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MULTIPLE VOICES: STORIES OF REBIRTH, HEROINES, NEW OPPORTUNITIES AND IDENTITIES

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Historically, traditional approaches to providing therapy to clients diagnosed with "eating disorders" have been deficiency based and place the problem definition and treatment within the pathology of the client and/or client system (family, significant other). Therapeutic intervention has often produced an orientation from a disease or mental illness model where the primary goal of therapy is in the elimination of the causative factor(s) creating the psychopathology. This paper offers a different view of and approach to participating in a therapeutic context where the voices of "anorexia," death, and disappointment are transcended to themes of rebirth and the emergence of self dignity and self agency. The voices are multiple in nature and are representative of the "client," "therapist," "supervisor," and "reflecting team." The purpose of this paper is to present a post-modern context for a collaborative and egalitarian relationship where the voices of a sixteen year old, her family, the primary therapist, supervisor, and reflecting team participate in narratives surrounding the life threatening theme of "anorexia."

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INTRODUCTION

The voices incorporated into this paper represent an externship training program at the Houston Galveston Institute. The externship consists of graduate and post-graduate trainees coalescing around a mutual learning context. This team[1] meets together on a weekly basis to converse about theoretical philosophical premises and share in the cumulative interaction of the therapeutic process through reflective team venue. Participants in this program operate from a theoretical position that reflects the social constructionist views of the Collaborative Language Systems approach, as developed by Harlene Anderson and Harry Goolishian (Anderson & Goolishian, 1988, 1992). Therapy and training contexts are regarded as: "a process of creating collaborative and egalitarian conversations that permit new understandings, new opportunities and options to occur . . . new self solutions, and new directions to build on" (Swim, 1995, p. 102). " . . . the process of learning is a collaborative and egalitarian effort in which new meaning and change evolve through a dialogic—a conversational process . . . the participants are interdependent and each contributes to new knowledge" (Anderson & Swim, 1993, p. 146).

From this premise, the therapy system is a dialogical endeavor, as is the learning system, and the acquisition of new meaning is a product of social action and interrelatedness. As the therapist and client create narratives and stories surrounding the co-authorized dilemma(s) that instituted a therapeutic journey, so in turn do the trainer and learners. In a process such as an externship training program, upon which this paper is based, the development of change is similar to the therapy system: "like the therapy system the supervision system is one in which people generate meaning with each other through language, meaning the spoken and the unspoken, the verbal and nonverbal" (Anderson & Swim, 1995, p. 2).

With the training program, a context is created to evolve an environment that can respect and value the voices of all participants; therefore, the direction of change lies in the dialogical responsibility of all participants. The process is not concerned with right or wrong thinking but in making space for the dignity of self, allowing:

> emphasis on creating a climate where clients have the experience of being heard, of having both their views and feelings understood, of feeling themselves confirmed and accepted . . . " (Gergen and Kaye, 1992, p. 182). Towards this end, the troubled person can be invited, inter alia: to find exceptions to their predominating experience; to view themselves as prisoners of a culturally inculcated story they did not create; to imagine how they might relate their experiences to different

1. Self Agency: Personal perceptions of freedom that permit a competency to make sense and to act towards new meaning and achievements.

> people in their lives; to consider what response they invite via their interactional proclivities; to relate what they imagine to be the experience of others close to them; to consider how they would experience their lives if they operated from different assumptions—how they might act, what new solutions might emerge; and to recall precepts once believed, but now jettisoned" (Gergen & Kaye, 1992, p. 183).

The process of collaboration entails a multi-tiered effort where the voices of the client, and/or family, are enlisted and combined with the voices of the therapist, reflection team, and trainer/supervisor. From this premise of dialogue, meaning is continually evolving for all participants. In the process that will be described in this paper, the creation of new meaning is self-directed through collaborative discourse.

MUTUAL LEARNING CONTEXT

At the Houston Galveston Institute, the primary modality of evolving learning is created through the externship. Central in this process is the emergence of participatory generative conversations. In this collaborative process, learning is a co-evolved experience process where: the teacher and student are jointly engaged to create new theoretical and clinical knowledge with each other. The content is interactional and the evolution of new meaning or narrative is not intended to "fix" or "alter" the trainee or clinical situation (i.e., dilemmas or conflicts). Instead the process promotes a forum where the voices of the supervisor and trainee(s) are blended to respect the dignity of the multiple voices leading to creation of new narrative and knowledge that is not standardized or fixed . . . but allows for the generation of self agency and self-tailored solutions (Anderson & Swim, 1993, and Swim, 1995).

Participation in the reflecting team fosters the creation of mutual learning and change. The reflecting team is central to this evolution. The reflecting team was originally introduced to the field by Tom Andersen. Andersen describes the reflective team formed as follows:

> Reflecting processes can take many forms, but a common one is for the clients (i.e. a family) to meet with a team of professionals. In this process, one of the professionals talks with the family while the team listens. After some time, the members of the team talk, while the family listens, about what they saw and heard and thought when they listened to the family talk. Then the family members are invited to talk about what they were thinking when they listened to the team talk. The conversations with clients come to be searches for what can be seen and heard in situations that were defined as problematic. When something new is seen or heard, a new understanding of the situation automatically arises and new ideas about how to handle (solve) the situation emerge. (Andersen, 1993, p. 306)

The utilization of the reflecting process was the vehicle that brought together the participants of this paper. The participants are also the authors of this paper: Susan, then trainer/supervisor; Sallie, the primary therapist; Shari participating in the reflecting process and primary therapist after Sallie's departure; and Bettye, who allowed us to participate in her journey. The following excerpts include the personal stories and descriptions as experienced through this process of co-evolving generative new understandings, knowledge, and possibilities.

SALLIE'S STORY

My Introduction into Postmodernism

I first became interested in social constructionist theories when I had the opportunity to read Lynn Hoffman's article, "Constructing Realities: an Art of Lenses" (Hoffman, 1990), while in graduate school. I was drawn to Hoffman's discussion of social construction theories and the role of a post-modern therapist:

> The post-modern therapist comes into the family without any definition of pathology, without any idea about what dysfunctional structures to look for, and without any set idea about what should or should not change. Together, while talking, interviewer and family may come up with some understandings or ideas for action that are different from those the family may originally have had in mind, and also different from those the therapist may originally have had in mind. (Hoffman, 1990, p. 11).

Because of my attraction to Hoffman's (1990) ideas about theory and roles, I sought out an externship at the Houston Galveston Institute (HGI), where I could become immersed in the collaborative post-modern theoretical orientation. Anderson and Swim stated what I felt to be the essence of the respectful theoretical approach that embraced me intellectually and emotionally at HGI:

> We believe that it is essential to have respect and humility for ourselves and for those with whom we work. This must be protected and cherished. To access and maintain this stance it has become important for us to give up the notion of pathology and of ourselves as healers, and to reexamine our thinking and values regarding power, hierarchy, and technical expertise. We believe in the capacity of humans to manage their own lives (externship quote).

What I wasn't prepared for, though, was that my immersion into a post-modern posture would produce a gut-wrenching, life-changing, but ultimately an intensely rewarding experience and evolution. The process of learning to become a therapist with Bettye created a cataclysmic confrontation between my

previously held belief system and these new, challenging ideas. What I came to realize and value was that not only were my faculty and peers my teachers in this profound life experience, but that Bettye and her family were also my teachers—regarding the invaluable lessons about the capacity for people to manage their own lives and self solutions that can arise from conversations.

When Sallie Met Bettye

Bettye was referred to me by a fellow graduate student who knew of my own previous struggles with an eating disorder and my clinical interest and heartfelt research. I had developed a deficit-based model to eating disorders, which included such ideas as persons suffering from this diagnosis were: perfectionistic, narcissistic, vulnerable, exhibiting profound shame and obsessive-compulsive reactions to unrecognized anxiety and anger, highly manipulative thus drawing the therapist into struggles for power and control, and projecting themes of unhealthy self-criticism and preoccupation with self (Inbody & Ellis, 1985, Dickstein, 1985, Loganbill & Koch, 1993, and Sallas, 1985).

Armed with these pre-understandings, as well as my own experiences in therapy and Overeater's Anonymous, I met with Bettye. Early in therapy with Bettye, I came to doubt the post-modern stance I previously was enamored with. I felt more "severe" problems required solid empirical expertise, akin to my own experiences in directive therapies. Within one month Bettye had lost a significant amount of weight, despite my interventions and deep level of caring. When Bettye began to stop eating almost entirely, except for any substance her parents could prompt her with, my supervisor offered the idea of bringing her into the externship, where Bettye and I could benefit from the support and ideas of the reflecting team.

Into the Reflecting Team/New Opportunities

Temporary relief came with the support of the externship and reflecting team, but still I was skeptical and very worried. Bettye wanted to be left alone to die, seeing no options for her burden. When her weight dropped to 71 pounds (less than my 8-year-old son) I was severely alarmed and asked Susan for guidance and more active intervention. As I look back, I realize that this was the moment of finding my voice in the therapeutic process. Susan helped me express those thoughts that I had been frightened to talk about with the faculty or family. My fantasy during my internship was that I would be able to watch the "masters" work their magic and solve the crisis. Instead Susan understood my concern and alarm and although she did not tell me what interventions to pursue, she made room for my voice, the family's, as well as the reflecting team in open discussions of our concern. During the session we all talked about our concerns for Bettye and our desire for her to live. Out of the session the theme emerged that

Bettye could no longer decide to refuse her medical doctor (Bettye had previously refused to see her physician because she feared re-hospitalization and discourses she felt were devaluing and that blamed her family for her condition.) Her situation appeared to us all as life threatening and we were a chorus of voices for her viability. Bettye did not join this consensus for she was so burdened, death appeared her only chance for peace. As I look back, I realize that I needed to voice my fears and doubts to the participants I was collaborating with—my team and faculty, as well as Bettye and her family.

Thus began a new direction in my learning process. When Bettye obtained medical intervention she was immediately hospitalized. After Bettye was hospitalized, she was referred to a new team of therapists outside the HGI faculty or system. I attempted to collaborate with the "new" therapy team, but found myself for the first time during my internship feeling devalued and incompetent, by other than myself. Eventually, the new team found my services were not applicable and my meetings with Bettye and her family ceased.

Due to Bettye's strong desire to continue our sessions, she returned to therapy after six weeks. Bettye and I continued therapy for about another year at HGI, until my leaving Texas. We had included another participant as a co-therapist, Shari, in our time together. Before I left, Bettye, Shari, and I were talking about Bettye's dreams of becoming a sportscaster or obtaining a Ph.D. in math. She is not in therapy anymore, but knows that the door is open to talk with Shari, Susan, or the externship. After one and a half years of home schooling, Bettye has returned to a large public high school and will graduate second in her senior class. We talk occasionally on the phone about life, friends, colleges, and dating . . . and about how much I have learned from knowing and working with her . . . and how I admire her determination and tenacity.

My Evolution

HGI provided the theoretical groundwork, but it was actually Bettye who most profoundly taught me. I learned how it is disrespectful, judgmental, ineffective, and potentially damaging to have preconceptions about pathology and/or "cookie cutter treatment" of a client and client systems based on a particular paradigm or diagnosis. Bettye's family taught me dramatic lessons regarding the dignity and ability of the individual (and family) to evolve new meaning and new self-agency within the context of a collaborative therapeutic relationship.

Change and Metaphors

What was changed for me as a result of working with this family within the environment of Collaborative Language Systems theory is that I have a more profound respect for the dignity and resourcefulness of human beings and human systems. I have come out of training and supervision with confidence and

trust for myself and my own resources, as well as other's abilities to work towards their own solutions.

When I think of Bettye, Susan, and Shari, "angels" immediately come to mind. Bettye collects angels. There seems to be a "divine spark" in working so closely with Bettye, Susan, Bettye's family, and the colleagues and faculty at HGI. Such a profound experience of learning and connection seems "touched by angels wing" to me.

BETTYE'S STORY

My Journey with the Helping Profession

My experience before therapy with Sallie and her colleagues at HGI was a journey through a myriad of traumatic experiences. My experiences with hospitalization consisted of therapy where people kept notes on me but did not talk about my concerns [and voiced] their perceptions of me as an "anorexic," and what they could do to coerce me into a regimen of eating and learning to resent my family, whom they thought were to blame for my anorexia. I thought the meaning of hospitalization was for me to get therapy for my eating disorder so that I could get better.

Bettye's Voice (from Hospitalization to Meetings with Sallie)

During my first hospitalization stay I have gotten worse, received minute amount of therapy, and been prescribed two antidepressants. In two days I will be discharged due to my insurance "running out." I am ten pounds lighter. It really hurts my feelings that my parents' good intentions were rewarded with a $10,000 hospital bill. It is ironic that the first week of my stay here, my doctor did not allow me to talk to my parents on the phone. His reason behind that was so I could get incorporated into my "intense" therapy. What intense therapy? The only thing that action did was to make me feel alone and isolated in a very scary unfamiliar place without even hearing the comfort and reassurance of my parents' voice.

One week after my discharge, I find myself in another hospital. With my new therapists, I have signed a contract . . . what a weird conception—contracts . . . and breaking the contract will result in severe consequences. The first session will be with my third therapist so far in my experience to get well. One thing I dislike about this therapist is she stereotypes people with anorexia. Everything I say, every question I answer is followed with, "That is a characteristic of anorexics," or "Most girls with anorexia do that." Why ask me questions if you are going to generalize all my answers? How can you treat me individually or

treat my problems if you put me in such a large group of people? I just don't understand why she will not look at me as "Bettye" the individual who has an eating disorder and not as every girl she has treated with anorexia. With my new psychiatrist, I have the distinct feeling that she is scared of me, because every time she comes into my room she stands right next to the door. I am halfway across the room in my bed . . . that's really getting to know your patient. My weight seems to be fluctuating at an enormous rate. Why? I have no idea, but of course it is my fault. Everyone is convinced that I am doing something wrong. Well, when they decide what I am doing, I hope they will inform me . . . so I can stop. My name used to be Bettye, now it is Bettye-the-anorexic. I have lost my identity. I have been branded. I'm Hester Prynne from *The Scarlett Letter.* I am discharged, my weight is exactly 100 pounds, that is too much, way too much . . . I am scared.

I have no recollection of the last six days. The reason for the memory loss is that I was in a coma for three days. Everyone thinks (including my family) that I was trying to kill myself. I wasn't. I took some pills so I could regurgitate and try and lose some of my weight. The worst consequence is that I am being sent to another mental hospital. They say I am "dangerous to myself," but no matter how many times I say I was not trying to kill myself, and that I wanted to decrease the forced weight gain . . . no one seems to give credence to my heartfelt words.

I am now in a county psychiatric hospital, since my insurance benefits are gone. It is Christmas and I want to be home with my family. I receive no therapy except for group drug counseling . . . I don't use drugs! The female workers say that I am spoiled and a baby for what I have done (being anorexic).

I am going home, on the condition that they find me a therapist. I met Sallie, she was pretty neat. We talked for the longest time about everything and she was really nice. She is just commencing her career as a therapist so she has not had too much time to be corrupted by all the things you are supposed to do as a therapist. Sometimes therapists become so concerned and concentrate so much on the things they were taught to do and say, that they ignore the needs of their patients and therefore alienate them. I hope she won't be like that.

I am home going to therapy and doing well. My soccer coach tells me that I can't go to my many doctor appointments (therapy with Sallie) if I want to stay on the team. My soccer coach's pertinacity is still going strong despite my showing up to all the practices. I'm afraid I am getting "sick" again.

I have once again been sucked into the vortex of anorexia. I have been "benched" from playing soccer, and I can't face going back to school. Sallie has been asking about my weight loss and I avoid her questions.

We have a meeting at HGI with my family, Susan, Sallie, and the rest of the team. They all are concerned about my health. Sallie expressed her feelings that she is really scared of where I am heading . . . in fact everyone was. Sallie began

to cry and convey that she was scared that I was going to die. The team said it was hard for them to treat me in the condition that I was in and that it was imperative that I see a medical doctor.

The meeting confirmed my fears that, and what I dreaded most, Dr. Q was a phone call away.

The reunion with Dr. Q was not what I expected. I knew it was going to be unpleasant, but I wish that is was just unpleasant. He was extremely angry, especially at my father . . . once again blaming my family.

I am in the hospital now with a feeding tube up my nose and hooked to an I.V., I want to go home. I weigh 80 pounds now, twelve pounds [lost] in three days. I now have to go to another therapist.

I dread going to therapy. I see him twice a week. I have new rules and food diaries and weight standards and contracts and on and on.

It is family therapy and my brother is intensely pushed into saying he hates my sister. She is devastated. You can't make someone say something so strong, and then . . . bang . . . therapy is over for today. My new therapist says that my family does not care if I get better. He sites many events. The real truth is that my parents have to work so they can feed five children and pay all the hospital bills. Besides telling me that my family doesn't know how to care or love, he says I can't see Sallie anymore. She was the only one I felt comfortable talking to.

I am in the hospital again for the fourth consecutive month. I have congestive heart failure. Every day I am here, Dr. Q comes in my room and yells at me because he claims I am doing something to cause my weight increase day by day. He thinks I am causing my own weight gain by altering my intake. Then he tells me that he will not be my doctor anymore. Okay, let me get this straight. I have been in the hospital under close supervision by nurses, and I am doing something to make my weight increase (I went from 84 pounds to 124 pounds in four days).

I am out of the hospital once again. For my sanity I have refused to see Dr. Q again. I have also decided to see Sallie as my "sole" therapist. I feel freedom, I don't want to be degraded any longer. You can't use scare tactics to make people change . . . it only devalues you and takes away your self identity. Taking direction of my therapy has been liberating.

I've been reintroduced to life and normalcy. I am number two in my graduating class. I feel like it is compensation or restitution for all the hell I have been through for two years. Although I have gone through an abundance of adversity, I have endured and grown stronger with help and support from the crew at HGI, my family, and God.

Changes, Metaphors, Closing Questions

One thing that has changed since I have been at the Houston Galveston Institute is I have become more trusting. Before, I never trusted my therapists, because

I always felt they had a hidden agenda whether it be with the insurance money, or thinking they can save every anorexic, or whatever. But I trust the people at HGI with anything. Also the externship and therapy helped my self-esteem to grow tremendously. And I have realized how much strength I actually have. Sallie, Shari, and Susan make me feel like I am the smartest teenager in America.

After externships were over and I'd talk to the participating therapists, all of them would be asking me questions and showing interest in my story and that made me feel like the most important person. I felt like I was respected and looked upon as an equal instead of an inferior. Sallie, Shari, and Susan have never criticized any part of my personality. They didn't prey on my weaknesses, and supported me in all my ventures. They have been the closest friends I have had for the last two years. They understood all that I've been through and helped me to move away from and deal with that painful period of my life, and they've helped me to find the identity I thought I'd lost to anorexia.

Some things in therapy that have translated in my personal life are: for one, I go around with a new confidence about myself. Therapy at HGI and with Sallie has instilled self-assurance in my abilities and talents as a sister, a student, a person, and friend. Sallie has helped me realize that I possess qualities that make me special and has assisted me with understanding I didn't deserve to be treated the way I was by Dr. Q and the others. One day we had a conversation about what I wanted to do when I get older. I replied by saying I want to be a teacher but my dream was to be a sportscaster. I thought I was stupid by thinking I could ever be something so big, but after I was done talking to her I felt like I was going to be the next Robin Roberts or the next great sportscaster. I had never seriously thought about pursuing that as a career, but Sallie has encouraged me and helped me realize that it is a realistic goal. I'm not going to lie to you and say that HGI has solved all my problems or made me love myself 100% or anything farfetched, but they have made each day easier to face and life. I remember one time in therapy. Sallie had asked me to bring my favorite CDs so we could listen to them. We listened to my favorite songs and I felt she was making an effort to know me better. The unconventional methods like that one seem to impact me more than conventional methods. Those methods show that those therapists are really concerned and care about what you will and won't respond to. They back their words up by showing an overflow of compassion. When they talk to you, you know they mean what they're saying, it's not just rhetoric.

If I were to tell a friend what happens in therapy at HGI, I would say it's a time in your day or week that you receive support and feel compassion for the troubles that you may be currently facing and collectively with your therapist you attempt to find solutions to those problems. Also, it's a time when you are allowed to express your feelings without having to worry about looking stupid or being cut off or being afraid that no one is listening. One of the best things

that's happened because of HGI is the friendships I have formed with Sallie, Susan, and Shari. Sallie and I are the closest of friends. And she is the only person who knows everything about me. She now lives in another state and we still talk all the time about what's going on currently in our lives. She's my best friend and I love her to death. It also feels good to know that whenever I need help or am going through a rough time, Susan and Shari are a phone call away.

A metaphor I would use to describe my experience with Sallie, Susan, and Shari would be rebirth. Rebirth within myself because they helped me to once again become Bettye, instead of Bettye the anorexic. I have my identity back, and have found things that make me special and unique that I thought I never had. They encouraged me to look within myself to find those qualities and to remember my past but to also move away from it. It's like looking in a pond and seeing a fuzzy unclear reflection, that's how it was before them. Little by little, that reflection became less fuzzy, then one day all the fuzziness was gone. I could see a clear unclouded reflection in the pond, and boy what a feeling.

The next step in my life will be to graduate from high school and go to college. Hopefully I'll graduate from college with a degree in math and journalism. I will always, no matter where I am, stay in touch with the three ladies who helped me see my reflection.

SHARI'S STORY

Thoughts from a Member of the Therapy Team

As a member of the weekly externship I participated in the reflecting team for Sallie and Bettye, and eventually evolved into the role of co-therapist. My primary agenda in joining the externship was to gain some experience with "real life clients" and help me evaluate the correctness of my career choice. For me the externship was a "next step" in my graduate context.

As part of the externship experience, I was part of a reflecting team that consisted of university interns, post-graduate students, graduate students, and an experienced therapist. Initially I was intimidated at the prospect of my experience in the externship, since the other members appeared to have more varied personal or clinical expertise. Despite these cautious feelings, I moved forward, but at a tentative rate. The ideas were so different from those I was exposed to at graduate school. There was a comfort, especially in the ideas of respect, dignity, and humility, but discomfort in the uncertainty of this very different therapeutic style. During the reflecting process all participants ideas were honored; self censorship was not necessary. There was never any one right answer expected, so we were free to express all ideas, without feelings of inadequacy. It came to be the most influential and comfortable group experience I ever had.

Bettye and her family entered into the externship. And as the sessions pro-

gressed so did my trepidation; this was a serious life threatening case. As a new, inexperienced trainee I was overwhelmed by the seriousness of this family's life-threatening dilemma. Afterwards that sense of overwhelmingness changed or dissolved as I became absorbed in reflecting thoughts and new understandings.

In one session Bettye's weight became a life threatening concern for all of us. My own thoughts turned to pathology. Bettye's weight was so low we were concerned about medical complication. Still the team took great care to respect the family's own ideas and avoid taking control away from the family. The team honestly and humbly expressed their concern in a way that promoted self dignity as well as opening and co-evolving new meaning and actions.

My metaphor to describe my experience with HGI and especially the time spent with Bettye is courage. It is a theme that stands out to connect the voices of Bettye, her family, the team, and faculty.

SUSAN'S STORY

A Journey of Privilege and Humility

As the author/coordinator for this paper it has been my privilege to collate, edit, and connect the voices. As I look at the initial outline prepared, I feel compelled to disregard these tempting themes (i.e., introduction, experience) and to chart a different course.

During the time that I was supervising Sallie's therapy with Bettye, I continually would lament that we needed to make her story public, i.e., a paper/book chapter. Despite our enthusiasm, our schedules did not allow such an endeavor. When Sallie relocated with her family, we ended our dialogue with hopes of being able to collaborate in the future. When I was invited to submit a manuscript on sharing expertise in therapy, I knew that the format was created for us.

What is exciting for me in the presentation is the emergence of Bettye's voice and the chance to offer a different approach to working with clients diagnosed with such deficiency labeling as anorexia or bulimia. In the field today, it appears that the direction of treatment for individuals grappling with dilemmas leads to a search for certainty in treatment. My concern for this certainty echoes the voice of Bettye, that often therapy is not individually tailored nor is able to prevent itself from labeling individuals and placing blame. To think that a professional can uncover etiology and proceed with a treatment plan based on theoretical notions appears in my opinion naive, as well as potentially ineffective.

Throughout Sallie's participation with Bettye in therapy, I had the certainty that resolution could occur. I had no ideas in what direction change would occur, but I "knew" through dialogue that there were the possibilities for new meaning

and new options for change. What is important for me is the self agency that occurred for the participants. In listening to their stories I am humbled at the process of having the privilege to participate in their unfolding narratives.

As the facilitator of externships, I attempt to provide cases that are controversial, tug at preconceptions and connect with diverse personal and professional agendas. When Sallie was "given" Bettye as one of her case clients I was enthusiastic, for what better case to generate new meaning was this that tugged at her own self identity. Sallie was able to move away from the certainty of modernistic views and evolve into a social constructionistic posture that enabled her to use her sense of self in the creation of learning that incorporated openness, collaboration, and freedom. I perceive Shari's transformation from a trainee seeking certainty, to facilitating uncertainty in her role as a therapist, in the same manner. Seeds of newness occurred which grew to new understandings of self identity. And she used her wide range of previous experiences, which she discounted initially.

The metaphor that I thought of during this construction was heroines. Heroism was seen in the process of finding one's voice, exploring differences, facing "heart-wrenching" themes of self and others, trusting and participating when trust was possibly "illogical," and the acquisition of self agency in the prospect of adversity.

As a final thought, I want to congratulate Bettye, not only on her transformation and "rebirth" of herself, but in her ability to participate in this paper. I also want to thank Bettye for allowing us to accompany her on her journey. I speak for the authors in our admiration and best thoughts for the future.

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