provide an overall measure of all my growth or development - that is why I’m describing the growth in terms of soul tattoos relevant to the development of my therapeutic self. But in terms of the bigger picture, mid-year was a low point and I was feeling despondent for various reasons. One of the reasons for this was that I wanted to be able to measure my growth in quantifiable terms. I wanted to know how far I had come and how far I had to go. I was struggling to suppress that part of my self that enjoys and thrives on working and thinking in a quantitative paradigm.

My supervisor encouraged me to set goals, which I did. Most of my goals had to do with attaining competence in certain skills required for therapy. I would have liked it if at that stage a competent therapist could have provided some assessment criteria so that I would know what sort of evidence would have to be produced in order to qualify as competent because I found some of the criteria used by the university to assess us rather arbitrary and nobody had taken the trouble to inform us of these until the day came for feedback.

A study conducted on supervisee complaints about ethical violations of supervisors revealed that a third of the complaints centred on inadequate feedback and assessment procedures (Stoltenberg & Delworth, 1987). Mine was not a unique situation. In my M1 year, I received formal feedback on two occasions, at the end of
each semester. Feedback could be received informally from time to time in various contexts, but it was the more formal feedback that was a bone of contention for me. The counsellor trainee evaluation form that my training institution makes use of consists of 41 statements against which the learner is evaluated as satisfactory, unsatisfactory or not observed. Perhaps I would have been more adept at learning the required skills if I knew what my assessors were focusing on from the start. Perhaps my professional growth could have been even more constructively defined if I had had an input into how and according to what criteria I was being assessed. Some of the items on the evaluation form seemed more suited to peer assessment, e.g. ‘Demonstrated ability to deal with peer conflict.’ The idea of peer assessment was never broached nor attempted, but this might have provided some valuable input for learners in terms of getting another perspective on their growth and development. Other items were stated rather ambiguously and some I felt were impossible to demonstrate or I wasn’t given an opportunity to demonstrate, yet I received a rating e.g. ‘Knowledge of current literature on person centred treatment’.

While the qualitative evaluation section provided more helpful feedback, I still feel that much could be done to improve the understanding that the learner has of what is expected of her from professors and lecturers and that this should be in line with what is expected in the real world of the psychotherapist. My experience as educator in both a government school and an outcomes-based psycho-education programme made these issues of feedback and assessment even more important to me.

The following excerpt from my personal learning journal further highlights my dissatisfaction with the feedback I received (09-06-02):
I was rather disappointed in my feedback from supervision.

Two aspects that my supervisor found unsatisfactory were time management (thesis) and managing learning effectively.

In the first place, I’m not sure what is meant by ‘managing learning effectively’. That is where the assessment criteria could help us make sense of the assessment tool. In the second place, I felt that because I was making a concerted effort with my learning journal and I was making my growth as a psychotherapist the subject of my research, I needed to then immediately be informed of what was expected in terms of managing my learning effectively. This type of assistance was not offered – in fact, I was barely afforded enough time to go through the items on the assessment tool before I was asked to sign and it was whipped off to be photocopied. I journaled the following thoughts (09-06-02):

Certain things like my spontaneity and professionalism I believe can be observed and [my supervisor] didn’t give me the option of discussing any of the points, she just told me to sign so I didn’t feel the freedom to ask any questions. And I didn’t want to come across as defensive. There were also some positive comments that I didn’t think had been observed, so I wondered about consistency and subjectivity.

[The M1 students] all have different supervisors with different perspectives...

As M1 students we were required to submit videos of our counselling sessions to our counselling supervisors. None of the students had been able to submit videos of their sessions at that stage for various valid reasons, so it is understandable that certain skills and behaviours were not observed. However, some of those for which I
had been rated as unobserved could easily have been observed in lectures or supervision. Upon comparing my assessment with other’s assessments it was clear that different standards had been used and I felt done in because a potentially helpful tool intended to grow us as psychotherapists was actually nothing more than a farce. I was forced to seek more reliable ways of determining where I was at in terms of my growth as a psychotherapist. Perhaps the ‘more reliable way’ was the very soul tattoos themselves. The indelible ones. It was only later that I realised that the whole system of supervision at the institution needed revisiting – another story for later telling.
CHAPTER 6

Creating a Personal Exhibition of Tattoos

Is Exhibitionism Authentic?

As M1 students we were expected to do a case presentation twice a year. One of these presentations could have been a psycho-education workshop; the other had to be an individual case concerned with therapy or assessment. Presenting a psycho-education workshop in June was no problem as my professional self as an educator was quite developed at that stage because of many years of teaching experience in many different contexts. Far more intimidating was the idea of presenting an individual case at the end of the year. This would be my first ‘public’ exhibition of the construction created through the use of my soul tattoos I had gained up until then as a trainee counselling psychologist. It was thus with a sense of urgency and despondency that I approached my second semester. Having had my rose-coloured glasses removed by experiences in the first semester, I knew that I had to prove some level of competence to my lecturers and the external examiner while at the same time I had to get over and deal with the contextual struggles I was having on campus at the time. Somehow these hurdles also contributed to the formation of my soul tattoos.

My intention is not to cast my training institution in a bad light – I know every institution has its faults, as does every individual. Also, my training institution often received instructions from the University head office in Pretoria, which added to the difficulties we experienced on the Port Elizabeth campus. I am merely trying to show the impact that the training institution has on the trainee, particularly in the case of trainee counselling psychologists who have unique training needs. Half way through my M1 year many of my frustrations stemmed from the training institution and I felt despondent about becoming a counselling psychologist and questioned whether I
would be adequately trained and prepared for my internship year. Some of my frustrations are reflected in the following fictitious exchange between three M1 students. This is typical of the kind of conversation that would have taken place between these students during the course work year:

Student 1: Did you receive your manual for research methodology yet?

Student 2: No, they are out of stock. Nomsa is the only one who has one. If you want to make a copy of hers, the wait in the queue for photocopying is only one hour today.

Student 1: I might as well do that. I’ll try to get through some of the journals from the pile while I’m queuing – I might just stumble upon a helpful article. I have some time to kill seeing that we have to stay till 16h00 and do not have any computers on which to type up our reports.

Student 2: I’m so tired of hearing about computers for our offices that are on the way… And as for Internet access – next joke – what access? In this day and age at a university that’s big on empowerment we do not even have access to the World Wide Web! By the way, have you heard anything about internship positions for next year?

Student 3: All I’ve heard is that I do not fit the profile for the positions that are available. Institutions are looking for Afrikaans speaking coloured students and Xhosa speaking black students, which is understandable in terms of the demographics here in Port Elizabeth. I would love to do an internship at my school, but I do not know if that would be allowed.

Student 1: Apparently the secretary of the Psychology Centre knows more about the internship positions than we do. Rather discouraging if you ask me! But let’s not get ahead of ourselves – we still haven’t heard if the
course work has been accredited by the Professional Board or whether the Psychology Centre has been accredited as a training institution for counselling psychologists.

Student 2: You cannot be serious! Why do we not know these things?

Student 3: Do either of you know anything about a tailored internship?

 Apparently one of our classmates has put together a fifty-page document in order to apply to do what is called a tailored internship.

Nobody told me about this option.

Student 1: You must ask! You cannot just expect knowledge to fall from people’s lips just because you are a student here. Remember, there was no guarantee of internships from the start.

Student 3: Stop being so facetious!

Student 2: What would the point be of doing the course work and then not completing the degree by doing the internship? How could anybody entertain such an idea?

Student 3: You guys are just depressing me further. I’m already in a state because I’ve only seen three clients this year so far. As much as I desperately want to do an internship, my fear is that I won’t be adequately prepared for my internship year. I cannot help but wonder why certain students have a client load of six current cases while I’m terminating with two of my three cases!

Student 2: Are you expecting transparency? At this institution? Hell will sooner freeze over…

This was one of my all time lows as a therapist in training. My vision and goal of becoming a psychotherapist was clouded with all kinds of negative emotion and
my only consolation was that I still had my teaching post to fall back on. I journaled the following (20-05-2004):

I’ve been wondering if I really want to be a therapist of late.
I’ve realised that having a private practice is actually quite a lonely job. Maybe my thoughts are clouded by the following frustrations – let me write them down so I can get them out of my system....
I cannot help feeling that if all else fails I’ll simply go back to teaching, but in my heart I know that God will provide something....

Things looked very bleak, especially since the pressure to prove that I was competent in the final exam presentation was ever present and every case had to be weighed up as a potential exam case. Perhaps it was this very pressure that forced me not to give up in the face of adversity, but to persevere in the hope that competence could be attained even when the odds were against me. The other factor that kept me going was the thought that I had come that far; to throw in the towel at that point would have rendered all I had been through a waste of time. More importantly, how could I in all sincerity encourage clients not to give up during tough times if I had done exactly that? My desire to be a therapist with integrity spurred me on.

The fact that the final exam presentation was prepared with a vague idea of what the examiners regarded to be a competent psychologist made me wonder whether this display of soul tattoos was authentic and whether this was in fact a display of my soul tattoos at all or merely a display of what I hoped would enable me to pass the exam. This in turn made me wonder whether having an MA in counselling psychology adequately qualified one for being a counselling psychologist. My
immediate response was no, there is more to being a therapist than just having the right degree. But what is the ‘more’ part? When does one cross that fine line between doing therapy and being a therapist? Are these two end points on a continuum or is it a case of one or the other? In the case of the former, how does one know when one is being enough of a therapist to make a difference in the life of the client? I found myself overwhelmed by all the voices that are opinionated in this regard and it was difficult to establish what I thought and felt about it.

The reflections in my journal reveal moments when I felt like a therapist and times when being a therapist seemed an unattainable goal. The feeling component played a big role in determining my perception of the development of my therapeutic self. It is now helpful to reflect on both a cognitive and emotional level and to make use of metacognition to try and make sense of where I was at at different stages. It seems to be a powerful and effective way to learn and I wonder if what matters most is that I am now able to make some sense of it all.

Feeling Like a Therapist

For part of the second semester of my training I was placed at Stepping Stones Youth Justice Centre where I would gain some experience in working with adolescents who had broken the law. A very likeable young man who had been accused of raping a girl was my first client there. I felt comfortable with him from the start because of my familiarity with adolescents. After an intake interview with both the boy and his guardian I felt like I was beginning to understand the family dynamics. There were boundary issues that we could work on, as well as self-esteem and self-discipline issues in the young man. I think the enjoyment I experienced came from the fact that I knew what to do, which confirmed that I had learnt something from my training. The mere fact that I had a client with whom I was enjoying therapy
led me to write in my journal (23-07-02): ‘I am a therapist again! Oh happy day!’ (p. 67). My counselling psychology lecturer’s comment was, “Very motivating but ‘So near yet so far’. How could you be in greater control of such experiences?” (p. 67).

He also commented at that stage of my journal that I was dealing with issues concerning being and becoming a therapist and with the emergence of these issues, he felt that it was necessary to speak with me concerning these issues. I always marveled at how bewilderment became knowledge when I was able to discuss things with my lecturer; how confusion often melted into understanding as we were able to create knowledge together, both through agreement and disagreement. I was a bit puzzled by the above comment at first, but then I wondered if he perhaps wanted me to understand the difference between feeling like a therapist and being a therapist. I was at a place of becoming a therapist, but I was thinking dichotomously by relying too heavily on my feelings. Just like enjoying a good play does not make one an actor, enjoying a session of therapy does not necessarily make one a good therapist. Neither does simply having a client. However, the enjoyment provided me with the motivation I needed to continue in the knowledge that the potential to be a good therapist was there. I often find myself relying on positive feelings to propel me into action. The converse is also true, but as I said before, I am still able to persevere in the knowledge of the alternative outcomes in the situation.

The answer to the question of how to be more in control I believe lies in an awareness of the link between affect, cognitions and behaviour. The awareness might be brought about through others or oneself or a combination of both. In this particular case it started with my lecturer pointing out that I did not seem to be in control of what was happening with regard to my therapeutic self.
Had he not pointed it out, I would have continued on the same track oblivious to the fact that there was a lesson to be learnt here. This awareness resulted in my reflection on the event as well as previous events and later on, on subsequent events to determine what was impacting on my thinking and behaviour. In retrospect I could see that I was allowing my feelings to dictate to me where I was at in terms of becoming a therapist. To be more in control would involve cognitive, behavioural and affective components. It seemed necessary for me to re-evaluate my behaviour in the light of the new knowledge I had gained about myself. Another helpful approach was to assess myself against the criteria I had set as goals for myself with regard to becoming a therapist. There were areas in which I was competent, and areas in which I was not yet competent and this confirmed that I was still in the process of becoming a therapist.

Perhaps the evidence of growth lies in the fact that I now realise that it was not important for me to know how I was doing on a 10-point scale. The value of the experience with the young boy at Stepping Stones lay in the exploration that resulted both then in my personal learning journal and now through this study.

*Supervised Tattoos*

At the beginning of my internship year at the high school, my thoughts turned to the role that supervision had played in the case of Lynn and various others and I began to reflect on what I had journaled up until then. According to Patterson & Watkins (1996), psychotherapy supervision plays an important role in learning to be effective as a psychotherapist and, amongst other things; it is an important part of the process of forming a ‘therapist identity’ or soul tattoos in terms of this treatise.

Over the two-year period of masters training I had three different supervisors, all lecturers at the university and each of whom contributed invaluably to my training
as a counselling psychologist. One of the advantages of having a different supervisor each semester was that I got exposed to different styles of supervision, different fields of expertise and different approaches to working on cases. My supervisors were very supportive and helpful and with a merger pending between our institution and two others in Port Elizabeth, I knew that they were working under stressful conditions.

While supervision was in some ways very helpful, I often found myself wondering whether my supervision was adequate and there were times when I had to trust my own clinical judgment when a decision had to be made. My supervisors were often of the opinion that I would be able to make sound decisions and trust my ‘gut feel’ in situations and that their supervision wasn’t all that necessary. There were many instances in which this was true, but part of the reason for supervision is to provide a secure base for the trainee therapist (Patterson & Watkins, 1996), and there were times when I certainly felt the need for this secure base. When I was dealing with a boy who had been physically abused and thrown out of the house by his mom, for example, I longed for more regular support through supervision. I am sure that this is a need that continues to exist early in one’s career as new situations continue to present themselves. It somehow gives one more confidence when one comes to the ‘action’ part of the cycle. If I planned a session of therapy by myself, I would have to go ahead and act upon my plan trusting entirely in my own clinical judgment. But with supervision comes the co-creation of knowledge which generates more ideas and instils more certainty in the trainee who then acts knowing that a third party has endorsed the treatment plan.

Sometimes I went without supervision for weeks due to many variables impacting on the schedules of members of staff on the campus at large and I would be left with no choice but to run the scenario by a peer and make a decision based on that
rather than on the input of a qualified supervisor. When I did receive supervision, it was then often a case of reporting what had happened instead of describing my treatment plan and getting a go ahead from an experienced professional. While this does tend to make one very independent and confident in one’s own skills and abilities, it also left me wondering how I could establish what gaps there were in my training. I enjoy structure and I couldn’t help but feel that supervision conducted with a strategy and a plan in mind could have held more benefits than the haphazard type of supervision that I was at times exposed to. Rawson (n.d.) offers supervisory services to professional and trainee psychologists and on his website he spells out the aims and structure of the supervision he is offering. Some of his goals for supervision include enabling an integrated sense of the therapeutic process to be instilled in supervisees; to help supervisees to develop good principles for ethical practice; to instill professional confidence and to help explore alternative ways of intervention and understanding of cases. This sort of knowledge at the outset of the supervisory relationship could help one to be realistic in terms of expectations.

On the up side, I was forced to consult and find other resources, which was very good in terms of empowering me for research and practice. I found that I could stand on my own two feet and figure things out for myself when necessary. I cannot recall a time when I didn’t leave supervision feeling good and that I was very much on track as a therapist in training. Perhaps that instilled in me a confidence in my ability to be a therapist that was more valuable than the safety net I felt that I needed. By forcing me to take risks and do therapy without always having first discussed it with someone, which in real life is something that one often has to do, I found myself inevitably moving beyond the stuckness I was feeling at the time. I have friends who when life throws a curved ball at them choose to stay in one place forever waiting for
someone to come to the rescue. This victim mentality doesn’t get anyone anywhere; I believe that one can forge ahead one way or the other, choosing to have an attitude that won’t succumb to every obstacle that stands in one’s way.

My supervision taught me to be flexible and not to rely too heavily on whether things do or do not happen or work out as expected. In the South African context, being flexible is a vital skill that can stand one in good stead in many different scenarios. In my own experience, events do not always start or end when they were supposed to. Sometimes they are cancelled at the last minute; other times meetings are called when they weren’t supposed to happen. Our nation has been in a transition phase for some time now and part of the ironing out process has involved misunderstanding, stress, tolerance and much grace and whilst striving towards professionalism and standards of excellence, one might well have found that there is agony and ecstasy involved in this process and flexibility is often the vital ingredient that enables one to cope with this. To this end supervision has prepared me very well to cope in our context of constant change. I reminded myself that in a macro and microenvironment where things change on a daily basis (mergers, affirmative action, strikes, HIV/AIDS, etc. being only some of the changes), it could have been unrealistic of me to assume that supervision could take place consistently, smoothly and with what I perceived to be the necessary frequency.

The practice of supervision is, however, guided by ethical principles which protect both supervisee and supervisor. The principle of veracity (truthfulness) was added to the ethical principles for good practice of supervision in the USA, which are: nonmaleficence, fidelity, justice, beneficence, and respect for autonomy (Stoltenberg & Delworth, 1987). The onus is therefore on the supervisor to provide honest feedback in supervision, but in a way that is kind and shows respect for the individual
(Newman, 1981). Small (2003) is of the opinion that if supervisors prefer to allow sessions to progress as a co-construction of the supervisees, it would be beneficial to state at the outset that this is her preferred approach. She goes on to explain that the nature of the supervisory relationship should be discussed, specifically in terms of the expectations of both parties and the hierarchical structure of the training facility. Perhaps the fact that I could not find any further South African resources on the topic of supervision is indicative of the fact that researchers in our country should be encouraged to conduct studies in this regard since it plays such a vital role in terms of the type of psychologists that are entering into the field of private practice.

**Psychodrama Tattoo**

A Viennese-born psychiatrist by the name of Jacob Moreno is seen as the father of psychodrama, in which special dramatic methods can be used to explore emotions and personality makeup and deal with conflicts and interpersonal relationships (Kaplan & Sadock, 1998). Psychodrama is a form of experiential therapy that works on four levels: cognitive, emotional, spiritual and behavioural. Through simulating a physical situation we gain access to feelings. Both the cognitive and emotional are engaged through the acting out of relevant scenarios. The spiritual can be incorporated in psychodrama, and dealing with thoughts, feelings and spiritual issues impacts on behaviour (Miller, 2000). In addition to working on these levels, psychodrama also demonstrates the circular interactions and connections in the systems of which the individual is a part (Avis et al., 1999). The need to have other group members involved in acting out the psychodrama suggests to individuals that perceived problem behaviour is often a result of the pattern of interconnected cycles of behaviours between systems or within a system.
One’s inner reality is brought outside through psychodrama. One is then able to look at the situation clearly, reframe it, re-experience it and/or bring it to a point of resolution or completion (Dayton, 1994). The transforming moment occurs when one is fully present in the drama: no longer watching oneself, but experiencing oneself. Psychodrama is inherently corrective and aims at achieving catharsis and insight through acting out of real life situations. This leads to changes in thought, emotions and behaviour (Hammer, 2000). This cathartic moment is essentially a spiritual awakening, which is why we can be spiritually transformed through psychodrama (Miller, 2000). I am reminded of the difference between doing therapy and being a therapist: the element of self-consciousness is removed once one is successful in doing the latter.

The school I had been teaching at prior to doing my MA in counselling psychology provided the perfect context for my internship and the opportunity to make use of group therapy in addition to individual counselling. I was particularly excited about the prospect of making use of psychodrama, which I had not been able to do in the first year of my masters degree due to the fact that I initially did not even have enough clients for individual therapy, never mind group therapy. Once the number of clients had increased sufficiently to consider group therapy, I immediately dismissed the idea since the clients themselves and the nature of their problems were worlds apart. It was not only possible, but in fact necessary for me to run therapy groups at the school as I could not keep up with the demands for therapy: a full teaching load did not bode well for large numbers of individual therapy sessions. This did not mean that every individual got put into a group for therapy: each individual case was carefully considered before such a suggestion was even made.
The potential to make use of psychodrama spurred me on to purchase the necessary reading material to prepare and equip myself as a therapist. At least, I felt that this was an adequate way to prepare myself – I was later to discover that some of my trainers were dubious about this. The more I read and understood the basic principles, the more excited I became as my experience in drama and in therapy confirmed that this had the potential to work powerfully in the lives of clients. I had often times been part of the hilarity and excitement at final dress rehearsals; the nervousness bordering on stage fright before performances and the incredible fulfilment of having successfully put on a musical production. (I was also aware of the acute and agonising embarrassment that could result from forgetting one’s lines.) Somehow when the costumes are on there is a whole new dimension to the acting, and hence the play. This proved to be food for thought where psychodrama was concerned.

Group members for the psychodrama group were carefully selected by myself from learners who had been coming for individual therapy. Learners with sufficient maturity and the potential to perform the group task were approached to be part of the group (Kaplan & Sadock, 1998). I explained what group therapy would entail and a bit about psychodrama and asked them to think about whether they would want to be a part of such a group. I also emphasised the importance of mutual respect and confidentiality within this group. These learners gave feedback in follow up sessions and all were keen to be part of the group. Pseudonyms have been used to protect the identity of the participants. The final group was made up as shown in Table 1:
Table 1

*Identifying Data of Participants in a Psychodrama Group*

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>First Language</th>
<th>Age</th>
<th>Grade</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ned</td>
<td>Male</td>
<td>English</td>
<td>16 years</td>
<td>10</td>
<td>White</td>
</tr>
<tr>
<td>Rod</td>
<td>Male</td>
<td>English</td>
<td>15 years</td>
<td>10</td>
<td>White</td>
</tr>
<tr>
<td>Nomsa</td>
<td>Female</td>
<td>Xhosa</td>
<td>15 years</td>
<td>10</td>
<td>Black</td>
</tr>
<tr>
<td>John</td>
<td>Male</td>
<td>Afrikaans</td>
<td>18 years</td>
<td>12</td>
<td>White</td>
</tr>
<tr>
<td>Thandi</td>
<td>Female</td>
<td>Xhosa</td>
<td>18 years</td>
<td>12</td>
<td>Black</td>
</tr>
</tbody>
</table>

Group members had the following homogenous factors in common:

- Struggling to deal with emotions such as anger and depression.
- Dysfunctional family lives.
- Attended the same high school.
- Felt rejected by classmates and peers.
- Suffered from low self-esteem.
- Had taken initiative and sought help for problems themselves.
- Had good insight and maturity in terms of dealing with problems.
- Were fluent in English.

As can be seen from Table 1 above the group members differed with regard to race, age, gender, home language, grade, but also in terms of sexual orientation, dramatic talent / ability and their perception of issues they wished to deal with. Some of them demonstrated high internal locus of control with regard to their problems and others demonstrated high external locus of control in this regard. There was
tremendous acceptance within the group despite these heterogeneous factors, which served to enrich the group experience rather than disrupt it or cause conflict. Conflict occurred on a more personal level, not as a result of these differences. According to Kaplan and Sadock (1998), adult groups can accommodate a wide variety of different ages (anything from 20 – 65 years old), but children and adolescents should preferably be in groups comprised of people in similar age groups.

Similar to drama, psychodrama rarely occurs in isolation and this is one of the reasons why psychodrama is potentially so beneficial for all involved, including the director (therapist). It is an example of human interaction and therefore works best with a group of individuals, although it can be used in some instances with individuals in therapy (Warren, 1995). Loneliness and a sense of isolation are diminished as individuals make meaningful connections with other group members (Dayton, 1994). Arguably the most important external influences in our daily role-playing are the individuals with whom interaction takes place. Although a monologue might help a protagonist to speak her mind, for example, Gergen (1999) asserts that constructionist dialogue holds great potential for creating the future. A group provides opportunities to refine our social and communication skills and practice role-playing in various contexts. This could only be advantageous and beneficial in future real life scenarios.

Moreno described a psychodrama as having 3 stages: the warm-up, enactment and sharing stages. The fourth stage of analysis was added later, but remains optional since it was not officially included (Dayton, 1994).

The first stage or warm-up is often experienced as a ‘safe passage’ between outer and inner worlds. One can make use of structured exercises, guided imageries or discussions, as long as they are appropriate for the group with which one is working. The warm-up serves to clarify group structure by looking at the role relationships in
the group. It prepares clients on an emotional, cognitive and sociometric level. Sociometry is defined as the network of connectedness through attractions, repulsions and neutrality that forms the social grid for all social actions (Dayton, 1994).

Emotionally, the warm-up helps clients to feel the breadth and depth of feelings associated with their internal reality, in other words, clients warm up to their internal reality. Cognitively, the brain is engaged in a search process. According to search theory, as more and more memories accumulate in our brains, with insufficient cues to differentiate among them, we tend to forget more easily (Dayton, 1994). It therefore becomes progressively more difficult to find particular items in our memories. The search process helps to bring painful memories to the fore. The director (therapist) observes who is at the sociometric centre of the group. This person represents the central concern of the group. It might be helpful to allow this person to be the protagonist if she is not too ‘hot’, that is, about to explode emotionally, perhaps beyond containment.

The second stage of a psychodrama is the enactment stage. Before I describe this stage, it is necessary to know the following elements of a psychodrama:

*The Director:* I have three functions: I produce, I am the therapist and I am the social analyst (Dayton, 1994). I expend minimal emotional energy throughout the psychodrama (Moreno, 1947). In the psychodrama it is particularly important for to not be part of the transference that takes place within the group. It is far more empowering for participants in the psychodrama to become aware of the important role they are playing in the lives of other group members (Dayton, 1994).
**The Protagonist:** I am the central or leading character; the person whose story is being enacted or told. I am responsible for staying true to the story (Dayton, 1994).

**Auxiliary Ego(s):** I am an improvisational actor chosen by the protagonist to represent people in his/her life.

**The Stage:** I am the space in which the psychodrama is enacted.

**Reformed Auxiliary Ego:** If the protagonist has expressed strong feelings like anger or pain, I am used to offer a corrective experience and to give back to the protagonist a ‘reformed sense’ or wish, which enables things to be acted out as the protagonist wishes it had been.

**The Double:** I speak out that which is unspoken in the drama – the interior reality of the protagonist. Brings what’s lodged in the background into the foreground: the unconscious of the protagonist.

**The Audience:** We are the group, the therapeutic context in which the drama of the protagonist is enacted. Identification can result in feelings arising in us that are as strong as those in the protagonist.

The psychodramatic event is the action phase in which the protagonist’s inner reality is structured and enacted on the stage. In this safe, structured environment, the things that have been left unsaid and other complex issues of the protagonist can be explored (Hammer, 2000). Various techniques can be used. The enactment becomes a metaphor of the protagonist’s inner life and has the timeless quality of a dream (Miller, 2000).
In the third phase of sharing, group members have an opportunity to share their thoughts and feelings. The protagonist experiences the support of the group members who have an opportunity to share what they could identify with in the protagonist. The director facilitates a discussion on what emerged from members’ own lives while they were playing auxiliary egos. The result should be closure after de-roling which involves an awareness that one is no longer acting out a character (Dayton, 1994). It’s important to allow enough time for sharing – all the feelings that have arisen should ideally come out. When people in the group have the opportunity to express themselves fully, one person’s psychodrama becomes a healing experience for the entire group.

The final stage is the analysis stage. This stage was not formally incorporated by Moreno in the psychodrama process, but can be very helpful if it is well timed. This helps the protagonist to anchor the emotional learning on a cognitive level. It helps the protagonist to identify the source of destructive behaviour patterns and empowers them to make healthy choices in the here and now (Dayton, 1994).

Kaplan and Sadock (1998) list 20 therapeutic factors that can contribute to the success of group psychotherapy. Some of them, which were experienced in my psychodrama group, are evident in the following discourse between group members which occurred at a feedback session:

Ned: I learnt that I’m not the only one with problems. I came here thinking I had the worst life one could imagine, but focusing on others’ problems helped me to see my life a little differently…(altruism)

Nomsa: I learnt that we can disagree about things but still be friends. It was cool to work with people that I wouldn’t normally associate with and I really felt accepted by the group – thanks, guys. (acceptance)
John: I enjoyed getting free periods! Although I didn’t have a turn as protagonist, I felt that I could identify with some of the scenarios and I learnt a heck of a lot. It was interesting, different… (identification)

Thandi: I still feel like I want to sleep my life away, but it was worth waking up to come here. Although nobody fully understands my circumstances, I can at least see that some aspects of our lives are not so different… Parents, for example… (inspiration, identification)

Rod: Sjoe! What can I say? It has been deep. I feel like I’ve kind of bonded with you guys, which is something I normally struggle to do. I thought my story would be so shocking, only to discover that people understand in a way…(cohesion)

Ned: Ja, guys, thanks for understanding. I finally understand the expression, ‘A problem shared is a problem halved.’ (venting)

Psychodrama provides the time and space in which new learning can be created (Moreno, 1947). In this way, it has been helpful in reducing trauma, learning new behaviour and releasing pent-up emotions (Dayton, 1994). I was quite taken aback by the intensely negative emotions expressed by some of the group members. I recorded the following in my journal (05-05-03):

Nomsa shared more on a level of emotions – that she feels empty, different, as if there is nothing to live for, as if she is different to everybody else and doesn’t fit in. She feels like everybody is always laughing and having fun, but she isn’t, she feels worthless and like her life isn’t worth living. She feels like there is nothing to look forward to. John agreed with her feelings and seemed to also feel that he didn’t fit in
with friends. Thandi then shared that she has withdrawn from friends and doesn’t go out much, she just sleeps and watches TV. Her life is boring and she feels that things have changed (circumstances), but not her. She doesn’t want to go to parties or out with friends anymore. She feels that there is nothing to live for. Rod agreed with the occasional views expressed by Nomsa of not fitting in. He said that he felt scared about the future, what lay ahead. He expressed feeling left out and rejected by family members who didn’t even phone him for his birthday. He said that at times he felt like just giving in to peer pressure and smoking or something, not that he would, but he just felt that way sometimes. He also feels different and like he doesn’t fit in. Nomsa spoke of not enjoying parties and just wishing she were somewhere else, alone, instead of trying to fit in with others. Rod spoke of appearing to be happy, but dying on the inside. Similar theme in what Nomsa said about wanting to cry instead of laughing all the time. (p. 102).

The amazing thing for me as the therapist was that when these intense emotions came up, I could deal with them. To me, the fact that I was not in the least intimidated by these expressions of emotion was evidence of growth as a therapist. Prior to one of the sessions I had expressed the following thoughts in my journal (29-04-03):
As always the scary part for the therapist is not knowing what is going to come out and maybe not knowing what to do with the feelings that come up. (p. 105).

The more experience I gained in working with the group, the less scary it became in this regard. I found it reasonably easy to contain the feelings that came up and the group provided such a powerful sense of being with the person who was struggling emotionally, it made my job as therapist that much easier. For me, this was one of the most incredible and beautiful aspects of the psychodrama group that I worked with: in the midst of the very self-centred developmental stage of adolescence, they were able to provide tangible and sincere support for one another. I was very moved by this, especially since the group consisted of adolescents who under normal circumstances would probably not have befriended one another.

One of the goals of psychodrama is increased spontaneity (Miller, 2000). Adolescents in particular respond well to opportunities for creativity and spontaneity. It can also be an enjoyable way of using one’s imagination (Warren, 1995). Spontaneity is reduced when the intellect takes over as the primary source of functioning. Unfortunately this is often the case in the classroom. I found that part of the therapeutic value in psychodrama lay in providing adolescents with this opportunity to be creative and spontaneous within reasonable (not too restricting) boundaries, to which my group responded most favourably.

One of the reasons why I had felt that psychodrama was so appropriate for this particular group was because it is often used to deal with dysfunctional family dynamics (Dayton, 1994; Miller, 2000). All of the group members had dysfunctional family dynamics to a greater or lesser extent. Dysfunctional families often try to survive by looking good. The emotional undercurrent, which differs vastly from the
surface appearance, causes adolescents to experience their outer reality as out of sync with their internal reality. This results in feelings of disconnectedness and confusion, which in turn results in them doubting their ability to reason. Thoughts and feelings are then experienced as detached from each other and the internal reality of the adolescent. Keeping silent about these emotions causes a network of false reasoning to grow, which ‘protects’ the adolescent (Hammer, 2000). Psychodrama offers an opportunity to release these emotions and deal with the unresolved pain and anxiety. They can then no longer have such a negative effect on thinking (Dayton, 1994). Even though my group members would maintain the pretence of happiness around certain groups of friends, it was definitely beneficial for them to have an opportunity to honestly express what they were feeling. An awareness of the incongruence in terms of what they felt and what they thought they were supposed to feel was normalised by the fact that most of them felt the same way (Gergen, 1999).

Once the group was in agreement that we had made sufficient progress in terms of achieving our therapeutic goals that we had set in the first session, we celebrated in a relaxed atmosphere with eats. Their goals had centred on downloading emotionally and honestly, dealing with depression, coping with peer pressure and working towards improving certain relationships. So confident was I that I had not overstepped any boundaries or ethical guidelines, that I decided that this would be a good examination case presentation. Having confirmed that I was definitely on track by reading a psychodrama case study, I was ready to display my newly founded competencies to my trainers.

The response of the staff members who were present at my examination presentation caught me totally off-guard. I expected everybody to be as excited about this wonderful new therapeutic technique as I was. This was so not the case. My
presentation was met with great concern and many cautionary words with regard to ethics. The issue of whether one could ethically make use of a technique in which one had not been trained was raised. The question of whether I had taken enough precautionary measures with regard to the issue of confidentiality in the group was also raised. Psychodrama was equated with hypnotherapy and what the parents would think if they knew that their child was undergoing this type of therapy was a major cause for concern. I pleaded not guilty, guilty, and not guilty respectively. I was taken aback and discouraged, to say the least. If one cannot self-train in certain techniques, how can one ever learn contemporary, creative ways of doing therapy? I agreed that there were measures that I could have taken to safeguard myself against breeches of confidentiality, but I disagreed completely with the notion that psychodrama could be equated with hypnotherapy. I was disappointed in the fact that my trainers did not trust me and know me well enough to know that I would not have used a new technique if I felt that I would in any way be jeopardising the psychological health of my clients. “Do no harm” is an ethic which always guides my practice and I feel very strongly about it and I somehow expected my trainers to know that. My supervisor at the time offered words of encouragement by saying that they had been impressed by my innovation, but this did little to detract from my overall feeling of disappointment at their response.

I experienced this as a setback as far as my motivation to use psychodrama was concerned, but it certainly wasn’t a deterrent. I enjoy psychodrama and believe that it holds tremendous therapeutic value and will certainly make use of it in the future if the right circumstances prevail. Part of the reason why I didn’t make use of psychodrama in the second semester of that same year was because I did not feel that the group members of my two new groups were suited to psychodrama and I wanted
to try some of the new group techniques that I had learnt at Parkwood Day Clinic where I had done two weeks of observation in the school holiday. I could have used some of the psychodrama techniques if I had wanted to since it is adaptable and can be incorporated into other treatment situations. Perhaps my motivation had been tarnished enough for me to not bother at that point in time.

My trainers’ (perhaps unconscious) attempts to remove my psychodrama tattoo epitomised by an inherent knowledge that psychodrama was a potentially powerful therapeutic tool in the lives of troubled adolescents were thwarted, because even as I write these words I feel more certain than ever that I shall be using the techniques as soon as I am back at school. But the unforgettable lesson was the reminder that we perceive things differently. We all perceive some things differently some of the time and this is not a negative thing. The problem is when we forget this, we might create unrealistic expectations and in this way we set ourselves up for, amongst other things, disappointment. I now remember not to get carried away and in my excitement create false hope and optimism for clients. I do not tell all and sundry about this wonderful therapy called psychodrama, but I might mention that I have found that it works for me with the right type of client. I cannot guarantee clients that they will have a more hopeful outcome by the end of therapy, but I can express the hope that together we will strive towards a more hopeful outcome as the client defines this. What appears to be a hopeful outcome to me might not be what the client had in mind at all. Help for the client might come in the form of a new perspective. It might come through reconstruction of the problem (Avis et al., 1999). It’s all about perception and social construction, and I now perceive my psychodrama tattoo slightly differently…
CHAPTER 7

The Indelible and the Disposable

This is the climax of my study. Having storied certain aspects of my development as a therapist, themes and sub-themes that were central to my growth are identified and described in the following paragraphs. Those aspects of my training in psychotherapy that are compatible with my therapeutic self are made evident and discussed in detail. Individually the themes represented soul tattoos and together they also make up a bigger picture: the therapeutic self. In my discussion I sometimes refer to the fascinating relationships that exist amongst these themes. I also deal with my experiences of those aspects of counselling in the South African context that do not fit with my developing therapeutic self and have been discarded.

Method of Data Analysis

A self-narrative is an account in which one strives to make sense of one’s life. It is an arrangement of events and experiences over time and in sequences that provides a coherent account of oneself and one’s world (White & Epston, 1990). This dissertation takes the form of an interpretive narrative. Freeman (1993) claims that there is no better ‘inroad’ into an exploration of selfhood and self-understanding than the process of ‘rewriting the self’ (p. 25). He describes the process as an interpretive and recollective one, and emphasises the importance of exploring and surveying our own histories in order to make sense of who and what we are.

Sometimes when you look back at certain events, the reason things happened the way they did seems pretty obvious. Yet when something is actually happening and you’re right in the middle of it, you cannot seem to get a handle on what’s going on. (Bird, as cited in Freeman, 1993, p. 37).
Successful storying can provide one with a sense of continuity and can be very meaningful. Not only can it be used to order one’s life, but it can also help one to interpret further experiences (White & Epston, 1990). Narratives bring us into contact with the participants in the research, as they become part of the process of interpreting themselves. What is not said can be just as important as what is said in the interpretation of the narrative (Josselson & Lieblich, 1995). My narrative consists of one main story and various other ‘sub-stories’ of which some happened concurrently; others subsequently. As each story unfolded, it went through the phases of the action research cycle. Much of my therapeutic self could only be understood through interpreting the narrative once I had finished writing it.

The data selected for analysis consisted of that which I perceived as providing evidence for my existing soul tattoos. This was determined by reading through the data and reflecting on how events had impacted on my perception of my therapeutic self. Those which I perceived to have made a significant impact were included. The detail in which I had recorded incidents and how my feelings then compared with feelings upon later reflection often provided clues in terms of significance. After the data had been collected, an informal word repetition analysis was conducted in order to identify themes (Ryan, n.d.). Word-based techniques are commonly used for analysing qualitative data because the data largely consists of language. This involved a simple reading of the text and noting down words and synonyms for those words that were used frequently. I paid close attention to words and phrases that occurred often in the different narratives of my experiences and the contexts in which I used them and derived my themes in this way (Ryan, n.d.). Sub-themes often arose from looking at the contexts in which I used the words or phrases. Once themes had been extracted, the relationship between these themes was described. The aim was not to
come up with an exhaustive list of themes derived from the text, but rather to establish the salient themes and their interrelatedness (Ryan, n.d.).

Just like one cannot neatly divide the self into separate parts and compartmentalise, for example, the personal self, spiritual self and professional self, I cannot extract neat themes that occur in isolation. I am acutely aware of the overlap amongst the themes I have identified, so much so that it made the job of identifying them very difficult.

Uncertainties and not Knowing

I find it remarkable that the very first words I use in Chapter 2 express uncertainty: I was uncertain about when I decided to study psychology and I was uncertain about what brought about the interest in psychology. When I wrote in my fourth chapter ‘What even made me interested in psychology in the first place, I couldn’t tell you.’ my supervisor pointed out my use of the words ‘made me’. Evidently this is part of an old way of understanding myself, a faded tattoo that existed prior to my exposure to training in social constructionist principles. Upon reflection, I became aware that no one thing made me interested in psychology. How I made the decision to study psychology was something that I did not reflect upon adequately at the time, but with hindsight I realise that although a number of factors and people influenced this decision, it was ultimately still my decision.

In keeping with the social constructionist paradigm, it was something that I made a reality for myself when other doors closed for me. I was unable to combine mathematics with my other subjects, thus could not take mathematics as a subject. In spite of not studying it, there has always been a part of me that loves to work in a paradigm where there is right and wrong and correct answers can be calculated and
logical conclusions can be extracted. This speaks of my old love for certainty! Prior to
my enhanced understanding of the social constructionism paradigm, the modern
positivistic and essentially linear paradigm seemed to be a more comfortable
paradigm to work and do research in because there was less uncertainty and perhaps
more recognition in the world of research and academic circles. I refer to my passion
for mathematics and science early in Chapter 4 which is related to my comfort with
the modernist paradigm. Calculations can be made and correct answers can be arrived
at through working methodically and systematically. In my mind this is a stark
contrast to the postmodern paradigm which rejects the idea of an objective reality in
lieu of the idea that reality is a social construction.

I took up the challenge to work in a qualitative paradigm because it seemed to
hold more potential for writing creatively and meaningfully, which appealed to me. I
have enjoyed the challenge of changing my mindset as social constructionist thinking
permeated more and more of my world, making it advantageous for me to become
comfortable with it. It has certainly not been easy, though, but my new tattoo is proof
of my having learnt to live with greater uncertainty.

Throughout this process of writing up my research I have often longed for
 absolutes, starting points and end points and a definite sense of direction. I have often
wondered if I were right or wrong or whether this treatise was truly research or not.
My use of the word ‘ambivalence’ reflects how I have at times even been uncertain
about what I had been feeling. I have at times wanted to provide tables and statistics,
graphs and equations. Words like ‘variables’ and ‘validity’ have often been on my
mind, but not applicable to this study. I have had to find fulfilment of this tattoo
elsewhere: in conversations with mathematics teachers, in lectures on statistics and in
fantasising about how much easier it might have been had I done a quantitative study!
The latter is, of course, not true. The more I am reminded of the enjoyable aspects and worthwhile challenges in the qualitative paradigm, the happier I am that I have persevered with social constructionism in spite of all the uncertainties this has brought across my path. It is like being in a foreign country and learning the language of the inhabitants and discovering more and more advantages to using the language as you go along. Yet there will always be certain conversations or parts of them that I do not understand.

More than once I referred to being uncomfortable with the idea that with each new client that walked into my office there was the same uncertainty and not knowing that one experienced from day one with the very first client. This is an unalterable fact: no two cases will ever be exactly the same and hence a therapist can never be fully prepared in that sense. According to the social constructionist paradigm, this is not a problem because knowledge is co-created by the client and therapist. No matter which theoretical frameworks one chooses to work in, one should never go through the motions of doing therapy robotically and expect change in the client. At the same time, the client arrives with her own feelings of uncertainty. No matter how much she has found out about the therapist, she will not know exactly what to expect from a therapeutic session, as is the case with any conversation we may choose to enter.

Yet there are certain skills which equip the therapist to deal with uncertainty. Knowledge exists which can assist in making one more comfortable with not knowing. As reported in my journal and mentioned in Chapter 4, my supervisor challenged me to use my knowledge and experience of psychodrama to deal with a particular case. My response at that stage was that I did not have enough knowledge or experience to adequately use psychodrama. In chapter 6 I narrate how I came to
embrace the psychodrama techniques through reading up about them, which proves that in some instances acquiring knowledge is a necessary preparatory step for therapy. In other cases the skill which might help the therapist to cope with uncertainty is the understanding and acceptance of the fact that we co-create meaning with our clients (Avis et al., 1999). The paradigm of social constructionism provides a theoretical framework within which one is not just allowed to not know and be uncertain, but if one were to approach therapy and research as an expert, one would be doing one’s clients a huge disfavour.

According to O’Connor and Patrick (1996), we do not abdicate power completely, but an awareness of the fact that it does distance us to some degree from our clients helps us to acknowledge their expertise in their own lives and see them as collaborators rather than mere subjects. This was one of the valuable lessons I learnt from clients in the rural parts of the Eastern Cape while on the Phelophepha Health Care Train. While I was learning so much about their culture and their ecosystems from them, I was still able to point out resources that they were or were not drawing on for help in their situation. I was able to co-create meaning through listening, reflecting, summarising and encouraging them (O’Connor & Patrick, 1996).

*Doing Versus Being*

Another theme that pervades this study is the idea of doing therapy versus being a therapist. I felt excited when I initially read through Louw’s (2000) study and could identify with this struggle as he refers to it in his thesis. Learning the skills was one thing, but being an effective psychotherapist seemed to be another. At one stage in my journaling, I described how completely overwhelmed I felt by all the ‘doing’ that had to be done. Books to be read, assignments to complete, presentations to do,
lectures to attend, clients to see, knowledge to be gained, supervision to be attended… I felt like I was drowning in a ‘to do’ list, but I kept wondering when I would have done enough to be a therapist? Once my trainers thought I had done enough, would I be a psychotherapist? Or did I decide when I had done enough? All this doing did not seem good enough and it certainly did not seem to create a psychologist as an end product.

The fact that I admit from the beginning that by the end of this study (this study being the only aspect of my degree which is not yet complete) I might not be a therapist tells me that I have known all along that there is more to being a therapist than obtaining a masters degree in counselling psychology. The thing that I could not put my finger on was what the ‘more’ part was? What needed to happen in order to make me a psychotherapist? Reflecting on my storying thus far, I found that I oscillated between wishing I were a therapist and wondering if I wanted to be a therapist. I spoke of contextual struggles that made me doubt and exciting experiences that made the prospect of being a counselling psychologist exciting. The client at Stepping Stones was an excellent example of the latter. There is certainly the acknowledgment that I’m not yet a qualified therapist, although I believe that I was doing the work of a counselling psychologist under supervision. Evidence in the text such as my excitement about matching Corey’s criteria for being a good psychologist also point to a definite sense that I felt that I did have the potential to become a counselling psychologist. The knowledge component evidently had some catching up to do.

I wondered initially if I should move from seeing doing therapy and being a therapist as dichotomies to seeing them as opposite ends of a continuum. Where to
locate oneself as a therapist in training on this continuum then becomes problematic. I do not think that a reciprocal relationship exists between these two since I do not believe that it is necessary to move into ‘doing’ mode once in ‘being’ mode. Of course, it does happen, but I would imagine that this is not a regular occurrence, but rather a sporadic occurrence prompted by various factors. My supervisor pointed out that training might focus on doing because being cannot be as easily taught. Again, this would be dependent upon the institution and lecturer involved.

Maybe the clue to understanding the relationship between doing and being lies in the words ‘process’ and ‘coming to completion’. Perhaps ‘becoming’ is a key word here, used both by my supervisor and myself in an attempt to describe where I was in terms of my growth and development. Perhaps one must acknowledge that at any stage of their career a therapist might be ‘doing’ or ‘being’, but that like with psychodrama, it is most effective and might only be cathartic and effective in bringing about change if we move from doing to being with that particular client. When my supervisor suggested that they could also be two sides or perspectives of a relationship, needing each other in order to exist I realised that this could possibly be true even in the relationship between supervisor and supervisee. If we were all being in our relationships with one another, there would be no doing and vice versa.

According to Hirschhorn (1999), one moves beyond doing therapy to being a therapist when one’s clinical practice reflects one’s deepest values. This goes beyond application of ethical guidelines to a place where I am comfortable that although it’s my personal beliefs and values that are reflected, they are not imposed on the client and the client doesn’t feel threatened by them in any way. This means, for example, that as a Christian therapist I can accommodate Hindu, Muslim and Jewish clients,
amongst others, as well as atheists and agnostics. As learning takes place during research, therapy and life experiences, values are likely to change (Melrose, 1996). Likewise, clients’ values are likely to change as they learn about themselves through the therapeutic process.

As a psychotherapist, one’s ethical mandate is to work within a model that fits one’s personal beliefs and values. I have certainly not attempted to work within frameworks that I do not believe in or that are incongruent with my personal values, for example, there are certain aspects of Freudian psychoanalysis that I cannot reconcile with my value system, and hence I avoid using these principles of psychoanalysis. I discovered this in the final year of my honours degree and wrote the following in my learning journal under the heading ‘Aspects of psychoanalytic therapy that I can find no use for’ (18-08-2000):

I think I am too much of a people’s person and too compassionate to adopt a therapeutic stance of detachment. I cannot imagine not counselling someone face to face and not expressing empathy, understanding and warmth during a counselling session – it is too contrary to my nature to remain so aloof from people. My view on human nature would definitely be more compatible with that of Rogers or Frankl, for example. (p. 2).

Research has shown, although not without controversy, that as far as psychotherapy is concerned, the best outcomes for the client are achieved if the values of the therapist and the values of the client are moderately comparable: not too alike or too different (Holmes & Lindley, 1989). This answers my question of whether it is important for there to be a match between therapist and client or not. If one has a
client whose values are very similar to one’s own or very different from one’s own
and therapy doesn’t appear to be working, it might be a good time to refer.

Before I formed the psychodrama group that I referred to in Chapter 6, I was
working with one of the boys on an individual basis. I found that because our values
were so similar, it was tempting to speak in terms of right and wrong instead of
helpful and unhelpful. One assumes a perfect match of values, which can never be the
case and this fusion detracts from the therapy. I believe it also affects one’s listening
because one doesn’t listen from the stance of a non-expert, but rather as someone who
fully understands what the person has gone through and this is dangerous, particularly
for a therapist working in the social constructionist paradigm. I suspect that because
most of my work has been with adolescents who are in the process of establishing
their own value systems, I have never had the experience of a mismatch with a client
due to values that are too different. I find adolescents with very different value
systems quite tolerable, as it is such a normal part of the adolescent developmental
stage.

I believe that another very important aspect of being a therapist is the idea of
being fully present with one’s clients in therapy. I referred in Chapter 5 to my friend
(Malan, 2002) who emphasised the importance of a complete acknowledgment of and
surrender to the fact that it is the client’s time and space, and if one does not respect
that, then one has possibly fallen into the trap of doing therapy to or on the client
instead of with the client.
Worldview and Values

I have already mentioned that values play an important role in deciding which theories and therapeutic techniques one can work with and those with which one cannot work. They determine whether one is doing therapy or being a therapist, thus an important relationship exists between these two themes. One’s values partially determine how much uncertainty one might take into therapy with one. If I know nothing about addiction, for example, I would either do enough research and consultation until I feel comfortable enough to deal with the issue, or I would refer to somebody whom I know would have adequate knowledge and expertise in this regard. There is a level of ‘not knowing’ at which it would be dangerous to do therapy, but it depends on one’s values and various other factors beyond the scope of this study whether one would recognise and acknowledge this or not.

In my storying, however, it is evident that my worldview and values have guided and shaped the development of my therapeutic self, hence I must pay some special attention to this as a separate but overlapping theme.

In my first paragraph of Chapter 2 I refer to ‘divine appointments’ and the fact that God plays a role in my decision-making. Because of my Christian worldview, I acknowledge God’s hand on my life and the role that he has played in ordering my steps and directing my path. I believe that God has a plan for the life of every individual, and if we allow him to, he reveals his plan and gives us the peace that comes with making the right decisions. In this way, God has impacted on my decision to study at a university, to study psychology, to do my honours degree in psychology on a part time basis and I believe that it is thanks to God that I was accepted to do my masters degree, which is necessary for the practice of psychotherapy in South Africa.
He has provided tangible strength and a peace which passes all understanding when I have been through the obstacles that I have had to overcome as a result of these decisions as storied in Chapters 5 and 6.

It is thanks to God’s faithfulness, timing and inspiration that I have been able to complete this study. When my baby boy arrived in April 2004 it confirmed more than ever what I already knew to be true: God’s timing is perfect and he gave me not only the most beautiful baby who has brought such joy into my life, but also enough maternity leave to convert some of it into ‘study’ leave! I marvel at God’s brilliance and would not for one minute consider accounting this ingenious order of events to anything or anyone else.

It should therefore come as no surprise that my values are based on the Bible. It was exciting for me to come across Cunningham’s (1996) study in which he too acknowledges the impact that God had on his values and therefore his interpersonal relationships. I am encouraged by the fact that the Ethical Code of Professional Conduct as prescribed by the Professional Board guiding the practice of psychology are in agreement with biblical work ethics. The Bible, for example, encourages us to work hard, be honest and to love one another. The Ethical Code of Professional Conduct prescribes a work ethic for psychotherapists that is always in the client’s best interests. The Rogerian attitude of a non-judgmental approach I believe is comparable to the unconditional love and compassion Christ has for each one of us. I do not want to belabour the point, but I personally feel that the high compatibility between biblical principles, certain therapies and techniques, and the psychologists’ Ethical Code of Professional Conduct make Christian psychologists predisposed to acquiring the skills, attitudes and values that make for good therapy.
Holmes (1996) suggests that ‘moral’ qualities could be a matter of technique if one agrees that training therapists could help them to be more warm, open, honest and non-possessive. According to him, there is enough research to provide evidence that therapists can be effective even if their personal lives are morally questionable. I prefer to be congruent in my personal and professional lives. I would feel hypocritical if I did not practice what I preached, and I believe that this accounts for the deep sense of disappointment I experienced when my trainers challenged my work ethic by saying that I had used a therapeutic technique that I had not been trained in after I had done my examination case presentation on psychodrama. The person that I am as a student is the same person that I am in therapy as far as values are concerned, but of course the difference might be the boundaries or possibly the adequacy or extent of those boundaries that one would set in terms of personal and professional life. Those boundaries guide our interpersonal relationships, but they do not require one to compromise on one’s value system.

Through a dialectical process I have come to an understanding of what initially appeared to be problematic for me in terms of my values: the biblical and postmodern perspectives on truth appeared to be contradictory when I first compared them. The Bible believing Christian will tell you that we can know the truth and ‘the truth shall set you free’ (John 8:32). Kelly (n.d.) describes the postmodern system as one in which all truths are co-dependent. There is no fixed, objective truth since we construct our own reality and truth (Sharf, 2002). If one doesn’t espouse a radical constructivism, one can easily see how the two can be integrated. According to Davis (1999), a pastoral director and therapist, clients trace their destructive feelings back to a specific memory. There is normally a lie embedded in the memory, and when the truth of Christ is revealed, the lie is reinterpreted and brings about a release of the
negative feelings. If we perceive the lie as one construction of the truth that is not helpful and the job of the therapist to help the client to reconstruct the truth in a way that is more helpful, then we’re talking about the same technique, but in a different language. Kelly (n.d.) explains how sometimes falsehood may be depicted as truth because it has been used to fill gaps in a narrative for various reasons. If the internalised story is deconstructed, the false parts of the story might be revealed. The major difference between this and the Christian approach is that the latter relies on the functioning of the Holy Spirit to help establish the lies that are causing anxiety, fear or emotional pain.

In my storying, I often refer to flexibility, and certainly through growth and experience, our values do change. And in the same way that we construct our self differently in different contexts, we might display certain values in some contexts and not in others. We certainly would not consume alcohol in the midst of therapy, for example. The fact that we construct our values with language makes them even more elusive. We attach different meanings and connotations to words, which means that using words renders one open to being misunderstood or misinterpreted. Perceived inconsistencies where values are concerned can result in tremendous feelings of guilt and to me guilt is such a waste of emotion. Experience has taught me that this is something that many people struggle with and often do not recognise for what it is. A deconstruction of worldview and values might be the key to freeing people of unnecessary guilt. Again I am aware of the overlap between themes as I have spoken here of feelings, the theme which I discuss next.
Feelings

In my storying I often referred to what I was feeling in various situations and the impact that this had on my behaviour. ‘Tears’, ‘peace’, ‘battle’, ‘overcome’, ‘stress’, ‘enjoyed’, ‘discouraging’, ‘uncomfortable’ and ‘painful’ – these are just some of the emotive words I used in the first four pages of Chapter 4. We most certainly are emotional beings and as a new mom I’m finding that I have a heightened sense of what I’m feeling and am certainly more emotional than ever before! A number of times I expressed a sense of ambivalence or mixed feelings; at one stage I was even bold enough to proclaim that ambivalence is a part of my life which probably stems from my personality. I find it easy to express myself and say how I am feeling. Thanks to my sanguine temperament, I am very happy and content most of the time, but when I have a bad day, it is not just a ‘bad day’. It feels to me as if I am in the throws of depression and that life as I know it is about to end. The following morning when I wake up, I’m usually back to my normal self and I cannot imagine why I felt so down the previous day. But when I undergo a big change or adjustment in my life or when I have an important decision to make, that is when the ambivalence tends to surface. Most of the ambivalence I speak of in this study centres around my post-graduate studies and whether or not I wanted to be a psychotherapist. My tendency to see things from different perspectives often leaves me with mixed feelings and dealing with these has certainly been a point of growth for myself as a therapist. I believe that this realisation will make me more adept at listening to what clients say about their feelings and the complexities that this may entail. It has encouraged me to probe further and delve deeper as often the first description of one’s feelings is a superficial one that one might give in order to prevent further probing by the therapist. In the case of Lynn, for example, which I story in Chapter 5 I initially suggested that
the concept of in-depth therapy did not exist. Later on (p. 58) I spoke of taking the therapy to an even deeper level emotionally. This realisation resulted from being challenged by my supervisor to put words to my own feelings. Perhaps then in-depth therapy is a result of being able to co-create knowledge that brings about an understanding of the complex emotions that are experienced in problem situations by the client.

Feelings of ambivalence have also helped me with decision-making. Knowing that emotions are not entirely reliable when it comes to decision-making has empowered me to weigh up all the significant factors and make sound, unhurried decisions. Even as far as this study is concerned, I speak of moving beyond my state of ambivalence and taking the plunge (p. 49). The resultant decision: to pursue excellence in this study, as fear of failure is most likely the cause of the ambivalence in the first place. Later on (p. 58) I spoke again of how ambivalence had helped me to employ cognitive skills in decision-making. This awareness has also been helpful in working with clients who need to make decisions. Sometimes they need to work through their emotions before they can clearly consider the relevant factors, as in the case of Lynn. As a therapist, one might have to help the client to construct, deconstruct and reconstruct the facts. Some authors have pointed out that although social constructionist therapists take a non-expert stance in therapy, it is preferable and in the best interests of the client to not abdicate power completely (O’Connor & Patrick, 1996; Pockock, 1995).

I feel quite strongly that there are certain instances where withholding information or ideas might be very unhelpful, perhaps even dangerous for the client and thus unethical. My psycho-education workshop on sexuality on the Phelophepha train is an example of this. Giving information about AIDS might have impacted on
the decision making of the young people who were present in the workshop, but there is a way of imparting the information that should be non-judgmental and non-expert in the sense that one might appear more approachable, and that is where I erred (see Chapter 5).

Evidently excitement tends to have a mobilising effect on me and it provides me with energy that spurs me on to accomplish my goals in both my personal and professional life. Knowledge of the excitement experienced in putting on plays spurred me on to attempt psychodrama as a therapeutic technique (see Chapter 6). Excitement propelled me into doing an action research treatise (p. 44). It was the exciting prospect of being a therapist that helped me to persevere through tough times in my studies (p. 52). It was the excitement of having clients that made me realise that I was capable of doing therapy. The evidence for this is in the story of my client at Stepping Stones (Chapter 6). I have learnt to ride the wave of energy provided by excitement to the maximum.

The converse is also true. At times when I felt despondent about circumstances that seemed to be circumventing my plans and preventing me from achieving my goals, I wanted to give up. In Chapter 6 I spoke of the all time low I experienced mid-year in my M1 year and how that clouded my desired to be a counselling psychologist. When things do not turn out as one might have expected and one is feeling demotivated, it is easy to assume that it was not meant to be and to attempt something else instead, only to discover as I have that nothing worthwhile in life comes easily. Those accomplishments that have been most worthwhile and fulfilling have been the ones that came through sweat and tears, like completing this treatise. Again, although one could benefit from listening to one’s feelings, one should try not be governed by them.
I associate pain (that is emotional pain) both with growth and stuckness. In Chapter 4 I compared real tattoos to soul tattoos and described how an element of pain is present in the creation of both. The very creation of the soul tattoo is evidence of growth, and like in the case of my not being accepted into a masters programme initially, often speaks of moving beyond stuckness. I spoke about a painful awareness that there can be no change, but also the growth that results from painful experiences (p. 10). This is especially evident in my accounts of my experiences on the Phelophepha Train and at the Vista Psychology Centre. My experience with the young man who wondered if he had AIDS in Iduywa was difficult because it hurt me to know that I had hurt someone else, but the invaluable insight I gained from the experience could potentially prevent me from hurting many other people in the future. Circumstances beyond my control on campus had the power to determine whether or not I would be able to move forward in terms of becoming a counselling psychologist. It was frustrating and demotivating to say the least. But I am better off for having persevered in spite of these circumstances (see Chapter 5).

When one has a painful experience, it might feel like one is stuck in the pain and unable to deal with anything else at the time. Clients’ accounts of painful events are prime examples of how therapeutic intervention might help them to deconstruct and reconstruct their pain and be mobilised by the growth and healing that takes place. When people are at a low point in their lives, that is perhaps when they are most susceptible to therapeutic intervention. I think of my client, Lynn, with whom I was completely unable to work therapeutically the day that she arrived in a euphoric mood. Yet when she was able to get in touch with her inner hurts and pain, it felt like we were able to make more progress therapeutically. In the same way that her happy mood did not imply an absence of pain, feelings of incompetence on the part of the
counselling psychologist do not mean that one is not a good psychologist. It might be an indication that there is an aspect of the therapeutic self that needs some work, but not necessarily that one should change careers or make any other radical decisions in this regard.

The Arts and Creativity

From the outset of this study, the desire to make creative use of the arts in therapy has been prevalent in my thoughts. Where most of the other soul tattoos were incidental, I had desired an arts tattoo from early in my training. Limited time, contexts and resources led me to focus on psychodrama; however I believe that I might further explore the use of other arts in therapy in the future. In other countries (for example, the United States of America and England) one can specialise and do, for instance, a masters degree in music therapy. As a South African one either has to self-train through extensive reading and research or go overseas if one would like to obtain a formal qualification in arts therapies. As a result, arts therapies are largely unknown in Port Elizabeth. Because the arts are very much a part of South African culture, the majority of South Africans are familiar with them to a greater or lesser extent. I can say with certainty, for example, that there is not a single adolescent who has not been exposed to some kind of music. Most major cities have theatres, art galleries and opera houses and arts festivals seem to be increasingly popular. Those with a keen interest in and exposure to the arts might find the idea of arts therapies intriguing as I did.

Once again, I must point out an overlap between this and other themes. A passion for the arts is not a value held dear by everybody. Because my training did not include psychodrama, there was much uncertainty at the outset when I wanted to use
it as an intern psychologist. The strong feelings of optimism mobilised me to self-train
to a point where I was comfortable enough to make use of psychodrama in therapy.
As soon as I had a taste of psychodrama, it was enough to spur me on to continue
using it. Positive feedback from the group members confirmed that it had made a
valuable difference in their lives. I am convinced that with the right group of
individuals carefully selected with discretion on the part of the therapist, psychodrama
has the potential to be a very powerful therapeutic intervention.

Although I was discouraged by the response from my trainers when I
presented my psychodrama group work as a case study for the examination (see
Chapter 6), this has not been enough to prevent me from making further use of the
technique in the future. It is purely personal circumstances (motherhood) that have
prevented me from not having used it again sooner. I suspect that their response was
largely due to lack of exposure to arts therapies which as already mentioned are
underutilised in the context of Port Elizabeth. In a city where many different cultures
must co-exist, a very good case can be made for the appropriateness of psychodrama
which has the potential to transcend the differences that divide us. Having a
psychodrama tattoo that is part of my therapeutic self is perhaps a start along these
lines.

I believe that one of the keys as to why I was able to create a psychodrama
tattoo for myself was because it fitted comfortably with me as a person. Not
everybody would feel the same way about it, but for those who might, perhaps the
Professional Board of Psychology could look at providing training opportunities for
psychologists and other mental health workers in arts therapies as part of continuing
professional development. Although it was a brand new approach for me to attempt, I
felt that I had self-trained sufficiently in terms of the reading I had done. I felt particularly secure because of the fact that I had incorporated it into this action research study which provided me with a structured method of learning through experience.

My expectation was that these tattoos would together form one coherent picture that would be my therapeutic self. At the moment I’m struggling to figure out what the picture is and whether or not these soul tattoos do fit together somehow. I’m trusting that something will emerge from further discussion and reflection in the next chapter.
CHAPTER 8: CONCLUSION

How can I, "In-tern", Help Others to Learn to Create Their Own Soul Tattoos?

The following concluding comments are based on an interpretation of narratives provided in previous chapters. Significant learning experiences and the voices of key role players have been extracted from the narrative and are discussed here. The way forward for myself as therapist as well as suggestions for future research are discussed here. Suggestions for training of postgraduate students in counselling psychology are also offered.

Conditions for Soul Tattoos

From the accounts that I have given it would appear that certain environmental and certain personal conditions need to be present in order for soul tattoos to form. Their formation has typically been accompanied by learning and overcoming obstacles and there has always been a strong affective component to the process. New ways of looking at problems and new perspectives have resulted. If I compare the Phelophepha Train experiences with the story of Lynn, the story of my experience of supervision and assessment, the story of my psychodrama group and the story of the young client at Stepping Stones: each of these convey the emotional turmoil I had gone through in order to have these significant learning experiences. Somehow I had been able to work through each of these experiences to arrive at a point of relative comfort.

As Neuman (1997) so rightly claimed it would, my personal learning journal had not only provided valuable data for this study, but had provided an opportunity to download the emotions and thus cope with the stress that I was experiencing at the time. If it weren’t for the opportunity to download through my learning journal and sharing these experiences, thus creating knowledge, with supervisors and colleagues, I
might not have arrived at this place of relative comfort. In the field of psychotherapy one tends to experience much secondary trauma and journaling has been an invaluable way of dealing with this for me. Somehow once what I’ve been told is on the computer in the form of a story, I can leave it there and let it be. I no longer feel the temptation to drag it with me into conversations with people. It is a valuable record of my lecturers’ responses to my learning as well as my own response to my learning and this, together with my record of observations in different settings, is the core data that I have relied on in this study.

I am reminded of the analysis stage in psychodrama. A well-timed analysis helps the protagonist to anchor the emotional learning on a cognitive level, identify the source of destructive behaviour patterns and empowers her to make healthy choices in the here and now. To be perfectly honest, it was only in the analysis stage of this treatise that I really experienced a sense of revelation knowledge with regard to all these experiences. There certainly was value and authenticity when they happened and much learning upon initial reflection, but I cannot overstate how valuable the exercise of analysis has been and I’m struggling to put into words how this has further added value. It is as if the tattoo is now complete. The partial image is now a clear and complete picture that tells a full story. I feel certain that if I were to accompany clients on their unique journeys of learning and problem solving, that with this new knowledge of the process I have been through I am better equipped to guide them through the journey. I could help them to create and discover their own soul tattoos.

My Experience of Co-vision

Co-vision has definitely played a crucial role in the creation and discovery of my soul tattoos. It has at times frustrated me terribly as I would reach premature comfort zones and wish to retire there with preconceived ideas about what that soul
tattoo would look like when complete. My co-visor was relentless (and I initially also thought ruthless!) in challenging me to explore further and go beyond the foregone conclusions that I had reached. I am so grateful for this.

There were also times when I felt very exposed in terms of storying personal accounts to my supervisor. Storying for an unknown reader is somehow easier. One does not have to deal with the unknown reader’s response one might not even know what her response was. Particularly when I was storying about my experience of training and the training institution I felt acutely aware of possible repercussions that could have jeopardised my career in psychology, but not once was I told that I could not write something.

My own self-doubt allowed a fear of my co-visor’s response to my work to creep in at times. In the light of his comparatively vast knowledge and experience in psychology, I feared that he might think that some of my work was silly. My perception of this gap between us is reflected in the use of the terms ‘supervisor’ and ‘co-visor’. To me, the term ‘supervisor’ implies management of the study by another person. The term ‘co-visor’ implies a co-creation of knowledge. I think I initially wanted somebody else to be managing this study for me so that the responsibility wouldn’t weigh so heavily on my shoulders. This is not the nature of action research or social constructionism, so part of my paradigm shift had to be to come to terms with co-vision. If my co-visor did think something was silly, he certainly did not let on and just as well, for this might have been enough to halt the discovery process altogether. I suspect he may have honoured my request to be ruthlessly gentle concerning my work.

*Impact on Counselling*

Throughout this study I have seen and been part of changes and understanding
brought about in clients and myself. It is through reflection that I came up with new ways of working with clients which have proven to be emancipatory both for myself and the client. Some of Huizer’s (1997) suggestions with regard to action research have proved to be helpful considerations in the context of therapy. He exhorts one to be conscious of one’s values and that they differ from those around us. During therapy, I was at times so acutely aware of this that I found it disturbing. Particularly when working with adolescents who were trying to forge an identity (personal values included) for themselves, it was vital to remember that any hint at trying to impose values on them would probably have been reminiscent of what was causing tension in their relationship with their parents and significant others. A non-judgmental approach goes a long way in terms of building trust in this regard.

Another aspect that according to Huizer (1997) eases the process of action research is a sense of insecurity and awareness of one’s own limitations with regard to others involved in the research. It seems paradoxical to think that this might ease the process, but in therapy this serves both to build confidence in the client by pointing out what they have been doing up till then that has worked successfully and to take the pressure off the therapist who would be setting herself up for disappointment by thinking that she has been trained to be an expert with answers to every question at her fingertips.

It has become a habit of mine to explain during contracting with a client that if she views me as an expert, she is going to set herself up for disappointment. The client is the one that is an expert at dealing with her problem because up until that point in time she has coped with living her life on her own (Hoelson, 2002). Now that she is in consultation with the therapist there is someone in whom she can find support, a listening ear and many other things, but no guarantee that the situation will
improve. An awareness of one’s own limitations needs to be extended to the client to eliminate a sense of frustration on the part of the client when the therapist is unable to live up to the client’s expectations.

Clearly there were factors that I thought would spell the end of my journey as a trainee counselling psychologist. At times voices from other paradigms brought confusion in my approach to cases. In the case of Lynn, for example, I used words like ‘diagnosis’ and ‘collateral information’ in my storying and an urgency to be able to label her problem emerged in my attempts to understand her case. This was again a case of comfort in the familiar. But the confusion, doubts and temporary loss of spontaneity and enthusiasm were not enough to deter me from becoming a counselling psychologist. As I mentioned in my narrative at one point, ‘My desire to be a therapist with integrity spurred me on.’

This exploration has led to a greater understanding of my therapeutic self and a greater awareness of the importance of awareness and metacognition. My desire to quantify learning and growth was waning as I was discovering new ways of understanding these concepts and that value lay in what I attached value and meaning to. As a result, I am more in control of how I feel, what I think and what I do in therapy. I certainly would not say that I am completely in control, but I no longer believe that complete control is a desirable outcome because the very nature of therapy is to create knowledge with the client and therefore there will always be unknown factors presenting themselves in the therapy session. To me, being comfortable with an element of uncertainty is an important aspect of my therapeutic self and involves a trust in my inherent desire to help and do no harm. This was one of the beautiful soul tattoos that in all likelihood was not displayed in my final exam presentation. This is the reason why I asked myself whether a deliberate display of the
products of soul tattoos is authentic or whether we merely portray familiar copies of a therapeutic self that we hope will be interpreted by the examiners as a competent therapist.

*Action Research as Method*

The qualitative research paradigm within which I have worked lends itself beautifully to this type of study. Action research is an appropriate way of enquiring about professional experience as it links theory and practice into one developing sequence (Winter, 1996). It can be conducted just as rigorously as any of the quantitative methods (Dick, 1997a; Zuber-Skerritt, 1996a), and acknowledges a dialectical rather than a dichotomous relationship between theory and practice (Zuber-Skerritt, 1996b). According to Dick (1997b), a dialectical process ‘crafts agreement out of disagreement’ (p. 1) and can be used to create a greater understanding through a willingness to express disagreement. Through a dialectical process, action research can link professional development and self-evaluation and develop understanding through reflection and changes in practice that in turn lead to professional development. It is this process that has appealed to me from the beginning and the proof of the pudding has most certainly been in the eating.

For those with strong modernist convictions, this type of study might be difficult to appreciate and certainly not something they would attempt. It is through a combination of certain character traits, combined with an acceptance of a qualitative postmodern research paradigm and a certain conceptual and writing style that I have been able to make a success of this sort of study. Had I not been exposed to similar studies that had preceded this one, I do not think I would have felt as comfortable with my uncertainties as I did. I’m hoping that this study will serve the same purpose for similar studies in the future.
This study is not generalisable, but from the outset the reader was made to understand that this was not the type of study that aimed to end with findings that were generalisable. This is one of the distinctive features of action research that make it unique. Time constraints have forced me to end at a point that is not really the end. It is very difficult to know how and when to come a satisfying conclusion and to end conclusively. The volume of data is immense and it is very difficult to maintain common threads and not lose the focus throughout the study. The choice of what is included and excluded is ultimately a very personal one and thus a very difficult choice. There were also times when I longed for the structure provided by experimental designs, but then again there were times when I really appreciated the fact that I could create a thesis and structure it the way I wanted to within certain general parameters.

Writing this treatise has been for me a very pervasive experience: this study has followed me everywhere and intruded on the most personal and intimate of my thoughts and experiences. At times it has clung to me like tight underwear, making me feel very uncomfortable and preventing me from living in and enjoying the present. At other times I have enjoyed reading the work of other creative people and writing about my thoughts and feelings in a way that doesn’t feel too exposed, yet still gets the message across. It is one of the most difficult challenges I have ever had to face in my life and now that it is nearing completion I’m beginning to feel quite a sense of fulfillment. Of course, there is always the fear of failure that accompanies that, but by now you know that ambivalence is my friend.
The day that I register as a counselling psychologist with the Professional Board for Psychology (hereafter referred to as the Professional Board) I can see myself gleefully announcing it to the world. Had I not done this study, my announcement might have been, “I am finally a psychologist!” but my new insights that I have attained through studying my therapeutic self will render the following: “I am finally recognised by the Professional Board as a counselling psychologist!” Up until that very second of registration in this category it would have been illegal to practice psychotherapy without supervision and registration as a psychologist in one of the five existing categories of psychologist registration. It continues to fascinate me that one moment in time makes the difference between being recognised as a psychologist and not being recognised as a psychologist. I am reminded of the song I quoted right at the beginning of this treatise entitled “There is a Line.” It speaks of a line that will not be crossed; in this case the fine line between legal and illegal practice of counselling psychology. Although I might be fully capable of practicing psychology before that final registration with the Professional Board, there would be serious repercussions if I did. Only once that last bit of paper work is done will the Professional Board bestow on me the title that allows me to practice without supervision.

I can say with certainty that there is more to being a counselling psychologist than obtaining a masters degree in counselling psychology and registering with the Professional Board. I can also say with certainty that the soul tattoos I have acquired through my years of training are the essence of my therapeutic self, the development of which does not end. Even as this study draws to an end, I find myself grappling
with so many ideas and thoughts. Supervision, assessment, placement contexts, clients, personality, interpersonal style, interests, passions and resources are just some of the many variables that have the potential to impact radically on the development of the therapeutic self, making it and this resultant study a very complex process.

This has also been arguably one of the most meaningful experiences I’ve ever had. It has been an opportunity to share transforming experiences with readers that I do not know and storying these experiences on paper has put them in a perspective in relation to my therapeutic self and others that I would otherwise not have re-experienced through sight. Had I not storied them, I might have missed their worth as interrelated learning experiences. The value of the experiences has emerged from the critical reflection upon them by myself, peers, colleagues and supervisors. The critical reflection has been aided largely by my supervisor and to a lesser extent by peers and colleagues with whom I have shared some reflections on the way. The exclusion of certain voices is also pertinent to the study as I have deliberately avoided listening to their opinions.

My sincere hope is that trainers would also be open to the thoughts and suggestions I have shared with regard to the training of psychotherapists. My aim was not to cause offence to trainers or training institutions, but to shed light on procedures, assessments and other important aspects of the training process that could do with refining and realigning based on my experience in a specific place at a specific period of time during the two years of my training as a counselling psychologist.

I feel that it is important to make the assessment criteria known to trainees from the beginning and to vary the nature of assessment to include some self-assessment and peer assessment. Criteria should be clear, unambiguous and realistic
in terms of what can be expected from trainees. Trainee psychotherapists should be encouraged, as I was, to explore creative ways of counselling that might be beyond the scope of the training programme.

I hope that there will be more trainee psychotherapists brave enough to study their therapeutic selves as I have. No doubt that the more documented evidence one has of what impacts on the development of the therapeutic self, the more streamlined the training of psychotherapists could become. This in turn might lead to the provision of better services by psychotherapists to their clients and training institutions could be providing a better service to their trainees. I believe that it is important for all trainee psychotherapists to at least be exposed to psychodrama and social constructionism, even if they would not choose to work in these paradigms personally. They may have colleagues or friends who work within these paradigms and for the sake of making informed choices and ethical referrals, I do believe that some knowledge of these paradigms and techniques is useful. Viljoen (2000) is of the opinion that a social constructionist approach to training better equips young counselling psychologists for the demands of the profession than other paradigms.

*It is Finished*

These are the words of Jesus spoken on the cross just before he died, committing the greatest act of love anybody could ever know. Through his death he had brought to completion the insurmountable task of bringing a way of redemption to mankind. In the light of that, this treatise seems like an insignificant little insect, if not amoebe, but all I can think of as I write these concluding remarks is those words: “It is finished.” I can almost not believe that I have completed the final task standing in my way of being able to complete my degree: this treatise.
Of course it is merely the achievement of a milestone in the process of becoming psychotherapist. It may seem like I have forgotten that there is still the Professional Board examination. I have not forgotten, but even the Professional Board examination at this point in time does not seem nearly as intimidating as writing up a treatise.

For now I am satisfied that the therapeutic tool that I take into therapy with me, my therapeutic self, is sufficiently sharpened and I look forward to putting it to use.
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