HERMENEUTICS IN PSYCHOTHERAPY : A STUDY OF INTERPRETATION IN THE CONTEXT OF THE PSYCHOTHERAPEUTIC DIALOGUE

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ABSTRACT

The central aim of this study was to contribute to the understanding of the process of interpretation as it occurs in the context of a dialogue in insight-oriented psychotherapy.

The literature review consisted of two parts. Firstly, the philosophical literature on the theory of interpretation was reviewed. A set of central philosophical issues was identified, which pertain to the psychotherapeutic project of interpreting the meaning of a person's experience in the context of a dialogue with that person. Secondly, the psychotherapeutic literature was reviewed. Previous attempts to conceptualise and prescribe processes of interpretation were described. The issues which appeared to be in need of further clarification were identified.

A clinical study was conducted to further explore the questions raised in the literature reviews. A methodology was developed which gave access to the direct experience of both clients and therapists during the events of psychotherapeutic interpretation. The methodology yielded a description of the interpretative structure of the psychotherapeutic dialogue for each therapist-client pair. These were then consolidated into a description of general structural features of the psychotherapeutic dialogue.

The results consisted of a description of processes and structural features which are intrinsic to the psychotherapeutic interpretation of the meaning of a person's experience in the context of a dialogue. The results were elaborated in an extensive discussion from which the following findings emerged: (1)It is important to distinguish between communicative and interpretative forms of dialogue. (2)Thematisation activity is mediated by a number of dialectically related operations which are intrinsic to the interpretative project of psychotherapy. (3)Insight-oriented psychotherapy relies on the presence of the therapist as a dialogical partner and the therapist is not merely a facilitator of introspection on the part of the client. (4)The character of interpretation in psychotherapy may be understood in certain respects to be an elaboration of functions of the imagination. (5)The process of interpretation can be understood in relational terms and the variations of interpretative experience may be understood as variations of an inter-subjective interpretative ideal. (6)Understanding of certain forms of psychopathology is deepened when they are considered as variations of an ideal capacity to engage in interpretative dialogue. (7)It is possible to describe certain ideal conditions which are facilitative of interpretative dialogue and hence of the psychotherapeutic development of self-insight.

In conclusion suggestions for further research were made. It was suggested that the perspective

of hermeneutic phenomenology provides an appropriate philosophical and methodological foundation for understanding the unique dialogical interpretative situation which is psychotherapy. The study emphasized, both in its content and in the manner of its execution, the need for interpretative efforts to be accompanied by methodological reflection and especially an awareness of how interpretative strategies partially constitute the realities they set out to describe.

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CONTENTS

Esu, do not undo me,
Do not falsify the words of my mouth,
Do not misguide the movements of my feet.
You who translates yesterday's words
Into novel utterances,
Do not undo me,
I bear you sacrifices.

(Yoruba incantation)

And suddenly there breaks forth
the evidence that yonder also, minute
by minute, life is being lived.

(Merleau-Ponty)

CHAPTER 1
INTRODUCTION

1.1 HERMENEUTICS

The term 'hermeneutics' derives from the Greek *hermeneuo* (to express, to explain, to translate), *hermeneia* (understanding, exegesis) and *hermeneutes* (the agent who practices understanding). Etymologically the term is also associated with the Greek god Hermes, the 'messenger god', who typically acted as intermediary and translator in the exchanges between gods and human beings. The modern meaning of the term 'hermeneutics' has not strayed far from these origins and the term is most generally used to refer to interpretation and the explication of meaning. Although there is a range of more specific applications attached to the contemporary use of the term, the common ground that underlies these variations is, broadly speaking, the philosophy (or theory) of the interpretation of meaning.

The discipline of hermeneutics began to evolve into its modern form during the seventeenth century as part of the study of the principles of Biblical exegesis. Following the Protestant Reformation and the contestation of the Catholic Church's status as privileged interpreter of Biblical meaning, the question of how to properly interpret the Bible was thrown open to debate. Initially focused on Biblical texts, the intellectual discipline which began to emerge gradually extended its scope beyond the bounds of Biblical exegesis.

Hermeneutics developed during the course of the eighteenth and nineteenth centuries as a philological discipline concerned with the interpretation of a range of types of text and the term became synonymous with the theory of how best to render the meaning of texts. In the early nineteenth century Schleiermacher laid the foundations for secular hermeneutics by proposing a set of universal canons of textual interpretation. Schleiermacher's work was extended by Dilthey, who in the late nineteenth century conceived of the affinity between textual interpretation and psychological understanding. From the model of textual interpretation he elaborated a method of understanding (*verstehen*) which he suggested provided the appropriate manner of investigation for the human sciences and in particular psychology.

A great deal has happened in the field of hermeneutics since the pioneering work of Dilthey. Only recently, however, has there been a realisation of the need to assimilate into psychology the range of twentieth century developments in the philosophy of interpretation.

Bleicher (1980) distinguishes three interrelated tendencies in contemporary philosophical thinking about interpretation. These are hermeneutical theory, hermeneutic philosophy and critical hermeneutics.

Hermeneutical theory, otherwise known as methodological or epistemological hermeneutics, is specifically concerned with epistemological questions; i.e. questions of method in relation to the aim of achieving objective interpretation. This strand of hermeneutic enquiry is represented by the work of Schleiermacher, Dilthey, Betti and Hirsch, and less well known theorists such as Droysen and Vico.

Hermeneutic philosophy, otherwise referred to as ontological or philosophical hermeneutics substitutes purely methodological or epistemological questions with ontological questions about the nature of understanding, interpretation and truth. Heidegger, Gadamer and Ricoeur are associated with philosophical hermeneutics, although Ricoeur tends to occupy a middle position between hermeneutical theory and hermeneutic philosophy.

Critical hermeneutics is the youngest branch of hermeneutics, having originated in the relatively recent work of Habermas[1] and also associated with the work of Apel. This strand of hermeneutic thought is concerned with the power relations involved in interpretative endeavours and there has been a close affiliation between philosophers in this tradition and critical theory of the Frankfurt School variety. Critical hermeneutics was first highlighted in a debate in the late 1960's between Habermas and Gadamer about the question of objectivity and interpretation, after which Habermas distanced himself from hermeneutics. His work is nevertheless still regarded as an important contribution to the philosophy of interpretation.

A further 'type' of hermeneutics should be added to Bleicher's (1980) classification, namely hermeneutic phenomenology. The principal proponent of hermeneutic phenomenology, Paul Ricoeur, explicitly sets out hermeneutic phenomenology as an extension of the philosophical hermeneutics of Husserl and Heidegger. The contribution made by Ricoeur is sufficiently distinctive to suggest that it be separately considered. The principal thrust of Ricoeur's work consists of a sustained reflection upon the phenomenology of interpretation. In addition to describing the phenomenology of interpretation, hermeneutic phenomenology stands for a more interpretative phenomenology; i.e. a phenomenology which is more limited by the questions it asks and is more perspectival. Although the thesis will examine ideas from all of the 'types' of hermeneutics mentioned above it strongly leans towards hermeneutic phenomenology for inspiration. The appropriation of the work of Gadamer and Habermas in the development of the

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[1]Outhwaite (1987) maintains that it was Habermas's 'critical theory' which introduced the term 'hermeneutics' into the social scientific culture of the English-speaking world during the 1960's.

argument is also strongly flavoured by Ricoeur's interpretation of their work.

Questions about the philosophy of interpretation in psychology appear to have been glossed over as the field has developed and only now are psychologists turning, along with interpreters in the full spectrum of interpretative disciplines - including history, literature, the arts, the human and social sciences - to examine their interpretative practices in the light of the debates that have accompanied recent developments in the philosophy of interpretation. Each of the above orientations to hermeneutics has some value in developing an understanding of psychotherapeutic interpretation. But there is also much in the philosophy of interpretation which has little direct bearing on our understanding of hermeneutics in psychotherapy. It is necessary to extract from the philosophy of interpretation those ideas which promise to illuminate the study of psychotherapeutic interpretation.

The idea of a general hermeneutic system has long been discarded. However, it might be argued that heir to the early search for general principles of interpretation - a project of the hermeneutical tradition - is a tendency towards lack of discrimination between different types of interpretation so that interpretation of a work of art and a novel and a dream are too readily seen as the same kind of activity. There may indeed be general features to the interpretation of meaning, but there is also a need to tease apart the interpretative features of the different disciplines. This thesis is conceived as an attempt to do this in relation to the specific interpretative features of the psychotherapeutic dialogue.

1.2 HERMENEUTICS AND PSYCHOTHERAPY

There have been a number of attempts to assimilate the model of textual interpretation to the study of meaning in psychotherapy. It has become apparent that what is required is a reconceptualization of certain of the foundations of the psychotherapeutic edifice, rather than what has in some cases been an all too ready and at times inappropriate appropriation of ideas from the philosophy of interpretation. It will be seen that by applying a model of textual interpretation to psychotherapy we are forced to reconsider a range of issues which have arguably never been satisfactorily addressed in the psychotherapeutic literature. Questions about the objectivity and veracity of the psychotherapeutic account, the relation of the 'unconscious' to intended meanings, the relation of theory to practice, the relation of explanation to understanding, the relation of empathy to interpretation, the relation of present meaning to past events and a range of other issues are raised.

It is the first objective of this study to attempt an identification of the key issues that are raised when we think questioningly about the aims and nature of interpretation in psychotherapy and specifically when we apply a textual model of interpretation to understanding psychotherapy. The second objective is to attempt to clarify some of the more central issues through clinical research. The study hopes to raise to reflection the interpretative questions that are posed when one person engages with another in the task of rendering the other's experience meaningful and sets about outlining the dialogical features of the psychotherapeutic interpretative project.

It is not the intention of this study to come to a definitive description of what interpretation should be. Although the term hermeneutics is sometimes applied in a prescriptive sense to define a particular set of interpretative guidelines, the term will for the most part be used here to refer to the study of interpretation. All too often one reads of 'the hermeneutic approach' or that a particular theory of psychotherapy is fundamentally 'hermeneutic' in orientation. It is suggested that until there is a general theory of interpretation in psychotherapy there is not much denotative value in speaking of a 'hermeneutic approach' to psychotherapy. However, it is sometimes useful to use the term 'hermeneutic' to refer to those approaches which argue for reformulating psychotherapeutic principles and procedures in terms more appropriate to the study of meaning. In this instance it is useful to use the term 'hermeneutic', but it is used with circumspection and with acknowledgement that the understanding of what hermeneutics is and what it should be is the subject matter of a vast philosophical literature which has, to date, come to no definitive conclusions.

1.3 OVERVIEW OF THESIS STRUCTURE

Chapter 2 consists of a review of the key debates in the philosophy of the interpretation of meaning and especially twentieth century developments in the area. The review is selective and introduces only those issues which seem germane to the understanding of interpretative issues in psychotherapy. It should be said that the analysis is rather weighted by Ricoeur's interpretation of the history of hermeneutics which is considered to provide a more comprehensive and integrative view than does any other single theory of interpretation. His theory also lends itself to an understanding of psychotherapeutic interpretative issues. The key purpose of this chapter is to develop a set of questions through which to begin the exploration of the psychotherapeutic literature which is presented in Chapter 3.

The following are some of the questions which philosophers of interpretation have grappled with and it is suggested that if we are to take seriously the analogy of textual and psychological interpretation[2], as Dilthey and Ricoeur do, we need to understand what these questions mean for the interpretation of human experience. These are some of the questions identified and discussed in Chapter 2 :-

- Is it the mind of the author and what the author intended to say that is the true subject of interpretation?
- In what sense can the meaning of the text be said to exceed what the author intended to say?
- What is the reader's function in constituting the ultimate meaning of the text?
- Is it the world which the text refers to that interpretation should aim at revealing?
- Are there definitive measures of confirmation which can be applied to interpretative projects?
- Are there ideal conditions through which interpretative work should proceed?

Chapter 2 remains within philosophical terrain, but approaches discussion of these philosophical issues in such a way that they are made available for and guide the understanding of psychotherapeutic interpretation to be explored in the following chapter.

Chapter 3 identifies the key issues which need to be addressed in understanding the nature of interpretation in the psychotherapeutic dialogue. Although much of the psychotherapeutic discussion about interpretation has not proceeded through direct contact with ideas in the philosophy of interpretation, the issues raised in the psychotherapeutic debate are mostly the same issues that have dominated philosophical debate about interpretation. These central issues hinge on questions about the following :-

- The nature of confirmation in the psychotherapy dialogue, and especially questions about how interpretation is to be confirmed when the interpretation of a person's experience surpasses that which is given to the person's immediate consciousness.
- The status of what is imagined in relation to what is real.
- The place of theory in the clinical dialogue.
- The role of empathy in the development of understanding.
- The accessibility of the past and its relation to the present.
- The place of the therapist's own interpretative proclivities in relation to the understanding of the meaning of the client's world.
- The question about whether interpretations are fundamentally veridical or whether they are more correctly described as useful constructions.

These issues are brought to the fore in the debates which take place between different schools of

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[2]The general idea is that the interpretation of human experience is analogous to textual interpretation because it is also taken up with the interpretation of 'signs' or 'objectivations' (of mind) which call to be rendered meaningful.

psychotherapy. The following represent some of the more significant moments in the history of the development of our understanding of the nature of psychotherapeutic interpretation :-

- The formation of the analytical psychology movement as a departure from Freudian psychoanalysis.
- The formation of the existential-humanistic tradition of psychotherapy.
- The more recent establishment of self psychology as an approach distinct from psychoanalysis.
- The emergence of the 'narrative' tradition in psychoanalysis.

Unfortunately these developments are usually not recognized for their interpretative import. The interpretative dimensions of these developments will be outlined to show how each departure and new innovation throws into relief an important issue or set of issues pertaining to our understanding of psychotherapeutic interpretation, its methods and its goals. Because the interpretative dimensions of these developments have never been explicitly spelled out they have to be extracted from the psychotherapeutic literature.

Chapter 4 reviews the research on interpretation and posits the need for extra-clinical research, the need to research the interaction of client and therapist experiences and the need to research the immediate experience of interpretation rather than only the *post hoc* reconstruction of interpretation. The methodology employed in the clinical research component of this study and the rationale for adopting it is set out in detail.

Chapter 5 presents the results of the clinical study in the form of an extended description of general features of the structure of the dialogical interpretative process in psychotherapy. The data is conceived as an initial, exploratory survey of the terrain, rather than as an exhaustive description of the structure of the interpretative features of the therapeutic dialogue.

It was necessary to gather a sufficiently broad range of data in order to achieve the intended perspective, but the data obtained by far exceeded what was needed in terms of detail and example. While most of the data gathered was relevant and interesting in relation to the study of interpretation, to understand all facets of the data gathered was way beyond the scope of this project. For reasons of parsimony, therefore, I have had to crop the fruitful dialogue with the data and strike a temporary balance between detail and perspective. I have had to consolidate the findings of the study in such a way as to retain some of the edifying detail yet maintain as a priority the need to present an overview of the broad structural features of the interpretative dialogue.

Chapter 6 discusses the results of the clinical study. The discussion consists of an amplification of the Chapter 5 results in relation to the questions posed in Chapters 2, 3 and 4. It represents a further level of data interpretation and elaborates some of the theoretical implications of the clinical findings. The discussion specifically focuses on showing the interrelatedness of the concepts of textuality, imaginality, inter-subjectivity and temporality, in relation to psychotherapeutic interpretation. The implications of the study for the conceptualisation and practice of psychotherapy are discussed.

Something should be said about the discursive strategy applied in Chapter 6. Certain theoretical material has been used in a rhetorical and heuristic way to facilitate discussion and argumentation. For example, the position on certain issues taken by Heidegger in *Being and time* is frequently raised in the discussion and contrasted with other (usually Ricoeurian) views. There is no intrinsic reason for continually returning to the perceived shortcomings of the early Heideggerian position and the point is not to address Heidegger's standpoint *per se*, so much as to use certain of his early ideas as a sounding-board through which to develop a particular line of argument.

Chapter 7 consists of an attempt to consolidate and summarise the different threads of the study and suggestions are made about the areas requiring further exploration.

It should finally be said that each chapter has been conceived as an integral part of the research endeavour as a whole. While the thesis is presented using the standard formula of literature review, methodology, results, discussion, conclusion, every stage of the thesis is conceived as part of the overall research process. For example, the search for an appropriate methodology says almost as much about the phenomenon of interpretation in the context of a dialogue as does any other section of the thesis. Also, the 'discussion' is an exploration and further interpretation of the so-called data rather than being a description of something that has already been definitively interpreted. The thesis is not essentially a report on a piece of clinical research, so much as a multi-faceted study of the interpretative dialogue in psychotherapy, which is pursued from a number of different directions, employing a range of different methodological procedures. It should also be said that this study did not proceed in a linear fashion from introduction to conclusion, but followed an approach similar to the 'grounded theory' approach suggested by Glaser and Strauss (1967). These authors suggest that the researcher "jointly collects, codes, and analyzes his data" (p45). The entire study including the review of literature, proceeded organically and synchronically. Interpretation of the data began with notes made by the researcher during the data collection interviews, the literature reviews evolved as the questions guiding the data interpretation evolved, and the conclusion and literature reviews continued to influence each other until the point of completion. It should also be said that the entire study was self-consciously conceived as needing to be reflexively aware of its own methodological and epistemological underpinnings. It is hoped that in its conception and in its execution the study achieves the goal of being not only a useful study of interpretation, but an example of the type of investigative and exploratory research which the emerging tradition of hermeneutic research in psychology espouses (cf. Packer & Addison, 1989).

1.4 NOTES ON TERMS USED

1. In general the term 'client' is used to refer to the recipient of psychotherapy, but when the psychoanalytic tradition is being discussed the term 'patient' is used.

2. The term 'interpretive' and the term 'interpretative' are distinguished apart. We are always 'interpretive' in the philosophical hermeneutic sense that to be 'interpreting' is a fundamental existential condition, but we are 'interpretative' when we deliberately engage in the 'practice' of interpretation. So 'interpretive' refers to those aspects of essentially 'non-interpretative' phenomena which are nevertheless implicated as phenomena of interpretation; i.e. they are not designated as explicitly 'interpretative' phenomena, but are nevertheless phenomena of interpretation.

3. The terms 'dialectic' is used to describe operations through which contradictory forces come to exert an influence on the unfolding therapeutic account so that when the one pole of the opposition exerts its force the other pole of the dialectic is brought increasingly into play as a counterbalance. Ogden's (1990) definition captures the essentials of what is being referred to in this context: "A dialectic is a process in which each of two opposing concepts creates, informs, preserves, and negates the other, each standing in a dynamic (ever-changing) relation with the other" (p205).

CHAPTER 2
KEY THEMES IN HERMENEUTICS

Most hermeneutic theorists have deliberated extensively on the works of their predecessors and the history of ideas leading to contemporary hermeneutic thought is described in a number of general texts, notable amongst which are Bleicher (1980), Ihde (1971), Madison (1990), Palmer (1969) and Thiselton (1992). Rather than reiterate this history, key themes are extracted and these are selected because they promise to provide access to and clarification of the nature of interpretation in psychotherapy. It should be said that some of the philosophers dealt with here have explicitly discussed the subject of interpretation in psychoanalysis; viz. Ricoeur and Habermas. To the extent that they have directly dealt with psychotherapeutic issues their ideas will be discussed in Chapter 3 in relation to understanding the nature of hermeneutics in psychotherapy.

2.1 HERMENEUTICAL THEORY

Prior to Dilthey hermeneutics had developed as a system of interpretation relevant to theological, philological and historical disciplines. In the late nineteenth century Dilthey established hermeneutics as the methodology of the *Geisteswissenschaften*; i.e. the human sciences. (Bleicher, 1980)

In an effort to prepare the ground for a scientific psychology Dilthey adopted Droysen's distinction between two models of intelligibility; i.e. two investigative attitudes, which were called *verstehen* and *erklären*. These are usually translated as 'understanding' and 'explanation' respectively. (Bleicher, 1980; Ermath, 1978)

Dilthey suggested that the natural sciences and the human sciences with their respective foci 'nature' and 'mind', necessitate essentially different methods of investigation. The natural sciences, according to Dilthey are most appropriately approached through an investigative attitude leading to explanation. Understanding is considered the appropriate method for investigating the mind. Thus Dilthey says "We explain nature, we understand mind" (cited in Bleicher, 1980, p246).

Explanation, if we use the term to refer to the most general level of the natural scientific account, leads to knowledge of the laws of the causal order of natural phenomena (Dilthey, 1976). Explanation is centrally concerned with causes. On the other hand it may be said that understanding is fundamentally concerned with reasons. The question "Why did it happen?", asked from the point of view of understanding, supposedly[3] elicits an account framed in terms of reasons, intentions, motives, beliefs, desires, etc. *Verstehen* then is fundamentally concerned with meaning and this is what Dilthey supposes is the natural province of psychology.

The epistemological attitude of *verstehen* was, according to Dilthey, the link between the interpretation of texts and the human sciences. In textual interpretative terms *verstehen* was intended to give access to the inner mental life of the author and necessitated methods of access to subjective experience. Dilthey then set about attempting to define the method whereby this could best be achieved. (Ermath, 1978)

In this attempt he drew on the earlier work of Schleiermacher, who had been concerned to establish scientifically sound methods of textual interpretation. Building on Schleiermacher's idea of 'empathy' he set about developing what he considered to be a science of empathy which was to provide the basis for future psychological efforts. (Ermath, 1978)

Schleiermacher had attempted to systematize textual interpretation through the development of a set of canons for questioning texts for meaning. Hermeneutical theory presumes that it is possible, by following methodological steps, to understand without imposing presuppositions. The problem interpreters face is how to render the meaning of a text considering that the meaning is inevitably mediated by the interpreter's own subjectivity. Bleicher (1980) calls this the 'problem of hermeneutics' or the 'hermeneutic question'. Schleiermacher's canons, for example his canon of 'totality and meaningful coherence', attempt to provide objectivity in relation to questions of meaning. This specific canon prescribes that in the interpretation of the meaning of a text the parts should be considered in relation to the whole, which itself can only be understood in respect of its constituent parts. This methodological prescription is usually referred to in epistemological hermeneutics as the 'hermeneutical circle'. It is presumed that the rigours of following methodological strictures such as the need to systematically move between the parts of the text and the meaning ascribed to the text as a whole are intended to hold at bay the projection of the reader's interpretative prejudices onto the meaning of the text. (Bleicher, 1980)

Schleiermacher saw the need to distinguish between 'what the author meant to say' and 'what the author means'. This distinction will presently be seen as foundational to the development of contemporary hermeneutics which has subsequently broadened the gap between the question of the meaning of the text and authorial intention, beyond what Schleiermacher intended. (Thiselton, 1992)

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[3]As will presently be seen, this distinction has been questioned in the post-Diltheyan era, most notably by Habermas and Ricoeur.

Understanding, in Schleiermacher's terms, requires of the interpreter the ability to understand the emergence of the original creative act from within the totality of the author's life. By understanding the context of the author's productions we come to the factors which gave rise to and made meaningful these productions. Schleiermacher achieved this, or set out to achieve this, by emphasizing the importance of reconstructing the original creative act through understanding the author's sociohistorical context (Bleicher, 1980). Thiselton (1992) notes that Schleiermacher introduced in this way the idea that the interpreter might understand the text better than the author.

Dilthey (1976) extended this aspect of Schleiermacher's hermeneutical theory. He used the concept 'objectifications of mind' to refer to those objective signs which were available to the author or actor as a means of self-expression. These are clues which the interpreter has to decode, so to speak, in order to reach the intentions of the mind that lie behind the objectifications. Because the signs available for encoding are derived from the network of signs available for social communication they are not direct expressions of the subjectivity of the mind being expressed, and there is a discontinuity between the sign and the mind which is objectified through the sign. Thus the productions of the author's text is mediated by the availability of signs through which communication may proceed. So to know the intention of the author, we must proceed to understand the network of conventional expressions or objectifications available to the author for the encoding of experience. In other words we need to examine the cultural matrix of objectifications of mind. (Bleicher, 1980; Ermath, 1978). Required is a reconstruction of meanings inherent not only in the mind of the author (i.e. the original creative act) but in the given sociohistorical situation. The author's meaning might be embedded in the context in which the author writes and is not necessarily known to the author.

Dilthey (1976), following Schleiermacher believed that to grasp the fullness of 'lived experience' contained in historical and social events a kind of empathic reliving (*nacherleben*) was required. He set about attempting to define the method of empathic reliving which he conceived of as a psychological equivalent to observation.

A tension is posed in Dilthey's work between his wish for an objective science of interpretation as the basis for the human sciences, and his method of 'reliving' or 'empathy' in which the author's intention provides the basis for interpretation; i.e. a tension between what the author is really (objectively) saying given our understanding of the author's context and what the author is attempting or intending to say. The meaning of what the author says is objectively ascertainable through understanding sociohistorical context (a distinctly Hegelian position which Dilthey seems to have increasingly adopted) and on the other hand this was presumed to coincide with what the author was intending to say. In other words the sociohistorical context and the author's experience were seen to have a coincidence. This represents an unresolved tension in Dilthey's work (Madison, 1990). He does not clarify how an author can be said to have meant something without being specifically aware of what was intended. If the meaning of what the author says is contained in the historical context it is unclear how empathy can be used as a mode of access to what is meant.

The tension between 'what the author meant to say' and 'what the author means to the reader' is a recurrent theme in the philosophy of interpretation. Understanding of this tension has been a central concern of philosophical hermeneutics and this issue has been taken up by Ricoeur in his development of a textual model for understanding human action, which will be considered in due course.

To summarize it could be said that hermeneutical philosophy is most generally characterised by its emphasis on interpretative method as a way of reconstructing the mind and original experience of the author. This necessitates the reconstruction of original contexts in order to gain access to the underlying or 'objectivating' mind which the author might not him/herself know. This in turn calls for a need to understand the influence of historical and linguistic context on the choice of signs through which the author's mind is objectified. Finally hermeneutical philosophy is distinguished by its reliance on principles of interpretation which ensure the accuracy of the interpretation in relation to what the author meant to say. Amongst these is the methodology of the 'hermeneutical circle', which demands a consideration of the meaning of isolated parts of the text in relation to the meaning of the text grasped as a whole.

Hermeneutical philosophy raises a number of questions which are heuristically valuable in clarifying the nature of interpretation in psychotherapy. It draws attention to the need to think of empathy and to consider its merits, as an interpretative strategy. Hermeneutical philosophy also poses the need to look in greater depth at the methodology through which the past is understood and to clarify the psychotherapeutic 'search for a past' in relation to questions about how historical reality is established. It will in due course be seen that confusion about the 'nature of the past' has fuelled major epistemological debates in the psychoanalytic field. Furthermore, hermeneutical philosophy has posed the idea of an 'underlying mind' and suggested that the author may not be best positioned to understand his/her own mind and that an understanding of sociocultural context is an important means of access to the mind of the author. This raises interesting questions about confirmation in the psychotherapy dialogue, and particularly about how it may be said that the subject is in the best position to confirm whether or not a meaning ascribed to his/her own experience is correct. Finally, through the notion of the hermeneutical circle questions are raised about how psychotherapeutic interpretative understanding is constructed and how the interpretation of a particular experience (eg. a dream) relates and is tied to the interpretative account as a whole.

2.2 HERMENEUTIC PHILOSOPHY

Philosophical hermeneutics replaces the question 'How do we best understand?' (an epistemological question) with the ontological question 'What is the nature of understanding?' Gadamer's (1975) entire thesis in *Truth and method* pivots around the idea that we should not speak of 'methods' of interpretation as if they are somehow epistemologically immaculate. Interpretative 'prejudice' and 'tradition' are fully implicated in the workings of method and as such it is incorrect to speak of method as exposing or uncovering underlying truth when it is always part of the process of construction of the product of enquiry. Hermeneutic philosophers take the inevitability of this epistemological problem and attempt to understand that it is not only inescapable, but that what is brought to the interpretative project by way of an interpretative 'fore-structure' of understanding is our very access to what is to be interpreted.
The epistemological concern of hermeneutical philosophy assumes the objectivity of that which is to be known; i.e. that there is a fixed object of understanding which can indeed be known. Much of hermeneutic philosophy, on the other hand, affirms that there can be no ultimate metaphysical grounding of understanding outside of history and knowledge. We find in philosophical hermeneutics a complete reformulation of what it means to say that something is true.

This movement in philosophy is associated with the work of Heidegger and his pupil Gadamer. Two sets of ideas, one arising in the work of Heidegger and the other in Gadamer's work, are of particular value for the understanding of interpretation in psychotherapy. These are the 'hermeneutic circle' and 'the fusion of horizons'.

2.2.1 THE HERMENEUTIC CIRCLE

Heidegger (1962) strongly contextualizes human existence through his concept of *dasein* which refers to the condition of human existence as "being-in-the-world". He means by this to avoid a subjectivistic or idealistic conception of human existence and conceptualises human existence as always and already engaged with the world so that meaning is not something we give to the world but a reflection of our prior engagement with the world.

Dasein is marked by "care" for being, and care includes within its operations an openness to the "meaning of being". Enmeshed in the world and open to the meaning of being, *dasein* is inevitably embroiled in understanding (Dallmyar, 1991); i.e. there is an understanding capacity endemic to *dasein*. Understanding is considered to be an entity concerned with its own Being in its 'being-in-the-world'. If we may use the word 'pre-understanding' (cf. Packer & Addison, 1989b) to conceptualize this feature of Heidegger's care structure we would say that understanding has always already taken place when we make a conscious attempt at *verstehen*. Understanding is not the result of a correct procedure but an ongoing and inextricable feature of *dasein*. Gadamer (1975) makes this point clear in relation to textual interpretation. In the interpretation of a text we are taken up in the act of interpretation from the outset and the text does its work on us before we even begin to ask questions about meaning. We are, so to speak, drawn into engagement with the text and find that the text has asserted its meaning before we can come to ourselves and be in a position to test the claim to meaning that it makes. We are drawn into an event of truth and arrive, as it were, too late, if we want to know what we ought to believe (Gadamer, 1975).

"How is understanding possible?" asks Gadamer (1975) and continues,

> This is a question which antedates or precedes any interpretive act on the part of subjectivity, and also any methodical inquiry of the "interpretive sciences" with their norms and rules ... understanding is not just one of the possible behaviours of a subject but rather the mode of being of *Dasein* itself. It is in this sense that the term 'hermeneutic' is used here. (Gadamer, 1975, pxxx)

In Heidegger's view hermeneutics is only secondarily a method, it is primarily a constitutive or ontological characteristic of 'being-in-the-world'. "The phenomenology of *Dasein* is a *hermeneutic* in the primordial sense of this word" (Heidegger, 1962, p62).

The appropriation of understanding in interpretation "is always done under the guidance of a point of view, which fixes that with regard to which what is understood is to be interpreted. In every case understanding is grounded something we see in advance - in a foresight" (Heidegger, 1962, p191). So interpretation makes explicit what is already understood. Is interpretation then a derivative of understanding and does it merely represent what is implicitly present in pre-understanding? Heidegger (1962) clarifies the relation of pre-understanding to interpretation as follows:

> In interpretation, understanding does not become something different. It becomes itself. Such interpretation is grounded existentially in Understanding; the latter does not arise from the former. Nor is interpretation the acquiring of information about what is understood; it is rather the working-out of possibilities projected in Understanding. (p184)

The meaning that is derived through interpretation incorporates the <u>possible</u> meanings that an event may have and enquiry thus becomes a revelation of possibilities.

Gadamer pursues the temporal thrust of Heidegger's ontology[4], and clarifies the temporality of

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[4]. Gadamer emphasises the break that Heidegger had made in *Being and time* when he departed from traditional metaphysics and its foundationalism. "Heidegger's thesis was that being itself is time. This notion burst asunder the whole subjectivism of modern philosophy - and in fact, (continued...)

hermeneutics itself through his understanding of the inevitability of prejudice in the understanding of historical events. He attempts to undo 'prejudice against prejudice' which he understands as a product of 'scientism' born of the Enlightenment. He does this by illuminating the disclosive nature of prejudice. Gadamer says that tradition and history are not barriers to understanding, they are indispensable to it. He suggests that the human sciences can only be freed from their obsessive identification with the procedures exemplified by the natural sciences if the historic character of their object is acknowledged as a positive moment rather than as an impediment to objectivity. If the hermeneutic circle is a valid characterization of the conditions of all knowing, then prejudices or kinds of foreknowledge are always present and always required as devices that organise and orient perception through an inevitable anticipatory understanding. Gadamer (1975) conceives of prejudices as constitutive of understanding, "biases of our openness to the world" (Gadamer, 1975, p9). Any attempt to dispense with prejudices would not lead to their eradication but to their deeper concealment. Gadamer (1977) says that "prejudices... are simply conditions whereby we experience something - whereby what we encounter says something to us." (p9). How fundamentally different this is from the view which holds that prejudice is something which gets in the way and which needs to be bracketed or overcome in order to gain access to reality. Prejudice is for Gadamer not a limitation but a constitutive presupposition for all understanding.

According to the above formulation interpretation does not mean locking onto a fixed body of contents, pre-formulated and ready for appropriation as understanding. It means entering into a circular enquiry between what is to be understood and the pre-understanding which is brought to it and which sets the enquiry in motion. Interpretation of an event or a text means approaching it with an inevitably prejudicial or pre-structured propensity to understand in a certain way. This is the access to the text. It provides the questions with which we approach the enquiry and through which we enter into relatedness with what is to be understood. This relation is only hermeneutic (interpretative) insofar as it is circular; i.e. insofar as the pre-understanding is in turn shifted by its contact with the text. In this way, in the back and forth movement between pre-understanding and the text, both the meaning of the text and pre-understanding are transformed. The predilections of the interpreter make contact with the text and the return arc of this relatedness transforms the pre-understanding and the questions it brings. This then is the hermeneutic circle.

Gadamer's concept of the 'fusion of horizons' consists of a further elaboration of the relatedness

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[4](...continued)
as was soon to become evident, the whole horizon of questions asked by metaphysics, which tended to define being as what is present." (Gadamer, 1975, p259)

of interpreter and text.

2.2.2 THE FUSION OF HORIZONS

Gadamer (1975) says that to 'place ourselves' in the situation of another does not mean that we disregard ourselves. A certain amount of self-disregard is seen to be necessary in immersing ourselves in the situation of another, but we are also to be found 'there' in the situation.

> This placing of ourselves is not the empathy of one individual for another, nor is it the application to another person of our own criteria, but it always involves the attainment of a higher universality that overcomes, not only our own particularity, but also that of the other." (p271)

Gadamer (1977) uses the image of a horizon (originally Heidegger's term) to portray the scope and limits of an understanding. The image presents the idea that one's own perspective is never closed, but it may be limited for a time. The 'fusion of horizons' refers to the hermeneutic process of interpretation as it transcends the horizonal limits of a particular way of understanding. In fusion the perspectives of the partners (or text and reader) are transcended and this leads to a broadening of the perspective of both horizons and in the case of a text it broadens the horizons of the text. This suggests that the meaning of the text evolves in the encounter between reader and text, or that the meaning of what I say evolves in it's being understood by you.

Central to Gadamer's (1975) thesis in *Truth and method* is the belief that the interpenetration of horizons cannot be eliminated through methodological ingenuity, but rather is among the conditions of hermeneutic work itself. It is not a consequence of the failure of objectivity, but an inevitability given the nature of meaning.

There has been considerable criticism of this aspect of philosophical hermeneutics. The well known debate between Gadamer and Habermas which was conducted in the late 1960's was principally concerned with the question of objectivity (cf. Bleicher, 1980). Betti (1980), like Habermas, is critical of both Heidegger and Gadamer and characterises them as destructive critics of objectivity who would "plunge hermeneutics into a standardless morass of relativity" (p79). Hirsch (1967) similarly criticizes Gadamer and echoing the methodological aims of epistemological hermeneutics - to achieve objective, valid interpretations of cultural phenomena - believes that enough distanciation from historical objects is possible to allow for an objective social science. It is beyond the scope of the present project to enter into the debate between philosophical hermeneutics and epistemological hermeneutics. However, the most significant issues in this debate (in relation to the project at hand) will be raised in relation to the hermeneutics of psychotherapy in Chapter 3, especially in relation to the question of 'confirmation' which is a flashpoint of epistemological debate in psychotherapy.

It should be said that the view of hermeneutic philosophy is often criticised for allowing the interpreter an excessive degree of freedom. However Gadamer (1975) says that he does not intend this and describes 'a work' as having a 'compelling' presentation and a binding quality which imposes itself on the interpreter in a particular and immediate way. He furthermore argues for allegiance to the text, by saying that the interpreter must be aware of the workings of the tradition in which the interpreter is inevitably immersed. Access to the text via prejudice must be balanced by a self-critical awareness of the limits of the prejudicial horizon and only this can ensure a true 'meeting with' and being 'met by' the text. Gadamer entreats the interpreter to work within 'awareness' of the horizon which the interpreter brings to the dialogue and he refers to such awareness as 'hermeneutic consciousness'. Unfortunately Gadamer hardly elaborates the process whereby this is facilitated and his work lends itself to being criticised because he does not elaborate the 'checks' on prejudice and does not provide practical examples of how these may work.

The questions raised by hermeneutic philosophy are of immediate relevance and application to our understanding of psychotherapeutic interpretation. Some of the more obvious questions of import concern the role of the therapist's interpretative forestructure in the unfolding of the interpretative account, the nature of the 'fusional' consensus between client and therapist and especially the relation of this to the client's experience, the nature of understanding and its relation to interpretation, and questions about what it might mean to apply a 'hermeneutic consciousness' in the psychotherapeutic dialogue.

2.3 RICOEUR'S THEORY OF INTERPRETATION

Ricoeur's work is much more obviously concerned than are either Heidegger and Gadamer, with describing the steps which lead to 'valid' interpretation. To this extent the work of Ricoeur stands between philosophical and epistemological hermeneutics.

In 'Phenomenology and hermeneutics' Ricoeur (1981d) grapples with the threat of idealism that menaces Husserlian phenomenology, and in doing so he lays the foundations for what he calls 'hermeneutic phenomenology'. In discussing Husserl's belief that human action (intentionality) 'intends' a world Ricoeur questions the dictum that 'the world is a meaning, an accepted sense' (Ricoeur, 1981d). He wonders in what sense the world can be grasped as an 'accepted sense' and suggests an alternative understanding of human action which takes as an ontological foundation the view that there is no ultimate 'there' in human experience and a theory of meaning should take this into account. A central premise of Ricoeurian hermeneutics is that verbal utterances and human actions, like texts, are suffused with an excess or surplus of meaning and this complicates the determination of meaning (Ricoeur, 1979). This idea is elaborated in his 'model of the text'.

2.3.1 THE MODEL OF THE TEXT

Ricoeur (1979) establishes that the interpretation of what we do 'in saying' is more readily grasped than what is done 'by saying'. What we mean in saying may be grasped as the 'sense' of what we are deliberately trying to say; i.e. the ostensive meaning of our words. What is done 'by saying', on the other hand, is not necessarily what we intended, but should nevertheless be included in the meaning of the speech act. To appropriate the meaning of what is done 'by saying' we have to break from the ostensive or experientially literal meaning of the text - i.e. the immediate reference of an utterance or action. This moves us from understanding in the communicative sense into the realm of 'interpretation'.

Ricoeur (1979) distinguishes 'understanding' and 'interpretation'. Ricoeur imagines immediate contact with a speaker as paradigmatic for understanding. Immediate contact allows access to and clarification of the speaker's intended meaning. Human events and communications are 'understandable' in the sense that we appreciate what is intended. For the most part the moment to moment events of social life are conducted in an aura of understanding; i.e. until meaning presents itself as a problem or until unintelligibility raises its head. At this point the textual nature of human events comes into its own and interpretation becomes a necessity. But interpretation, even when not in the presence of the need to 'establish' understanding, is a part of human discourse.

The relation between speaking and hearing is the paradigm for 'understanding' a person, but Ricoeur (1979) maintains that understanding human action is more like a reading a written text than listening to a speaker. The difference between speaking-hearing and writing-reading is central to Ricoeur's 'model of the text'. In 'The hermeneutical function of distanciation' Ricoeur (1981e) states that one writes for everyone who can read, but one speaks for a person. However, as soon as the 'signs' of speech or the 'objectifications' of action are seized upon out of their immediate communicative and intentional context, they take on a textual character and are subject to a textual mode of interpretation.

In Ricoeur's (1979) 'The model of the text: Meaningful action considered as a text' we are confronted with the argument that the way in which the meaning of human action may be grasped is similar to the way in which meaning evolves in the reader's encounter with the written text[5].

In the reading of a text we find a break between the original intention of the author and the meaning of the text. They cease to coincide. "The letters of Saint Paul are no less addressed to me than to the Romans, the Galatians, the Corinthians, etc." (Ricoeur, 1981a, p192). What the text says now is not necessarily what the author meant to say[6] and the meaning of an inscribed (written) event surpasses the meaning contextualised in a situated event; i.e. the event in its specific context[7]. This 'excess' or 'surplus of meaning' is a crucial feature of the text.

If we accept the idea of the unconscious, it is self-evident that we need to interpret the meaning of actions beyond reference to the doer's intent (cf. Chapter 3 section 3.1). However, even without the idea of the unconscious it is almost self-evident that actions may have attendant meanings which were not intended and not experienced at the time of the action[8]. From psychoanalysis we have the example of events gaining traumatic significance by deferred action (Freud's '*Nachtraglichkeit*') or retroaction; action working in reverse sequence to create a meaning that did not previously exist (Brooks, 1984, p280). Like the written word, which breaks free from the context of its origins, human actions develop consequences and future meanings which the author or agent could never predict or anticipate and therefore intend. So the meaning of an action surpasses that which is intended.

Ricoeur (1979) finds that human action is an 'open work' the meaning of which is 'in suspense'.

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[5]The argument is not that human action *per se* is textual in character, but that the meaning of action is like the meaning of a text. One would be hard pressed to argue that human action in general is like a text, considering that a text is defined by its finished or completed character and action is coterminous with everyday activity which is by nature incomplete. However, certain spheres of human action are indeed textual in an ontological sense, in being delimited from everyday life. Gadamer (1975) argues that this is true for the domain of 'play' suggesting that play itself does not partake in everyday intentionality. As a domain of existence it is delimited from and discontinuous with everyday projects and the nature of the game is that it is not associated with the subjectivity of the players.

[6]Ricoeur (1979) describes every new exegesis as unfolding its meanings within the circumference of a meaning that has broken its moorings to the author.

[7]Ricoeur argues that the text refers to a *Welt*, whereas the spoken word is contextualised in the surrounding or *Umwelt* to which it is affixed. "Only writing, in freeing itself, not only from its author, but from the narrowness of the dialogical situation, reveals this destination of discourse as projecting a world" (Ricoeur, 1979, p79).

[8]For example, let us say that I am angry with you and wish to harm you. I throw a stone at you. Imagine then that the stone causes an injury which leads to disability, feelings of remorse on my part, a criminal prosecution, etc. The meaning of the action evolves.

Human deeds are characterised as waiting for fresh interpretations which decide their meaning. Like the text whose "career escapes the finite horizon lived by its author" (Ricoeur, 1979, p78), there can be no exhaustive attribution of meaning to an event.

However Ricoeur is unequivocal in steering away from relativism and claims that the text undoubtedly has an interpretative destiny. The destiny of the text is not fixed and immutable, but nor is it panoramically open-ended. "A text is a finite space of interpretations: there is not just one interpretation, but, on the other hand there is not an infinite number of them" (Ricoeur, 1991f, p496).

Ricoeur (1976) says that when we first grasp the text we grasp it as a whole in a naive, 'guesswork' kind of way[9]. The intuitive grasp of the text, conceived as a naive horizonal fusion with the text is then subjected to validatory questioning. The validatory step overcomes the potentially boundless plurivocity of meanings. It does not negate the necessity of this preliminary intuitive mode of access to meaning (this is our entrée to the text), but subjects it to certain constraints.

Methods for validating guesses have been established by Hirsch (1967) and Ricoeur (1976) agrees with Hirsch that validation of an interpretation is based on a logic of probability rather than on a logic of empirical verification. The more probable 'guess' is that which takes account of the greatest range of material furnished by the text (principle of plenitude) and offers a qualitatively better convergence between the features which it takes into account (principle of congruence). By taking these principles into account Ricoeur (1976) has argued that it is possible to distance oneself from biased foreconceptions of understanding. In this sense Ricoeur is critical of philosophical hermeneutics and he would have that hermeneutics fulfil a methodological function and provide standards for choosing among different interpretations.

Ricoeur's theory of interpretation throws further light on why the interpretation of the meaning of a text provides us with a model for understanding the meaning of human expressions or 'objectifications' of mind.

2.3.2 THEORY OF INTERPRETATION

Ricoeur (1981h) considers anew the Diltheyan distinction between explanation and understanding

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[9]Ricoeur (1981h) describes the dialectic between understanding and explanation as representing a form of the part-whole relation which has been described (in this context) by the term 'hermeneutical circle'. In understanding we comprehend or grasp as a whole the chain of partial meanings in one act of synthesis, whereas in explanation we unfold the range of propositions and meanings.

and achieves a less dichotomous and more dialectical relation between these apparently opposing investigative attitudes. Ricoeur achieves this in a number of ways. One form of the argument is his well known defence of Freudian energetics which will be discussed in Chapter 3, section 3.1. Another of the many fronts on which he approaches this issue is through the development of his theory of interpretation. The interpretation of meaning transports the interpreter through a set of dialectical procedures. In each case one pole of the dialectic aligns with the Diltheyan commitment to 'understanding' (or a derivative thereof) and the other pole represents a derivative of the attitude of 'explanation' and the theory of understanding weaves a complex dialectical interplay between understanding and explanation. Ricoeur thus achieves a hermeneutics which is as much concerned with 'causes' as it is with 'reasons' and as much involved with empathy as theoretical explanation. In so doing he attempts to overcome what he perceives to be an overly subjectivist thrust both in methodological hermeneutics and in phenomenology (Husserl's idealism).

In *Freud and philosophy*, Ricoeur (1970) characterized hermeneutics as polarized between two projects; the 'recollection of meaning' and 'the exercise of suspicion'.

> According to the one pole, hermeneutics is understood as the manifestation and restoration of a meaning addressed to me in the manner of a message, a proclamation, or as is sometimes said, a *kerygma*; according to the other pole , it is understood as a demystification, as a reduction of illusion. (Ricoeur, 1970, p26)

Ricoeur develops the idea that these distinct projects are dialectically related and ultimately he understands that hermeneutics lies between phenomenology (which takes meaning as its project) and structuralism (which takes the uncovering of underlying causes as its project). His hermeneutic phenomenology, elaborated through the following theory of interpretation, reveals his dual allegiance.

The following describes two of the key dialectical relationships which are elaborated in Ricoeur's (1981e) 'The hermeneutical function of distanciation' and which form the foundations of the structure of his theory of interpretation.

The foundational dialectic is that of 'event' and 'meaning': The fact that 'events' of discourse can be identified and re-identified gives to events a 'meaning'. Events are temporally contextualised in the present moment while meanings endure and open up what is said to others. In any interpretative endeavour there will inevitably exist a tension between the moment in time described as an 'event' and the meaningfulness thereof.

The meaning pole of the event-meaning dialectic is in turn organised around the dialectic of 'sense' and 'reference'. 'Sense' means the 'ideal' or intended meaning ('utterer's meaning'), and reference points to what the utterer in fact says or what the sentence means ('utterance meaning').

Reference is conceived of as the 'objective' pole of meaning because it relates language back to the world. The term 'objective' is used not in the sense of Cartesian objectivity, but to refer to the extra-linguistic world which the notion of reference intends. In this respect reference is more than communicative and points us to the extra-linguistic reality of saying; i.e. not only to 'what' is said but to that 'about which' it says what it says. It thus represents the truth value of the linguistic proposition. In oral discourse reference is determined by the ability to point to a reality common to the interlocutors. In the text we require a sort of second order reference which reaches the world at the level that Husserl designated as the 'life-world' and Heidegger 'being-in-the-world'.

In the Husserlian understanding phenomenology is to get "back to the things themselves". The phenomenological *epoché* aims at a suspension of all natural attitudes and beliefs regarding what may lie behind or 'explain'. The aim is to arrive at a pre-theoretical experience of the world. In this way interpretation is a regressive analysis which removes layer by layer a series of secondary presuppositions or beliefs (Ihde, 1971). The theory of evidence weights that which is given in 'immediate experience' (intuition). To arrive at the world of immediate experience a reduction of presuppositions is necessary. This is understood by modern existential-phenomenological research methodologists as necessitating a 'bracketing' of assumptions (cf. Giorgi, 1985) and this is presumed to be necessary for a competent description of 'the thing'. Ricoeur (1981d), in his essay 'Phenomenology and hermeneutics', suggests that the world of immediate experience is an idealist world because it reveals only the world as grasped and revealed in the subject-world engagement.

To provide a simple example, we might say that it is in no way self-evident to me or perceivable to my immediate/intuitive experience that when I follow a particular prescription about behaving politely to women, that my behaviour could have the meaning of perpetuating, say, certain relations of domination between the sexes. In my own experience the behaviour may be meaningful as politeness or even warmth, but the meaning of my behaviour, perceived from the point of view of another or from the point of view of a theory of gender relations, may take on a structurally deeper and different meaning. It is the particular strength of Ricoeur's theory that he is able to account for meaning which binds together the phenomenological and structural (i.e. the structures according to which behaviour is organised) meaning which is not intuitively present to awareness.

Ricoeur's approach is both phenomenological and hermeneutic. It is phenomenological in that it seeks to clarify through reflective analysis that which is immediately and indubitably given to consciousness. It is hermeneutic in that this reflective analysis is not merely descriptive of experience in an introspective sort of way, and it exceeds that which is immediately given to consciousness in a Husserlian sense. It is interpretative, not only because subjective meaning does not readily disclose itself or because our bias obscures the direct perception of the other, but because meaning is not purely subjective experience. This crucial point is elaborated by Madison (1990) who shows how Ricoeur's work places the question of meaning itself at the juncture between the metaphysical subject and the social world. In this sense meaning is wrought in the dialectical tension between subjective experience and the world beyond the subject, of which the subject is nevertheless a part.

Ricoeur's work provides an extraordinarily rich and complex resource for developing our understanding of psychotherapeutic interpretation. Much of his theory of interpretation has still to be extrapolated out of its literary context, into a form which can be assimilated to our understanding of the theory of interpretation of meaning in the psychotherapy context. His work promises to be particularly valuable for understanding the following issues in psychotherapeutic interpretation: (1) The relation of 'understanding' and 'empathy' to 'interpretation' (2) The relation of 'explanation' to 'interpretation' (3) The relation of intended meaning to referential meaning (4) The relation of 'surface' to 'depth' interpretation.

2.4 HABERMAS'S IDEAL SPEECH CONDITIONS

Habermas (1972; 1991) is deeply interested in the emancipatory potential of psychoanalysis, but very little of this feature of his work is discussed following. In the present context the interest in Habermas is explicitly guided by the need to extract the fundamental contributions that he made to the philosophy of interpretation, rather than to understand the fascinating and important contribution he made to the understanding of psychoanalysis. The following thus represents a very focused reading and deals only with those parts of Habermas's philosophy of interpretation which have a specific relevance to our understanding of the dialogical communicative context.

Two dimensions of Habermas's work stand out as having particular relevance to this study. The first of these is his argument that psychoanalysis suffers from a degree of scientistic self-misunderstanding. This will be discussed in Chapter 3. The other focus of interest is his notion of 'ideal speech conditions' and the related idea of 'communicative competence'.

Like Gadamer who gives primacy to encounter and engagement ('fusion of horizons') Habermas is concerned to understand the dialogical process of interpretation. However, Habermas was strongly critical of Gadamer's hermeneutics and was especially critical of his failure to furnish standards of valid interpretation. Habermas (1979) attempts to lay out a set of dialogical conditions which enable undistorted communication to take place and which facilitate the 'objective' transfer of meaning. 'Ideal speech conditions' are conceived as the conditions of dialogue in which there is no domination of the dialogue by one of the participants to the dialogue or by one of the perspectives represented. Central to Habermas's (1991) theory of 'communicative competence' is the capacity to unearth in the language of the communicative event the way in which the language serves as a medium of domination. Habermas (1980) finds that hermeneutics has problems in handling systematically distorted communication and rejects Gadamer's ready acceptance of tradition saying that tradition can mask relations of domination. Habermas also sets himself against Gadamer's 'prejudice for prejudice' and suggests that Gadamer's view denies the potency of reflection, a potency which proves itself in its ability to reject the claims of tradition; i.e. the workings of effective history. Prejudice is not inevitable and an overcoming of prejudice may be facilitated through 'ideal dialogue' in which the speaking of the other may be grasped.

Habermas (1972) insists that claims to truth and rightness must submit to discursive justification. They have to be analyzed in terms of the possibility of 'rational consensus'. A consensus is rationally motivated to the extent it is the result of the force of the arguments advanced and not of accidental or systematic constraints on communication; i.e. not a kind of 'pseudo-communication' motivated by domination or compliance. In describing the dialogical conditions of rational consensus Habermas (1991) proscribes any form of constraint on communication. The absence of constraint requires that the pragmatic structure of communication allows an effective equality of opportunity for participants to assume dialogical roles.

In addition to ideal speech conditions Habermas (1991) prescribes a final interpretative step. Habermas's work is marked by an insistent demand that hermeneutics be supplemented by some sort of systematic critical procedure (Outhwaite, 1987). He finds that it is too easy to fall prey to a (Gadamerian) fused horizonal state without having paid sufficient attention to the meanings of the text or subject of interpretation. It is especially easy to fall into this given the relations of domination that may be enshrined in interpretative relations. Therefore, should the ideal speech conditions fail, a further hermeneutic step is necessitated. "Hermeneutic consciousness remains incomplete as long as it does not include a reflection upon the limits of hermeneutic understanding." (Habermas, 1980, p190). He finds the paradigm for this procedure in Freudian psychoanalysis and in particular he sees the engendering of self-reflection as the goal of psychoanalytic science. Habermas (1972) classes psychoanalysis as a critical social science[10] and sees self-reflection as the foundational operation of critical social science.

Thus Habermas brings to our attention an awareness that the dialogical interpretative encounter may suffer from hidden relations of domination which provide a type of 'prejudice' that can in no sense be regarded as revealing. He calls attention to the need for a critical process of reflection

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[10]Habermas (1972) distinguishes between three 'types' of science: empirical science, hermeneutic science and critical social science.

on the conditions of the interpretative dialogue and on the outcome of the dialogical inquiry. Furthermore he finds the necessity that dialogue strive for an overarching self-understanding which overcomes the relativism of the unselfconsciously fusional state. This self-reflective activity of dialogue is also understood to have the capacity to correct speech conditions and thus instil the conditions of 'true' dialogue, which are understood to be the surest measure of verification of an interpretation. Thus the dialogical conditions of interpretation are regarded as the basis of confirmation. Given the right conditions - a dialogue free of domination - accurate interpretation is likely to take place.

In relation to our understanding of interpretation in psychotherapy Habermas turns us to examine the speech conditions of the psychotherapy relationship and to critically examine the role of interpretative forestructure in the revelation of meaning. His work also promotes an interest in the degree to which the psychotherapy dialogue is aware of its own nature and the degree to which reflection upon the conditions of the dialogue are considered to be a part of the therapeutic interpretative process. Furthermore, he returns us to questions about the need to confirm interpretations in relation to the subject, and to wonder about the place of the subject in the confirmation of 'depth' or 'critical' interpretations.

2.5 CONCLUDING COMMENT

It should be clear from the above that the philosophy of interpretation represents neither a coherent nor an uncontradictory set of ideas. We must be cautious about describing a hermeneutic 'approach' given the obvious lack of homogeneity in the field. It should be noted that the need for this discretion - i.e. the avoidance of describing a definitive hermeneutic method - is often overlooked. In the psychotherapeutic literature one finds a tendency to describe the principles of a hermeneutic approach (cf. Omer & Strenger, 1992) without due deference to the fact that there is a decided lack of a uniform position in the philosophy of the interpretation of meaning.

There is no specific 'hermeneutic method', there are only 'issues' raised by the philosophy of interpretation and these can be used to edify the nature of psychotherapeutic interpretative practice.

CHAPTER 3
THE HERMENEUTIC FOUNDATIONS OF PSYCHOTHERAPEUTIC INTERPRETATION

Much of the early psychoanalytic literature on interpretation was technical in nature and engrossed with generating 'rules' of interpretation (cf. Loewenstein, 1951); eg. rules about when to interpret, how to phrase interpretations, how to deal with resistance, etc.[11]. There has been rather less interest, until relatively recently, in clarifying the metatheoretical assumptions that underlie therapeutic interpretative practice. In their review of literature on the issue of psychoanalytic confirmation - i.e. how and whether the truth of psychoanalytic explanations can be established - Ramzy and Shevrin (1976) expressed astonishment at the paucity of psychoanalytic comment on the issue of confirmation. The review cited only a dozen articles by psychoanalysts on this subject in a period of fifty years. More recently there has been a marked increase in reference to epistemological issues in the psychoanalytic literature.

Grünbaum's (1984) *The foundations of psychoanalysis* is a key text in the recent upsurge of interest in understanding the epistemological foundations of psychoanalysis. His book is a response to and a rebuttal of the appropriation of the project of psychoanalysis by those intent on reflecting the method as an essentially non-empirical method, which he calls the hermeneutic trend in psychoanalysis. The movement for a hermeneutic reformulation of psychoanalysis was sparked by the 1970 publication of Ricoeur's *Freud and philosophy.* Habermas's (1972) *Knowledge and human interests* fuelled this trend with the well known argument that psychoanalysis had misunderstood its own epistemological foundations, and that psychoanalysis was more hermeneutically inclined than Freud and his followers had realised. A new critique of the Freudian heritage simultaneously emerged within the field of psychoanalysis. This was led by the efforts of a generation of psychoanalytic theorists who were united by their disenchantment with Freudian epistemology. Particularly notable amongst these are Gill (1976), Schafer (1976), Spence (1982) and Steele (1979).

Considering the expressed commitment to a hermeneutic reconstruction of psychoanalysis, it is surprising to note that within the work of the hermeneutically inclined psychoanalysts there has been relatively little reference to or borrowing from the work of the philosophers of interpretation.

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[11] These have been perennial issues in psychoanalytic writing although as Levy (1984) points out there has been too little emphasis on a systematic exploration of principles of interpretation, considering the centrality of interpretation to psychoanalytic method.

Given that the philosophical terrain is as complex and contentious as it is, it is understandable that the meagre and largely *ad hoc* psychological appropriation of philosophical ideas has not proceeded without distortion of certain ideas. Perhaps most notably the hermeneutic approach has been interpreted as license for a type of epistemological relativism (cf. Omer & Strenger, 1992) which is nowhere intended in the philosophical literature, at least in respect of the work of the author's reviewed. It should also be said that some of the main philosophical achievements within the philosophy of interpretation, most significantly Gadamer's *Truth and method* and Ricoeur's theory of interpretation, are scarcely referred to in the emerging psychological literature on interpretation[12]. There has, to the present author's knowledge, been no sustained attempt to draw these achievements into the understanding and development of psychotherapeutic theory and practice. Besides the obvious affinity between 'readers' and 'psychotherapists' in their both being faced with 'signs of mind' that need to be deciphered (Mook, 1990), the affinity between textual interpretation and psychological interpretation is not self-evident. However, as has already been shown, for certain philosophers of interpretation, most notably Dilthey and Ricoeur, confirmation of this affinity is a hallmark of their work. Their work lends itself to psychological appropriation and invites us to examine the entire opus of the philosophy of interpretation for an enrichment of psychological interpretation.

There has been a recent spate of interest in applying principles derived from the philosophy of interpretation to psychotherapy (cf. Bouchard & Guérette, 1991; Chessick, 1990; Mook, 1990). In some such attempts one sees hermeneutics presented as a unique approach to psychotherapy and research. In such instances it has been presented as a <u>method</u> rather than as the <u>study</u> of interpretation *per se*. The approach taken following, on the other hand, principally regards hermeneutics as the study of interpretation. It is suggested that by focusing on understanding the nature of understanding and interpretation a general theory of interpretation could emerge which would have roots in both philosophical anthropology (philosophical hermeneutics) and the methodological orientation of hermeneutical philosophy. The outcome of such an approach would be to take the natural human capacities for empathising, interpreting and understanding meaning and present them as psychotherapeutic method.

It might be said that psychotherapeutic interpretative practice has developed through something of a trial-and-error process and the most valuable thing to do at this stage is not to bring yet another set of ideas to the already ungainly field, but to study and understand the interpretative

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[12]Although Ricoeur's *Freud and philosophy* is quite widely quoted his more recent work on the theory of interpretation is rarely referred to in any depth. For example, Strenger (1991) in a full-length book on hermeneutics and psychoanalysis mentions Ricoeur only in passing and Gadamer gets barely a showing.

practices already in place. The point is not to cast something new, but to bring greater clarity and perhaps refinement to our understanding of the methods that have developed in over one hundred years of psychotherapeutic practice. The conceptual tools (hermeneutic keys) with which to approach the task are ready-to-hand if we turn to the work of the philosophers of interpretation and it is indeed astonishing that psychotherapists have not looked with greater interest to this rich font of ideas which promises to bring much needed self-understanding to psychotherapeutic interpretation.

The aim of this chapter is to identify the key issues which have characterized debate about the nature of interpretation in psychotherapy. Understanding of these issues will be deepened and extended with reference to ideas derived from the philosophy of interpretation, many of which have already been raised in Chapter 2.

3.1 UNDERSTANDING AND EXPLANATION

Debate about the epistemological status of psychoanalysis has been heavily flavoured by the distinction between understanding and explanation which Dilthey argued in favour of and the rejection of which laid the foundations for philosophical hermeneutics and especially Ricoeur's contribution. Fuelled by the presupposition of a dichotomous relationship between understanding and explanation and their derivatives, there has been a strong tendency to adopt an either/or position in relation to the distinction between these orientations. The epistemological debate in psychoanalysis may be pared down to the issue about whether psychoanalysis is a discipline essentially involved with explaining causes (cf. Grünbaum, 1984) or whether it is essentially a semantic project of imparting meaning (cf. Schafer, 1976), or whether it is in fact a hybrid of the two (cf. Ricoeur, 1970). This debate has, since Dilthey's pioneering work, been a general feature of epistemological debate in the human sciences[13] and a hallmark of psychoanalytic epistemological debate. It will be argued, following a Ricoeurian line, that the dichotomy is spurious and that a dialectic of reasons and causes is necessitated by the problematics of trying to understand 'unconscious' behaviour as meaningful. Through this argument will be developed a rapprochement between explanation and understanding and it will be further argued that these two investigative approaches are dialectically related in the 'deepening' of understanding in psychotherapy.

Grünbaum (1984) repudiates the argument that 'reasons' rather than 'causes' provide the medium

[13]Strasser (1985) summarizes the range of positions that have been taken in determining the relation between understanding and explanation in the human sciences. The history of the philosophy of the social sciences is littered with attempts at reconciling these supposedly dichotomous investigative attitudes.

of clinical explanation in psychoanalysis. Grünbaum's understanding of the hermeneutic interpretation of psychoanalysis ties hermeneutics to the (Diltheyan) commitment to intelligibility via reasons or intentions. The hermeneutic argument has, he claims, been that explanation by reasons is logically incompatible with the kind of causal explanation found in the natural sciences. However, Ricoeur takes as his point of departure the criticism of Dilthey's argument for *understanding* as the rightful province of psychology (see Chapter 2). Ricoeur's particular variety of hermeneutics does not cast hermeneutics as anti-causal and does not claim that human intentionality calls for explanation framed exclusively in terms of the agent's reasons or intentions. Ricoeur differs in this way from certain of the psychoanalysts promoting a hermeneutic reconstruction of psychoanalysis, who do indeed have a tendency to align exclusively with the project of understanding. In Schafer's (1976) construal of psychoanalysis, for example, the distinction between reasons and causes is overcome in the direction of reasons, where causes are treated as 'disclaimed' or 'unowned' reasons. The psychological account, from this perspective ultimately turns fully towards reasons and Schafer suggests that this is the project of psychoanalysis to bring the unconscious to its implicit reasons. The implication is that the latencies of human existence are defined as standing in the possibility of, and in need of, being brought fully to language. Ricoeur's argument is more tolerant of the latencies of everyday life and sees the unconscious and the model of understanding that goes with it as an *existenziale* of human existence.

The point Grünbaum (1984) seems most eager to establish is that the reason-cause dichotomy is spurious for a different reason, because intentional phenomena function as a species of cause. Explanations that rely upon reasons, he suggests, do not imply acausality and are not fundamentally different in kind from other instances of causal explanations.

As has already been suggested, Ricoeur (1981h) moves the debate beyond the either/or position adopted by Grünbaum (1984) and Schafer (1976). He posits a dialectical relation between explanation and understanding and shows how psychoanalysis relies on a 'mixed discourse' drawing on both epistemic systems.

Ricoeur (1977) suggests that if we consider psychoanalysis simply as an investigatory procedure it could be wholly subsumed under the aegis of the historico-hermeneutical sciences, alongside philology and exegesis. As an investigatory procedure psychoanalysis has a strong affinity with textual interpretation. As such psychoanalysis treats the unconscious to participate in the same psychic structures as does consciousness. This common structure allows us 'to interpolate' unconscious acts into the text of conscious acts. This function of psychoanalysis is well represented by those authors, in particular Schafer (1976), who has interpreted psychoanalysis as an extension of the vocabulary of reasons (intention, motives, etc.) into the unconscious realm of behaviour. Psychoanalysis, according to this interpretation, adds nothing to ordinary conceptuality. It only extends the concepts of ordinary language in a new domain characterized as 'unconscious'. In this way, for example, it might be said of Freud's (1909b) 'Rat Man' that he experienced a feeling of hostility toward his father without being aware of it. Understanding this assertion rests on the ordinary meaning we give to this sort of hostility in situations where the agent is able to recognize such a feeling as his own. The only novelty here is the use of clauses such as "without being aware", "unknowingly", "unconsciously", etc. (Ricoeur, 1977).

Ricoeur (1977) goes on to argue that as well as being an investigatory procedure psychoanalysis is a method of treatment and it is in this function that the language of reasons becomes inadequate. Regarding psychoanalysis as a method of treatment, Ricoeur argues that a model of understanding and its attendant emphasis on reasons can probably not account for the patient's obdurate motivation to 'resist' psychoanalytic work. It is especially in relation to the psychoanalytic struggle against resistance in the course of the treatment that the need for a theory of forces or 'energetics' is necessitated (Ricoeur, 1977). By coordinating interpretation and the handling of resistances, analytic praxis calls for a theory in which the *psyche* will be represented not only as a text to be interpreted but also as a system of forces which are aroused in opposition to the psychoanalytic work. It is the complex character of analytic practice which requires psychoanalytic theory to overcome the apparent contradiction between the interpretation of a text (as meaning) and the regulation of forces which are discernible in 'unconscious resistance'.

The problem which 'the unconscious' poses for our understanding of human action was destined to turn the hermeneutic debate a full circle and revivify the philosophy of explanation as it pertains to psychology (Dallmyar, 1991).

Freud appealed to a psychological language which is in a phenomenological sense alien to the mind. Freudian concepts such as 'libido' and 'drive' can on the one hand be read as a simple way of reducing the mind to mechano-physical properties and hence rendering human meaning to the order of explanation. There is, however, another way of regarding the use of these apparently alien concepts, which posits a necessary reliance on such concepts. The idea that psychological discourse is of necessity an amalgam of explanation and phenomenological understanding is the foundation to Ricoeur's contribution to the hermeneutics of human action and a central tenet of Ricoeur's (1970) *Freud and philosophy.*

Sherwood (1969) in his *Language of explanation in psychoanalysis* argues that what is remarkable about psychoanalytic explanation is that it brings into view motives which are causes and which require an explanation of their autonomous functioning. Ricoeur (1970) similarly argues that the economic model preserves something essential in view of man's alienation from himself; viz. that psychic functioning is driven, as it were, 'from the outside'. Habermas (1991) adopts a similar line of argument in citing MacIntyre's study of Freud's theory of the unconscious:

> The purpose is unconscious if it is not only unacknowledged (that alone would merely make it preconscious) but if the patient is unable by ordinary means to acknowledge it. It is this inability of the patient which introduces a genuine causal element into the explanation of the behaviour in question. (p186)

Schafer (1976) and Spence (1982) (psychoanalysts of the new 'narrative' persuasion) tend to see the reification of the unconscious as resulting from a process of desymbolization and hence from a specific self-alienation. They broadly interpret the unconscious as a type of communication disturbance, and analytic experience as a reappropriation that inverts the process of 'splitting-off' of experience. In this sense psychotherapy is a process of resymbolization of the desymbolized. Ricoeur (1981), on the other hand, tends to argue not that the unconscious is desymbolized so much as it is an area of existence that tends to lie outside of the area of symbolization. Whereas for the narrative psychoanalysts the unconscious consists of split-off intentionality (i.e. experience within the realm of 'reasons') for Ricoeur the realms of reasons and causes are not reconciled but dialectically bound together in psychoanalytic discourse and this is serves as the foundation of his defence of Freudian 'energetics'.

There have been other attempts to reconcile the reasons-causes or understanding-explanation debate in psychotherapy. Ornstein and Ornstein (1980) suggest that in the reality of the therapeutic encounter, described from the point of view of the therapist, 'bits' of understanding and 'bits' of explaining are not as distinguishable from each other as they are in theory; i.e. as a conceptual analysis of the notions of explanation and understanding implies. If we look at the analyst's contribution alone; i.e. the explicit verbal interpretations, it is by no means clear when interpretation follows a model of explanation and when it follows a model of understanding. If we take the client's perspective the distinction becomes more easily discernable, but nevertheless the separate processes may be reconciled as different functions of interpretation which has 'depth' understanding as its objective.

A valuable contribution to our understanding of this issue can be drawn out of the literature of 'self psychology', as conceived by Kohut (1971, 1977). Following a Kohutian line or argument, Ornstein and Ornstein (1985) say that no effort at grasping one's own or another's inner experience is theory free. However, in contrast to explanation, understanding is relatively theory free. Goldberg (1988) similarly suggests that understanding (synonymous with empathy) is experience-near, whereas explanation (synonymous with interpretation) is relatively experience-distant and goes on to argue that both play a constructive role in the therapeutic process.

For Kohut (1971, 1977) psychoanalytic interpretation consists of two distinct but interrelated processes: (1) 'understanding psychology' - with introspection and empathy as its methods and (2) 'explaining psychology' - with inference, concept formation and theory building as its methods and the search for causal connections as its objective[14]. Self psychology claims to be especially sensitive to the patient's way of responding and empathy (understanding) means staying with the patient's experience without the effort, at first, of making sense of it. The emphasis is on establishing and maintaining contact and reflecting back the patient's own self-understanding. Clarification is understood as a necessary part of this process, but it has the power to articulate the client's life in a limited sense only. In contradistinction explaining means placing the understanding arrived at by the patient and analyst into a development-genetic context. Explanation places what is understood in its genetic context, and establishes the meaning and motive for the patient's immediate experience in a temporal and biographical perspective. Explaining aims at grasping the patient's experience in terms of motivation and purpose, whereas empathy grasps at the phenomenologically immediate.

The purpose of the two stage process is ultimately to combine understanding and explanation. Ornstein and Ornstein (1985) describe a case:

> The analyst was then able to combine her understanding and explaining into a comprehensive reconstructive interpretation, that connected the patient's immediate experience on the couch... with her life-long, habitual ways of defending against her intense wish to be admired, which now had become associated with a sense of shame and humiliation. (p51)

This level of intelligibility allows and indeed requires the contribution of experience-distant explanation for the reconstructive purpose, which incorporates the genetic (causal) links. Temporal linking and ascription of causes or genetic explanation is inevitably somewhat experience-distant.

Initially the analyst strives to find an 'objective' expression of the patient's inner feelings. Veracity lies with the patient who is understood to be the one best able to attest to the accuracy of the representation as a true reflection of an experienced inner state. This gives rise to the experience of being understood and develops trust in the therapist's capacity for understanding. But such empathy is conceived by Kohut (1977) to be insufficient for the successful completion of the analytic work. The empathic vantage point and mode of interpretation (clarification) achieves only a limited expansion of the patient's self-awareness. Empathy is not a sufficient condition for the disclosure of 'unconscious', 'split off' and possibly 'repressed' aspects of the self, and leaves intact

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[14]. This distinction although not derived from hermeneutical philosophy is comparable to Dilthey's distinction between *verstehen* and *erklären*.

the defensive operations. On the other hand through explanation and the introduction of genetic interpretations which link present and past, there is the opening for what might be termed 'depth' interpretation. Explanation leads to a greater sense of the patient's own continuity over time and develops a sense of a unified self-understanding which gives understanding 'across' conflicting, disparate feelings and across time.

Strasser (1969) has moved phenomenology towards a dialogical perspective which attempts to provide guidelines for binding together the phenomenological, intuitive understanding of psychological reality and an appreciation of the role of the other in establishing the genetic meaning of experience. He hopes to establish a more faithful relationship between theory and practice through this approach and to develop a more genetically capable dimension to phenomenology; recognizing that an enquiry needs to be more than descriptive in order to clarify how a given phenomenon has arisen. The genetically capable description requires a causal component which is not given in the immediacy of an experience and in the description thereof.

In <u>summary</u> the above section has attempted to demonstrate that the understanding of interpretation in psychotherapy needs a theory which is somehow able to account in a phenomenological sense for the language of reasons in the form of intuitive self-understanding (introspective) which is grasped in an immediate way, and at the same time incorporate revelation of meaning derived from explanation which is causal, genetic and relatively experience-distant. The relation between explanation and understanding is a fundamental concern which to date theorists of psychotherapy have reached little consensus.

Central questions needing answers are: (a) In what way is the appropriation of surplus meaning related to explanatory processes? (b) What are the respective functions of understanding/empathy and explanation in the interpretative project of psychotherapy? (c) What is the place of theory in the psychotherapy session and what is its relation to self-understanding? (d) What is the relation between self-experience as immediately grasped, and self-experience which is grasped through imagining oneself, as it were, from the point of view of the other. (e) What is the role of the 'other' in revealing the surplus of meaning? (f) Is self-understanding an essentially inward-looking process and if not what is the significance of the encounter with the therapist in the disclosure of the surplus of meaning?

The way in which psychotherapists have dealt with the issue of the confirmation of psychotherapeutic interpretations will now be addressed.

3.2 THE ISSUE OF CONFIRMATION

Ricoeur (1977) argues that psychoanalysis has never quite succeeded in stating how its assertions are justified, how its interpretations are authenticated and how its theory is verified. The following discussion will look at some of the problems that inhere in psychoanalytic thinking about confirmation. The discussion will later draw on other therapeutic approaches with a view to identifying some of the intrinsic problems involved in defining a theory of confirmation appropriate to the psychotherapeutic situation in a more general sense.

In psychoanalysis the analyst is encouraged to generate insights by maintaining a free floating form of attention. The method used to derive ideas does not in itself provide a means of separating the wheat from the chaff, the truth from the merely thinkable. The truth value of an insight is, according to Sand (1983), not dependent on how it came to be, but upon whether it turns out to be true. The epistemology of psychoanalysis is concerned not so much with how interpretations are arrived at as how they are to be evaluated, irrespective of how they were arrived at. The philosophy of science in psychoanalysis is chiefly concerned with the procedures of verification and there is remarkably little said about how the procedure for generating insights might be methodologically bridled.

It is not clear what type of evidence finally makes a psychoanalytic understanding true. Sand (1983) suggests that the patient's behaviour, including free associations, reactions to interpretations, the patient's circumstances and changes in circumstance comprise the material to be used as proof. An accumulation of evidence in favour of an interpretation is by weight considered to establish veracity. Among the various types of corroboration none has primacy;i.e. an *a priori* privileged epistemological status. Evidence is considered corroborative when it is sufficient or enough. Then we may presume that we are no longer guessing or imagining. But finally Sand (1983) concludes that there is no clear confirmation theory in psychoanalysis. Psychoanalysis is astonishingly unprescriptive about how analysts are supposed to arrive at their interpretations and only a little more clear about how interpretations are to be evaluated. The guidelines for the evaluation of an interpretation are not a prominent feature of clinical lore and they have to be picked out of the literature because they are nowhere clearly spelled out. For this reason Leavy (1984) expresses the need to develop a systematic set of principles of interpretation for psychoanalysis. But there has been no recent, authoritative book in the field, only fairly isolated papers.

Probably the most significant commentaries in the field are to be found in the mass of literature that has collected around Freud's case studies. If we are looking for constructive suggestions this literature provides us with very little discussion about the standards for sorting out legitimate interpretation from pseudo-interpretation. What should 'legitimate' mean when applied to an interpretation? It is not clear what evidence would finally declare an understanding true and what it means in the first place to say that a psychoanalytic or psychotherapeutic insight is true. Debates about these issues, being few, are far from conclusive and raise a host of questions about the nature of interpretation in psychotherapy. It is interesting that some of the most theoretically sophisticated contributions to the field arise from outside of the field of psychoanalysis, notable amongst these are the work of Brooks (1984) a literary theorist and White (1980) an historian.

Hanley (1990) suggests that there is an epistemological schism within psychoanalytic discourse between what he refers to as 'coherence' and 'correspondence' theories of truth. A common tendency in contemporary psychoanalytic discourse is to reduce the intricate tensions between these apparently contradictory positions to a contest between a crude form of positivism and an unbridled form of relativism. The issue at stake is veracity. On the one hand doubts are frequently raised about the apparent failure of the 'narrative' tradition to come up with satisfactory standards for interpretation. On the other had the challengers attack their adversaries on the grounds that they have misconstrued the very nature of what they wish to prove. The following discussion will attempt to identify the key issues which have thematised the debates and moulded the distinctive positions taken on the issue of confirmation. It should be noted that 'interpretative stances' are not always specifically presented as 'issues of interpretation' within the literature of a particular psychotherapy school. The interpretative position has in some cases had to be threshed out from the general approach of the school. For example in humanistic psychotherapy the place of empathy in therapeutic process is not specifically presented within the literature of that approach as an interpretative strategy, but it is here presented as such, because it is understood in the present context to represent a distinctive position *vis-à-vis* interpretation.

Sand (1983) suggests that a correspondence theory of truth[15], applied to psychoanalysis, incorporates two possibilities of confirmation. Interpretative veracity can be established either by correspondence with the point of view of the patient or by the corroboratory evidence of actual events. Ideally, she suggests, interpretation should satisfy both criteria of confirmation. These criteria will be explored in turn.

3.2.1 CONFIRMATION BY THE CLIENT

Nisbett and Ross (1980) assert that a major impediment to the acceptance of psychoanalysis as a

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[15]The methodological challenge arising from an epistemology based on the idea of correspondence is to interpret in a way which accurately reflects or corresponds to an underlying objective and determinate reality.

science is the uncertainty of criteria for determining when it is the patient's associative networks that have been laid bare and when it is the analyst's. It would seem axiomatic that the products of the analyst's mind do not constitute proof, so that a minimal requirement for evidence is that it must originate independently outside of the analyst. It must be true of the patient in some sense. But this, it will be seen, is a far from simple issue.

A related issue concerns the lack of clarity about the place of 'emic' and 'etic' modes of description in the clinical account. According to Spence (1989) emic data is expressed in the categories and meanings of the subject being studied, etic data is expressed in either the researcher's language or the categories of some theory. There is a lack of appreciation of the different and respective places of these modes of description in the clinical encounter. This issue is closely tied to questions about whether avowal by the client should rightfully be regarded as a necessity of confirmation and both of these issues will now be considered in greater depth.

3.2.1.1 Freud's 'tally argument'

In his 'Recommendations to physicians practising psycho-analysis' Freud (1912) states that "The physician should be impenetrable to the patient, and like a mirror, reflect nothing but what is shown to him" (p118). Here Freud makes two assumptions which are of relevance to the present argument. Firstly, that there is an apodictic ground within the client that constitutes a subject matter to be known. Secondly, that the therapist can know the patient free of the therapist's own interpretative predilections. Freud was obviously concerned to overcome any interference with the process of the therapist objectively coming to know the truth about the symptom; i.e. coming to solutions to the riddles of the unconscious. One of the innovations through which he attempted to establish an epistemological foundation for these endeavours was through his 'tally argument'.

Grünbaum (1984) is concerned about the failure of psychoanalysis to overcome the suggestibility problem. The suggestibility problem refers to the suspicion that overtly or covertly the analyst suggests to the analysand what to produce by way of 'appropriate' free associations and these in turn provide material for interpretation which is well fitted to the theoretical presuppositions with which the therapist approaches the case. Grünbaum (1984) argues that Freud established a distinctive solution to the suggestibility problem through the 'tally argument'.

Grünbaum (1984) describes Freud's 'necessary conditions thesis'. In summary this reduces to the claim that only true insight has therapeutic effect. The necessary conditions thesis is incorporated into Freud's 'tally argument' which maintains that true insight (the only condition of 'cure') comes into being through the recognition of the truthfulness of an analytic insight by the analysand. "After all his conflicts will only be successfully solved and his resistances overcome if the anticipatory ideas he is given tally with what is real in him" (Freud cited in Grünbaum, 1984, p452). Grünbaum insists that the tally argument failed because the necessary conditions thesis which is subsumed by the tally argument failed and this discredits the tally argument. The necessary conditions thesis fails because it has been shown that a corrective emotional experience and the power of suggestion can have positive therapeutic effects, without being necessarily 'true'. Grünbaum concludes that it is therefore impossible to know that the data obtained in the psychoanalytic situation are uncontaminated - i.e. not the result of suggestion - and he argues for extra-clinical proof of psychoanalytic theory. Grünbaum argues that if psychoanalysis is to escape the accusation that it is simply persuading and leading the patient then it has to establish the veracity of its accounts in an empirical sense; i.e. by extra-clinical validation of the truth of insights. Improvement in symptomatology and confirmation by the patient is not a satisfactory proof of the truth of interpretative assertions.

This is a somewhat roundabout way of rejecting the 'tally argument'. More directly it might be argued that there is a contradiction in the logic of the tally argument. Having posited the reality of resistance and the efforts that a patient undergoes to avoid the truth, and through this having upheld the privileged position of psychoanalytic opinion, the method finally hands the power of corroboration back to the patient. This is logically problematic for the following reason. Being a patient presumes that one does not already know oneself and one therefore cannot be in a position to corroborate an insight; i.e. until one already knows oneself. The ability to evaluate an insight can only exist when there is already a condition of knowing oneself. Therefore the ability to corroborate insights as being true or not cannot lie with patients, at least until they are in a position of knowing already, which presumes that the insight would have been true. Therefore the confirmation would be tautologous. If the patient is in a position to corroborate (i.e. not resisting), the insight is true. It is then unclear in what sense an avowal on the part of the patient be considered as confirmation of the veracity of the interpretation.

Freud's case studies are themselves not exemplars of the application of the tally argument. Ricoeur (1977) claims that Freud tends to reverse the relations between theory on the one hand, and experience and practice, on the other, and to reconstruct the work of interpretation on the basis of theoretical models that have become autonomous. It is not surprising therefore to find that in the actual practice of clinical interpretation Freud, in certain instances at least, quite blatantly overrides his tally argument. Sand (1983) shows that in the Dora case Freud's enthusiasm for establishing the plausibility of his sexual theory seems to hold an almost outrageous sway over the need to corroborate evidence in relation to the patient's world. He used the study as a way of illustrating *a priori* theoretical claims and these were not rigorously evidenced upon the data provided, and certainly not evidenced upon confirmation by the patient. He discounts Dora's unwillingness to agree with his explanations as being quite understandable in the light of the repressed nature of her fantasies. He does this to an extent that shows that he was clearly bent, in the first instance, on satisfying his theoretical presuppositions. It is not so much Freud's rigour that is brought into question as the epistemological foundation on which he grounds his peremptory claims. He was heavily persuaded by the theoretical fit of the hypothesis. He clearly and without expressing reservations brought his interpretive forestructure to bear on the data, with hardly a modicum of deference to the client's experience. She, not surprisingly, resisted his interpretations and without any form of confirmation on her part he pressed ahead with his assertions and in fact used them as evidence for 'proving' the workings of resistance. As readers of the case we are left wondering what, other than theoretical predilection, could have led him to be so certain of the veracity of his interpretations.

Freud (1937) in 'Constructions in analysis' partly answers this question and as he does so he effectively undoes his tally argument. He states that

> The path that starts from the analyst's construction ought to end in the patient's recollection; but it does not always lead so far. Quite often we do not succeed in bringing the patient to recollect what has been repressed. Instead of that, if the analysis is carried out correctly, we produce in him an assured conviction of the truth of the construction which achieves the same result as a recaptured memory. (pp265-266)

In saying this Freud totally confounds the issue of confirmation. Presuming that he means by 'the same result' the alleviation of symptoms, and this can (he claims here) be achieved without recall (but on the basis of 'sound and consistent evidence' gained in the analysis) then he does not overcome the problem of suggestibility. He also leaves us without a clearly stated theory of confirmation.

Part of the tally argument is worked out in Freud's (1910a) paper 'Wild psycho-analysis'. Here he maintains that analytic interventions are to be considered 'wild' unless two preconditions have been met. Firstly, adequate preparatory analysis of resistance must have been done already to allow the repressed material to come very near to consciousness. Secondly, the analysand must already have developed a positive transference attachment to the analyst so as to ensure that the analysand does not flee from the analysis as the repressed material is brought to light by interpretation.

On the first condition of therapeutic process the interpretation must correspond to the insight that is very near to the consciousness of the analysand and the interpretation would be derived in relation to the repressed material. Yet, for example, in the 'Interpretation of Dreams' (Freud, 1953) and 'Jokes and their relation to the unconscious" (Freud, 1905b) Freud offers interpretations on a basis of what merely appeared as thinkable, rather than what was brought to the 'surface' on the basis of analytic process. It becomes evident in these works, much more than it is evident in the case studies, where the tendency is nevertheless present (Willbern, 1979), that Freud frequently interpolates crucial associations of his own into his interpretations. If the criteria for wildness as they are set out in 'Wild analysis' (Freud, 1910a) relate to analytic process and in particular the analysand's readiness for interpretation, it is not clear how the therapist's associations are to be regarded, because these are introduced as interpretations but are not accounted for in the process criteria set out for 'wildness'. We can partly unravel this confusion by making a distinction between clinical and applied psychoanalysis, a distinction which Schafer (1989) argues, Freud was in need of making. Freud's five published case studies which reported on his work with patient's are instances of clinical psychoanalysis, whereas his interpretative efforts in relation to da Vinci (Freud, 1910b) and Schreber (Freud, 1911) are instances of applied psychoanalysis. In the latter there is no accountability to the patient's own self-understanding and understanding was reconstructed on the basis of written documents.

As Sand (1983) points out in the Dora case, while Dora produced a wealth of associations, Freud was very selective in his choice of associations which were of seminal significance. In the analysis of a central dream he chose two elements from a great deal of association and interpreted these. Sand contends that in such instances it is difficult to defend the clinical work against charges of arbitrariness. Moreover, he demonstrates a remarkable freedom of association which leads through a web of interlocking associations towards the inevitable sexual fantasy. He was clearly influenced by his sexual theory of causes and this clearly led the evidence and it led to what are otherwise remarkably oblique associations. Sand (1983) convincingly demonstrates that Freud ends up with conjecture and takes it as established fact.

The hermeneutically inclined generation of psychoanalyst's has responded with the view that the analyst is not and cannot be objective. Schafer (1985) does not wish to overlook the dangers of countertransference imposition or 'interpretive shooting from the hip'; i.e. wild analysis. But he nevertheless proposes that we examine at greater depth the constructive role which the therapist plays in creating the content of psychoanalytic account. Duncan (1989) points out that the formulation of interpretations is performed, as are all our analytic acts, under the influence of hidden preconceptions. Enquiries and questions already focus the content of the response, as do our chosen and rejected theories and our areas of special interest. These prejudice the data. The analyst does not come to the analysis content free or even relatively free, but thoroughly embedded in a system, with a set of storylines ready to hand. Willbern (1979) shares a similar view and the title of his paper 'The inter-penetration of dreams' conveys the co-authorship (by the analyst and the analysand) of the dream and the dream work. Both Willbern (1979) and Schafer (1985) look beyond the problems of subjective confirmation towards an appreciation of the intrinsically "and fruitfully dialogical, intersubjective, co-authored nature of all analytic data" (Schafer, 1985, p280). The narrative psychoanalysts suggest that analytic data and hence meaning is derived through dialogue and mutual influence, but unfortunately none of the psychoanalysts who are sympathetic to this view seem to have provided a convincing account of why this should necessarily be so. The fact that the psychoanalytic account is co-constituted might well be an outcome of poor methods and the fruitfulness of the co-authoredness of psychoanalytic interpretations, suggested by Willbern (1979), is not convincingly demonstrated to be a necessary component of the psychoanalytic interpretative encounter. If dialogue is a necessary condition of self-discovery nowhere in the psychoanalytic literature does there seem to be an explicit account of why this is necessarily so.

3.2.1.2 Empathy and understanding

The clinical application of the tally argument has been conducted in a quarter quite removed from psychoanalysis. The existential-humanistic school of psychotherapy introduces a clinical approach which takes seriously (certainly more seriously than Freud seems to have taken his own thesis) the belief that the ultimate source of confirmation lies in the patient. This approach and a preliminary critique thereof will now be embarked on.

The epistemological function of empathy was presented in Chapter 2 as an elaboration of the Diltheyan method of *verstehen*. The argument will now proceed towards questioning whether empathy can be regarded as a 'sufficient' principle of interpretation. This challenge to the sufficiency of empathy will be seen to be consistent with Ricoeur's rejection of the exclusive alignment of psychology with the method of *verstehen*. Empathy is defined at this point as the process whereby the empathiser understands the life of another by experiencing the other as if from the point of view of the other. The critique here presented problematises this view of empathy.

Philosophical hermeneutics and humanistic psychotherapy might easily be equated because of their shared opposition to the objectivism and scientism of the mainstream. However, there are important differences and Sass (1988) shows that there are four ways in which the humanistic conception of the subject differs from the conception of the subject which might emerge from a ontological or philosophical hermeneutics. These are the notion of freedom, privacy, uniqueness and self-transparency (faith in the certitude and clarity of subjective experience). Clarification of the last of these notions throws light on important issues in the philosophy of psychotherapeutic interpretation.

The crucial question to be addressed here concerns the subjectivity of self-understanding. The philosophical turn in hermeneutics, it has been shown, moved away from the subject's privileged access to self-understanding, towards an appreciation that the description of the self, it's meanings and identity, need also to be approached from the standpoint of distanciation from the immediacy of experience.

Subjectivity is conceived as partially unable to see itself; i.e. not wholly transparent to itself. If consciousness is not pellucid, if it "is not what it thinks it is, a new relation must be instituted between the patent and the latent" (Ricoeur, 1970, p33). Central questions about the role of the 'other' and the place of the dialogue in the development of the transparency of the self through self-understanding (and hence interpretation which has self-understanding as its objective) will now be raised for discussion.

At first glance it may appear to fly in the face of common sense to suggest that anyone other than the subject of a psychological enquiry may have superior access to understanding the subject. This also defies one of the central tenets of the humanistic school of psychotherapy which regards empathy as the primary mode of psychological enquiry.

Rogers (1961) in his book *On becoming a person* says of the fully-functioning person that the locus of self-evaluation is 'within' the person. With regard to interpretation it appears that Rogers believes that the psychological understanding takes as its point of reference this same 'inner' perspective. Empathy exists when the other person is able to understand the subject from the point of view of the subject. Moustakis (cited in Sass, 1988, p228) following an epistemology of empathy speaks of a state of 'Being-In' where the other becomes totally immersed in the subject and derives understanding from a type of fusional knowing what it is 'like' to be the other.

Certain conditions are said to facilitate empathic understanding, such as a 'non-judgemental attitude' and the condition of 'unconditional positive regard' but it is quite unclear how this approach conceives of itself as escaping the epistemological problems of the hermeneutic circle, or how it conceives of a subjectivity that can be known by another, or a subjectivity that can know another.

Friedman (1985) attempts a corrective to humanist psychology's apparent focus on 'innerness'[16]

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[16]It is interesting to note that the existential-humanistic school has tended to adopt the ideas of Dilthey, Husserl and Sartre and that the ontological hermeneutic tradition which formulated the notion of the hermeneutic circle developed partly as a reaction against the influence of these philosophers. Ricoeur and Gadamer reacted against Dilthey, Heidegger against Husserl. Sass (1988) maintains that the ontological hermeneutic position as elaborated by Heidegger, Gadamer and to a certain extent Ricoeur, can be contrasted with the views of Dilthey, Husserl and Sartre and with the philosophical anthropology implicit in the third force of humanistic psychology in America.

(continued...)

and situates the ontological ground of 'personhood' in the dialogue that occurs 'between' the individual and the society; a station which he refers to as 'interhuman existence'. Mook (1990) in a similar vein suggests that

> Understanding is not just an empathic feeling into the inner experiential world of the other as claimed by the client-centred school... understanding is rooted in... a pre-understanding which is true for both partners. (p4)

An attenuated and incompletely articulated version of the idea of the 'interhuman existence' is a feature of existentialist thinking which is represented in psychology by the humanistic school of thought and in the tradition of existential psychology. However, the idea does not seem adequately represented at the level of interpretative methodology. In fact the interpretative methodology seems to run contrary to this idea. The idea of the 'interhuman existence', articulated most unambiguously in the thought of Buber, is basically that we 'find ourselves' as human beings and as individuals in those places where we meet society. Versions of this idea may be found in a broad range of philosophical and psychological writing, which Friedman (1985) reviews, and which are united by an interest in understanding the role of the 'other' in relation to the psychology of the individual.

Friedman (1985) dwells on the notion of confirmation, which for him refers broadly to the validation of a person's experience through recognition by others of the person's uniqueness, self-worth, individuality, creativity, autonomy, etc. Friedman's reviews of 'disconfirmation' and 'mental illness' posit the breakdown of the confirmatory dialogue as one of the foundations of psychopathology. The therapeutic corrective, he suggests, calls for something akin to Buber's 'healing through meeting'. Friedman's (1985) work articulates certain important aspects of the nature of dialogue by way of elucidating what Buber means by 'healing through meeting'. Friedman (1985) is sensitive to the ease with which the Cartesian ego may find its way back into humanistic psychology via the notion of an 'inner self'. He detects the tendency to construe psychotherapeutic healing as the regeneration of an atrophied personal centre even in some of those psychologies which tap into Buber's work and goes on to elaborate what he conceives as a truly 'dialogical' view of psychotherapeutic healing. Towards this end he points us to Jourard's (1968) work.

Jourard (1968) points out that amongst the conditions of interpersonal confirmation is the condition of 'opposition'. "Often the most direct confirmation is to take a stand in opposition to the disclosure of the other" (Jourard, 1968, p74). Jourard furthermore maintains that this meeting in

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[16](...continued)

opposition confirms for the other that he or she is who they are "It lets him know that he exists" (Jourard, 1968, p122) and presumably who he/she is. Friedman (1985) points out that this is one of the main tenets of existentialist psychotherapy and suggests that empathic, receptive listening is, by itself, unable to bring self-understanding. Because 'nonconfirmation' is also placed at the heart of psychopathology a nonconfirmatory dialogue alone is hardly likely to lead to the resumption of confirmatory dialogue. So empathic listening and its opposite nonconfirmation are both important in reintegrating the client into a dialogue with 'the community'. The salutary ideal, therefore, lies in finding an acceptable balance between confirmation and nonconfirmation. This is then the basis of a mediated identity which is confirmed by the community in spite of its difference, indeed it is confirmed 'for' its difference (individuality, autonomy, etc.). This is achieved, in his view, by the therapist placing on the client the demand of the community, "By representing and bearing the community values that he or she embodies" (Jourard, 1968 p139) and at the same time fostering the individuals tolerance of the tension between the need for 'confirmation' and the inevitable 'nonconfirmation' imposed by community expectations, values, etc.. Friedman's (1985) psychology busies itself with trying to find the right admixture between the role of the therapist as empathic confidant and the therapist as bearer of the genuine demand of the community. By this he tries to assert that true 'confirmation' of who the person is, does not call for 'empathic understanding' alone; it is also the bearer of the idea of 'otherness'. In this sense interpretation is not only an act of discovering who the person is or what something means to them, it is perhaps even more fundamentally a mediation of who that person is in relation to others. So interpretation or therapeutic understanding is an act of creation and mediation rather than simply an act of discovery. Interpretation is a therapeutic act, it is 'the confirmation of otherness' in the face of the demands of a 'community of affinity'.

To summarize it may be said that the limits of empathy or understanding disconfirm the patient in a context that makes disconfirmation non-catastrophic (i.e. without consequence). A balance is required because non-catastrophic disconfirmation must be well dosed with confirmatory dialogue if the ideal of 'self-acceptance in difference' is to be attained.

Friedman (1985) further clarifies the foregoing through the metaphor of touch which for him means to 'go through and beyond' subjective experiencing to a realm that is neither merely objective nor merely subjective, nor both together. It is a transcending of the self into openness to the impact of something other than the self. He attempts to develop the domain between objective observer and subjective listener through the idea of 'touchstones of reality' and he refers to therapeutic dialogue as the 'dialogue of touchstones'. He aims to overcome the view that assumes that people already 'know' (albeit latently or implicitly) and are thus able to articulate their reality. The assumption that people already know themselves at some deep level rests on the essentialist view that there is a real, core 'inner self', which only needs to be tapped. Much of humanistic psychotherapy relies on the view that the client merely needs conditions of trust to articulate his/her reality and psychotherapy is conceived of as a reconstruction of the dialogue between extant realities. Friedman and his version of dialogical psychotherapy suggest that confirmation of who we are is primordially given in dialogue so that it is in the dialogue of 'touchstones' that self and other are constituted in the first place. This suggests that it is in the 'confirmatory - disconfirmatory' discourse that the notion of self and other have their origins. Ricoeur's work seems to offer more complex insights into this process, but the significance of his work for understanding the dialogical dialectics of self-understanding has, to my knowledge, not been substantially elaborated by psychologists. In Chapter 6 some forays in this direction are attempted. However, at this point in the discussion these issues are raised by way of problematising the relation between empathy and understanding. It is suggested that it is necessary to explore further the reasons why the therapeutic dialogue is in the first place necessary and why self-insight cannot be achieved through a process of introspection. The need to understand this will be carried forward as a research question and is discussed in greater detail in Chapter 6.

There are many other questions raised as we begin to question the received idea of empathy as knowing from the point of view of the other. Amongst these are questions about the use of experience-distant language in psychotherapy. Obviously language which is so intellectualised that it is wholly experience-distant could not serve the purposes of psychotherapeutic interpretation and has no place in the therapeutic interpretative dialogue. However, within the language of the psychotherapeutic dialogue certain interpretative efforts are likely to be closer to the client's own self-conceptualisation than others. Humanistic psychology (the essentialist version) does not appear to provide an inroad to appreciating the place and value of those forms of interpretation which do not exactly correspond with the client's subjective 'languaging' of their experience. The view that the speaking of experience relies on a direct fidelity between words and underlying experience needs to be counterbalanced by an appreciation of the constitutive nature of the therapeutic dialogue. While Friedman (1985, 1992) suggests that disconfirmation is vital to the confirmatory dialogue he does not explore how the nature of the disconfirmation influences and indeed constitutes what it is that is confirmed or not. Gadamer's notion of the fusion of horizons sees interpretation as being profoundly influenced by the questions and perspectives brought to the text by the interpreter. If this is inevitable then it is not clear in what sense disconfirmation confirms an 'already there' or whether it co-constitutes what is found and confirmed/disconfirmed. These issues do not seem to be satisfactorily addressed and are also taken forward into the clinical research process and discussion of the outcome thereof.

A range of important questions has been raised in the above discussion about whether veracity can rightfully be established via confirmation of an interpretation by the client. Freud's tally argument and its elaboration in humanistic psychotherapy have been discussed. It has been shown that by taking a strong position on the need for confirmation by the client, the epistemological foundations are rested on uncertain ground. Clearly, to suggest an absolute form of interpretative confirmation by the client flies in the face of most of what Ricoeur has said about the nature of meaning. A satisfactory epistemological ground for establishing the correctness of interpretation requires an acknowledgement that the surplus of meaning and its apprehension takes us 'beyond ourselves'. This seems to announce the need for a theory of the self as it is dialogically constituted. In Chapter 6 a more extended excursion is taken into the epistemological terrain known as 'inter-subjectivity' and it will be argued that the development of an inter-subjective theory of the self is the development most likely to provide an adequate bedrock for psychotherapeutic interpretation and provides a solution to some of the problems raised above.

A satisfactory theory of psychotherapeutic interpretation would be capable of answering the following questions: (a) What is the place of empathy in psychotherapeutic interpretation and what is its confirmatory status? (b) How does interpretatively imparted meaning interact with existing self-knowledge? (c) What is the process whereby self-knowledge is expanded in relation to that which appears to it from beyond itself but which nevertheless appears as a meaningful understanding of the person's engagement in the world? (d) How specious is the idea that we are ultimately capable of knowing ourselves; i.e. that consciousness can be transparent to itself? (e) What is the sense in which and the degrees to which confirmation by the client is necessary to the establishment of the veracity of an interpretation? (f) How are interpretations to be confirmed in the face of there being two 'authorities', the therapist with a superior knowledge of psychology and the client with an intimate knowledge of that which is interpreted? (g) How do 'meaning for' oneself and 'meaning about' oneself interact in the therapeutic interpretative dialogue? (h) How do complex interpretative themes (especially biographical themes) develop and through what confirmation processes? (i) What is the relation between the theoretical and implicit interpretative predilections of the therapist and the development of the interpretative account? (j) What are the stages of interpretative progress in terms of the relationship between interpreter and client as conjoint interpreters of the client's life experiences?

The above questions form a background to some of the more specific questions asked in the clinical research part of this study.

3.2.2.CORRESPONDENCE WITH LIFE EVENTS

3.2.2.1 Psychoanalysis and archaeology

Since Freud moved from studying the parental seductions of his patients to focusing on the fantasy of these events (cf. Masson, 1992) one of the leading questions about the epistemological status of psychoanalysis has stemmed from the implied distinction between historical reality and fantasy.

In discussing Freud's bracketed additions to the text of the 'Wolf Man', Brooks (1984) takes us to the event of Freud's return to his previously published text, to question whether the primal scene, the Wolf Man's observation of parental coitus, ever had any reality as an event. The later addition (a footnote) juxtaposes the surprising suggestion that the observation might be a fantasy, operating as an event by a deferred action; i.e. by structuring the observation of another event (the rear view of the maid's buttocks while she washed the floor) so that it referred to coitus which was then fantasized to have occurred. At this point in the text - Freud's addendum - we have a crucial moment in which a fantasy or fiction is substituted for an event on which has already been conferred the authority of an historical cause.

> The logic of his interpretive work moves Freud to an understanding that causation can work backward as well as forward since the effect of event, or of fantasy, often comes only when it takes on meaning... which may occur with considerable delay. (Brooks, 1984, p280)

Chronological sequence is not paramount and does not settle the issue of cause: events may gain traumatic significance by deferred action (*nachtraglichkeit*) or retroaction, action working in reverse sequence to create a meaning that did not previously exist (Brooks, 1984).

On the other hand we have Grünbaum (1984) arguing for the antithesis, that Freud intended a science which could historically account for causes. Bernstein (1988) similarly says that Freud was constantly aware of the need to face the thorny issue of how to evaluate competing and conflicting interpretations and that true to what Grünbaum argues, this feature of Freud's argumentation cannot be passed off as scientific rhetoric or a scientistic misunderstanding of what he was doing. Freud's writings have been exhaustively read and re-read on this issue and there has been no resolution of the dispute about the correct Freudian position on the fantasy-historical reality question in relation to the interpretation of past events. But rather than enter into the fracas about what Freud did or didn't mean the present discussion will attempt to delve into some of the epistemological issues at the heart of the debate. The essential epistemological issues at stake are revealed through an examination of the use of the archaeological metaphor in psychoanalysis[17].

Freud's writings contain numerous comparisons between the psychoanalytic quest for truth and the archaeological reconstruction of the past. The analogy makes its most sustained appearance

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[17]This is not to say that epistemological issues are all that are at stake. There are other consequences to this debate as Masson (1992) has pointed out. Masson is concerned about the sociopolitics of that version of psychoanalysis which bases its therapeutic agenda on the belief that the cause of certain problems lies in the minds of patients rather than in the relations of domination and abuse to which they have been exposed; i.e. where causes are dealt with in the mind rather than in the world where they actually originate.

in Freud's (1905a) Dora case and in his 1937 'Constructions in analysis'. Whereas in the Dora case-history Freud uncritically compares himself to an archaeologist and declares psychoanalysis to be a kind of archaeology, in 'Constructions in analysis' the psychoanalyst is given an important advantage over the archaeologist. The psychoanalyst discovers a past in the form of psychic structures which are intact and unaffected by the ravages of time. The archaeologist on the other hand, must settle for, at best, a partial reconstruction.

Spence (1982), in his *Narrative truth and historical truth*, is strongly critical of Freud's reliance on the archaeological metaphor. Deeply embedded in Freudian methodology is the belief that it is possible to remember fixed childhood experiences. Spence (1982) comments that "The belief in an archaeology of the mind or of the session carries with it the idea that the pieces of the past remain intact and can be recovered unchanged" (p111). He questions this view of remembering and in wondering about the relationship between historical remembering and meaning he is critical of the assumption that historical remembering (in the psychoanalytic session) can be meaningful in any other sense than that it answers present concerns.

Kuspit (1989) joins Spence in his criticism of Freud's overinvestment in the archaeological metaphor, yet he finds that the metaphor is not so much inappropriate as inadequately elaborated. The irony in Freud's archaeological metaphorisation of psychoanalytic process, for Kuspit, is that Freud falsely understands the archaeological reduction, which were he to follow it would lead him closer to a 'hermeneutic' formulation of the psychoanalytic endeavour. Kuspit points out that it is not archaeology but Freudian psychoanalysis that purports to be able to recover historical truth. "Archaeology is much more tentative; also, it is much more hermeneutically sophisticated: it recognizes that without their meaning, the historical objects it recovers are incomplete" (Kuspit, 1989, p146). In other words, historical truth is not simply a matter of memories, but involves the meanings these memories have for those who have them, and the meaning the remembered experiences had when they occurred. Moreover, archaeology recognizes that the recovery of meaning is fraught with problems. We can never fully know what it was like to live these meanings, especially the more socially complex ones. Kuspit (1989) argues that Freud refuses the partial ignorance and epistemological problems that archaeology accepts as its lot.

> In his enthusiasm and self-belief, his trust in his own powers of mastery, he sees inarticulateness, uncertainty, and unconsciousness at the beginning of the psychoanalytic process, and articulateness, certainty, and consciousness at its end. (Kuspit, 1989, p146)

To this extent Freud believed in the possibility of the full analysis and that the attainment of the objectively truthful account was the goal of psychoanalysis.

Spence (1982) argues that the archaeological search moves not towards historical truth, a search constantly frustrated by a lack of archaeological specimens undistorted by time and free from the context of the discovery, but to understand the dependence of historical truth on the questions of the day and to settle for a concept of knowledge that remains in flux and relative to an elucidation of the present. Curiously, the direction of the entire endeavour is reversed, so that the elucidation of the past is conducted in the knowledge that the past can only ever be retrieved as an interpretation which has its referentiality, context and motivation in present concerns. It is not the transference which gives the key to the actual past but the events of the past which provide the keys to unlocking the present, the most present, which is the therapeutic relationship and the transference.

In Chapter 2 it was suggested that the nature of meaning is temporal, inexhaustible and intersubjective. This does not, however, make the discovery-oriented archaeological metaphor inappropriate, because we are still faced with methodological questions about how to interpret the past meaning of a past event. Whether or not this is possible, and if it is, the extent to which it is possible, is an unanswered question in hermeneutics and psychoanalysis. If it were possible to recall the past as it was lived, then the reality of the recalled past might conceivably be only as meaningful as a recently unearthed and not yet analyzed artefact. The artefact is only meaningful in relation to other artifacts, in relation to established traditions of understanding that particular historical period, in relation to the reconstructed conditions of its creation, etc. Even then we would have succeeded only in applying a Diltheyan or Schleiermacherian hermeneutics. Hermeneutic philosophy, on the other hand, requires us to achieve an interpretation that remains open and that illuminates our understanding of the present and the future as a part of the search for meaning. Here, however, we must break from the archaeological metaphor - because this is probably not what archaeologists do - and return to psychoanalysis.

There is much work to be done in reformulating the psychoanalytic understanding of the significance of the past. The notion of transference is crucial to the psychoanalytic understanding of the past and in practice is considered to be the most important site of excavation. Transference needs to be reformulated in relation to the idea that meaning is temporal (cf. Chapter 2). Preliminary work has been done on this by Stolorow, Brandschaft and Atwood (1987) whose rejection of simple archaeology and understanding of transference as an expression of the universal striving to organize experience and create meanings, unfortunately does not attempt to assimilate the philosophical hermeneutic view that meaning is temporal, to their understanding of the relation of transference and meaning. The achievements of the languages of speaking about the present and the past need to be understood as different abilities to disclose and constitute meaning as it is temporally manifest. It seems that the concept of transference is an interesting site where the essential relatedness of present and past and their essential difference is enacted, and the study of transference and transference interpretation may cast some light on our understanding of this area of interpretation in psychotherapy.

3.2.2.2 Hermeneutic foundations of the Jungian revision

It is of value to trace the departure of Jungian thinking from Freudian thinking about interpretation. The school of 'analytical psychology' founded by Jung was initially an involution of the psychoanalytic tradition and rapidly developed as a separate body of thought. I will discuss two issues which throw light on the more distinctive features of the artifice of Jungian interpretation. The first of these has explicitly to do with the temporal dimension of the interpretation of meaning (Jung's deference to teleology) and the second concerns Jung's ultimate referential focus, which transcends the purely personal and thus claims to reveal not only the subject, but a transcendent world. This interpretative feature of Jungian psychology is brought into play through the epistemological principle of amplification.

Steele (1982) describes Jung and Freud as both suffering to a certain degree from misunderstanding of the truly hermeneutic foundation on which their work is based, although he sees Jung as having been more self-consciously hermeneutic (as opposed to scientistic) than was Freud. I will not dwell on Steele's interpretation of what these respective thinkers 'really meant' (in hermeneutic terms) because he does not present a particularly edifying theory of interpretation with which to appreciate their work. His version of hermeneutics fails to encompass the Ricoeurian (hermeneutic phenomenology) call for the incorporation of explanation into the philosophy of interpretation (i.e. Ricoeur's theory of interpretation). However, his comments about the respective interpretative practices of Freud and Jung are nevertheless interesting and valuable and are used as a basis for showing that Jung overcame Freud's archaeologically oriented hermeneutics in favour of a teleologically oriented approach; i.e. a 'hermeneutics of faith'.

Whereas Freud searched for the origins of symbols and tried to arrive at points of departure Jung saw the symbol as revealing a world, so to speak, in front of it. In Freud's work the symbol always points towards wishful, selfish, materialistic motives; i.e. the symbol hides something and this necessitates a 'hermeneutics of suspicion'. For Jung the symbol offers a compensatory, transformative and transcendent possibility to the subject, and this calls for a hermeneutics of faith or trust in relation to symbols. The symbol not only 'represents' by standing 'in place of', but it 'stands for' something; i.e. it offers possibilities to the subject and especially the possibility of adopting a new and transcendent stance in relation to the experience being represented. Steele (1982) uses Freud's and Jung's respective interpretations of religion to illustrate this point. For Freud religion was a screen for the father complex but for Jung religion opens a world which is transpersonal, transcendent and the immanence of which has more to do with personal growth and spiritual development than it has to do with concealment.

So for Jung symbols are not in this sense to be 'plumbed' for meaning so much as they are to be elaborated and amplified. In the amplification of symbols the reality of the symbol is revealed beyond its significance in terms of the past and present, and opens up what could be (what is possible), and what is in a state of 'becoming'. Ricoeur (1970) suggests that Freud could never give a satisfactory account of sublimation because it arises not from defence (against instinctual drives), but from reflection (Ricoeur's view). Jung on the other hand was adequately able to account for sublimation through his associative and connotative approach to the symbol. His method of amplification promulgated a hermeneutics of the symbol the edifying purpose of which was to reveal the teleological dimensions of being.

Brooke (1991) suggests that Jung finds a methodological home in hermeneutics and proceeds to elaborate Jungian hermeneutics in relation to Jung's treatment of the symbol. Jung, quoted in Brooke (1991, p39) speaks of subjective and objective analogies which are associatively added to the symbol in the process of explication of the meaning of the symbol. Subjective analogies are produced by the patient whereas objective analogies are provided by the analyst out of the analyst's knowledge of the transcendent and collective meanings that are associated with symbols. "Jung goes on to say that this links an individual's psychological life to cultural ('collective') meanings." (Brooke, 1991, p39). The 'widening' and 'enriching' elaboration of the symbol in a cultural context transcends that which is immediately given to the 'ego'. This process of 'amplification' draws on a wide variety of cultural sources[18] and is akin to the type of elaboration referred to when Ricoeur speaks about the 'reference' of what is interpreted, which in relation to the author incorporates the surplus of meaning. This constitutes a significant methodological innovation which surpasses the focus on that which is immediately given to consciousness and that which is of historical and contemporaneous import. The meaning of the symbol transcends purely subjective consciousness and also that which is 'pre-personal'; i.e. given in the latencies of consciousness. Amplification facilitates a self-understanding which contextualizes meaning in the broadest possible context. Because psychotherapy is concerned with self-understanding Jung faces the hermeneutic challenge of trying to appropriate as meaningful for the subject an 'impersonal', objective world which does not rely on the subject for its existence. The 'impersonal', transcendent field provides the context for the elaboration of meanings, and being neither exclusively subjective or objective, but yet being both, it transcends the subject-object dichotomy. In Jungian psychology thoughts and other experiences are not created in subjectivity, they are grasped by it (Hillman, 1983). In this reformulation 'knowing oneself' takes on a profoundly different meaning. Whereas Freud extended self-knowing beyond consciousness into one's past and the personal unconscious, Jung extended

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[18]In the breadth and scope of the materials he drew on in amplifying symbols Jung is probably unsurpassed amongst psychologists. Referring to the fecundity of elaborative images Jung draws upon, Hillman (1983) refers to Jung as a "child of Hermes" (p31.)

self-knowing to the transcendent 'Self' which could be apprehended and was ultimately identical with a collective store of experience which could be appropriated to subjectivity. This is perhaps Jung's single most important contribution to the hermeneutics of experience. He envisaged a consciousness which is able to appropriate to itself that which is the ground of individual consciousness, but which transcends and is not immediately given to consciousness. This represents a definitive move away from a reliance on the 'tally argument'.

Ricoeur (1976) moves in his final stage of interpretation to the interpretation of the world (reference) rather than the subject (the 'sense' or the author's intention). Jung achieves this in a way that, psychologically speaking, may be less troublesome than Ricoeur's path. Jung moves the subject towards the encounter with the impersonal 'Self' (Psyche) which is understood to be a form of objective world (beyond the subject and not dependent on the subject for its existence), but is at the same time of the same substance (Psyche) as that which is immediately given as the psychological world. In this sense Jungian psychology does not require recourse to 'explanation' to appropriate those modes of relatedness to the world which are not given to consciousness, it needs only a deepening and elaboration of consciousness in order to appropriate that which is conceived of as objectively given but not yet assimilated to consciousness.

Jung has developed a therapeutic methodology which is consistent with his epistemological foundations. His technique of 'active imagination' bears particular mention. The method overcomes the distinction between reality and fantasy by elaborating psychological reality at the level of imagination (Hillman, 1983). For Jung the imagination does not stem from a subjective and psychological world and nor does it arise from wholly impersonal or transcendent realms, but it mediates between the subjective and impersonal sources of meaning. The hermeneutic feat of the imagination is to achieve the simultaneous revelation of that which is immediately given to consciousness and the revelation of the world in an objective sense. Jung's 'active imagination' technique (cf. Hannah, 1981) is possibly the most deliberate methodological attempt in the depth psychology literature to develop a hermeneutic system based on the faculty of imagination. It is the peculiar power of the imagination to appropriate to consciousness new possibilities of existence in such a way that they can be entertained and lived through without presenting consciousness with a disconfirmation of that which is already given to it and which is thus taken as real. It is thus a capacity of imagination to enable the meeting of that which is immediately given to consciousness and that which is given as the possibility of being assimilated to consciousness (but which is of the order of 'not-self') and thus not to be recognized as something already 'there'.

The role of the imagination in self-understanding and in psychotherapeutic process will not be dwelt on any further at this point. The epistemological functions of the imagination will be reintroduced in Chapter 6 by way of elaboration of the results of the clinical research study. It suffices to say at this stage that there is an indication in the psychotherapeutic literature that a scientistic world view based on the idea that meaning is somehow fixed, exhaustible, determinate and to be found placed within the subject, perhaps does not adequately represent the imaginative way in which humans 'find themselves', and define themselves, in relation to a world beyond that which is immediately given to consciousness.

An adequate theory of psychotherapeutic interpretation should competently address the following questions about the relation between interpretations and life events : (a) What is the value of understanding the past in psychotherapy? (b) What is the relation between events as they are/were lived and events as they are grasped as meaning? (c) What is the place of the imagination in the ascription of meaning to events, and what justification is there for applying the imagination to the development of the psychotherapeutic account? (d) What is the role of the imagination in bridging the aporia between that which is intuitively grasped as meaning and that which is grasped as 'making sense' but which is not intuitively given? (e) What are the respective places of searching for meaning conceived as being already 'there' and self-discovery as a process of looking beyond and discovering that which is 'not yet'? (f) What are the respective places in self-description of denotative, verificatory, interrogative, inquisitorial procedures versus connotative, associative, reflective and amplificatory procedures?

3.2.3 OTHER FORMS OF CONFIRMATION

The following discussion presents other significant contributions to the understanding of interpretative process and especially to the understanding of what veracity may mean and the conditions whereby the veracity of an interpretation might be established. It should be reiterated that these issues were derived by studying psychotherapeutic literature from the perspective of the questions about interpretation raised in Chapter 2. It should also be said that this is by no means an exhaustive compendium of innovative approaches to interpretation, and the purpose of the discussion is to explore the issues at stake rather than at this stage to attempt to come to conclusions.

3.2.3.1 Narrative conviction

Freud's famous jigsaw puzzle analogy assumes an underlying pattern waiting to be discovered:

> If one succeeds in arranging the confused heap of fragments, each of which bears upon it an unintelligible piece of drawing, so that the picture acquires a meaning, so that there is no gap anywhere in the design and so that the whole fits into the frame - if all these conditions are fulfilled, then one knows that one has solved the puzzle and that there is no alternative solution. (Freud, 1923, p116)

The analogy suggests that what is to be known is finite and exhaustive and has only to be discovered and pieced together. Rejection of Freudian 'foundationalism' forms the epistemological departure point for the emerging tradition of narrative psychoanalysis. This means the rejection of the idea that ultimately there is a picture to which the completed and correct jigsaw will correspond. It has already been suggested that the idea of correspondence with the point of view of the client and correspondence with life events are problematic foundations of veridicality and some possible alternative constructions in respect of these two sets of criteria have already been formulated above. The attempts of the so-called narrative tradition to establish standards of good interpretation without assuming an underlying picture waiting to be discovered will now be reviewed and criticised.

Mention has already been made of the two competing modes of confirmation in psychoanalysis, 'correspondence' and 'narrative' or 'coherence' theories of truth. The former, also sometimes referred to as the 'copy' theory of truth portrays the good account as accurately corresponding to an underlying body of truth. The latter is concerned to establish the truth value of the account in terms of the qualities of the account itself, rather than through matching the account to an external source of reference. The coherence of an account confirms at the level of content that the material of an account is not obviously contradictory and that the account is internally coherent and aesthetically pleasing. Moving away from empirically-based standards of verification the contemporary hermeneutic trend within psychoanalysis emphasizes the role of narrative form in psychoanalytic understanding. Amongst the most significant works in this area are Gill (1976) Schafer (1976), Spence (1982), Sherwood (1969) and Wyatt (1986).

A 'narrative' account presents the meaning of a constellation of events in the manner of a satisfying and intelligible story; i.e. by lending coherence and 'shape' (structure) to the events described therein (Woolfolk & Messer, 1988). A satisfactory narrative has an enstructuring or configuring quality through which events are related to each other and the experiences contained therein are given a context in terms of their place in the overall story.

Sherwood (1969) describes three requirements which the adequate interpretative 'story' must meet: (1) internal consistency (one part of the narrative does not contradict another part), (2) coherence (ability to accommodate an individual's behaviour within a narrative and make it intelligible therein) (3) comprehensiveness (the degree to which the explanation is complete and incorporates the totality of the individual's life, case history, or psychodynamics). These correspond to Ricoeur's (1976) principles of 'congruence' (1 and 2) and 'plenitude' (3).

Steele (1982), attempting to summarise a 'hermeneutic' approach describes the following as criteria which can be used to judge the merit of an interpretative account: the degree to which it provides a coherent and logically consistent account; the degree to which the exegesis weaves together the totality of the phenomena in question; the relation of the parts to the whole; and its ability to incorporate new or parallel textual material (for instance, other texts by the same author, or previously undisclosed events of a person's life) (cf. Steele, 1982).

For Schafer (1989) the narrative structure has its merit in its coherence, continuity and credibility. He sees the analyst and analysand engaged in a narrative performance which changes as analytic work progresses. Analyst and patient create together an account which is comprehensive, plausible and coherent and as a result of this the patient feels better. The patient suffers from alienated or 'disclaimed' action and the satisfactory narrative reinstitutes or reclaims action to the realm of the personal. The outcome is an enhancement of self-responsibility and an increased awareness of the person's place in the world. In the formulation of interpretations the analyst is engaged in acts of 'retelling' or of 'narrative revision'. In proposing a break from axiomatic metapsychology Schafer (1983) prescribes remaining within a paradigm of description and advocates the use of 'contextualizing language' which remains faithful to the 'clinical landscape of events'. Events are contextualised in relation to each other rather than in relation to external points of reference. Of all the narrative approaches his is probably the most 'constructivist', in that it is concerned with how the account works and the coherence and adequacy of the account in terms of the meaning it creates, and is least concerned with the search for original events, childhood causes. Psychoanalytic facts are facts by virtue of being meaningfully linked to other facts. It is the meaningful linking of parts of experience into a network of meanings and ultimately into a landscape of meaningful action which gives interpretations status.

As Marcus notes in his discussion of the Dora case,

> Human life is, ideally, a connected and coherent story, with all the details in explanatory place, and with everything (or as close to everything as is practically possible) accounted for, in its proper causal or other sequence. And inversely illness amounts at least in part to suffering from an incoherent story or an inadequate narrative account of oneself. (cited in Brooks, 1984, p282)

If psychotherapy is the same as constructing intelligibility there is no definite standard through which to privilege one adequate, coherent story over another. No story is value free and it follows that the 'story-telling' approach is wide open to suggestibility by the therapist. The general response to the charge of suggestibility, as has already been pointed out, is to argue for a situation of mutual influence or a co-constitution of meaning. But details of how the dialogue might be regulated in order to ensure that the therapist does not dominate the process of interpretation are not developed. Indeed in searching for such standards of regulation the thesis will ultimately turn to the work of Habermas and Langs, rather than to narrative psychoanalysis.

But there are other and potentially more troublesome consequences of a narrative approach which leave critical questions unanswered. Spence's work is more critical of the narrative theory of truth than is Schafer's work and will be drawn on to elaborate two important problem areas in posing a narrative approach to interpretation. Spence is particularly keen to establish narrative and historical truth as two different but interrelated ways of understanding but he does not specifically attempt to develop a therapeutic approach based on his theories, as does Schafer. He presents two intrinsic problems with the notion of narrative as confirmation: (a) narrative persuasiveness and (b) narrative smoothing.

(a) Narrative persuasiveness

Spence (1988) warns of the spurious ease with which psychoanalysts can find patterns in a patient's associations. While he espouses the inevitability of story-telling in the process of making a human life intelligible, he expresses reservations about an overly easy narrative rendering of experience which may lead the interpreter to assume more order and more coherence in psychic life than actually exists.

Spence (1983) suggests that narrative accounts of experience are very compelling and we are easily persuaded to accept them as truthful. He suggests four grounds for 'narrative persuasion'; i.e. reasons why we have a predilection to accept explanations of psychological life merely on the grounds of their plausibility. Firstly, he argues that if we explain something that has never been explained before, then the story will carry conviction regardless of whether or not it is the best or most accurate account. Almost any account is better than no account and so there is a propensity to accept any plausible explanations, especially if the experience has never been explained before. The second ground for 'narrative persuasion' is that we are influenced by the range and scope of the narrative account, so that if a relatively compact account can be shown to account for a great range of happenings it is naturally considered more persuasive.

> If I can show that your life can be reduced to a limited number of significant themes, variously repeated and transformed, then it follows that this account will tend to be more persuasive than a formulation which must invent a new reason for each new happening. The rule of limited reasons (extended scope) draws some of its appeal from a mistaken analogy with the natural sciences. It is as if I have found a basic law that can be applied to a wide range of situations. (Spence, 1983, pp461-462)

A third ground of narrative persuasion lies in the aesthetic appeal or satisfaction that derives from finding that one theme continues to appear and reappear in a person's life; a kind of dramatic parsimony. In other words there is a priority given to that which we have heard as a theme before and priority is given to the known principle and the familiar, so that the more frequently an interpretation is invoked as an explanation the more persuasive the appeal. So there is a certain mistrust of novelty and familiar explanations often fare better than 'blue sky' arguments. Finally there is a persuasiveness to accounts that have a 'here and now' fit. The current feelings experienced in the therapeutic situation add a persuasiveness to those accounts that are consistent with current feelings.

Further to the above four reasons we might imagine that certain 'demand characteristics' of the treatment situation add an otherwise uncalled for degree of persuasiveness to narrative accounts. The psychotherapy client who is there in the first place because he/she suffers from confusion and uncertainty and a lack of self-understanding is extraordinarily vulnerable to suggestion. The professional nature of the therapeutic relationship and the status of professional knowledge should also be seen as compelling motivations to accept the veracity of the interpretative account. The narrative persuasiveness of the therapeutic account is enhanced by the authority lent to it through its being elicited in a relationship with a professional. We might further add to Spence's list the problem of the so-called positive transference which makes interpretative accounts persuasive because of their association with the positive qualities of the therapeutic relationship. Accounts become acceptable because they are associated with a relationship of a caring, containing and 'holding' relationship. Interpretations might appear more persuasive because they are well meant or provided in the context of a well-meaning relationship.

Miller (1989) states that if a child asks what the difference is between a man and a woman and is told that a man has larger feet and hands than a woman, the answer is not false but it evades the central question. In the same way an oedipal interpretation may seem in all respects to be true, but how true is it? Narrative theorists might evaluate an account according to whether it fits with other interpretations, whether it gives recourse to problem solving action, whether it opens up further areas of understanding, or whether it covers a broad range of experience. However, this leaves unanswered the crucial question about whether it is it better than all other accounts. Internal coherence is tautologous and we need to ask how an account measures up against other accounts. Unfortunately each interpretative account emerges in the situation of therapy and other accounts are not available for ready comparison.

At the level of persuasiveness an interpretative account can have an adequate internal consistency and provide an empowering access to action, and make sense of the world in a consistent way; can an interpretation do all of this and be claimed to be incorrect?

(b) **Narrative smoothing**

Spence (1987) describes the process as 'narrative smoothing' as an inevitable feature of any attempt to represent the world. Narrative smoothing refers to the process whereby the inchoate and fragmented moments of life, or 'happenings' in Spence's terms, are transformed into sequential, coherent, unambiguous accounts of experience. In his account of the sense making process Spence describes two levels of narrative smoothing. Level 1 narrative smoothing occurs in the session and begins with leading suggestions such as "Could you have been jealous of your brother when he came home from hospital?" (Spence, 1986). This involves a selective focus of attention and structures the context in which psychoanalytic data are sought. Evidence for level 1 smoothing is scant, however, because level 2 smoothing denies access to the type of evidence which may be suggestive of level 1 smoothing.

Level 2 smoothing functions at the interface between the client's experience and the client's accounting for that experience in the psychoanalytic situation. In describing level 2 smoothing Spence suggests that the psychoanalyst is like a writer or artist lending form and coherence to the fragments of memory, fantasy, and association that the patient has produced. "No telling can be faithful to the life being described" (Spence, 1987, p131). Even free association, argues Spence, may be more composition than recovery; i.e. a production which despite its seeming discontinuity is already an attempt to string fragments of experience together into a coherent sense. Furthermore, even if psychoanalysis partially escapes the inadvertent ordering of the fabric of life into a coherent autobiographical account through the technique of free association, it is not ultimately able to escape the necessary ordering of life imposed by linear grammar and syntax. Spence points out that truly free associations are incomprehensible and are quickly interpreted as a form of resistance.

Spence is thus concerned with the discontinuity between the form of a life lived and the form of a life told. This is level 2 smoothing. Level 1 smoothing concerns the discontinuity between the form of a life lived and the form of a life told to another, at the level of the influence of the questions of the other upon the process of self-description.

From the point of view of philosophical hermeneutics the 'problems of narrative smoothing' are part of the fabric of human life and of the anthropology of how we understand and specifically how we understand with others. If we are to accept the inevitability of narrative smoothing, the two possibilities of confirmation mentioned by Sand (1983) - by the client and according to correspondence with the client's life world - are understood as inevitably problematic. On the other hand if we are to consider narrative smoothing a problem then it becomes quite unclear how a life is to be told free of the context of the enquiry (i.e. free of level 1 smoothing) and free of the context of the mode of telling (i.e. the enstructuration by the rational and conversation based sense making process).

So it can be seen that the search for a narrative form of coherence leaves many issues not satisfactorily resolved. Unfortunately the debate between narrative and correspondence approaches has tended to be pursued at a winner takes all level. It may well be more fruitful to say that these are two different 'language games'. We might fare better in seeking to understand the above issues by asking what these different methodological approaches achieve by their respective methods of accounting for meaning. What is the function of objective evidence, what is the function of narrative accounts as means of disclosing experience and how do these respective approaches facilitate the presence of some critical perspective into the emerging therapeutic understanding?

3.2.3.2 The role of therapeutic abstinence

Langs (1982) has developed a unique method for practising and understanding psychoanalytic psychotherapy, which he calls the 'communicative approach'. Langs's method is based on a profound respect for the phenomenon of unconscious perception and he confers to the patient a highly sensitive unconscious 'attunedness' to the nuances of the therapist's behaviour. This perceptiveness is especially attuned to the way in which the therapist manages the therapeutic process. Langs is particularly aware of how ineptness on this level engenders a (valid) sense of insecurity in the patient; i.e. when the therapist creates a 'situation of danger' by introducing the therapist's own unconscious 'pathologies' into the dialogue. Langs finds that these perceptions are so threatening to the patient that they are warded off and return in disguised forms in the patient's subsequent communications and behaviour.

Langs (1982) is therefore keenly aware of every interpretative intervention as a critical stimulus for the patient's ongoing associations and behaviour. He is inclined to see everything the patient says or does as a 'commentary' on the therapist's performance (as well as an expression of the patient's personal conflicts and preoccupations). His technique of communicative psychotherapy requires firstly the safeguarding of the basic setting of the therapeutic relationship. Secondly the therapist is to frame interpretations in such a way as to acknowledge fully the patient's valid unconscious perceptions of the therapist. Whereas transference interpretations in traditional approaches treat the patient's preoccupation with the therapist as inappropriate infantile fantasies, the technique of communicative psychotherapy believes it is necessary to initially deal with the patient's perceptions as accurate. So in other words the patient's so-called distortions are seen as reflecting the therapist's projections, or at the very least the personal predilections which the therapist brings to the dialogical situation.

Langs has found that the therapist's management of the setting (which he also refers to as 'the ground rules' or 'the frame') is the single most important factor in the therapeutic process. The ground rules which define the parameters of the therapeutic relationship become the safeguard for the patient. If these are properly abided by the therapeutic dialogue is protected from the dangers of implicit projection onto the client's world and from analyzing 'false' problems. Such false problems are created by the aberrations introduced in the therapist's failure (for personal reasons) to safeguard the analytic environment. In effect Langs posits a set of ideal conditions for therapy. Within this 'frame' he presumes that a condition of safety would preside and the explication of the patient's world would follow naturally. This approach brings to the psychotherapeutic literature a concern about the question of domination of the therapeutic setting by the inherently powerful perspective of the therapist. The therapist is to see him/herself as a part of the psychic world of the patient and the interpretative process is conceived as running the risk of being pathologically weighted towards the therapist's opinion and interpretation. The therapist is strongly encouraged to maintain a keen awareness of countertransference projections, and the therapist's ability to achieve this is safeguarded by the 'rules' of the psychoanalytic setting.

The psychoanalytic rules are intended to control the therapist's projection of unconscious material onto the client. The rules of the psychoanalytic setting are understood by Langs (1982) to serve the protection of the communicative framework of the psychoanalytic setting. The therapeutic frame is seen to be in need of protection from the intrusion of both the client's and therapist's unconscious projections. The rules supposedly create an incorrigible therapeutic environment which serves the ends of the working alliance and the reality principle. These rules are elaborated by Langs (1982) and include rules about the nature of the transactions between therapist and client, the termination of analysis, the beginning and ending of sessions, the length of sessions, etc. These rules supposedly mark off a space free of unconscious intrusions and this facilitates the clear perception by the analyst of unconscious intrusions when they do appear. The rules assist the analyst's clear perception both by clearing the space so that patient projections are more apparent and by relieving the therapist of having to achieve 'abstinence' from emotional involvement. They provide a structure within which the therapist can safely stand and without which it is more difficult for the therapist to distinguish what is his/her own projection and what is the client's unconscious material.

Langs upholds the possibility of an environment free of therapist projection and the rules of analysis are a form of structural safeguard which protect the therapist against his/her own fallibility. It is not clear how such an approach might be reconciled with Gadamer's view that there can be no prejudice free starting point and his view that all understanding is implicitly dialogical. It is not clear what the hermeneutical function of abstinence is and what dialogical hermeneutical purpose the rules of the psychotherapeutic setting serve.

3.2.3.3 Behavioural hermeneutics

The appropriation of hermeneutics by psychotherapists has not always taken into account the full meanings of the word hermeneutics and the full complexities of the philosophy of interpretation. This is especially true of those (cf. Bouchard & Guérette, 1991) who present hermeneutics as a methodological approach, rather than as a necessity deriving from the philosophical anthropology of interpretation and understanding.

One sees this tendency *in extremis* in Meichenbaum's (1988a, 1988b) argument that there is fundamentally nothing incompatible between a hermeneutic approach and a behavioural approach to psychological investigation. He claims that when the 'brute-data' of psychological enquiry are meaning appraisal processes and the multiple factors that influence them, then the incompatibility of a hermeneutic and a cognitive behavioral approach no longer seem striking. The idea underlying cognitive behavioral psychotherapy is that all meaningful behaviour is motivated an mediated by mental representations, which may be conscious or unconscious. Furthermore, Meichenbaum (1988b) argues, this being the case and because cognitive behavioral psychotherapy is able to study cognition empirically, there is fundamentally not a discontinuity between hermeneutics and empiricism.

Wakefield (1988) takes issue with this argument and suggests that the idea that there are discernable representational systems which motivate behaviour is problematic. Meichenbaum's (1988b) argument assumes that mental representations are ultimately determinate. Because each representation refers to a network of meanings this enterprise is a complex one. However, Meichenbaum argues, the process of assessing mental representations is capable of taking complexity into account. If there is a discernible mental representation, no matter how complex, an exhaustive description of a person's meaning system is in theory attainable. This lays the foundation for Meichenbaum equating hermeneutics and cognitive behavioral psychotherapy.

Wakefield's (1988) 'distinctiveness thesis' outlines two principal objections to Meichenbaum's claim. The distinctiveness thesis argues in favour of a methodologically distinct approach to the study of meaning; i.e. distinct from the approach taken by empiricism which implies a causal-explanatory enquiry into mental representation. The first argument for the distinctiveness thesis proceeds on epistemological grounds. The argument maintains that is impossible for interpreters to discover the (determinate) meanings they seek if they use only empirical methods. This is similar to Dilthey's line of reasoning when he suggests that the special procedure of empathy entails the direct apprehension of another person's subjective internal state and this procedure is essentially non-empirical. It is unique to the sciences of man.

The second argument for the distinctiveness thesis is of more interest in our present context and outlines ontological reasons why meaning and mental representation are essentially distinct. It is central to Meichenbaum's 'non-distinctiveness thesis' that these are the same. Wakefield's (1988) 'distinctiveness thesis', on the other hand, argues that most human functioning involves a direct relation of the human being to the world without the mediation of mental representation.

Meanings are not exclusively ideational or representational and exist before we come to recognise them. Wakefield (1988) argues against Meichenbaum, in favour of the distinctiveness thesis, and uses the phenomenology of Merleau-Ponty and Heidegger as support.

Merleau-Ponty's (1962) account of non-representational meanings rejects the cognitivist theory of meaning. Meanings are not 'in the head'. His development of the notion of 'body-intentionality' maintains that there is a meaningfulness and purposefulness to the way in which the body directs itself in the world. When we attend to our past behaviour and try to represent to ourselves 'now' how we were functioning 'then', our current representations of what we were doing tends to get projected into our picture of our past self as a mental representation that existed then, so that we experience a retrospective illusion that we experienced more "representations" than we actually did. (Wakefield, 1988)

Whereas Merleau-Ponty (1962) emphasizes the bodily background of action and cognition, Heidegger's (1962) account of nonrepresentational meanings and directedness emphasizes how individual's action fits into a background of cultural practices and how its sense derives from that context. The pivotal idea is that meanings are not written in the mind, they must be lifted out of the person's being-in-the-world. As such they are not determinate, they are co-continuous with the life-world and any reflective process extracts them from the life-world. Heidegger (1962) distinguishes between the living out of a meaningful activity (*auslegung*) from the specific activity called interpretation (*interpretierung*). Interpretation in the explicit formulation of meaning is always a secondary process.

So the idea of meaning as cognitively apprehendable mental representation is to be distinguished apart from the idea of meaning as it is pre-reflectively lived. To be 'interpretive' is to understand in the primordial Heideggerian sense. To be 'interpretative' is to grasp at and to attribute meaning. In the cognitive psychotherapy literature there is a tendency (cf. Meichenbaum, 1988a, 1988b) to conflate these modes of understanding and one sees this tendency represented to varying degrees in much writing about hermeneutics and psychotherapy. Even the 'narrative psychoanalysts', who are generally aware of the complexities of attributing meaning, tend to collapse their understanding of meaning into a cognitivist paradigm. Meaning is all too often thought of as 'the stories we tell ourselves about ourselves' or the meanings we 'give to' the past. The title of Spence's (1987) 'Turning happenings into meanings: The central role of the self' reveals that he does not fully subscribe to or appreciate the philosophical hermeneutic view that understanding is ontologically prior to attributed meaning. In the philosophical hermeneutic view happenings are not 'turned into meanings'. They are not grasped as 'brute data' and subsequently processed as meaning. Similarly the cognitivist conceptualization of narrative process described by Robinson and Hawpe (1986) and subscribed to by a number of authors whose work they refer to, views narrative thinking as the projection of story form onto some experience or event. In philosophical hermeneutics meaning is not a derived event. However, the psychotherapeutic implications of the view that we are 'always and already to be found in understanding' are not clear. If understanding pervades the therapeutic session in a pre-articulate way, what kind of relation exists between ongoing understanding and explicit sense-making activity? The understanding of the relation between implicit meaning and deliberately imparted meaning and the understanding of how these layers of understanding interact in the dialogue between therapist and client, is an area in which to the present authors knowledge, there exists little psychotherapy theory. It becomes an important task to begin to map out the relation between the levels of the therapist's understanding and the levels of the client's understanding and derive a theory of interpretation based on an appreciation of their interaction.

In this respect questions which a psychotherapeutic theory of interpretation would need to clarify are: (a) How does the process of reflecting upon meaning derive from or relate to pre-reflectively lived meanings? (b) If interpretation is an ongoing activity how are the less deliberate, more implicit 'interpre<u>tive</u>' events experienced by the parties to the 'interpre<u>tative</u>' dialogue? For example, in what ways does implicit understanding come to bear influence without having been explicitly imparted as an interpretative intervention?

3.3 <u>CONCLUSION</u>

I do not wish to restate the many questions already posed in the above discussion, and the reader is referred back to the concluding comments at the end of each section for a statement of the leading questions which we would need to be able to answer before we could say that we have an adequate theory of psychotherapeutic interpretation. But there is one overarching issue that should be clearly stated, because it is fundamental to all of the issues raised above, and in addressing it we approach directly the fundamental hermeneutic question which faces theorists attempting to understand psychotherapeutic interpretation.

The key issue, stated as a question, is the following: "How does psychotherapy deal with the surplus of meaning of experience?" This translates into a technical question about how the surplus of meaning of experience should be revealed to the psychotherapy client in a way that facilitates the development of self-insight by the client and fits the underlying goals of psychotherapy. The whole of the above chapter has explored, in different ways, the manner in which psychotherapists have grappled (usually un-self-consciously) with the 'problem' of the surplus of meaning. The above question encompasses all of the questions that have been raised in the course of the chapter about confirmation of interpretation in psychotherapy, about the determinacy of meaning and the nature of the inexhaustibility of meaning, and about the therapeutic conditions which might facilitate a 'competent' interpretative dialogue.

The special hermeneutic problem with which psychotherapy is confronted, threshed out from the problems it faces along with psychology in general and the other human sciences, originates in the need to understand a person's life from the point of view of the human subject whose life is the point of study. If psychotherapy is concerned with nothing else, it is concerned with the study of the subject's own relation to experience and meaning. This poses a dilemma for the psychotherapist who is called to account to the subject in a way which the reader of a written text is unlikely to have to.

There is a tendency in some recent psychotherapeutic literature to replace the word text with the word client and the word psychotherapist with the word reader (cf. Bouchard & Guérette, 1991). Although, as Ricoeur (1979) has pointed out, it is of value to consider meaningful actions as texts, there are ways in which clients are not like texts and the standard of the psychotherapist as reader is inappropriate. The client is able to answer back in a way that the written text is not and the psychotherapist in taking interpretation back to the client's experience is in a different predicament to the reader who has rather more interpretative license. The key question probably pivots around the issue of the client's subjective experience and its relation to the surplus of meaning revealed through the psychotherapist.

A broad base of preparatory questions has been laid and the task of defining an appropriate research process and defining more perspicacious research questions will now be embarked upon.

CHAPTER 4
RESEARCH METHOD

4.1 AN APPROPRIATE METHODOLOGY FOR THE STUDY OF INTERPRETATION IN PSYCHOTHERAPY

Sand (1983) claims that at the level of generality at which discussion about interpretation is most often conducted, nothing can be settled. No amount of hermeneutic philosophy can grasp what happens in the clinical situation without looking in a detailed way at the events of psychotherapy, in other words at clinical material. Yet, as will shown, it is no simple matter to get at the actual events of psychotherapy. A methodology for doing this will be spelled out after discussion of the problems involved in the attempt.

In general there has been a paucity of extra-clinical research into psychotherapy processes and the experience of psychotherapy. The most sustained efforts in this direction are those which stem directly out of the pioneering research programme begun in the 1950's at the University of Chicago and which was significantly influenced by the work of Carl Rogers. This effort centred around the attempt to document the necessary and sufficient conditions of psychotherapeutic change. The Chicago Project spawned an ongoing tradition of psychotherapy process research which, it seems, is being pursued with some vigour to this day (cf. Toukmanian & Rennie, 1992). However, this body of work has not directly tackled the types of questions being addressed in this study. It has tended towards examining either client or therapist experiences and there has been little development of methods for researching dialogue.

The psychotherapeutic process, being an investigative process, is often regarded as a research process in and of itself (cf. Grünbaum, 1984) and clinical theoretical development has typically proceeded through reflection upon clinical findings. The case study stands as the single most significant source of evidence for advances in the theory of psychotherapy and is generally presumed to provide evidence, mostly by means of anecdote or vignette, for the value of particular clinical interventions or theoretical formulations. All too often the specific procedures of the psychotherapeutic dialogue are not reported and are lost behind the abstractions of clinical reporting.

The reporting of technique in psychotherapeutic literature has generally not revealed the differences between technical ideals and actual practice. Spence (1986) maintains that failure to report specific technical procedures has plagued the psychoanalytic literature, and there is a tendency to describe clinical insights without paying attention to how they were arrived at.

Creative, insightful clinical work lies buried behind the *post hoc* abstractions of narrative smoothing and Spence (1986) argues for this reason that little of clinical wisdom generated by experienced analysts in the course of their careers will ever be documented or passed on to younger colleagues.

It is understandable that the standard case study report might not and need not always reveal the interpretative dimensions of the case in question. Freud argues this when he says of his Dora case:

> Apart from the dreams, therefore, the technique of the analytic work has been revealed in only a very few places. My object in this case history was to demonstrate the intimate structure of a neurotic disorder and the determination of its symptoms; and it would have led to nothing but hopeless confusion if I had tried to complete the other task at the same time. (Freud, 1905a, p27)

We might say with Sand (1983) then, that while it should not obviously be expected that every case study account for the interpretative dimensions of the case, there has been a marked lack of attention in the case study literature to technical aspects of clinical work and particularly to the need to account for how clinical insights are arrived at. It will now be suggested that the type of questions of interest in this study are unlikely anyway, to yield to the standard 'intra-clinical' case study method.

In the transformation of the events of the session into the case study account the intelligible, meaningful story of the session (for the therapist this may be a theoretical account) overrides or substitutes for the experience of the session (cf. 'level 2 smoothing'). Certain events are selected and others ignored, usually because the case study is used to exemplify a particular principle or theory; i.e. the case study is used for heuristic and communicative purposes. Typically in the case study account the data is selected because it provides 'supporting evidence' and the reader is prevented from coming up with an alternative interpretation because of a lack of data. Anecdote is chosen for its illustrative power and for its ability to further the argument. Clinical impressions must be accepted entirely on faith and observations are so mixed with theory that it is almost impossible to form a second opinion. In this process, that which appears arbitrary, puzzling or unsupported by the evidence is left behind and much of clinical process is smoothed over (Spence, 1986, 1987). It is not satisfactory to simply illustrate an argument with excerpts and isolated statements from the therapy - for example, anecdotal evidence from a client's dream - without giving an account of how the particular piece of evidence came to be regarded as important and how it emerged in the therapy. The case study, unless it is to be used purely for the elaboration of theory, must make its own method transparent; i.e. the method of constructing a case account. In other words it must be hermeneutically self-aware. Psychotherapeutic case studies in general provide little to no indication of what process they have undergone in order to arrive at their case formulations. It is not returning to a simple verificationism to demand that a case study reveal its own method of confirmation. It will now be suggested that even a case study that does not suffer from the type of methodological oversight being referred to has congenital characteristics which preclude it as a method for conducting research into the interpretative dimensions of clinical practice.

Grünbaum (1984) has taken a strong stand against the intra-clinical type of evidence which passes for data. He claims that clinical data are flawed by an "irremediable epistemic contamination" (Grünbaum, 1984, p127). Here he refers to the suggestibility problem; i.e. the therapist's involvement in eliciting certain types of data. (This corresponds to 'level 1 smoothing' described in see Chapter 3, section 3.2.3.1). Grünbaum's argument in favour of extra-clinical research into the procedures of psychoanalysis is largely motivated by the problem of the therapist's involvement with the case and the impossibility of extricating him/herself from the process. As Spence (1986) suggests, 'level 1 smoothing' may be irreversible in its effects, at least insofar as we take an intra-clinical frame of reference. Grünbaum (1984) has argued that the intra-clinical method of proof is self-serving and tautologous; psychoanalysis is its own proof.

Research into the interpretative practices of psychotherapy are especially unlikely to yield to introspective investigation by the psychotherapist. Important clinical data relating to the therapist's own interpretative forestructure would not readily accessible via an intra-clinical methodology (eg. case study). Sand (1983) in discussing the question of whether analysts discover truths or whether they construct therapeutic fictions, suggests that the issue can only be decided by looking at detailed reports of the analytic transactions concerned, preferably process notes or tapes.

Sand (1983) furthermore proposes that we should critically research case study methodology and evaluate its merits as a research procedure. She says that there has been a paucity of such study and she provides an example of the type of study which she considers to be necessary. She examines one of Freud's case histories in order to shed light on the processes of psychoanalytic confirmation and the relation of theory and discovery in the formulation of the case study.

However, researching the formulation of the case study account gives us access to only one type of interpretation; the interpretation which stands between the clinical dialogue and its assimilation in the form of theories of psychotherapy process, personality and psychopathology. While this is obviously of interest in relation to the study of psychotherapeutic interpretation, it provides little insight into the actual conduct of interpretation during the moments of the session. The problems of narrative smoothing make it especially important to gain direct access to the moments of interpretation as they occur in the dialogue.

In order to cut through 'level 2 smoothing' it is imperative to gain access to the actual experience of interpretative process i.e. the moment to moment experience of engaging in an interpretative relationship. In order to cut through 'level 1 smoothing' it is necessary to trace the experience of both parties to the dialogue so that the influence of the therapist on the elicitation of data and the actual process of emergence of understanding can be studied as it occurs.

There have been few studies which have attempted to overcome the effects of 'level 2 smoothing' and to trace the therapist's 'actual' (rather than remembered) experience of engaging in interpretative dialogue. Kruger's (1989) study attempted to investigate the therapist's experience of interpretation. Unfortunately the methodology employed allowed only indirect access to the therapist's actual experience in the session. It relied on two methods of data collection: (a) The interpretation of case study material presented to therapists and (b) description by therapists of actual instances of interpretation in a case they had experienced. Although the research provided some interesting insights into the processes the therapist engages in encountering material for interpretation, the study took no account of the effects of level 2 smoothing in the case of (b), and went little further in the case of (a) than showing that the therapists came from the same community of interpreters. The findings were explained as reflecting the successful penetration, by the interpreters, of the phenomenological structure of the life-world of the client. However, most of the troublesome interpretative problems posed by philosophical hermeneutics were overlooked in this study, which did not such much as mention Gadamer's highly relevant work or Ricoeur's theory of interpretation (although certain other and less relevant aspects of his work were discussed).

There have been some other attempts, of which the present author is aware, to research the therapist's experience of interpretation. Farrell (1962) and Wisdom (1967) asked of the psychoanalyst's experience: "How can the psychoanalyst know that his interpretations are correct?" Both tried to deal with the question by considering clinical data gained from the analyst's perspective. Arlow (1979) has outlined the intrapsychic processes that take place in the therapist that lead to the formulation of interpretations. Angus and Rennie (1988) explored metaphor generation in the psychotherapeutic dialogue, but again, approach process events only from the therapist's perspective. Moreover, even given the tendency to focus on therapist's experience, the particular way in which the therapist listens, conceptualizes and interprets has remained largely unexplored. The methodological imperative if we are to 'truly' study clinical interpretation is to find ways of gaining direct access to the moments of interpretation in the session. Use of audio- and video- recorded clinical material would be a first necessity in the successful accomplishment of such study.

A second need is to research the client's experience of the interpretative process. In the course of standard clinical practice the therapist's impressions about what the client experiences are pieced together from the various types of clinical evidence that are available to the clinician during the course of the session. This is obviously taken to suffice as grounds for knowing the truth about what clients experience. This is unsatisfactory for a number of reasons, most significant of which is the fact that no matter how comprehensive the *post hoc* reconstruction of psychotherapeutic process is, access to the moment to moment experiences, the undisclosed experiences of the client, and the client's experience of the interpretative situation cannot be gained without directly consulting the client's experience. By extrapolating from clinical evidence to client experience writers commit a remarkable presumption. It is an astonishing feature of much psychoanalytic writing that patient experiences are reported as if the therapist had access to what the client was actually experiencing (cf.Kumin, 1989). Admittedly, if we are to take into account the 'surplus of meaning' and the idea of there being latent but not yet known meanings, it is inevitable that the therapist will, or could, have something of an access to the client's experience that the client might not have. Something of the client's experience must be ascertainable by way of inference from observations of the client's way of responding in the session, and from the client's self-report. However, this does not take necessary cognisance of the client's propensity to engage in a type of pseudo-communication motivated by anything from the need to comply with the therapist's interpretative efforts to the need to contain destructive hostility about being misunderstood. So it is necessary to find access to client's experience of the psychotherapeutic dialogue in more direct ways than are afforded the therapist in the course of the therapeutic encounter.

There is a relatively rich popular and 'lay' literature on client experiences of psychotherapy, careful study of which may well lead to valuable insights about psychotherapeutic interpretative processes. A particularly interesting study is Fraser's (1984) *In search of a past* which juxtaposes an historically researched account of the author's life and a psychoanalytically reconstructed biography, and raises many of the issues already discussed pertaining to the question of remembering and its relation to the historical past. There are numerous other patient accounts of psychotherapy which offer a wealth of material which would seem to be a valuable source of information about interpretation, although it would obviously also suffer from level 2 smoothing.

There has been very little research which looks simultaneously at both patient and therapist experiences. One of the few pieces of research which the present author has found and which has looked specifically at both client and therapist experience of interpretation is Fessler's (1978; 1983) methodologically innovative study of client-therapist interaction in the therapeutic dialogue. The methodology of Fessler's study to a large degree inspired the development of the methodology of the present clinical study. His method offers a valuable access to the dialogical dimensions of interpretation by considering the *in vivo* interaction of client and therapist in the process of interpretation in a way that cuts through the obfuscations of narrative smoothing.

In summary it should be said that in order to answer the type of questions being posed in this study a research method is sought which is extra-clinical (i.e. conducted from the perspective of a researcher who is neither therapist nor client), that considers the need to research the interaction of client and therapist experiences, that gains access to *in vivo* moments of interpretation and that can compare these to the development of insight in the psychotherapy as a whole. The specific methodology employed in the clinical research component of this study, and which meets these requirements, is set out in detail following.

4.2 RESEARCH METHOD EMPLOYED IN PRESENT STUDY

The following methodological process is comparable to both the 'grounded theory' approach (cf. Glaser & Strauss, 1967) and the 'grounded hermeneutic research' approach (Addison, 1992). In both of these approaches the questions asked, the data gathered and the emerging interpretative account are intertwined and in the process of doing the research these mutually inform each other and develop together. The intended outcome is to discover useful ways of thinking about the phenomena under study. In the present context this process was embarked upon with a view to discovering and formulating a useful theoretical framework through which to articulate and understand the dialogical dimension of interpretation in the context of insight-oriented psychotherapy.

The study set out to identify key features of the structure of the interpretative dialogue. The methodological process gradually refined, grouped, redefined and regrouped these features to the point where an overall structure and the constituent and interrelated parts thereof, became apparent. The emerging structural features were continuously related back to the data and were used to further interpret it. This entire process was inseparable from ongoing exploration of the literature. The breakdown of the following methodological approach into discrete steps reflects specific methodological procedures embarked upon, but it perhaps fails to reflect the organic manner in which the entire study proceeded. To borrow White's (1980) expression the steps proceeded both 'at once' and 'in order'; i.e. synchronically and diachronically. The researcher was conscious of following certain steps in a sequence, but most steps were present to a degree at all stages.

The following is an account of the methodology employed in the clinical research part of this study. A detailed account is given of the procedures and the rationale for adopting them.

4.2.1 THE RESEARCH QUESTION

Packer (1989) describes the nature of the procedure through which a researcher reaches a preliminary understanding of a text or text-analogue. The researcher requires a point of access to the phenomenon and the first task of research is to develop preparatory ways of thinking about a phenomenon to be investigated. The preliminary questions and the projected understandings implicit in them[19] provide an essential, but corrigible, access to the phenomenon under study; i.e. they provide a starting place for enquiry. Research is, from this point of view, conceived as a means of asking more meaningful, useful and fruitful questions. The research is intended to come up not with results, but better ways of thinking about the phenomena under investigation.

While the present study was originally formulated with particular research questions in mind, as the various stages of analysis proceeded the research questions were reformulated and refined. In the final stage of analysis, which involved decisions about how the data were to be presented and involved discussion of the data in relation to the theoretical literature, the research questions reached their final formulation. This open-ended model for approaching the formulation of research questions is one of the principles in the emerging tradition of hermeneutical research in psychology (cf. Packer, 1989; Packer & Addison, 1989) and has also been a characteristic of the phenomenological research tradition as it has been applied to psychology (cf. Giorgi, 1985). The model is exploratory, discovery-oriented and theory-generating rather than hypothesis-testing and involves a reflective process of engaging with the data, during which the questions guiding the research are re-examined and reformulated.

The actual research questions and their evolution will be discussed during the following presentation of the different 'stages' of the research process.

4.2.2 PARTICIPANT SELECTION AND RECRUITMENT PROCEDURES

4.2.2.1 Therapist selection

An extremely cautious planning of client selection procedures was necessary, to obviate the possible risks of adversely affect ongoing psychotherapy processes. The procedure was planned to ensure that participation was sought on the basis of truly informed consent and that no pressure was brought to bear on participants. Care was taken to monitor the participant's responses to the research process in order to ensure that should the research process give rise to deleterious effects that this would be detected early on.

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[19]Gadamer (1977) suggests that "No assertion is possible that cannot be understood as an answer to a question, and assertions can only be understood in this way" (p11).

Three psychotherapists were approached and asked if they would participate in the study. The psychotherapists were chosen because they were known to practice within the rubric of conversation-based, insight-oriented psychotherapy. All agreed to participate in the study after having been explained the area of research and the method. They were each asked to speak to a client whom they thought would be a willing participant in the study. Therapists were requested to use their discretion with regard to the need to select a client for whom the research would not in any way pose a threat to the ongoing process of psychotherapy. The client had to have been in psychotherapy for 50 sessions or about one year of regular weekly sessions, and had to be someone whom the therapist thought would be able to give a thorough and verbally articulate response to the questions to be posed.

Each form of psychotherapy differs from other forms according to, amongst other things, the different types of interpretative practice which it employs. If the point of the study was to research interpretation in 'client-centred' psychotherapy the researcher would have been interested in recruiting participants who could be shown to be 'true' practitioners of this particular discipline. The study would have then been capable of making statements about the particular set of interpretative practices characteristic of 'client-centred' psychotherapy. But the present study was interested in studying rather more general questions about interpretation common to all psychotherapeutic dialogues where meaning is sought through a process of dialogical interaction between client and therapist. It did not aim to be exhaustive in the sense of describing all features of all possible types of interpretative dialogue. It aimed at describing the fundamental structural characteristics of dialogical interpretation by describing the broad parameters through which the dialogical interpretative situation is structured. So it is not because of the problematics of controlling for therapist type that this study did not seek out therapists of an exactly similar orientation. Issues such as whether the therapist occasionally discloses aspects of his/her own experience, whether the therapist suggests literature to the client, employs the method of free association, etc. were not controlled in the present study. On the contrary it was important that the study represented a diversity of types within the broad parameters of the area of investigation; i.e. an interpretative dialogue aimed at enhancing the self-understanding of the client. The diversity of types, rather than constituting a problem, was seen to contribute to a richer and more fully elaborated range of dialogical interpretative experiences and this was of value in constructing a structure which tended toward generality precisely because it incorporated diversity. It will later be suggested that the final results should be called a description of general characteristics of the structure of interpretation in the psychotherapeutic dialogue, rather than referred to as a general structure *per se*, and this is true because of there being not sufficient diversity rather than too much.

4.2.2.2 Client recruitment procedures and ethical safeguards

Therapists were asked to explain to the clients the goals and method of the research. They were also requested to explain, without drawing too much attention to the issue, that this particular therapy was one amongst a number of other therapies that could be used and that if they were not willing to participate in the study this would not constitute a problem for the researcher or the therapist. They were also told that the therapists were willing to participate in the study, and to allow their work to be used for research purposes, in the interests of the development of the discipline. Clients were told the name of the researcher who would conduct the study and that the researcher was a registered clinical psychologist. They were assured that the research was to be treated as a piece of scientific research and absolute confidentiality would be guaranteed. They were told that all identifying details would be taken out of the material before it was presented as a piece of research. They were also told that if at any stage they wished to withdraw from the study they could do so. They were requested to give consideration as to whether they were willing to participate and if they were willing, to communicate their willingness to the therapist at the following session. The first three clients approached agreed to participate. The therapists explained to the clients that the clients' names would be given to the researcher who would then contact them to make arrangements.

Ethics always develop in relation to risk, the dangers of which ethics guard against. There is no doubt that research such as the present research could, if not cautiously conducted, interfere with the proper conduct of the therapy under research. However, this is no reason not to pursue this type of research. A trial and error process is involved, but if it were pursued in a cautious and responsible manner the ethical limits and procedural safeguards would become clearer. With more experience of this type of research a set of ethically sensitive parameters would no doubt emerge. The ethical dilemmas which the early psychoanalysts must have faced when they entered for the first time the deeply private areas of experience of their patients must have been immense. Through the cautious development of the discipline a set of ethical standards began to emerge. With further research the full ethical implications of this kind of research will become clearer, but at this stage there is no reason to suppose that these cannot be overcome. The ethical considerations raised by research into the therapeutic dialogue are not sufficiently problematic to block the need to do research using this method. At all stages the researcher attempted to create a sense of utmost transparency as to the goals of the research and attempted to question within the parameters of what seemed to be a comfortable willingness on the part of the participants to divulge their experiences in the context of the research interviews.

4.2.3 DATA COLLECTION

Two interviews were conducted with each of the six participants in the study. The two interviews were structured quite differently (see below). The two interviews were seen as complementing each other and may be conceived as ways of gaining access to different aspects of the phenomenon under study. It will be seen that ultimately the two different sources of data were collated together and analysed as a whole.

4.2.3.1 Initial interview

Step one consisted of a tape-recorded interview with each of the six participants. The purpose of this initial interview was twofold. Firstly, to develop a broad familiarity with the way in which the participants experienced psychotherapy as a whole. It was believed to be necessary to have access to a certain amount of contextual background in order to be able to appreciate the interpretative features of the dialogue. The researcher was in this respect interested in a general description of each participant's experience of the therapy. Secondly, the initial interview aimed to gather descriptions of the type of interpretative events which typically occur in the therapy.

The researcher, based on his reading and understanding of interpretative theory generated a set of questions which he anticipated would, when posed to a participant in a therapeutic dialogue, lead to a description of the interpretative characteristics of the dialogue. A provisional list of questions was drawn up and these were tested in a trial run with a therapist not to be included in the study in order to gauge the type of responses which could be expected. On the basis of this certain questions were excluded and others were changed. (See Appendix 1)

A parallel set of questions was drawn up for patients using the same basic structure with modifications. Certain questions were also added. (See Appendix 2)

The bulk of questions were directed towards eliciting descriptions of those moments in the dialogue where the interpretative issues of interest in this study were most likely to be revealed. In the case of the use of the phenomenological research method (cf. Giorgi, 1985) a specific effort would usually be made to steer respondents away from speculative or reflective types of response. In the current study, although it was intended to elicit accounts of actual experience during the events in question, reflective understanding of interpretative processes was also considered to be of interest. Therefore, a deliberate elicitation of second order accounts was sought as well as descriptive accounts of actual interpretative events.

The interviews were transcribed and will be referred to as initial interview data or material.

4.2.3.2 Prompted recall

The therapists were provided with audio-recording equipment and requested to tape a session. The researcher obtained the taped session immediately after the session and chose a five to ten minute excerpt which contained clear instances of explicit interpretative dialogue (sense-making activity) and in which there was a relatively intense degree of interpretative interchange between therapist and client. In one instance two excerpts were chosen, because they both contained interesting exchanges.

On the day following the taped session therapists and clients were interviewed for a second time. The interviews were audio-recorded and will hereafter be referred to as 'Prompted recall data'.

Participants were asked to describe in general terms what had happened in the session. They were then provided with the transcription of the excerpt of the session and were requested to follow the transcription as the researcher replayed the recorded excerpt. The researcher had previously divided the transcribed dialogue into segments which appeared to the researcher to represent discrete interpretative interchanges. The playback of the recording was stopped at the end of each such portion and the respondent was requested to describe: (a) their own experience during the session at that point and (b) their experience of the other participant at that particular moment. This process was not as clearly defined as it was intended to be because, int the case of both participants, the moments chosen by the researcher as natural shifts in the interpretative process of the dialogue did not coincide with the natural shifts in the experience of the participants. There were distinctive changes in the interpretative experience which only emerged in the interview and were not obviously reflected in the purely verbal dialogue. Also the broad patterns of attention and the patterns of understanding followed lines of development that did not always provide an easy one-to-one correspondence between client and therapist experiences.

At this stage of data gathering participants were requested to limit their descriptions to what they actually experienced in the session. However, it was not always easy for them to distinguish *in vivo* experience from *post hoc* reconstruction. Even as the research proceeded the effects of 'level 2 smoothing' were felt and these had to be overcome by continuously reminding participants to focus on the description of what was happening in the actual session.

4.2.4 ANALYSIS OF DATA

Two broad options were open to the researcher for the analysis of data. The first option was to generate two broad general structures, one for clients and one for therapists, which could then be read in relation to each other in order to elicit a dialogical structure. This method was used by Fessler (1978) who employed the standard interpretative procedures developed by Giorgi (1985). Alternatively in each case a dialogical reading could be made for each client-therapist <u>pair</u> and the general structure of the dialogical interpretative process could then be developed by collating the three dialogical structures into a general dialogical structure. This latter approach was opted for because it was thought that the dialogical process of interpretation could only be accessed in the moments of therapy, which would be lost at the level of general structures of separate client and therapist experiences. However, this alternative posed a methodological problem in that the standard procedures of phenomenological analysis are not obviously applicable to the case of a dialogue which by definition involves two sets of experience. For this reason a novel method of analysis had to be developed, through which to gain access to the dialogical structure for each pair.

4.2.4.1 Steps of analysis

The following is a description of the method of data analysis employed in the study. The procedure systematically transformed the taped interview material obtained in Steps 1 and 2 above (in excess of 20 hours of interviews) to the point where it finally yielded a description of general features of the interpretative dialogue in psychotherapy. The ontological status of this final product of analysis will be discussed in Chapter 5 as a prologue to the presentation of the actual description.

The following is an outline of the sequence of the data analysis. It will be followed by a description of each of the steps.

STEP 1

Organisation of interview data into discrete interpretative events

STEP 2

Reduction of interview data

STEP 3

Compilation of 'dialogical clusters'

STEP 4

a) Development of interpretative reading guide (See Appendix 3 for final form of the reading guide)

b) Application of reading guide to dialogical clusters

c) Development of individual dialogical structures at 'extended description' level (See Appendices 4, 5 and 6 for the complete extended description of each dialogue)

STEP 5

Development of description of the general features of the dialogical structure of interpretation (See Chapter 5 for outcome)

ELABORATION OF STEPS OF ANALYSIS

STEP 1 : *Organisation of data into discrete interpretative events*

The initial interviews were transcribed and closely read. The researcher studied the material with the following question in mind: "Where in the data is a discrete experience of interpretation being described?" The transcriptions were annotated to delineate the description of discrete interpretative events or moments. Prompted recall material was similarly annotated. A note was made each time that a discrete transition in meaning was perceived so as to identify separate units of meaning with regard to the meaning of interpretative events; i.e. the interview content was broken down into segments which reflected the experiences of discrete interpretative events in the psychotherapeutic dialogue. The breaking down of research protocols into smaller segments is a standard step in phenomenological research (cf. Giorgi, 1985; Wertz, 1985) the hermeneutic sense of which is often not appreciated. The constituent parts allow the application of the hermeneutical circle whereby the appreciation of the meaning of a text is developed through the reciprocal relation of parts and whole. A standard case study approach which attempts to appropriate the whole of the case material into a final account runs the risk of conforming to theoretical expectations and forfeits the application of this most fundamental principle of the interpretation of meaning.

Although it was initially thought that the initial interview data and prompted recall data would need to be analyzed separately it was found that although the type of data gathered in the initial interview was different in detail, in type in was not essentially different from the type of data gathered in the prompted recall. The descriptions of experience in the initial interview tended to be much more interspersed with reflective responses than did the prompted recall interview material. It was initially supposed that only prompted recall data would yield insight into specific interpretative events, but all participants responded to the initial interview with such a high degree of engagement and enthusiasm that the interviews yielded a very rich source of data about specific interpretative events, many of which promised to be particulary useful because both parties to the dialogue had described similar interpretative events in their initial interviews. Although prompted recall experiences provided a micro-momentary description of interpretative processes, which overcame problems of narrative smoothing, it tended to not gain access to overarching experiences; eg. the changes in experiences of interpretation over time. There appeared to be no reason to keep these two sources of data apart from this stage onwards and both sources of data were seen to contribute, albeit in slightly different ways to the understanding of interpretative experience.

STEP 2 : *Reduction of interview data*

The discrete interpretative events were extracted from the mass of redundant data in which they were situated. They were then rewritten and 'transformed' to the extent that they were summarised and some of the repetitions, redundancies and contextual details were eliminated, with care taken to retain the essential sense and context of the meaning. Idiosyncratic expressions were interpreted into common-usage terms, according to the researcher's contextual reading of what the participant was explicitly attempting to say about his/her experience. At this stage in the process of analysis the intention was not so much to interpret or make meaning out of the data in terms of the questions being asked, but to faithfully reproduce the 'sense' of what the speaker was trying to say in a summarised form. As such it was an exercise in concise summary rather than an exercise in interpretation, although this must be said with circumspection and with acknowledgement that the 'reduction' must have been under sway of the interpreter's preliminary questions. Where the words of the speaker were not easily rendered in non-idiosyncratic language, or where summary would have run the risk of losing the richness and meaning of the words of the speaker, they were retained as quotations in the text.

STEP 3 : *Compilation of 'dialogical clusters'*
Therapist and client experiences of the same interpretative event or 'type' of interpretative event were extracted and clustered together so as to reflect corresponding therapist and client experiences of a particular event or type of event.

This was simple to achieve in the case of the prompted recall data which had been elicited in relation to discrete moments in the session and a good deal of the data naturally clustered together with the experience of the other participant to the dialogue, because they were descriptions of similar types of event. Initial interview data was also largely unproblematic because participants had usually described fairly typical or specific interpretative events which facilitated clustering around a broadly similar type of event, for example, the interpretation of a dream.

A summary of the interweaving experiences of client and therapist comprising each such event was constructed, so as to bring out a dialogical interpretative description of each event. A temporal sequence was used to arrange the sequence of each event where a natural ordering was not suggested by the data.

This central step in the process required that, as far as possible, each event was read as a dialogical event. This required that the researcher held in mind the interactive nature of each described event. If for example, the therapist described the experience of a period of silence as a withdrawn feeling of being lost in her own thoughts, the 'being lost in her own thoughts' was taken as a mode of attention defined in its relation to the client, and the aspect of being 'in herself and not with the other' was sought out and accentuated at this level of description. However, in general this level of description was not a strongly interpretative one and retained much of the descriptive character of the participant's words. It was facilitated by the fact that the data had at the outset been elicited in such a way that the experience of the other person for each event was available for most of the self-experiences obtained. Already at the level of the interview the client's experience had been articulated in relation to the therapist's experience and *vice versa.*

There were certain interpretative events which reflected only the client's or only the therapist's experiences. These were retained in the data although they were not defined as specifically dialogical events. It was felt that if it turned out that they were of little value they could easily be jettisoned at a later stage.

The above process was repeated for all three dialogues. The data thus assembled was a compilation of discrete dialogical interpretative 'clusters' which were as yet not organised into a structure; i.e. not yet collated according to types of interpretative experience. The specific 'types' (cf. Giorgi, 1979) had not yet been identified although the above step had relied on a precursory organisation through the identification of dialogical 'clusters'.

STEP 4 : *Development of extended descriptions of individual dialogical structures*
The reading guide method (Brown *et al*, 1989; Mishler, 1986a; Mishler, 1986b) is a method of textual interpretation developed for extricating from a text those features of the text which clarify the data in terms of the particular questions one wants to ask of it. The development of a reading guide begins with generating a set of questions through which the data is to be read. In the context of this research the reading guide was used to bring an ordering of 'types' to the data and to specifically interrogate the Step 3 data to elicit answers to the questions central to the study. It is an important principle of phenomenological as well as hermeneutic research that the data does not speak without being asked questions.

As a preparatory step to the construction of the reading guide, each of the three sets of interpretative experiences were studied to find relevant ways of categorising (typing) the experiences of both therapist and client. A preliminary reading guide was prepared by scanning the material and assigning headings to the single clusters of interpretative events. Headings such as 'miscommunication', 'conflict of interpretation' and 'imposition of theoretical understanding' were used as a first step in taking inventory of the 'types' of interpretative events that the dialogical clusters represented. Dialogical interpretative events were given more than one heading when they promised to throw light on more than one of the categories which were beginning to emerge. When it began to be clear what types of data were present an initial 'reading guide' was constructed.

The reading guide consisted of a preliminary set of questions which were to be used for transforming the dialogical clusters into what amounted to a dialogical form of 'situated structure' (cf. Giorgi, 1985; Wertz, 1985). The guide was added to, changed and developed to the point where it was sensitive to the questions posed in Chapters 2 and 3. This involved returning to the theoretical notes and reflecting upon the dialogical material so that the questions which finally emerged were appropriate to the overall aims of the study and relevant to the kind of data that had been collected. There were inevitably questions of interest in the overall context of the study which the data could not answer, both because the data was not sufficiently comprehensive and because of the limitations imposed by the type of data obtained. The final form of the reading guide is presented in Appendix 3.

The reading guide was then applied to the three sets of dialogical clusters. Even in this process, however, the reading guide continued to evolve to the point that the final format of the reading guide corresponded (approximately) to the format in which the results are presented. The application of the reading guide required reading the dialogical protocols from the point of view of each question or set of questions and this resulted in the gathering together of the dialogical clusters into groups or types according to the questions of the reading guide.

The practice of typing requires that irrelevant or 'atypical' elements are eliminated or suppressed (Giorgi, 1979) in the reworking of the data in search of categories. There is at this level a bias towards uniformity and homogenization and variations are split off, either to be discarded or developed as alternative types.

Each individual dialogical structure was then rewritten according to the categories and types developed through application of the reading guide. At this stage repetitious detail was eliminated and the only details retained were those essential to describing the fundamental 'types' of interpretative experience for each dialogue. For example, in dialogue 1 it was of interpretative interest that although explicit goals had never been formulated the implicit goals of the therapy (viz. the end point towards which the therapy was heading) was the same for both therapist and client. That they were in agreement and how they had come to be in agreement was of interest, but the exact nature of the goals was at this level not of interest. The details of the goals were thus left out in the development of the dialogical interpretative structure of the case. Some caution was taken not to eliminate details that might be illuminating in the following step of analysis, the development of a general structure.

The three dialogues thus analyzed are presented in Appendices 4, 5 and 6 and are referred to as 'extended descriptions' of the dialogical structure of each dialogue. Because of the confidential nature of the material some relevant details have been left out of this account, but an attempt has been made to retain sufficient detail to enable the reader to to gain a clear idea about the specific interpretative dimensions of each dialogue.

STEP 5 : *Development of the description of the general features of the dialogical structure of interpretation*[20]

A general structural description moves away from the specific contextual details of an experience and structural description could hypothetically be posed in such general terms as to sound quite banal and meaningless. Generality leads to a loss of internal complexity and a loss of context, and the art of defining a structure of experience is to retain the essential and definitive features of the dialogue, yet to do so in a way that exposes the patterns of organisation of the dialogue. A general structure loses some of the richness of the examples of the experience of the actual event and the methodological challenge is to retain the experiential vividness and simultaneously to develop a general account. A general structure is ideally able to represent both the 'woods' and the 'trees', the general and the specific. The most comprehensive data is obviously the sum of the data provided by all the participants and in committing a reduction to a general structure one has to be able to accommodate the variations that may occur at the specific level. The methodological steps and challenges which were involved in achieving a general structure in the present context will now be described.

Firstly the researcher read and reread the extended descriptions of the individual dialogical structures until commonalities began to be apparent.

In collating the three sets of Step 4 data into an overall structure specific contextual details were omitted so that the final product (see Chapter 5) is posed in a language free of the contextual references which are still partially present at the level of the extended descriptions.

The generation of a general structure proceeded through a process of establishing the structural relatedness of 'types'[21] of experience to each other. That one client felt angered by the therapist bringing his expert opinion to bear and another client felt relieved, may be grounds to say there is no common experience in relation to the therapist bringing expert opinion. It might seem at first

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[20]A discussion of the idea of the structure of dialogue and its relation to experience is presented as part of the introduction to the presentation of the results in Chapter 5.

[21]Giorgi (1979) distinguishes between 'levels' and 'types' of data and examines the relation of 'level', 'type' and 'structure'. Red and green are different types, green and light green are levels of green.

glance that nothing particulary meaningful could be said about the general experience of this phenomenon. However, if we proceed by looking not for similarities but at the nature of differences (at the order of 'level' under the rubric of the 'type' of event; i.e. the event of 'expert opinion') a different outcome is obtained. The crucial step for the researcher was to ask "What mediates these differences?" In finding what mediates differences within (and between) nascent types the overall structure began to emerge. The structure is thus most accurately portrayed as the structure of the processes through which the experience of the interpretative dialogue is mediated. The emerging structure would then naturally accommodate and account for variations of experience.

To clarify this crucial step in the data analysis another example is provided to show how generality may be found in difference, by seeking out mediatory influences. Whereas in the case of dialogue 3 the focus of the content of the therapeutic dialogue was initially the client's present life crises, in the case of dialogue 2 the focus of discussion was past relationships. Dialogue 3 progressively moved towards understanding past relationships and dialogue 2 progressively moved from the past towards discussing present crises. At first glance it would appear that nothing general could be said about these two different instances, which as the therapy progressed moved in opposite directions. Deeper consideration, however, led the researcher to realise that in each case the progress of therapy led towards a position where present and past were increasingly experienced as contingent upon each other. The two dialogues had in common that they increasingly adopted a temporal orientation where past and present are tied to each other and seen to be interrelated. This emerging appreciation of a common process in the two dialogues led the researcher to examine more closely the nature of the relationship between present and past. Other dialogical events were in turn drawn upon as sources of insight into this facet of interpretative process so that eventually a relatively complex general statement about the relation of present and past was facilitated. Thus, in not being deterred by ostensive differences the researcher was able to find underlying mediatory processes which are intrinsic to interpretative process and which may truly be said to be common in a general sense. This would not have happened if the researcher had simply looked for similarities and the indepth exploration of the nature of differences emerges as an indispensable feature of the search for general structure.

Even in cases where the experiences did fit without overlap into 'types', the researcher proceeded through an analysis of differences by looking look for and imaginatively seeking possible variations. A crucial methodological step employed in the development of the final structural account was the procedure of 'imaginative variation', suggested and described by Wertz (1985). Imaginative variation requires that the researcher ask of the data if it covers all possible cases and the researcher attempts to imagine a case that it may not cover. In this fashion that which is typical only of the individual case is shown to be in need of accommodation into a general structural account. Only the accommodation of variations can ensure generality. Only then could it be said that the final structure of experience would describe the essential mediatory processes involved in the living out of the experience.

The outcome of this analysis is described in Chapter 5.

CHAPTER 5
RESULTS

5.1 INTRODUCTION: THE NATURE OF THE RESULTS

The following is a descriptive account of general features of interpretation in the context of the psychotherapeutic dialogue and is the outcome of the methodological process outlined in Chapter 4.

The nature of these findings is of the order of 'extended description' rather than 'general structure' (cf. Wertz, 1985). The term 'extended description' is usually considered more appropriate when the nature of the data and findings are such that a concise and exhaustive general structure of the phenomenon is not reached. The phenomenon is too complex and multi-faceted and the data represents an insufficiently comprehensive coverage of 'level' and 'type' (cf. Chapter 4) for it to be incontrovertibly claimed that this description depicts an exhaustive general structure of the dialogical features of psychotherapeutic interpretation. The results represent certain core features of the general structural framework of the interpretative dialogue without claiming that all of the important interpretative features of the dialogical structure are accounted for. However, it can be claimed that the phenomena described are indeed 'general' features of the dialogical interpretative situation in which the purpose of the dialogue is understood to be the development of the self-understanding of one of the participants to the dialogue.

In Chapter 4 it was suggested that it is incumbent upon a 'structural description' to account for the nature of the influences which have a bearing on how the outcome will be determined, and not to describe a final ideal outcome. The outcome is subject to the specific constellation of influences that characterise a particular case. Conceived in this way a structural account of experience accounts for the type of mediatory influences which are an inherent part of the meaning-seeking process in dialogically based insight-oriented psychotherapy.

Merleau-Ponty's (1965) concept of structure is fundamental to understanding of the nature of the findings reached. The central idea is that a psychological structure is not so much an 'experienced' reality as it is a network of relations that define how an event is lived through. One is not necessarily aware of the structure of an experience as one lives it. The structure articulates the most fundamental organisation of the experience and the relation between the parts of the experience, but is not synonymous with the experience of the situation. However, the structure of an experience is such that it can be known as an experience that is lived through; i.e. its immanent significance can be discovered. So structures are on the one hand present to perceptual consciousness and on the other hand are not immediately so.

We might imagine that in the context of the present research we are attempting to describe an even higher order structural account than would exist at the level of the structure of an individual's experience. The results of the present research are formulated as the structural features of a dialogue; which implies a relationship between two individual structures of experience.

It might be said that the study of dialogue, as opposed to the study of individual experience poses an interesting methodological dilemma for psychology. The tradition of existential-phenomenological psychology has established the philosophical grounds for studying the structure of experience and it has established appropriate methods for achieving this (cf. Giorgi, 1970). Within this tradition meaning has been understood to reflect the individual's engagement with the world. But a dialogue, because it describes the meeting of two worlds of experience, is an event the structure of which supersedes the immediate domain of experience of either party to the dialogue. If a dialogue is experienced, in what sense is it an 'experience' and in what sense can an experience be something that occurs not within but between people and then who is it experienced by? These questions can be clarified if we consider the relation of lived-experience to the structure of experience.

The structure of a dialogue and its relation to the structure of the experience of an individual participating in the dialogue is analogous to the relation between the structure of experience and pre-reflectively lived experience. Dialogue is 'lived' through, but the structure of the dialogue is two steps removed from an individual's immediate experience; i.e. it reiterates the experience/structure relation at the levels of 'structure-of-experience'/ dialogical structure.

Having clarified the nature of the findings the general features of the dialogical structure will now be presented. These features are organised in a format largely determined by the reading guide. A specific decision was made not to illustrate the following description with examples extracted from the individual dialogues, because to do this for the whole of this lengthy description of general features would have made the document excessively long and it was felt that what is contained herein is sufficiently descriptive to not require illustration at this point. Selected illustrative examples are provided in the discussion in Chapter 6. For specific examples situated in the context of the individual dialogues, the reader is referred to Appendices 4, 5 and 6.

5.1.1 NOTE ON TERMS USED

1. The term 'participant' is used when what is being described is applicable to both client

and therapist; i.e. when there is no appreciable difference in their manner of engagement in the therapeutic dialogue.

2. The term client's 'material' is used to refer to the client's life experiences (including dreams, memories, feelings, thoughts, actions, events, etc.) which form the focus of attention in the explicit interpretative dialogue. In other words the client's 'material' refers to the 'objectifications' of mind or 'signs' that it is the task of the interpretative process to render meaningful.

3. The term 'unintelligible' experience is used as a general term to refer to that which the client and therapist strive together to find a meaning for. What is regarded as unintelligible may already have an established or extant meaning and it is strictly speaking 'unintelligible' in a limited sense only. It is never wholly unintelligible (there is always some pre-understanding), but is nevertheless unintelligible by virtue of being considered to be in want of greater intelligibility.

5.2 GENERAL FEATURES OF THE DIALOGICAL STRUCTURE

5.2.1 DIALOGICAL COMPOSITION

(Which emerged in response to reading guide questions 1 and 2)

The therapeutic dialogue consists of the interplay of two distinct types of dialogue, 'communicative' and 'interpretative' dialogue.

'Communicative dialogue' refers to the exchange of intended meanings; and consists of a process of speaking and clarification of what is meant. This level of dialogue establishes communicative consensus, not at the level of agreement about the meaning of the client's material, but only at the level of hearing what is explicitly meant in the normal conversational flow.

Intended meaning (speaker) and assumed meaning (listener) do not always coincide. The listener often does not grasp what the speaker intends and may attribute to the speaker meanings that the speaker did not deliberately intend to impart.

Assumptions about what is communicatively intended may be based on the reading of non-verbal communications which listeners do not experientially distinguish apart from the content of verbal communication. They are considered to be a part of the intended meaning although the speaker is not aware of deliberately imparting non-verbal communications in the same way as the speaker is aware of attempting to deliberately impart verbal communications. Such attribution of meaning may occur through the interpretation by the client of the meaning of the questions asked and by attribution of significance to the relative degree of interest the therapist appears to take in specific formulations by the client. This introduces into the communicative dialogue a degree of ambiguity because the listener imparts meanings beyond what is verbally intended.

Misunderstanding at the level of communicative dialogue may occur without participants being aware that they are not understanding each other.

Clients are inclined to ignore temporary lapses in communicative understanding, even when they become aware of them, to the extent that they feel that therapists are fundamentally and generally cognisant of their views.

'Interpretative dialogue' refers to dialogue through which therapist and client strive together to develop an understanding of the meaning of experience which is not immediately intelligible or is inexplicable in terms of the client's everyday understanding of own behaviours, motives, thoughts and feelings.

The developmental process of the interpretative dialogue is marked by the establishment of a common vocabulary for talking about unintelligible experience. Such experiences include dreams, inexplicable thoughts, feelings and fantasies, and irrational behaviours. The interpretative dialogue is conducted through a common vocabulary and at the same time it refines, structures and develops this vocabulary. The primary themes whereby experience is discussed are conceived through gradual refinement of exploratory ways of understanding into consensual modes of understanding.

The move from communicative to interpretative forms of dialogue is initiated when the client realises the unintelligibility of own experience or when the therapist or client imagine a deeper or undisclosed meaning which goes beyond the meaning which the client has already grasped.

The propensity to imagine deeper and further meaning to what is already subjectively grasped develops during the course of therapy so that clients become increasingly willing to consider their own limitations of self-understanding.

The exploratory activity of interpretative dialogue is not clearly set apart in the conversational context of the session and the shift between ordinary conversational communication and explicitly interpretative enquiry may occur without obvious interruption of the temporal flow of the dialogue. There is a degree of continuity between the communicative clarifications, questions, qualifications and discussion about the client's intended meanings, and interpretative enquiry and formulation.

For each participant there exists a continuous movement between self-immersement (absorbtion in own thoughts, fantasies, feelings) and attention to the conversational focus of the interpretative dialogue.

A participant may be immersed in a private stream of attention and simultaneously participate in the cognitive-verbal exchange which constitutes the overt dialogue.

A sense of continuity is sustained through maintenance of the conversational coherence of the dialogue but for both therapist and client there is ongoing convergence and divergence of the private stream of attention and the explicit dialogue.

A second and less immediate source of continuity is based on the way in which the exploratory activity of the interpretative dialogue draws the interpretive streams of attention towards a common focus.

In the early stages of the therapeutic relationship there is a much greater vigilance in relation to maintenance of an ongoing sense of dialogical continuity.

When awareness of divergence of attention of the other person enters into the thoughts of one of the participants the person experiences a need to re-establish a sense of there being a common focus of attention. Tolerance of the other parties divergence of attention from the explicit dialogical focus is experienced with feelings of anxiety associated with the possibility that the communicative dialogue might break down.

The development of a substantial body of shared understanding is associated with the development of a sense of trust that even when the therapist is not attending or fails to meet the client that the therapist is capable of understanding and that the sense of being understood has been only temporarily suspended. The presence of this attitude is mediated by an orientation towards the other as being someone who is also fundamentally oriented towards overcoming mis-understanding. The presence of this attitude means that even when there is divergence of attention, miscommunication, disagreement and misunderstanding this is experienced as a temporary state of affairs and as likely to be superseded or 'tided-over' by eventual mutual understanding.

A participant's attention may temporarily move away from the dialogical focus of attention without the other participant being aware of the divergence of attention and without compromise of the attentional focus and conversational continuity of the verbal encounter as a whole.

Both participants moderate the spontaneity of their contributions to the dialogue. Therapists and clients have different reasons for doing this. The contribution or withholding of ideas about meaning by therapists is mediated by considerations about whether or not the client is ready to receive and accept the links made by the interpretative understanding in question. The therapist's explicit interpretations are selected from the many associations which occur during the course of the session according to what they therapist thinks the client is able to grasp. For the client certain aspects of experience are withheld in relation to whether they are believed to be central to the sense making process and according to whether the therapist is seen to be likely to consider the contribution a relevant contribution to the sense-making process.

The type of material which is brought to the session is mediated by what the client feels the therapist expects and according to the issues that are currently being explored in the therapy.

A participant may develop interpretative understanding privately, without such understanding immediately becoming a part of the dialogue. Sometimes the therapist is aware of working towards a thematic synthesis prior to the client being aware of this and sometimes the client feels that thematic progress is being made but because it does not fit within the present conversational flow it is withheld from the dialogue.

Thematic expansion develops in ways which are not always subjectively anticipated or planned by either therapist or client and both therapist and client may be surprised by the direction that interpretative understanding takes.

The private streams of attention are progressively woven together. The streams converge and are bound together at nodal points around which the nascent themes of the dialogue coalesce. These are the cognitive-thematic foci of the interpretative dialogue.

Moments of convergence are characterised by a quickening of emotional involvement and heightened cognitive attention.

5.2.2 PROCESSES OF THEMATISATION
(Which emerged in response to reading guide question 3)

The development of interpretative understanding consists of a complex network of distinctive processes which in their interaction progressively lead to the development of a coherent set of themes through which the client and therapist think together about the meaning of the client's experience.

The interpretative account develops through thematisation of client material which is revealed as not being fully intelligible.

The content of what the client talks about moves away from simple description of life situations, relationships and events towards consideration of the client's feelings and responses in relation to the same.

Thematisation involves a shift away from discussion of presenting problems and a recognition of the role which the client's mode of engaging in life in a more general sense plays in the maintenance of the client's difficulties.

Each theme consolidates a network of different life events according to an inherent and underlying pattern of organisation in the way that the client responds to experiences and relates to the world and others.

Themes are progressively more abstractly formulated so that a theme may be referred to without referring to the specific incidents through which the theme is lived.

A client may resist the identification of general patterns of responding to the extent that the client feels that such generalisation does not faithfully represent his/her own immediate experience of situations. Generalisation leads to a loss of a sense of the immediacy and particularity of the experience being thematised.

The experience of developing an overarching or unifying perspective involves a distanciation from feeling. This facilitates the identification of patterns of relating through which feelings may be linked to each other and be revealed as having a thematic continuity. Clients experience the emerging patterns as representing but not capturing the entire essence of the lived experience.

The search for the meaning of bodily feelings leads to the identification of patterns of relating.

Feelings are increasingly revealed as referring to particular ways of relating/responding to certain types of situations. Whereas initially feelings appear to arise as personal and private responses to situations the movement towards intelligibility progressively finds the intelligibility of feelings within contexts in which they arise.

The thematising and linking functions which are experienced as fundamental to the gaining of a coherent self-understanding are experienced as limiting the understanding which evolves in therapy to certain specific parameters. The search for similarities blurs the distinctions between different types of experience. This is experienced as an uncomfortable conflation of experiences. At the same time the experience of developing an ever more coherent understanding of the client's material and the finding of commonalities between experiences brings a feeling of greater security and control. For both participants the cognitive mode of attention which characterizes the dialogue is wrought in a dialectical relationship between listening for already established themes and listening for new meanings.

When the client's material is not adequately accounted for by emerging themes the thematic keys through which the sense making process proceeds are gradually developed to accommodate the data and better incorporate it.

The dialogue is laced by a tension between the tendency to develop isolated meanings and the tendency to construct overarching and all-encompassing accounts. The sense making process is experienced by both participants as being in need of moving towards greater coherence and integration. At the same time the general account is increasingly differentiated and becomes more complex. The dialogue about meaning gradually extends, once a thematic base has developed, to incorporate new data into the developing account so that the account becomes more and more encompassing of the client's life. Inherent to this is a dialectical tension between maintaining a sort of interpretative provincialism and an appropriatory move towards thematising all aspects of the client's life. The client experiences a resistance to this expansion in relation to the need to attend directly to immediate problems and the problems which motivated the client to seek therapy. The client also resists the development of overarching accounts out of a need to represent contradictory and apparently isolated and unrelated types of experience without integrating them.

The therapist leads the expansion of the range of focus beyond the range of presenting problems and immediate concerns and the client tends to experience the inevitability of this, but the expansion is characterised by varying degrees of doubt on the part of the client about the significance of the events being discussed in relation to presenting problems.

When the therapist suggests links between experiences that have not previously been linked in the client's experience the client approaches the linkage with a degree of suspicion and doubt. The degree of these feelings is mediated by the extent to which the therapist has made links in the past which have led to expansion of self-insight and the degree to which the therapist can be trusted to ultimately remain faithful to the client's subjective experience.

Themes are linked across time so that events that occurred at different stages of life are understood to be linked by similarities in patterns of thought, feeling and response which have endured across time.

The movement of therapy may proceed either from a primary focus upon the past towards a focus on present life situations or may move from preoccupation with present life events towards the past. The general movement of therapy is towards seeing that present and past events are linked through the thematic continuity of the client's modes of thinking, feeling and acting across time.

The exploration of the meaning of a past event occurs in a way that incorporates but does not override earlier understandings of the meaning of the event. When a more thoroughly articulated meaning supersedes the previous memory of the event, the original meaning is experienced as not having been previously understood in all of its complexity. The relation of the new meaning to the old meaning is such that the new meaning is seen as a more elaborate and fully articulated appreciation of the remembered meaning. The understanding of the original situation becomes more complex and layered so that the person understands him/herself to have been functioning in the original situation on a number of different levels. The motives associated with the new meaning are ascribed to the old situation as having existed in the situation in a way which was not at the time consciously appreciated by the person.

The search for patterns of response and relating across time also leads to an understanding of how typical patterns of response have changed across time.

Past experiences are initially seen as causing later events, but as therapy progresses the link between present and past is increasingly seen to be related to the continuity created by typical patterns of response.

The description of typical patterns of relating leads directly to a realisation of the limits of the client's typical patterns of relating. This in turn leads to the realisation of alternative modes of responding in the situation.

The weaving together of a comprehensive interpretative account is a joint venture of client and therapist, but they play different roles within this process. The therapist tends to lead the unifying process and the weaving of thematic linkages and overarching accounts, whereas the client tends to hold the interpretative dialogue to account for the descriptive details of experience as it is lived.

The therapist leads the client to question existing self-understanding and offers new perspective with which the client can understand own experience.

The therapist experiences sometimes being ahead of the client in the thematisation process. The client in such instances is experienced as not being 'ready' to grasp the correct thematisation of own experience, because of a lack of basic self-understanding. The client is in such circumstances unwilling or unable to follow the therapist because the therapist's understanding does not appear to be an extension of the client's own self-understanding and is foreign to it. The client can assimilate the therapist's insights insofar as these appear to be an extension of the client's own self-understanding rather than a replacement of the client's own self-understanding.

The progress of the therapy over time is marked by increasing agreement between therapist and client about central themes. The emerging central themes begin to influence what is brought to the session. The themes begin to lead the interpretative enquiry, to structure the type of questions posed by both participants and to determine the type of connections sought. The emergent themes begin to dominate the dialogue so that alternative formulations which occur to either participant may be overlooked in the attempt to maintain thematic coherence and focus.

5.2.3 GENERAL FEATURES OF CONFIRMATORY PROCESS

(Which emerged in response to reading guide question 4)

In the case of communicative dialogue what is meant can be readily clarified by questions and further explanation. The measure of satisfactory understanding at this level is the consensus which is established when one participant relays back to the other what has been heard and the speaker confirms that what seems to have been heard is indeed what was meant.

The degree to which the speaker holds the listener in mind and specifically addresses the listener in awareness of the listener's proclivity to understand a particular issue mediates whether or not intended meaning will be heard without need for further clarification or whether the communicative dialogue will require an adjunctive confirmatory dialogue (i.e. an aside dialogue the purpose of which is to confirm that the intended meaning has been communicated correctly).

Confirmation may be established by non-verbal signals which indicate that the listener is having no difficulty grasping what is intended and the speaker takes this as a signal to continue because what is said is heard. However, even at such moments there may be a lack of coincidence of perspectives.

At the interpretative level of dialogue the process of therapy is marked by a gradual easing of the sense of having to confirm individual interpretations. Individual interpretations are increasingly treated as contributions to a complex sense making process and as the complexity of the interpretative composition evolves interpretations are less and less regarded as isolated statements each to be separately evaluated for veracity.

The development of the interpretative account involves a move from that which the client already knows about own experience to the incorporation of new self-understanding. New understanding may be tentatively and provisionally accepted as true although the veracity thereof is not self-evident to the client. It is tentatively accepted to the extent that the client does not feel bound to such understanding and that understanding is considered by both parties to be provisional.

The therapist sometimes introduces ideas about the meaning of material which the client is unable to accept. The client is able to tentatively consider the idea as being true even if it does not seem immediately plausible. The client is able to do this to the extent that the client experiences the therapist as not imposing ideas upon the dialogue in an insistent way and to the extent that the therapist shows deferment to the client's own awareness.

Interpretations which are theoretically inclined are met with a sense of suspicion to the extent that they are imposed upon the developing interpretative account from a perspective which is not directly derived from the encounter with the client's world.

Confirmation appears never to be finally achieved, but is approached. Therapists experience interpretations as following a course leading towards correctness, but because of the evolving complexity of the psychological account the meaning of an interpreted event is considered to be incomplete.

The veracity of interpretative statements is considered in the light of the possibility of their being either 'real' or 'merely thought'. In the course of the dialogue the distinction between what is real and what is merely thought is overcome as the client accepts that all general understanding involves a distanciation in relation to immediate feeling experiences.

The therapist feels the interpretation is successful when it leads to further associations by the client and when there is a deepening of emotional involvement in the session and a heightening of interest. Emotional behaviour in the session is regarded as an indication to the therapist that the client is engaged in the therapeutic process and adds a compelling quality to all that happens in the session. Emotional expression counteracts the more cognitive focus of the sense making process and makes the content of the thematisation process and the focus of the therapy appear more real to both participants.

Interpretations are considered to be more true by both client and therapist to the extent that they are able to make explicable new and other experiences which were not directly used to generate the interpretation.

Eventually those themes which have been consensually endorsed by both client and therapist take on an axiomatic quality. Correspondence with such themes gives to emerging interpretations a credibility in the context of the therapeutic dialogue. Interpretations are accepted as correct to the extent that they are thematically compatible with accounts which have preceded.

The progress of therapy is marked by a greater sense of clarity on the part of the client as to what is appropriate material to bring to the session and the client increasingly brings material which relates to the themes which are developing in the session. Even when the client does not plan what to bring to the session the material which the client brings relates to the themes which are already being developed. As evidence mounts, gathered from multiple developmental fronts of the interpretative account therapist and client become more convinced that the typical modes of responding which have been identified, have veracity.

5.2.4 RELATIONAL DYNAMICS

(Which emerged in response to reading guide question 5)

Initially both therapist and client contribute to the interpretative dialogue in a tentative way. Hesitation on the part of the client is diminished in relation to a sense of trust in the therapist's ability to understand. Tentativeness on the part of the therapist is diminished by the degree to which the client seems to be willing to receive and accept interpretations. There occurs a progressive sense of acceptance of non-coincidence of perspectives, and this is mediated by the sense of there being substantial agreement about the themes and issues which are of central import.

The client's experience of feeling understood occurs within a context of not being strongly aware of the presence of the other person. At moments of the client feeling understood by the therapist the therapist is also less aware of the presence of the client as another person, in that they are both immersed in the matter being understood. This may occur to the extent that the therapist experiences sharing the same feelings as the client.
The therapist is able to assist in the client's search for the right words by imagining the feeling and conducting a similar type of enquiry in his/her own psychological world and thus help to identify what the client is feeling. This experience appears to occur in relation to relatively discrete emotional experiences. When the dialogue takes place at a more abstract and tentative level there is greater awareness of the presence of therapist and client as two separate person's each with their own perspective.

The experience of being misunderstood is marked by a strong awareness of the sense of the therapist as another person with own perspectives.

The experience of being misunderstood on the part of the client, and especially in the early stages of the therapy, tends towards being experienced as being failed by the therapist and is experienced with a sense of frustration and disappointment. To the extent that the client feels fundamentally met by the therapist the client feels more able to tolerate the difference between own understanding and therapist interpretation.

The therapy session is experienced as distinct from normal social encounter and is experienced by clients as being set off from social space in particular by the fact that client and therapist talk only about the client's material and the therapist is emotionally neutral. The emotional neutrality is experienced by clients as both frustrating and is simultaneously experienced as the ground of the conditions for a non-judgemental acceptance of who the client is. This allows clients to feel free to emotionally disclose themselves without feeling interpersonal pressure to meet any of the therapist's needs. The therapist's own self-expression and individuality interferes with the client's freedom to self-disclose to the extent that the client sees the therapist as desiring to have certain needs met by the client. When the client develops an emotional relationship in relation to the therapist the tendency to self-disclose is limited. Professional emotional neutrality is experienced by therapists as a perspective to which they can return after being drawn into emotional engagement and immersion with the client.

To the extent that the client experiences the therapist as an emotionally significant other the qualities which set the therapist apart as a neutral professional are eroded. Clients experience the neutrality of the therapist and the refusal of the therapist to express opinions as emotionally frustrating. Yet when the therapist oversteps the limits of emotional neutrality the client experiences a feeling of insecurity and clients experience a sense of discomfort when the therapist's personality makes itself felt in a way that reveals the therapist's own emotional proclivities. However, warmth, interest and concerned involvement on the part of the therapist are emotional responses on the part of the therapist that seem to facilitate rather than inhibit client self-disclosure. These therapist feelings reveal a primary care for the client and are set apart from those therapist feelings which reveal the therapist as having other loyalties in the session apart from a loyalty to the client's subjective experience. A breakdown in the therapist's primary allegiance to the client may take the form of interpretations which appear to stray far from the client's own self-understanding.

Therapists regard the way in which the client relates to the therapist as a significant other as a source of direct knowledge about the client's emotional life. This is not explicitly interpreted to the extent that the client does not bring this material to the session as experience requiring greater intelligibility, and to the extent that the client lives this experience out in the very act of engaging in the therapeutic encounter.

5.2.5 RELATION BETWEEN FIRST AND SECOND ORDER ACCOUNTS

(Which emerged as a response to reading guide question 6)

Experience during the session is more fleeting, action less considered, sense more inchoate and sequence less structured than the account of the session afterwards bears witness to. The particular details of the sessions, the feelings encountered, and some of the nuances of the moments of the session tend to be replaced by key images and general themes in overall session recall. Particular feelings are omitted from the recall of the session as a whole, according to the significance they have played in relation to the more central themes (implicit and implicit) which the participant sees as dominating the session.

CHAPTER 6
DISCUSSION

This chapter represents a further methodological step in which key features of the dialogical interpretative structure described in Chapter 5 are elaborated and interrelated. The objective of this process is twofold: (a) to further analyze the structure of the interpretative dialogue and (b) to clarify the findings in relation to the issues raised in earlier chapters.

The following consists of a description of some of the core features which an adequate theory of psychotherapeutic interpretative practice would have to encompass.

6.1 INTERPRETATIVE COMPOSITION

The clinical study points to the need to distinguish between two fundamental forms of understanding which are present in the psychotherapeutic dialogue. These are 'communicative understanding' and 'interpretative understanding'.

6.1.1 COMMUNICATIVE AND INTERPRETATIVE DIALOGUE

Communicative understanding refers to the ordinary form of conversational understanding whereby someone speaks and the other person listens and clarifies that he/she has grasped what the speaker intended to say. The speaker is able to confirm or disconfirm that the listener has grasped the intended meaning correctly. This corresponds to Ricoeur's 'sense' dimension of interpretation, or as it is described in his theory of discourse (Ricoeur, 1976), the 'utterer's meaning'. In the case of interpretative dialogue, on the other hand, the speaker is not exactly clear about what he/she is trying to say. The speaker contributes as a participant in a joint project of understanding which it is the dialogue's task to complete. So in this case the dialogue as a whole speaks the meaning and both parties to the dialogue contribute to the dialogical speaking.

In the case of ordinary communicative dialogue the specific outcome of communicative exchange is the confirmation by the speaker that the speaker's meaning has been accurately grasped by the listener. However, interpretative dialogue has quite different goals and involves enquiry into a meaning which is not self-evident to either of the participants to the dialogue, so there can be no clear moment of confirmation.

Although confirmation is possible at the communicative level, in the clinical research there were numerous instances of misunderstanding at this level. It seems that clients and therapists frequently do not grasp the other's intended meaning. However, there may be an overriding sense of shared understanding even when the intended meanings and the received meanings in a specific instance are quite disparate. Often the participants are not even aware that there is miscommunication. At other times a participant may be aware that the other participant has not grasped the intended meaning, but the miscommunication is overlooked. The tendency to overlook miscommunication is especially present when the dialogue is engaged in interpretative activity; i.e. when meaning is in any case not readily ascertainable. The tendency to be unconcerned about miscommunication is mediated by a basic sense of trust in the therapist's ability to be faithful to the client's subjective world. Not only in miscommunication but whenever there is a lack of certitude about meaning the degree to which the client feels that the therapist will remain attuned to the client's own understanding of the experience, depends upon the client's trust in the therapist's propensity to remain loyal to the client's own, albeit inchoate understanding of the experience. This propensity could be called the basic 'communicative competence' of the therapist in relation to the speaking-hearing relationship and is the most fundamental form of empathy without which the search for meaning in any deeper sense could not proceed. (The specific dynamics of the relation between empathy and interpretation will be dealt with at greater length in Section 6.5.2.)

It is conceivable that a particular therapy might never proceed beyond what might be termed 'good communication'. We might imagine that psychotherapy could have a salutary effect simply by confirming a client's subjective experience through a careful process of reflective listening. But this activity specifically does not move beyond the horizons of what the speaker already knows such that it can be fairly readily grasped and confirmed. In this way what can be disclosed through this form of communicative understanding alone, is horizonally limited. It is limited by the horizons of the speaker's subjective awareness of meaning.

We might imagine that the move from simple description to interpretation distinguishes between 'supportive' communication and 'depth' interpretation. The meaning discovered in depth interpretation is by definition non-'self-evident' to experience. There is rather more of a struggle to establish meaning in the movement from subjective meaning to deep meaning. The complex process whereby experience is extended beyond what is self-evidently given might be described as the true province of depth psychotherapy. Counselling we might imagine stays 'closer to home' in that it appropriates to meaning that which is estranged from communication, but which is not especially puzzling, concealed or condensed into unintelligibility.

Enquiry into either what is known but not yet thought, or the appropriation of new horizons of meaning, involves a specifically interpretative activity which is more complex than the ordinary process of speaking-hearing.

In the case of the simple communicative dialogue the speaker is at any moment the expert in a conversational sense (cf. Ricoeur's 'utterer's meaning') and there exists the possibility of definitive clarification of what is intended. When the ostensive reference (the 'sense' of what is intended) is not self-evident to the speaker the shift from description to interpretation of experience is necessitated. Ricoeur's work (see Chapter 2) has depicted this eclipse of meaning as a feature of the textuality of human experience. When the communicative dialogue explicitly takes up questions of unintelligible experience, an interpretatively distinct process is initiated. This could be called the shift from communicative dialogue to interpretative dialogue. This process introduces to the search for meaning the possibilities of Ricoeur's 'surplus of meaning'. (The communicative dialogue by definition excludes this and upholds the veracity of what is intended.) This raises a set of confirmatory problems and questions about how we can be certain about meaning. The purely clarificatory quality of the dialogue is clouded by equivocality. When meaning becomes a problem, the client is no longer the expert, yet nor is the therapist. In the face of the textuality of experience a host of interpretative problems are faced.

In the course of the psychotherapy dialogue these two types of dialogue are not all that obviously distinct because the language of explicit interpretative enquiry is in most respects continuous with the language of ordinary communicative dialogue. Both forms of speaking remain within the confines of descriptive language; i.e. the questioning and elaborative description of experience. This means that the move into and out of the interpretative enquiry into meaning may occur quite unselfconsciously for both of the participants. It seems that the parties to the dialogue can conduct a dialogue and one considered coherent, without making this distinction between communicative and interpretative dialogue. Because this represents such a significant shift in communicative terms, it may seem surprising that this may occur, and sometimes does, without announcement or awareness. We would expect that at this point in the dialogue there might be a degree of confusion about who knows what, how the veracity of what is said is to be ascertained and a general disorientation arising from the lack of certitude. It is suggested that the non-perception by the participants to the dialogue of the tension between communicative process and explicitly interpretative process is not always without adverse consequence, although the negative consequences may be of a very subtle sort.

A lack of clarity on the therapist's part about whether he/she is clarifying the client's intended meaning, or interpreting meaning, may lead to awkward moments and tension within the dialogue. Because the process of searching for meaning tends to bring into focus the client's tenuous and problematised relation to his/her own experience, the client is especially vulnerable to feeling uncertain at such moments in the dialogue. We may wonder if less psychologically robust and less motivated clients might be less capable of tolerating the moments where the therapist shifts from the simple form of communicative listening to interpretation. The clients in the study were mostly able to tolerate these moments in the dialogue but there were also times when they found them impinging and alienating, especially in the case of client 3. It might be imagined that if these experiences were more intense and had occurred before a stable working relationship had been established that these clients would have found these experiences less tolerable. Client experiences of the longitudinal development of the therapy (i.e. across sessions) revealed that clients had become increasingly trusting of the therapist's ability to understand, increasingly tolerant of the therapist's lapses of basic communicative empathy and increasingly tolerant of the dialogical admixture of the contrasting investigative attitudes of communicative enquiry and the interpretation of inchoate meanings.

In dialogues 2 and 3 there were periods where the dialogue slipped into a kind of limbo state in which conversational continuity became the only activity of an otherwise unmeaningful dialogue. While the dialogue sustained an oblique focus on the client's experiences there was neither a commitment to clarification nor an explicit exploration of meaning. We may wonder whether greater clarity on the therapist's part about the interpretative constitution of the dialogue would avoid what are apparently unproductive and vacuous moments in the dialogical interchange. It should be emphasized that such moments are not to be confused with the act of 'waiting on experience' (productive silence), but are simply awkward moments in the dialogue where nothing is happening apart from the torpid or wooden motions of superficial communication. At such times clients felt a pressure to talk about something more meaningful, or in dialogue 2 the client felt that she was "just talking rubbish... filling time" and experienced it as her responsibility to get "back on track". A significative intention was brought to the dialogue at one such moment when the therapist focused explicitly on the dullness of the situation. However, at other times therapists rested on the expectation that it was the client's responsibility to move the dialogue into a mode of enquiry. For reasons that will become more apparent later (see Section 6.3.1 which considers the therapist's role in facilitating the break with natural meaning) it is problematic to assume that the client will naturally think of his/her own experience as requiring further and deeper intelligibility. A client may not appreciate the need to understand that which is opaque and may not expect to engage in the process of seeking further meaning. Some clients expect advise, some expect emotional support and other's need only to have their subjective meaning heard. The point is that if the client does not in the course of therapy begin to engage in an active search for meaning, it might happen that the struggle to establish understanding is conducted on an *ad hoc* basis with little or no consistent thematic development. 'Thematic development' relies on a specific motivation - this may be an implicit motivation - to search for meaning and this begins with the problematisation of that which is intuitively and spontaneously given to experience; i.e. the realisation that there is something further and deeper to be understood.

In summary we may say that the greater the degree to which the client is uncertain about meaning the more distinct is the role of the psychotherapist as an interpreter of experience rather than recipient of the client's self-understanding. We need to examine the different demands placed on the therapist who is committed to accounting for the client's subjective understanding (pre-understanding) and is at the same time drawn into facilitating the expansion of this awareness beyond the horizons of that which can be immediately and intuitively known and spontaneously confirmed. In a sense this entire thesis is explicitly concerned with this issue; viz. the issue of how to retain allegiance to subjective experience and yet to regard subjective experience as a dissimulation which conceals deeper, more comprehensive and fuller self-understanding.

6.1.2 SUBJECTIVE MEANING AND DIALOGICAL UNDERSTANDING

Two types of dialogue were identified above: (1) a communicative dialogue which involves articulating the meaning of the intentionality of the client's experience (i.e. what is given as already structured or implicit to experience) and (2) an <u>interpretative</u> process whereby the client and therapist engage in an interpretative dialogue the purpose of which is to extend the horizons of self-understanding, beyond the horizons of what is already given as possibility in the client's experience. We can now elaborate this distinction by connecting it to a distinction between 'subjective meaning' and 'dialogical understanding'. The former refers to the awareness of appropriated understanding by the client and the latter refers to an interpretative <u>process</u> which client and therapist undergo in reaching for meaning. The latter is more future oriented and creative than subjective meaning claims to be. In apprehending subjective meaning we <u>discover</u> existent meaning, but in dialogical understanding we enhance understanding in a <u>creative</u> way. Dialogical understanding involves the construction of new horizons of experience, unlike subjective meaning which involves a reconstruction of what is already lived (although not necessarily already known). The process of interpretation implies a mediation between subjective understanding and the possibilities of enhanced self-understanding and it will be suggested that in the combined workings of these two forms of understanding we have the foundation of an 'emancipatory' self-understanding, which both describes and transforms.

It is heuristically useful at this point to distinguish between the understanding of the events of a subject's life from the point of view of the subject (in the first person) and the understanding of these same events as they relate to the subject's life, but understood by another or as if by another (in the third person). These might be referred to as 'subjective' and 'social' meanings respectively. The first of these, 'subjective meaning', may be divided into 'subjective self-understanding' (grasped meaning) and 'deep meaning' (latent subjective meaning). The second, 'social meaning' will be described using the interchangeable terms 'alterior' (relating to alterity) meaning and 'other meaning'. It will ultimately be shown that subjective and social meanings are dialectically related and it will be suggested that psychotherapeutic self-understanding is woven in the tension between them.

As the discussion proceeds the intricacies and interdependencies of these fundamental types of meaning will become apparent. The focus will increasingly fall upon the relation of subjective and social meaning rather than the more intrapersonal tension between subjective and deep meanings (i.e. the distinction within subjective meaning). It is the former, interpersonal processes and the creative tensions thereof upon which the clinical material was able to throw most light.

It should be noted at this stage that the 'third person' attitude of understanding is engaged in by the client as well as by the therapist; i.e. the client also approaches his/her experience as another person would approach it, as an outside observer. There is a strong sense in which the client engages in an understanding of his/her own material from the same vantage point as the therapist and it will be seen that certain possibilities are brought to self-experience through this alterior perspective.

A central concern of contemporary hermeneutics is to understand how the 'other' co-constitutes knowledge that emerges in the process of enquiry itself. Ricoeur's hermeneutical function of 'distanciation' will in the following discussion be connected to the role of the other, or the 'third person' perspective. Ultimately it will be suggested that self-reflection is a dialogical process which depends upon gaining a distanciated perspective on one's own experience. It will be suggested that introspection is not a sufficient capacity for the achievement of a comprehensive self-knowing and it will be argued that the function of distanciation can only be completed in dialogue with an actual other. Thus dialogue rather than self-reflection will be posed as the prime activity for the development of self-insight. By focusing thereupon an attempt is made to describe the existential ground for what is a psychoanalytic truism; viz. that dialogue is a necessity for the development of self-insight.

6.1.3 DIALOGUE AND THE INTERPRETATIVE COMPOSITION

Leavy (1984) defines interpretation as the direct expression by the therapist of what is understood about the patient and his/her problems. Interpretation thus defined consists of a deliberate attempt to impart understanding in the session. Duncan (1989) says that the idea that interpretations are 'given', 'formulated' or 'deliberately imparted' falsely reflects the events of the therapeutic session. He suggests that the therapist is 'taken up' by interpretation even in the act of speaking and that interpretations are seldom completely pre-formulated. Duncan (1989) uses the term 'collateral interpretation' to describe how rationally construed interpretations are infused with additional and less deliberately intended meanings. The therapist does not place interpretations into the session from outside it in an objective way. The session does not stop for an interpretation, and imparted understanding is an ongoing process that is by no means completely under the therapist's control. Arlow (1979) suggests that analysts use more introspective association in the formulation of interpretations than is generally acknowledged. Kohut (1977) suggests that all too often what the analyst says is treated as interpretation and what the patient says as free association, whereas the analyst is often driven to say what he/she says by impulses beyond his/her knowing and the client is far more intentional in free associating than is often realised. Interpretative activity appears to be a much less deliberate process than *post hoc* reconstruction supposes it to be. In the clinical study interpretations were seen to evolve even in the act of speaking. Even when interpretations were pre-formulated the formulations continued to evolve as they were elaborated and explained, in response to the client's response, but also because the act of speaking involves further 'thinking through'. Interpretations were often only finally formulated in the therapist's mind when the therapist had finished speaking. Even when a therapist or client is able to piece together a rational justification for what he or she had said in the session, the context of discovery of the interpretation (in the session) may nevertheless be a spontaneous, associative and exploratory activity rather than a specifically rational one.

A second objection to seeing interpretation as imparted communication arises when we consider that what is said in the dialogue is not necessarily what is heard. Kohut (1977) expresses concern about the fact that analysts speak of 'having interpreted to the patient' or having 'given' an interpretation and he claims that this view takes into account only the therapist's perspective. An interpretation is not given if it is not received and what is received, even if it was not intended, is considered to be an imparted interpretation from the point of view of the client. The meaning of the words which are spoken are by no means always heard as they are intended. The unwitting shake of the head, the length of the silence following the client's comment, the tone of voice which accompanies a question or the degree of enthusiasm and interest on the part of the other were all seen in the clinical study to impart meaning in the therapeutic context. We have also seen in the clinical study that the therapist's communications, quite apart from the content of what is communicated, may be treated as expressions of approval, support, disapproval, admiration, etc. Ornstein and Ornstein (1985) taking a Kohutian perspective[22] say that "what is ultimately of significance for the analytic process is *not* what the analyst says, or thinks he says, but what the

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[22]This issue is central to Kohutian 'self psychology', but is also to be found strongly elaborated in the work of certain other psychoanalytic writers, and perhaps most notably in the work of Casement (1985, 1986) and Langs (1982).

patient experiences in connection with what the analyst says" (p50). They suggest that the analyst cannot afford to lose sight of the analyst's own impact on the patient's experiences. For Kohut (1977) the analyst's awareness of the patient's response to interpretation should be a central therapeutic concern. It appears that a lack of awareness of the discrepancy between what is said and what is heard seems to lead to a failure of such awareness. The dialogicality of the relationship speaking-hearing is in this respect reduced for the speaker into speaking, for the hearer into hearing. The speaker believes that the other has received the intended meaning and the hearer believes that what was heard was intended. On the other hand the dialogical ideal would be to consider the context of meaning as the entire dialogical process of speaking-hearing.

Two problems associated with the idea that interpretation is deliberately imparted meaning have been spelled out: (1) interpretation is not a wholly deliberate activity and (2) interpretation is not merely the passing on of meaning, but is only completed when we take into account what is received. This discussion will now attempt to account for both the 'thrownness' (non-deliberateness) of interpretation and the intrinsically dialogical context in which interpretation occurs by describing the context in which interpretations are formulated, which will be termed the 'interpretative composition'.

Therapist and client gradually develop between them an area of shared meaning which will be referred to as the 'interpretative composition'. This 'shared horizon' of understanding (cf. Gadamer's (1975) 'fusion of horizons') is the outcome of the shared history of understanding that has developed between client and therapist. In Gadamer's (1975) terms the fusion of horizons entails us finding ourselves already taken up by an understanding which surpasses our own previous understanding. In the encounter with what we are trying to understand, what is understood seizes us in such a way as to transform our understanding before we fully realise what we understand. Our understanding is mediated by linguisticality, which means that understanding proceeds through certain forestructures of understanding which are given to us for understanding. The linguisticality of understanding specifically refers to the horizons provided by the language through which understanding proceeds and this refers, broadly speaking, to the history of understanding which precedes us. This is not of our own making and is effectively the horizon of the traditions of understanding that have gone before and through which we are given access to what stands before us. The development of understanding through the fusion of horizons with another exemplifies the linguisticality of understanding. In dialogue the understanding that is attained is not of our own making, and nor is it of the other's making, but is truly a 'fusion' of our separate understandings. Understanding with another encompasses and expands the separate horizons from which it proceeds. In the therapeutic dialogue the fusion of horizons, at first a momentary meeting of understanding gradually develops as a medium, indeed a language of self-understanding, through which the meaning of the client's experience is disclosed. Thus the 'interpretative composition' is both a body of understanding that stands between client and therapist and it is a language through which further understanding proceeds. The interpretative composition serves as a currency of discourse between the subjective meanings of client and therapist. Each brings a subjective stream of attention (implicit and explicit) to the dialogical encounter and through the convergence and divergence of these streams the interpretative composition, as a language, develops. The private streams of attention are progressively woven together. The streams converge and are bound together at nodal points around which the nascent themes of the dialogue coalesce.

The developmental process of the interpretative dialogue is marked by the establishment of common co-ordinates (themes) for talking about previously unintelligible experience. The primary themes whereby experience is discussed are conceived through gradual refinement of exploratory meanings into consensually construed understanding. The interpretative dialogue proceeds through use of a common language (system of signification) for talking about the client's material and at the same time it refines, structures and develops this language. We might say that a shared understanding is implicit in the network of themes, concerns, and orientations which comprise the interpretative composition. But the shared understanding is more implicit than explicit. The interpretative composition is more of a system of signification or a shared language of client and therapist, than it is a shared understanding *per se*. At any point in time the interpretative composition obviously incorporates a level of shared understanding, but the interpretative composition should rather be understood as a changing, developing medium of understanding. The composition is not based on explicit agreement at the level of content, but shows agreement; an agreement to think in certain ways together. Client 2 expresses this directly in saying that what is discussed in therapy becomes part of "the way that you think". The content is not fixed but the nature of the therapeutic discussion is such that it creates a commonality which is the commonality implicit in two people speaking the same language, rather than saying the same thing.

The specific thematisation processes or operations involved in the development of the interpretative composition will now be described.

6.2 SPECIFIC THEMATISATION PROCESSES

Spence (1986,1988) states that not enough has been written about the special kind of hermeneutic logic whereby an analyst chooses to concentrate on particular experiences and to overlook others and how the process of pattern-finding proceeds in the encounter with analytic data. The process whereby understanding comes to be adopted and the specific ways in which thematisation brings order to inchoate meaning have, to my knowledge, not as yet been comprehensively described in the literature.

The following discussion examines some of the dialectical operations which are brought to bear in forging the thematic development of the interpretative composition. Each of the 'pairs' to be described following represents a set of dialectically related ways of comprehending experience, or types of access to experience. We might say that interpretative progress moves towards an increasingly balanced reliance upon these opposing modes of comprehension. Each pole of each dialectic provides a specific type of access to experience and in their combined operation these dialectical pairs increasingly exhibit dialectical synthesis. The synthesis, at first achieved as a to-and-fro movement within the context of each dialectical pair, represents a ready access to both poles of comprehension. In each case one pole of the dialectic is mediated by the hermeneutical function of distanciation. Ultimately it will be seen that the 'other' (therapist) plays a role in creating these dialectical tensions by bringing to the client's 'natural' way of viewing experience its dialectical opposite and thus setting up tensions through which therapeutic discourse proceeds. The following is undoubtedly not a complete account, but it hopefully develops some insight into how psychotherapists are able to 'problematise' the client's 'natural' modes of self-understanding and bring about an awakening of a more open and creatively insightful interpretation of experience.

It should be said that in the dialogues studied thematisation activity usually proceeded with little methodological self-consciousness on the part of therapists or clients. It will be suggested following that the unsatisfactory progress or alternatively the satisfactory progress of psychotherapy can be understood as mediated by the following processes, although the participants are not necessarily aware of the processes as they lived them out. We can partake in certain discursive practices and be subject to their effects without our consciousness thereof.

6.2.1 IMMEDIACY AND PERSPECTIVE

Client 2 feels that she lacks the skills to simultaneously immerse herself in the exploration of an experience and maintain an overall perspective on how what she is exploring "relates to everything else". She describes herself as sometimes "getting lost" in therapy and as "being involved, but not really knowing what's going on". She calls this state "being in" and distinguishes it from "looking on". These two states are mutually exclusive so that she is unable to experience "being in" and "looking on" simultaneously.

In almost identical terms client 1 describes the same dilemma. She contrasts being "lost in her feelings" with having an "overall" perspective. She feels "lost" when she is unable to interrelate the various themes of the interpretative composition and when she does not have access to a comprehensive account through which to link the discrete "parts" of her understanding. When she perceives the focus of the dialogue shifting from one theme to another she feels an increase in the need to link the different threads into a coherent whole. She describes her experience thus: "I've got to make sense of all of this and I keep being in so many different places and how am I going to ever tie this together?" Immediately after having this (private) thought in the therapy session, she spontaneously imagined being in a cave, "where there are so many paths coming in and you don't know how to get out, or get a sense of perspective...There are a whole set of passages and you can, you go up and down them and you keep coming back to a place and you don't even know where that place is. And you certainly don't know how they interconnect." In the 'prompted recall' interview she said that the image refers to something about her experience of "being in therapy". She said that in the session she is oriented within the confines of her immediate surroundings ("within the cave") and has a clear and immediate sense of what is "going on around me [her]", but what she knows in this way leaves her disoriented in relation to her life as a whole. She described that if she had access to a map of the cave she would know where she is in relation to the whole, but in the immediacy of the situation she has no such access. She uses the analogy of being in a supermarket, oriented towards what is immediately around her, but lost in relation to the door, how she came in and how to get out. She elaborates further by likening the experience to being lost in a maze and lacking the perspective that would be provided were she to climb a ladder and look down upon the maze.

It appears that she tends to become so immersed in the immediacy of the present that she loses sense of how the different stories and understandings link together as a whole. The experience of immediacy is for her synonymous with her 'feeling life', which is characterised by what the interpretative composition had come to refer to as her "obsessionality". They had come to use the term "obsessionality" to refer to her tendency to become emotionally enmeshed in situations to the point of losing perspective. "Here's not a place I can use that thing that I'm best at" she says referring to her ability to plan and think as a researcher. She tries to articulate what she lacks at such moments: "That ability, that confidence to just be and go, not ... You know I would do it by a set of maps, I can follow maps." She feels that she is threatened by the experience of immersing herself in feelings because this leads her to lose her perspective on how it "all holds together" and where she is. On the other hand her more typical experience-distant attitude has a strong capacity to make sense and to make links. For her 'immediacy' and 'perspective' are clearly set apart in such a way that she has to choose either the one or the other. The two cannot co-exist, because one seems to preclude the other. The former gives her access to the exquisite nuances of her emotional life and the latter brings continuity, orientation and cool-headed rationality to her experience.

Both the therapist and the client in this case feel that the experience of "being lost" is accentuated because the therapist is leaving and termination is imminent. But it is seems that this tension between emotional engagement or immediacy and perspective is a perennial tension in human experience. Immediacy and perspective are dialectically related modes of discourse and each gives access to a different way of knowing experience and engaging in life. These different ways of orienting and finding ourselves in situations are both indispensable to the process of self-knowing. Ultimately the specific achievements of immediacy and perspective can be seen as together contributing to self-understanding. The numerous schools of experiential psychotherapy which were born in the wake of the human potential movement seem to have rejected the more experience distant forms of self-knowing and endorsed the 'here and now' form of knowing which grounds self-insight in the 'feeling' of that which is immediately present to consciousness. What is compelling about this way of knowing is that it is 'grounded' in a particular context and represents the immediate, almost physical presentation of the intentional world in the person's sensorium. Self-knowing in this sense requires no questioning and arrives, so to speak, unannounced in perception. But for this reason it lacks perspective and particularly the perspective that allows what is immediately experienced to be seen against the background of other experiences and other contexts. It lacks the perspective of knowing the moment in its relation to other moments, a life-story, a programme of action, long-term goals, etc. On the one hand I may have a hyper-awareness of my surroundings and feel where I am in a sensory and immediate way and on the other hand I may know the moment in relation to other moments and the structure of my life-world as a whole.

Ricoeur (1981e) describes two dialectically related hermeneutic perspectives called 'appropriatory belonging' and 'distanciation'. Both movements are implicated in self-knowing and the following discussion will attempt to spell out their relative significance, how they work in relation to each other and how they can be used to throw light on the interpretative processes of the dialogues studied.

The distanciated perspective should not be regarded as equivalent to an epistemology of objectivity such has been endorsed by modernist and particularly Logical-Positivist philosophy of science. Nor should it be understand as a purely rationalistic way of knowing. It appears that the attitude of distanciation has been brought into disrepute in the wake of a widespread disaffection with the suitability of Cartesianism as a foundation for the human sciences. We might wonder whether the rejection of the 'ideal' of objectivity has resulted in a case of the baby being thrown out with the bath-water. The distanciated perspective is intrinsic to human understanding itself and gives a form of access without which understanding would collapse into subjectivity. Following Ricoeur (1981d) we should not confuse the life-world with some sort of ineffable immediacy, exclusively identified with the vital and emotional envelope of human experience. He construes the life-world as also designating the reservoir of meaning, the surplus of sense in living experience, and for reasons which will become apparent this renders a distanciated attitude necessary. He argues that the step of distanciation is an indispensable movement if we are ever to transcend a purely subjectivistic self-knowing.

> For all consciousness of meaning involves a moment of distanciation, a distancing from 'lived experience' as purely and simply adhered to. Phenomenology begins when, not content to 'live' or 'relive', we interrupt lived experience in order to signify it. (Ricoeur, 1981d, p116)

Ricoeur's (1981a) description of the distanciation pole of the 'appropriatory belonging'-distanciation dialectic represents the idea that the author's appropriation of reality, or the speaker's intended meaning, or the interpretative composition's grasp of reality is ultimately perspectival. Interpretative interest should read 'through' such forms of pre-understanding and search for those features of the world which are not spoken through the understanding of the author or not addressed by the interpretative composition. For Ricoeur distanciation accomplishes the profoundest aim of interpretation, that of 'reference'. The movement of 'reference' in the context of self-knowing exerts the authority of the surplus of meaning over the immediate event in which meaning is contextually appropriated. If we return to client 1's maze, distanciation is the possibility of her knowing beyond the lifescape of what immediately surrounds her or the immediate meanings of her emotional life. In distanciation lies the possibility of the transcendence of her immediate horizons of knowing.

This feature of Ricoeurian hermeneutics is what most clearly distinguishes his thinking from that of his predecessors in philosophical hermeneutics. In relation to the text we may say that by reference he moves past the author's appropriation of meaning to return to the world to which understanding refers. By distanciation, paradoxically, we move back to the event to which understanding refers. By moving away from the immediate surroundings client 1 realises the possibility of coming to know an event in a broader context. So distanciation offers to take her beyond her immediate intentionality in order for her to understand the world she lives in beyond her own subjective grasp thereof. On the other hand it is through appropriatory belonging that we have subjective meaning.

This may seem like an unduly dualistic notion, that there is a world and we secondarily grasp it. This corresponds to a number of other apparent 'dualisms' in Ricoeur's work, and is a direct descendant of the event-meaning 'dualism'. Ricoeur's point is that these are not dichotomous poles existing in either/or relation to each other, but are <u>dialectical</u> pairs. In stating that the distanciation pole mediates understanding he does not make it a secondary event, but nor is it primary. In a similar way we could say that appropriatory belonging is primordial (all human events have an intrinsic meaning; i.e. intentionality), but the meaning of an event is not subsumed by prior meaning, so that it does not represent a complete access to meaning. Distanciation adds to meaning, not by imposition, but by pointing to the subjectivistic limits of prior meaning. Ricoeur is asserting that distanciation rescues understanding from idealism and subjectivism. Herein lies the hope and promise of truer understanding. So distanciation is not a secondary operation, but the pole of understanding which creates the need to understand further or more deeply, in the first place. In psychotherapy distanciation upholds the existence of the client's world apart from the client's appropriation thereof and is the foundation of 'depth' interpretation.

Clients 2 and 3 both experience an uncomfortable demand placed on them by their therapists to experience emotions during the session. Client 3 distinguishes between "talking about feelings" and "talking from feelings" and feels that the therapist places a demand upon him to speak from his feelings. The therapist on such occasions feels that this is necessary because the patient is avoiding experiencing his 'true' feelings. The therapist feels that he needs to confront certain feelings and, to use a particular example, he needs to experience "saying goodbye" in the context of the therapeutic relationship. The therapist said "I want him to be there and be in relation to goodbye. He wants to intellectualise it. I don't want him to back off and work it out in his own time". The therapist views client 3's need to "talk about feelings" as an avoidance of experiencing pain. The therapist strongly moves the client towards confrontation with this issue during the taped session. In the prompted recall he describes himself as "beating the issue to death", and the client tenaciously avoids taking up the issue. However, "talking about" is understood differently by the client, who views it as an opportunity to develop further insight and a sense of control. He feels that he does not want to "talk from feelings" because expressing unpleasant feelings is intrinsically unappealing, but he also feels that there is no need to re-enter feeling states which he already knows well. He feels that he is able to "talk about" a feeling without losing a sense of what the feeling is "like". At one point in the prompted recall the client feels that he had been talking on two levels, "on the level of what I understand and on the other hand I'm talking from the issue". He says that he can remember his feelings so that when he talks about them ("the level of what I understand") the feelings are sufficiently accessible to be available for reference. But when he talks from feelings he says "It's too involved", "there's too much to say", "it's too close to the bone". In such situations he is flooded by the surplus of meaning which wells out of his experience. We are reminded here of the over-determination[23] of meaning which in this case threatens to unravel

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[23]By 'over-determination' is referred to the Freudian idea (cf. Freud, 1953) that symptoms, dreams, parapraxes are the outcome of condensation and displacement. This means that meanings have complex and multiple origins. Condensation is of particular interest at this point and represents the idea that symptoms are the outcome of the 'packing' together and conflation of a complex of more specific meanings.

around him and ensnare him. He says that the therapist encourages him to talk from feelings, but this is threatening and confusing for him. Clearly this client desperately needs to make sense of his experience in a distanciated way, but the 'here and now' focus of the therapy, which is a consequence of the therapist's orientation, draws him increasingly towards "talking from" feeling. For him "talking about" means making links with other feelings, "understanding how they all link up". Finding such thematic coherence relies on being able to recognise the similarities between experiences, and to do this the client feels that he does not have to actually re-experience the emotions. The comparison of emotional experiences can be made after the experience, rather than "in" the experience. He feels that being less emotionally absorbed he is better able to see "the overall picture". He feels that "having more of a picture it's easier to deal with". "It [a terrifying feeling that he is sometimes beset by] can be there as opposed to being right here." Thus 'talking about' provides him with a distance from his feelings and fantasies and assists him not only to make thematic sense of but to gain control over them. For him this is the reason he came to therapy and he feels that to simply 're-experience' the unpleasant emotions he experiences in his life would run counter to his original reason for coming to therapy.

The client has developed a set of strategies for avoiding the type of emotional engagement which the therapist feels is necessary. For example the client asks the therapist questions when the therapist brings a demand to "speak from" or he becomes detached and disengaged, pretending to listen but not doing so. It appears that the client-therapist pair have not successfully negotiated the need for a dialectical balance between immediacy and distanciation and the therapeutic dialogue is a site of struggle with each party taking a stand at one pole of the dialectic and trying to win the other over, in the sense of bringing the other to have the same way of engaging in the development of meaning. The client feels that he needs distanciation and the therapist feels that the client needs immediacy. The therapist's position in this case is somewhat 'forced' in that the therapy is coming to a premature closure because both client and therapist are leaving town. The therapist feels the need to accelerate the pace of therapy and to achieve a satisfactory termination. For this reason the therapist attempts to push the client towards experiencing feelings towards his dead mother, feelings about the therapeutic relationship, feelings about separation, etc. and the therapist's drive towards immediacy is thus somewhat artificially constructed by the forced termination and the need to hurry the work. It appears that the therapy had until relatively recently paid greater attention to the need for distanciation and the client felt that the therapist had given him "space" and had allowed him to develop an overall "picture". But in the forcing of immediacy we clearly see the operation of the dialectical relationship between immediacy and perspective, in that emphasis on the immediacy pole brings the distanciation pole increasingly to the fore as an unfulfilled capacity of self-experience.

Each client-therapist pair has a different relation to the immediacy-perspective issue. In the case of dialogue 1 the client feels confused about where each separate theme or story stands in relation to others and experiences a strong need to link the various themes into a comprehensive account. The therapist experiences the client at one such moment as frightened, bewildered and unsettled when the client loses distanciated perspective; i.e. when she can't, in the therapist's words, "think her way out". The client feels that the therapy has increasingly drawn her towards experiencing emotional intensity: "being lost has become more". The therapist feels that the client needs to learn to be more comfortable with such emotional intensity. The client experiences the therapist as having the confidence to not need a map and to operate freely in the situation without a map and in this way the therapist had become something of a model for her. She experiences the therapist as being comfortable with 'immediacy' and as not being threatened by the intensity and "lostness" of being "in a tunnel". She experiences him as having the ability to maintain a sense of overall perspective without losing the essence of what a particular situation feels like. She feels that he has a capacity to "just feel his way in therapy and recognize the places where we are" in a spontaneous, feeling way. It is conceivable that there is a way of therapeutic knowing which synthesises the dialectic in question and we might imagine a kind of bifocal or perhaps stereo knowing where each perspective contributes something unique but in their combination they provide a unified form of self-knowing which encompasses both perspectives. The therapist in this sense represented for the client the ideal of being able to experience immediacy without feeling lost and experience distanciation without being detached. However, while he has a relatively easy access to both immediacy and perspective, he does not fully overcome the tension between these attitudes. The one tends to preclude the other. The therapist is sometimes quite unclear about where they are heading or what is transpiring, but he has a sense of trust that an orientation will ensue and this sense of trust is mediated by his faith in access to a broad distanciated framework (the interpretative composition as well as a private theoretical framework) for conceptualising what is happening after the passing of the moment. So it is suggested that what distinguishes his experience from the client's is a relatively fluid movement between these perspectives and an easy transition from one pole to the other. In the case of client 1 there is a strong capacity for both distanciation and perspective, but she tends to have to skip from one pole to the other and at different moments occupies the extremes of the dialectic. It appears that the capacity for immediacy ("lostness") is, biographically speaking, a recently acquired capacity and she has not learned to move freely between these different perspectives.

The therapists in the study viewed immediacy and immersement as the more 'real' and veridical moments in the therapeutic discourse and tended to undervalue the client's needs for distanciated perspective. The clinical study obviously cannot make a general statement about the tendency of therapists to do this, because we can imagine a therapy where immediacy is underplayed in favour of perspective. However, we can say that the overvaluation of immediacy by the therapist seems to be mediated by the view that the therapy must be emotionally intense because this is what makes intelligibility 'real'. Therapist 1 says that "therapy was starting to happen" at a point where the client begun to become emotionally immersed. At such moments he experiences a heightening of emotional energy and both therapist and client are drawn into an intensified encounter. He experiences this as a sense of deepening of rapport which is evidenced by her increased emotional interest in the conversation and he describes himself as beginning to "get into her world a little more specifically". "Getting into" the specifics of a situation or a context is associated with immersement in feeling. Therapist 2 experiences the client as speaking on a more superficial level when she talks about herself in the third person. She says "I felt that I was talking to her *about* herself" and she distinguishes this from the sessions when the client talks 'from' her feelings and the latter case she deems to be more therapeutic. It is interesting to note that the client experiences "talking about" in a somewhat different light and it is important to her to sometimes talk at this level as it helps her to consolidate and summarize what has been covered. It is a more abstract mode of engaging and serves the function of instilling a greater sense of control and less pressure to disclose and she values it. Yet the therapist feels that it is less therapeutic and less real and appears to fail to fully appreciate the general disorientation that results from speaking from feeling; i.e. disorientation in relation to the interpretative composition. It appears that the therapists in the study were all drawn to make the interpretative account more 'real' by engaging in an emotional way and there seemed to be the feeling on the part of therapists that more emotional expression reflects more reality. This belief on the part of therapists seems to be mediated by a lack of understanding of the function of distanciation in self-knowing. It reflects the need to ground therapeutic discourse in the immediacy of what can be sensed and felt. The need to know how it all links together, on the other hand, is mediated by an appreciation of the "blindness" and "lostness" implicated in immediate knowing and by the realisation of the need to bind understanding into the network of what has preceded and the interpretative account as a whole.

The type of self-knowing called 'perspective' is more experience-distant, but in allowing us to extricate ourselves from what is proximal it brings a sense of relief. It seems to offer a break in the 'thrownness' of experience. If I experience rejection in forgetfulness of the possibility of feeling otherwise, I would know only rejection and the possibility of rejection. However, if I perceive the feeling of rejection in relation to other feelings and thus in relation to the possibility of feeling otherwise I then feel, we might say, one step removed from the immediate feeling of being rejected. This step infuses my experience with the possibility of being 'otherwise'. It promises a liberating and empowering freedom to be other than that into which I am thrown; i.e. where I find myself. When experience is 're-presented' in an optimally distanciated way the experience-distance of such representation temporarily relieves the subject of the experience of the compelling necessities of the moment.

Once the client has grasped what is felt, thought, and done the interpretative work of linking and putting together a more comprehensive self-understanding has only begun. The construction of a comprehensive thematic account does not exclude intensity but momentarily sets it aside and creates a sense of relief. The word relief has a double meaning in this sense, in distanciation we create a relief perspective and this creates a sense of being relieved of identification with experience.

6.2.1.1 A therapeutic-developmental perspective

Although Ogden's (1990) *Matrix of the mind* is by no means centrally concerned with hermeneutic experience, his interpretation of the work of Melanie Klein proves to be a useful incursion into the developmental history and the therapeutic dimensions of the dialectic of immediacy/perspective. He describes a dialectical relation between Klein's 'paranoid-schizoid' and 'depressive' positions in terms which are strikingly suggestive of the dialectic of immediacy and perspective. In describing the dynamic and dialectical interplay between these positions Ogden (1990) allows us to view these possibilities as interpretative positions, the interplay of which mediates self-understanding. By developing a hermeneutic understanding of these psychoanalytic concepts we are able to gain insight into the hermeneutic dimension of all of the pathological phenomena and therapeutic processes which have been described through these concepts.

Ogden (1990) conceptualizes depressive and paranoid-schizoid positions as dialectically related possibilities of the adult mind rather than as specific stages of childhood development. He argues that the paranoid-schizoid and depressive positions have both a diachronic and synchronic relationship to each other; i.e. they have a diachronic developmental sequence of preponderance over each other but both persist and exist almost from the beginning of life as synchronic capacities of experiencing. These are two fundamental ways through which we have access to the world; basic existential positions through which experience is mediated.

Ogden (1990) describes the paranoid-schizoid position as representing a type of interpretive foreclosure: "One does not interpret one's experience, one reacts to it with a high degree of automaticity" (p64). He also says: "There is no sense that one attributes meaning to one's perception; events are what they are, and interpretation and perception are treated as identical processes" (Ogden, 1990, p61). The developmental function of this position is to keep contrasting emotional responses to the mother separate; eg. the contradictory experiences of loving and hating the mother. This condition involves what Ogden (1960) calls the "continual rewriting of history" (p65), meaning that it involves a kind of bracketing of memory and the lack of a sense of historical continuity. There is little awareness of changes in the experiential field and at the same time no continuity between discrete relational-experiential fields. Only one emotional field exists at a time and the person dwells in an eternal present where what is immediate is all there is. There is no psychological vantage point from which can be mediated contrasting or contradictory experiences and no layering of experience. "The present is projected backward and forward, thus creating a static, eternal, nonreflective present" (Ogden, 1990, p62).

In the paranoid-schizoid position the predominant mode of symbolization is one in which symbol and symbolized are indistinguishable since there is no interpreting self to mediate between them. This is akin to what Segal (1957) calls 'symbolic equation', which implies the collapse of the distinction between symbol and symbolized. Winnicott calls this 'pre-symbolic' representation, where "a dog, is a dog, is a dog" (Winnicott cited in Ogden, 1990, p214). Symbolic representation, on the other hand, carries a recognition of the 're-presentational' nature of representation, meaning that there is a distinction between the symbol and what is symbolized. This shift introduces equivocality and there is an acceptance of the mediated and symbolic nature of what is said. In the paranoid-schizoid state "There is no sense that one attributes meaning to one's perception; events are what they are, and interpretation and perception are treated as identical processes" (Ogden, 1990, p61). This condition of being corresponds to Lacan's imaginary realm before entry into the symbolic order and Hegel's nondialectical or predialectical 'unselfconscious', 'un-self-aware' experience (Ogden, 1990). "One's symbols do not reflect a layering of personal meaning to be interpreted and understood, one's symbols are what they stand for" (Ogden, 1990, p65). Thoughts and feelings happen to the infant rather being actively 'thought' or 'felt' by the infant. Thoughts and feelings are forces that appear, disappear, threaten, transform, rescue, etc. There is a complete identification with thoughts and feelings and little or no sense of 'having' them.

In dialogue 1 the client experienced what the therapist calls states of "partiality of mind". The therapist uses this expression to describe the client's immersement in partial states of mind, each of which is a world unto itself and upon which there is little or no distanciated perspective. From the observer vantage point the therapist describes the client as generalising a 'partial' aspect of her feeling life and experiencing it with an intensity that precludes other dimensions of her experience. Where the immediately-given meaning of experience is unquestioned the way of understanding is conflated with what is understood. Appropriated understanding is taken to be identical with Meaning.

In the paranoid-schizoid position there is no real sense of the experiencing subject. "The infant... has no awareness of himself as an interpreter of experience..."(p27), there is not yet a substantive

"I". The sentence "I'm hot" refers to an unspoken nonreflective self as opposed to "I am aware that it is hot for me". The latter drives a wedge between the person and the person's nonreflective experience and incorporates a break with 'natural meaning' (see Section 6.3.1 for a fuller elaboration of this point). Whereas in the paranoid-schizoid position the symbol and the symbolized are emotionally interchangeable, in the depressive position the "I" becomes an interpreter. "In the depressive position an event is what one makes of it, its significance lies in the interpretation one gives it" (Ogden, 1990, p73). The depressive position implies distanciation through which there can be mediation between opposing and contradictory interpretations of an event or a person or thing. This is not to say that we manifestly create meaning, but we mediate meaning and choose between alternative meanings; i.e. we increasingly construe the meaning by which we choose to subjectively live and we set aside alternative meanings through 'repression' or 'splitting-off' or any number of other excluding functions. Meanings are still 'found' (i.e. they happen to us rather than are consciously constructed) in the sense that we experience them before we deal with them, but the subject increasingly synthesises, adjudicates and moderates meaning. "In the fully developed depressive position (a never achieved ideal state), we are subjects aware of our responsibility for our thoughts, feelings, and behaviour" (Ogden, 1990, p83).

The distanciation of the depressive position and the space between symbols and symbolized - the depressive position coincides with the advent of the capacity for symbol formation - necessarily creates a less compelling awareness of experience and sheds doubt on the veracity of experience. When experience 're-presents', questions about its veracity are naturally raised. The positive moment of this is that the more distanciated position allows the development of understanding which spans otherwise unrelated and discrete experiences. Through re-presentation experiences can be compared and it will presently be seen that herein lies the possibility of thematisation. The negative moment is that questions are raised about whether the account accurately represents lived-experience or whether it is merely a top-coating of meaning imposed upon experience through the act of interpretation. (Questions about veracity will be dealt with in greater length in Section 6.4 where the relation between language and meaning is discussed.)

6.2.2 PARTICULAR AND GENERAL

It seems appropriate to refer to the interpretative composition as a mosaic, built up gradually by the 'bits' provided by both participants. The peculiar character of a mosaic is that viewed from close up, in detail, it consists of so many pieces juxtaposed against each other. From a greater distance the separate pieces begin to cohere or cluster into patterns of colour and form and only when viewed from an optimal distance does it assume its fullness as a meaningful configuration or structure. When the clusters, characteristics or typifications come to be seen in relation to each other and configured in their relation to the whole then only does the fullness of meaning begin to be apparent. On the other hand viewed only from a distance the mosaic loses the details and intensities which are apparent from up close. In the interpretative composition these are the feelings, the chaotically organised nuances of events unthematised, the small stories capturing the discontinuous moments of life, the literalities and isolated beliefs, the passions, fears, etc. The relation between the meanings of particular experiences and the meanings of themes which reflect a coherent perspective, represents the operation of the hermeneutical circle. The idea of the hermeneutical circle has already been discussed in Chapter 2 as the hermeneutical principle which mediates the relation between the parts and the whole. According to this Schleiermacherian principle, ideal interpretation should proceed in a circular movement between the understanding developed of a part of the text and the grasp of the text as a whole. "The harmony of all the details with the whole is the criterion of correct understanding. The failure to achieve this harmony means that understanding has failed" (Gadamer, 1975,p259). The negotiation of this relation between part and whole, here referred to as the particular and the general, will now be discussed in the context of the psychotherapeutic dialogue.

In dialogue 1 the therapist attempts to link the client's feelings of frustration she has with God and feelings she has towards her mother. The therapist believes that the client had been preoccupied at that particular period in her life, in the therapy in general and in the session, with feelings about her mother. However, the topic that the client brings for discussion concerns her reaction to an inspirational book she has been reading and the feelings that this invokes about God. The therapist feels at this stage of the session that the discussion about God is "a bit too metaphoric" and "not sufficiently down to earth" and in the session he recalls experiencing not knowing what psychological sense to make of what she is saying. He eventually makes psychological sense of her exasperation with God by linking it back to the theme about her mother, which was familiar territory in terms of the interpretative composition. The therapist says, "I was also wandering whether it has any kind of echoes with your Mum?" The client responds "Ah, umm" and the therapist clarifies his tentative suggestion with the question "Are you pissed off with her?" The client sighs and responds "Yes, everyone". She then begins to vent her feelings of anger towards certain significant others and later towards her mother. From the therapist's point of view this appears to be a successful interpretative intervention. He experiences in the session a sense of his line of thought having been confirmed ("on the right track") and confirmation of this comes as she begins to speak in a frustrated way about her mother. The therapist is not aware of the client's private chain of associations at this point and he interprets her willingness to follow his line of thought as agreement on her part. The conversation then goes on to deal with themes to do with her mother and other themes which are roads relatively well travelled in the therapy.

It seems that thematisation activity proceeds by seeking generalities or patterns between discrete experiences discussed during the session. These are then interrelated and lead to the development of the interpretative account. Such linking activity tends to conflate otherwise discrete experiences into common themes and blurs the distinctions and essential differences between experiences. Further light is thrown upon the 'Mother-God' exchange described above when we consider the client's experience during the exchange. They are talking about God and from her perspective the dialogue suddenly "skips" sideways and applies all that she has been saying about God to her mother. She initially experiences surprise at the interpretation and a sense of having not been fully understood. "I'm talking about what I've been really wrestling with which I see in a kind of spiritual way ... It's always been important or enormous and yet what he does is he says are you angry with your Mother and I say I am angry with God! Does this mean the God that is so big and enormous and infinite ...is it simply a nowhere where you have projected or pushed your Mother to?" She continues, "That side of it really threatens me...that part makes me feel quite defensive, yet at the same time I think, 'Ja, I am really angry'[with God]...I do feel angry, but not in a frustrated way". In the research interview she goes on to describe how her feeling of anger toward her Mother is different to her anger with God. In the process of the interpretative dialogue what she actually feels about God is regarded as secondary and what is regarded as primary is the feeling of exasperation that links these otherwise discrete experiences.

The 'general' feeling of anger fails to reflect the specific nuances of either of the particular relationships in which she experiences anger (God and Mother) and she feels that her experience of anger towards God, especially, is much richer and more complex than this particular thematic linkage acknowledges. The 'anger' in her experience of her mother is also not encompassed by the link and in the prompted recall she interprets her 'anger' with her mother as a frustrated helplessness at not being able to do anything about satisfying her mother's needs, rather than anger ("pissed off") with her mother *per se*. She goes on to say that she is not angry with her mother so much as frustrated with her mother's unwillingness to seek and receive help.

While she experiences indignation that her relation to God is not being sufficiently acknowledged in the session she is prepared to go along with what the therapist is saying. She makes good of what for her is initially perceived as a mis-understanding. Her willingness to do this is mediated by her feeling in the session that the area is sufficiently important to her and close to her feeling life to be of psychological value to her to explore further. Her willingness is also mediated by her knowing from the past that the therapist usually leads her along fruitful avenues. In the session she experiences that in spite of the reductionism inherent to this link, the therapist's suggestion merits attention.

The therapist has been listening to her talking about God 'as-if' she had been talking about her mother and for him, therefore, the link is fairly continuous with what has preceded. But the client's experience is immersed only in what she is trying to say about her relationship with God and the "sideways" insight takes her by surprise. It is almost a non-sequitur in the conversational flow, bearing little relation to what has immediately preceded. The therapist experiences her as not acknowledging the direct parallel between her anger with God and her mother around the issue of demands being placed on her and there is a temporary breakdown of communication.

In spite of her willingness to follow the interpretative thrust introduced by the therapist and the enthusiasm with which she does this, she is left feeling a little unsettled and doubtful about the intellectual honesty of these "sideways insights". While she can make good of such associations, she also expresses feelings of irritation about the "sideways insight". This sense of irritation is accompanied by the realisation that while such insights might be clever and even helpful they appear to her to be all a "little too neat". She also feels that "It leaves something behind" and for these reasons she feels a little defensive about this way of developing insight. Linking interpretations exert a kind of Procrustean influence by bringing her experience back to the limited horizons of what has been established through the interpretative composition. The experience she is attempting to articulate is one that has not had a "place" in therapy in any significant way, but it is very important to her. This feature of thematisation activity led clients in all dialogues studied to say that there are certain experiences which they do not bring up for discussion in therapy because, as client 3 says, "That's not what therapy has been about". In this sense, ironically, the generalisations which link discrete experiences focus the interpretative composition and delimit the range of meanings which are likely to be incorporated. In this way the generalisations implicit to thematic linking activity set strictures on how the surplus of meaning might evolve through the interpretative composition. (This issue will be taken up at greater length in Section 6.6.2 in relation to the question of a critical moment in psychotherapy.) General, already-established themes of the interpretative composition are developed further and avenues or details which move in other directions are omitted from the development of the interpretative composition. To have dwelt on the subjective nuances of client 1's relationship with God would have detracted from the general thematic thrust which is already well underway and has an established history in the therapeutic dialogue.

Kumin (1989) says that "Every interpretation, even a correct one, simultaneously reveals both the extent as well as the limits of what the analyst has understood" (p150). Gadamer (1975) argues that pointing to something, or representing a particular theme is an act of exaggeration and that in focusing on a theme we accentuate and heighten its significance and in so doing we marginalise alternative meanings and the unthematised particularities of experience.

As soon as a statement is taken out of its original context and made as a general statement about experience it becomes exaggerated and dubitable. This is the same moment which Ricoeur (1979) points to in showing that the textuality of an action is created through a break from ostensive, contextual meaning. The project of interpretation begins when the meaning of what is said is considered outside of its original context. Out of the context of eating roast potato for dinner the statement "I like roast potato" needs some kind of contextual qualification such as "but not for breakfast" or "when I'm hungry". The generality of "I like roast potato", heard outside of a context overrides all the particular situations in which it does not correspond to my experience. In psychotherapy the veracity of what we say 'in general' is also always in need of being established in relation to a context. For client 1 "You are frustrated with your mother" is experienced as unsatisfyingly abstract and lacking veracity. On the other hand "You get frustrated with your mother when..." gives to the experience of 'frustration' a particular context in which the statement is given meaning. But in being given a particular context the generality of the statement about how she feels towards her mother collapses. So there is a circular and dialectical relationship between the particularities of experience as they are defined by life situations and the generalities of comprehensive, thematic intelligibility. Neither is more essential or primordial, and only in their combined operation can an interpretative account simultaneously develop which describes a life lived in the moment and the patterns and structures which thematise a life.

Therapists and clients in the clinical study tended to consider as more successful and appealing those interpretations which drew together a broader range of events into a unifying account. Thematic development moves towards this end and delivers the therapeutic dialogue from being a piecemeal affair. Wyatt (1986) suggests that the pressure to create integrated stories, the one story, may serve to avert the anxiety that comes out of unintelligibility. Client 1, especially, experienced the sense of needing to bind all stories into an encompassing account and it seems that this need was directly mediated by her propensity to becoming unsettlingly disorientated in the immediacy of particular situations. Yet without the textures and details which comprise the parts of the composition, the account has no relation to the life lived. To grasp meaning in general, and especially to grasp larger, unifying accounts, is perforce to lose sight of the compelling qualities and veridicalities of that which is immediately felt and contextually given. The tendency to want to create a coherent, binding discourse of self-understanding is no different from the need to lead a life without contradictions and ambiguities and as Todres (1990) has pointed out, an important part of the development of self-insight requires the acceptance of ambiguity as an intrinsic feature of human experience. From this point of view we might accept that the discontinuous quality of the account which fails to bind distinctive meanings into a coherent whole, is a reflection of the nature of human experience itself. The conglomeration of parts into a fundamentally incoherent account should be regarded as directly reflecting something of the discontinuous and ambiguous nature of human experience. Ultimately a mixed discourse between the particular and the general seems appropriate and necessary.

6.2.3 PRESENT AND PAST

In Chapter 2 it was suggested that meaning has a temporal dimension; i.e. that meaning comes to being in the experienced continuity between moments in time. The absolute present (a moment in time) is as close to a 'purely sensatory' experience as we can imagine, if we consider it apart from the moments that surround it; i.e. without the contextualising meaning of what precedes and seems likely to follow it. When we establish a link of continuity between different moments in time what would otherwise be experienced as a kind of timeless present is differentiated into a meaningful past, present and future.

What an historical event means is not wholly laid down at the time and in the context of the event. Past and present are interlinked in that newly discovered meanings call for a reformulation of old meanings and lead to a development thereof. In the case of dialogue 1 the meaning of a particular past incident continued to evolve as it was discussed in the therapeutic situation. A feeling of panic that had been a part of the original situation was understood to be a symptom of a deeper feeling of being unsafe. Later in the dialogue the feeling of being unsafe was understood as an experience of needing to be cared for and needing to take less responsibility of caring for others when she herself felt uncared for. This allowed the original situation to be linked to many contemporary situations in her life which contained this same theme. As the overall account developed so there developed a need to reaccount for the original incident in the light of newly emergent themes. The following account attempts to understand how the historical past and its present meaning are inextricably bound up with each other, but that 'past' discourse has a special function in the development of self-understanding, as does 'present' discourse. These two ways of speaking, language-games in Wittgenstein's sense, are each distinctive in their achievements. Self-understanding would be incomplete without the operation of both and without the tensions posed by their difference. Therapeutic progress seems to be associated with the ability to hold these capacities apart as discrete capacities for grasping experience and yet to see their inevitable interrelatedness. The specific functions of talking about what has not yet occurred; i.e. the future, will also be discussed, but only later in the Section 6.4.2 on imagination: the place of 'future discourse' seemed to fit most seamlessly with the discussion of imagination.

In dialogue 3 the client had initially been concerned mostly with what was happening in his daily life and gradually the therapy has begun to focus on past experience. In the case of dialogue 2 the client had in the early stages of therapy talked mostly about her past and gradually been brought to a greater "here and now" focus on feeling in the present, and she increasingly focused on understanding her present relationships. In dialogue 1 there appeared at the outset to have been no strong weighting towards either past or present discourse, but therapeutic progress was marked by an increasing linkage between these two sets of discourse. In all of the dialogues the discursive focus had increasingly brought a balanced emphasis on past and present discourse and increasingly defined the thematic coherence of present and past. The clients in the study had gradually come to expect that the meaning of past events was open to reconstrual and elaboration and that the meaning of present events is in many respects structurally similar to the meaning of past events.

We have already seen (Chapter 2) that Ricoeur chose to maintain what is regarded by some (cf. Madison, 1990) to be a remnant of the dualistic notion of objective event and cogitating ego. Ricoeur's defence of the distinction between event and meaning can be related back to his description of the textuality of human action. The meaning of an action has both a subjective dimension which is given at the time of its occurrence and in the context in which the event occurs, and it has a 'surplus' which is the meaning of the action as it develops over time and even through acts of interpretation (cf. Section 2.3.1 'The model of the text').

The newly discovered meaning of the original event is overlaid upon the original event in palimpsestic fashion so that it casts a new thematic significance on earlier events. The finding of this study is that the imparted meaning is associated with the original event not only as a new layer of meaning, but so that it is revealed as a possibility of the original event. The interpretative account has a layered texture and part of the process of confirmation involves establishing a consistency with the subjective experience of the original event so that the new account does not contradict the earlier account. In Chapter 5 this was described as part of the type of confirmation that establishes consistency with previous accounts of experience. In the context of the therapeutic dialogue the development of understanding in this way leads to an understanding of the original situation as having been experienced at a number of different levels. In other words the capacity for reading further meaning into past events requires the acceptance that meaning is not given and *a priori*, but continues to evolve and this involves an acceptance that the past is not immutable but continues to be imbued with meaning.

A photograph, an old theatre ticket, a fragment of a memory and a friend's recollection of a past event all confront us with what upon reflection turns out to be a surprisingly enigmatic challenge, that of re-experiencing the past as it was lived 'then'. The meanings of the remnants of the past are more chimerical than their physical presence implies. The past is a far more of a construction than an old photograph or relic suggests, and yet these remnants draw us enticingly towards attempting to reclaim an actual, 'passed past'. But even as we engage in acts of attempting to recall a pristine psychological past and even as historical meaning is called to being by the memory traces of a time past, what we arrive at is always and inevitably given form as 'a story', unsatisfyingly suspended from the possibility of 'real history'; a 'once upon a time'.

Freud contended that events may gain traumatic significance by deferred action (*Nachtraglichkeit*) or retroaction, working in reverse sequence to create a meaning that did not previously exist (cf. Section 3.2.2.1). In Chapter 3 mention was made of Freud's bracketed additions to the text of the 'Wolf Man'. It was suggested that Freud's addition constitutes a crucial turning point in the development of his theory of origins. Here was substituted a fantasy or fiction in place of 'historical remembering' and this conferred on fantasy the authority of a cause. This brings into questions his entire theory of origins which until that point had looked to the actual event of the primal scene for the origin it sought. But Freud leaves the bracketed version juxtaposed to the other version as a palimpsest, a layered text that offers a differing version of the same story. He does not, either in this case or anywhere else, reconcile these contradictory accounts. (cf. Brooks, 1984).

White (1980) distinguishes between the past as a collection of historical facts or annals, and the past as a narrative. He suggests that we remember not facts, but stories, and memory is a 'storying' of the past. Following this line of thinking we might agree that "Case studies do not disclose facts about objects, they construct life stories" (Steele, 1982, p370). The facts of a person's life - for instance, the fact that the client's parents divorced when she was 7-years-old, or that she attempted suicide at the age of 20; or that she is feeling desperately lonely - do not in themselves tell a story. It is in their being bound together by theme and plot that we begin to find an account of the person's life. This is the broad direction taken by the so-called narrative theorists and against whom Grünbaum (1984) argued (cf. Chapter 3). The following discussion will avoid the either/or type of thinking that tends to characterise debates in this area and will suggest a dialectical relation between the 'historical' past (Ricoeur's 'event') and meaning as it evolves and continues to evolve in time. The following discussion will attempt to maintain a distinction between the historical past and the so-called narrative past. It will be shown that these two are closely related and both serve self-understanding, but each contributes differently towards this end.

Close analysis of what is achieved in the interpreting of past events reveals that the discourse about the past contributes to self-understanding in two fundamental ways. In all dialogues studied the understanding of the past had led to two apparently distinct developments: (1) the identification of patterns of relating across different life events and (2) the development of a sequential pattern of self-understanding in the form of stories, not necessarily related to each other, but each story disclosing a different aspect of the person's life-world. It will be seen that these two types of 'telling' are in fact interrelated and each allows access to a specific feature of the life told. The first of these is described by client 1 as "the strands of the way I relate to things" and this will presently be discussed as a foundation of the development of a sense of identity. The second type, the sequential telling of a life, involves an unspoken assumption that earlier events somehow cause later events and it behooves us to understand what this causal construal 'achieves' in terms of the life-story.

These two forms of 'past' discourse correspond to White's (1980) suggestion that the psychoanalytical account binds thematic and historical accounts by telling the life-story both 'at once' and 'in order'. Telling 'at once' refers to the thematic identification of past and present whereas telling 'in order' is the temporal, sequential ordering of life events. Ricoeur (1981f) similarly points out that any narrative combines a chronological and a non-chronological dimension. The chronological dimension he calls an 'episodic operation'. The episodes of the story follow a sequence and give rise to questions such as "... and then?" or "What happened next?". Non-chronological operations are called 'configurational operations'. Hereby meaningful totalities are constructed out of scattered events and there is an attempt to 'grasp together' successive events. We "extract a configuration from a succession" (Ricoeur, 1981f, p278). However, the configurational dimension cannot eclipse the episodic dimension without abolishing the narrative structure itself which even in the case of the simplest narrative involve a chronological sequence of <u>discrete</u> events. Ricoeur seems to be suggesting that we cannot really separate these two forms of 'telling' a life, but they have slightly different functions in the overall operation of meaning. The discursive functions of telling 'at once' will be described first and the discursive functions of telling in 'order' will be described thereafter.

It has already been suggested, in discussing the hermeneutical function of immediacy, that a specific isolated event can be meaningful by virtue of its feeling qualities, but that this type of meaning should be distinguished from the complex forms of meaning that are given through a trans-contextual perspective. This refers to the structural similarities established between discrete contexts. We might say that 'identity' and 'character' are based on the degree to which the structure of experience is essentially uncontingent on context for its existence. To this extent to say who I am is to speak of what I characteristically do and how I characteristically respond and this speaks of that which endures across time and across context. It should be said that I do not have an identity specifically because I am unique in relation to others, but because of the biographic thematic continuity of my life, that in some sense I am the same person yesterday as I am today; i.e. because across time and context there is a sameness or identity to who I am.

It is not possible to perceive a pattern in the organisation of my own experience without extricating myself from the immediate present. While the life-world that is given in immediacy (the present) provides the most self-evident and the most experience-near form of self-understanding, it tells the person relatively little about his/her identity. What is significant here is the distinction between self-knowing through description of contextual 'being-in-a-world' and self-knowing through 'linking', the latter of which seeks a typicality to my being-in-a-world. Because identity refers to that which endures in time, the discovery of typicality in an event relates the event to other events and situates it in a network of meaningful events. So in the dialogue 1 example given above where panic was experienced in the original situation, the meaning of the incident, beyond its immediate contextuality, can be seen to have been enhanced when seen as including a repetition of a pattern of action that has been enacted and continues to be enacted in many other contexts.

The identification of the "patterns of the way I relate to things" (client 1) is a central activity of the therapeutic dialogue. Perception of 'patterns of action' requires the ability to see one's life as enduring over time, out of situated contexts. The propensity to think of the self as having this kind of continuity is an acquired capacity of experience rather than a natural ability. It is by no means present in all cases. Young children under the age of about four years seem to be strongly tied to a kind of timeless present. Ogden (1990) holds that the ability to see one's life as a temporal trajectory with a past,present and future is the basis of the ability to know oneself as an "I"; i.e. as having a sense of continuity across time. Having a psychological[24] sense of who I am requires a capacity both to 'live into' or re-experience moments in time which have passed, and also to extricate oneself in order to make the link between different moments. The latter process cannot be achieved without the ability to distanciate from what is immediately present, but in addition it requires the capacity to acknowledge that what is past has a continuity with what is present. The ability to distinguish present from past and retain the past as self-experience requires the capacity to allow the present to pass (to become past) and yet to retain what has become past as something that was lived by the psychological subject; i.e. that it was 'my' experience rather than anybody else's experience. This is a complex psychological achievement mediated by the capacity to retain that which is not immediate as a part of one's self and identity. The horizon of the past is experienced only when we accept its passing: in psychoanalytic terms when we remember rather than re-live. Remembering in this sense is a form of experiencing which accepts in experience the <u>reality</u> of other experience as having occurred in a time past. What is past is remembered as having been real.

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[24]There are obviously ways in which I recognise myself as having an identity according to the typicalities of the way I dress, the route I walk to work, the form of my body, the symptoms I suffer, the dreams I have, etc. These are also forms of identity because they are individual and they endure in time, but should be differentiated from the much more subtle psychological form of identity which arises as self-recognition of the enduring patterns of one's own structure of interaction with the world.

The self-knowing that emerges through holding over a memory of myself across different contexts enables not only a realisation of the typicalities of how I relate to the world, but this search comes up with discontinuities in my experience, which do not have a single structural coherence. In this case meaning is seen to be made up of 'atypicalities'; i.e. a conglomeration of discrete experiences. A sense of knowing past experiences and relating them to present experiences as a kind of sequence, where one leads to the other, is also a part of self knowing, but it has to do with recognizing differences rather than similarities between experiences. For instance, client 2 does not notice the way in which her failure to assert herself in an abusive relationship is linked to a characteristic pattern of depression. The relation between these discrete experiences can only be grasped in temporal perspective. A biographical account which attempts to link discrete moments in time moves towards filling out the links between the major landmarks (and themes) of experience and creating a sense of biographical, rather than thematic continuity. This form of self-knowing begins with a realisation of the ways in which I am differently constituted in different contexts and establishes identity not by searching for similarities but by filling in the links between dissimilar experiences.

"Historical memory is itself a form of mourning in that it acknowledges the fact that the past (and the object ties that constitute one's past) no longer exist in their earlier form" (Ogden, 1990, p82). In this sense who I am encompasses the discontinuities of my experience and incorporates the changes across my life. It holds together the life story as a whole. The story of my life is coherent through having come from somewhere (beginnings), going somewhere (plot) and through the immediacy of what I experience sensationally. Whereas 'identity-linking' tends to collapse the horizons of present, past and future, the sequential dimensions of telling the life story sustains a sense of the changes that have occurred and creates meaning through binding them. "To follow a story is to understand the successive actions, thoughts and feelings as displaying a particular directedness" (Ricoeur, 1981f, p277). A sequential ordering of life events which are essentially discrete leads to a kind of biographical identity. The events of a person's life take on added and fuller meaning in the temporal perspective of a life story.

So when clients talk about the past they achieve two things. They may be brought to appreciate the structural similarities between experiences and develop a sense of how they typically relate to the world and secondly they may appreciate the differences between life events as the foundations of a changing and emerging life story.

In the case of dialogue 3 we have an example of how the process of speaking the past may be forestalled and precludes both of these ways of speaking identity. It seems that client 3 has little sense of the history of what lies between his present experience and the event of his mother's death in spite of years which have passed since the event. He achieves the postponement of her 'passing' and the avoidance of experiences of loss by living in a timeless present where history does not accrue and layer experience, but is somehow set aside. The historical event has been split off and its meaning has not been allowed to develop in the sense of what Ogden (1990) means when he speaks of history being continually rewritten. The event is set aside, the memory thereof is not transformed by the "workings of history" (Gadamer, 1975) and not integrated into the network of meanings of the client's life. In this sense it is preserved as something that happened 'then', a 12-year-old's memory rather than a 'past' horizon of his present being-in-the-world. The client does not grasp the need to discuss this point in the past and understand its meaning. The therapist, on the other hand understands that in many senses and in many areas of the client's life he suffers from not being able to "say goodbye"; he has, so to speak, suspended the operation of those psychological processes which mediate the experience of sadness and mourning. He avoids experiences which threaten to expose him to separation and loss. He also avoids talking about his avoidance. The consequence is that he is not brought to recognise the theme of avoidance of separation and secondly he is not brought to recognise and accept the 'passed' nature of his mother's death, because the event of her death is not incorporated into a story of life lived since her death. In effect there is no story (biography) of life lived without her. These correspond to the two forms of past discourse discussed above, neither of which is given place in the living of his life. The therapeutic dialogue, as discourse, begins the work of thematising his relation to this isolated fragment of the past and we can imagine that when that work is underway, the experience of his mother's death can be 'biographised'; i.e. set in the context of his life as a whole. Thematising activity leads to an elucidation of that part of his experience which interrupts the working of history (the development of meaning) and which isolates the past. In general we might say that it refers our self-understanding to our ways of dealing with the past and thus frees past events from our subjective appropriation thereof and allows their meaning to evolve.

I hope in the above discussion to have elaborated the need to distinguish between two different forms of 'past discourse' and shown that identity and biography are forms of speaking through which is achieved disclosure of a slightly different dimension of psychological existence. More could surely be said about these two forms of self description, their achievements and the relationship between them. They respectively serve to show the essential identity of the psychological subject and the essential discontinuity of psychological life in the sense of the life being a weaving together of discontinuous contexts into a complex and layered story. Together they create a life which incorporates both identity and difference, a life which has a typicality but yet which in being grasped in understanding is seen to be diverse and to consist of many and dissimilar experiences.

Attention will now be turned to explore a further function of biographical perspective through which the function of explanation is incorporated into the process of self-knowing. In Chapter 3 it was suggested that the explanatory attitude to psychological investigation might operate in the therapeutic dialogue by offering genetic reasons. For example, in the case of client 1's feelings of frustration towards her mother, the therapy leads to a development of the reasons she has for feeling as she does. This serves as an explanation of 'why' she feels as she does. It will now be suggested that historical-causal explanations facilitate the appropriation to experience of understanding which is not intuitively and contextually given in experience. They serve to appropriate to experience the sense of being driven to do something from outside of our experience.

The function of explanation links events in time and it has to do with antecedents and effects. When we look to explain events we look to link them across time in a causal sequence. The meaning of historically prior events seems to carry a causal significance. An explanation accounts for why one situation is connected to another. In the dialogues studied a simple causal association appears to have typically been <u>assumed</u> to operate, whereby the temporally earlier events are assumed to cause latter events. In this sense it was assumed that because meaning links events in a narrative sequence, it posits a reason why, with what happens before somehow connected with what happens after. It is suggested that the cause, in the sense of being the precursor to what follows, is not wholly given in the horizons of meaning of the actor in the original situation. It only appears as the cause. The outcome of an event is not given in the event, but in its evolution over time. It is suggested that causation is construed only as a temporary linking strategy whereby the earlier is seen to lead to the latter and in this way they are bound together as psychological events. However, the causal-type linkages between life events appear to become increasingly redundant. The causal connection is a substitute which is accepted as 'good-enough'. Its value lies in the mediation and binding together of contextually discrete events before such time as thematic coherence or biographical relatedness between events is disclosed.

While it appears that an 'original' event <u>causes</u> the client to respond in certain ways, it is suggested that the <u>causal</u> construal is a fiction which stands in as a temporary replacement for understanding, and leads understanding, whilst the experience of the so-called original event is without interpretative or thematic keys for being understood. When thematic links are established between present and past a structural similarity of present and past events is revealed and this becomes the basis of self-knowing. The past-present connection is then understood as a similar pattern of relating and the <u>historical</u>-causal connection dissipates. The "pattern of the ways of relating to things" (client 1) are trans-historical and seem to form the central content of the thematisation process.

Gadamer's (1975) notion of 'historical consciousness' claims that the most promising possibility of knowing the past lies in coming to know the operations of 'effective history'. This involves coming to know how we seek to know the past. It calls to know the way in which we enliven the texts of the past; i.e. memory traces and other preserved markers of the past. The idea of effective history has it that the historian is part of history, so that the history generated by the historian is effectively itself a product of the workings of the history of the event being told. The telling is a part of the effective history of the historical event. Psychoanalysis has shown through the notion of transference and transference interpretation that the relationship with the therapist is an outcome of the workings of effective history. The analysis of transference is a part of the analysis of effective history.

Much has been written about the need for analyzing the transference in psychotherapy. I will not attempt to review the history or meaning of the concept/process except to say that it is generally held that the analysis of the way in which the client engages in the therapeutic relationship has come to be regarded as the principal site of interpretation. The transference, it is suggested, may be understood as a refuge for issues which are implicit to a life lived, but which are not spoken about precisely because they are enacted in the very act of speaking. In the telling of the life-story in psychotherapy there is another tale. This tale, which we might call 'the tale in the telling', needs itself to be told. The experience least likely to be grasped in distanciated perspective is that which is most present (cf. the dialectic of immediacy and perspective). Ricoeur (1981f) speaks of the blind complexity of the present which reflects the difficulties of knowing that which is lived in the moment and not known because of its 'presentness'.

Freud's technical papers (Freud, 1912, 1913) broadly conceived of transference as an act of repeating instead of remembering. Analysis of transference is conceived as part of a process of transforming a 'repetition' into a memory and in this sense we could say that it is aimed at expanding the sense of historicity by making the repetition (a characteristic pattern of being) a part of the 'past'. The analysis of the transference effectively gives to the blind complexity of the present an historical horizon and frees the search for meaning to concentrate on the meaning which is emerging in the present context, indeed in that which is most present, which is the presence of the therapeutic discussion itself. A fuller description of the role of transference will emerge in the discussion on 'Meta-dialogue as critique' in Section 6.6.2.

6.2.4 AGENCY AND CONTEXT

Recent theories about the social construction of emotion suggest that feeling states which subjectively appear to seize us up and sweep us away become rationally intelligible when they are understood within their context (Averill, 1982; Averill, 1985; Sarbin, 1989). In the clinical study it was found that the thoroughgoing exploration of 'feeling states' seems to lead not more and more deeply into the motivations and intentions of the individual subject via introspection, but to the description of contexts in which feelings become intelligible.

We cannot speak the intentionality of an action without speaking about the world within which the action is intended and accounting for an action we end up talking about the world through which it has its meaning. It should be noted however that the model of health most pervasive to psychology is one which sees the individual taking increasing responsibility for what he/she says and this is at odds with what is being suggested here. Schafer's (1976) idea of 'action language' suggests that psychoanalysis is centrally concerned with 'relanguaging' experience in such a way that the individual is able to assume greater self-responsibility for his/her circumstances including feelings, thoughts and actions. Schafer might be accused of attempting to extend deliberate intentionality into factical existence. It will now be suggested that there is a tension between understanding experience as a product of an individual's deliberate intentions and understanding it in its context. The former will, for the purposes of discussion be called 'individual-agency discourse' and the latter 'contextual discourse' and an attempt will be made to understand the relationship of these modes of discourse to each other in the context of the interpretative dialogue. In the clinical study there were numerous instances where there was an uneasy mixture of accounting via individual reasons and accounting according to contextual circumstances wherein were seen to lie motives.

Individual-agency discourse tends to assume that if a deliberate intention can be found within the chain of events leading up to an outcome then the intention can be understood as the cause of the event; i.e the intention is considered to suffice as a competent explanation of my action. That I 'wanted to' or 'preferred to' or 'wished to' is thus often regarded as a sufficient explanation of the motivation for an action. However, this superficial accounting by reasons overlooks that I may act on desire without having a clearly formulated reason for why I desire. We might in fact say, almost by definition, that desire or passion are experienced as such, precisely because they are not accompanied by a strong rationality. In a sense irrationality means action without reasons, but as Sarbin (1989) points out much of what seems to be without reason is given reason when we look to the context for intelligibility.

There is a popular adage that says "To understand is to forgive". This is generally taken to mean that to understand is to absolve of blame. If we understand that because of a violent upbringing someone commits a violent action, then individual agency is attenuated; we speak of extenuating circumstances. This movement of understanding from individual responsibility to contextual explanation, it is suggested, is an intrinsic feature of the movement of interpretation in therapy and has an important function. It is the reverse of 'action language' in Schafer's (1976) sense and its function in the context of the dialogue needs to be understood.

In the clinical study there was no strong indication that understanding had lead to an increasing sense of responsibility for having feelings. The sense of competence in relation to their emotional lives that clients 2 and 3 described as having resulted from therapy, was not the outcome of a greater sense of self-responsibility or self-autonomy in relation to feelings. To the extent that a greater sense of emotional self-efficacy was present, it was a consequence of changes in the client's emotional life rather than increased self-responsibility. Feelings were increasingly experienced as being appropriate within certain contexts and as the emotional attribution was thus progressively refined and contextually situated so diminished the experience of global and unintelligible feelings unselectively intruding on any and all emotional encounters. In brief the clients were learning a new language and this diminished the experience of emotions appearing as having no origin apart from inside the body where they unexpectedly showed themselves.

The progress of psychotherapy in the dialogues studied moved from context to context, anecdote to anecdote, searching for the thematic ground in which particular feeling states could be articulated. Gradually as these clients had begun to understand the contexts through which these feelings were borne it seems that their relation to these feelings changed. The feelings became intelligible in specific contexts and not because they were understood as reflecting a deep 'inner' rationality. As the feelings were specifically contextualised there was an ensuing sense that the feelings would not trail with the client into new contexts and the feelings became inextricably linked to the contexts through which they had become intelligible.

It might be said that feelings ultimately find their intelligibility in previously 'alienated contexts'. For example client 2 had begun to understand that her 'evil' thoughts belonged in a specific historical context where these feelings seemed appropriate and rational. As she had begun to realise this she began to be able to articulate the particular dimensions of feeling which belonged in that context and they were no longer a part of the workings of effective history; i.e. they became a part of the past. Having differentiated feelings which belonged in a particular situation (previously alienated) the feelings were, so to speak, titrated out of her world of global, inchoate feeling. This led to an increased differentiation or articulation of her feeling life in general. As she begun to realise how the specific context had constituted the feelings in question, and as her hostile feelings became specifically contextualised in such contexts she became free in her adult life to not carry feelings of guilt about having private and mildly hostile feelings, because these were not the same as the 'evil' feelings with which they had previously been mixed.

Implied here is a psychotherapeutic movement not towards greater self-responsibility, but actually towards a kind of 'releasement' from the idea of responsibility. The development of self-insight in this sense proceeds through articulation of the constituting contexts of a life lived. This movement requires the acceptance of the discontinuities of subjectivity. Whereas Schafer's 'action language' leads to the idea of a coherent and rational self, the achievement of contextual understanding leads to increased differentiation of the self through realisation of the historical constitution of the self. The capacity to historically remember may be understood as a form of experiencing which allows us to know ourselves to live a more differentiated and arguably more discontinuous identity. This form of being is strongly reminiscent of the previously described Kleinian 'paranoid-schizoid' position and is contrasted with the less contextually determined 'depressive' position where the 'I' integrates experience and establishes an identity. This first form of self-constitution discourse creates an altogether more contextual, less coherent, less wilful and more factical self. Having spoken about the achievements of contextual-discourse in the psychotherapeutic dialogue attention will now turn to examine the achievements of individual-agency discourse.

The achievements of the search for subjective reasons is a motivating force within the therapeutic milieu. It gives a kind of temporary coherence to the wash of inchoate feelings in which the client is immersed. Client 1 described how her therapy had progressively moved away from talking about other people and events towards talking about her own feelings in relation to others and events. This allowed her to gradually begin to explore the "patterns of the ways I relate to things" and to find the continuous threads which run through her life across contexts. This tendency of the dialogue represents a 'psychologisation' of her life and there is a strong sense in which she resists the same, because telling her life from the perspective of 'the way she relates to things' seems to lose something of the veracity which is associated with simply telling the story of an event. The thematisation of her life through the patterns of the way she relates to things is, however, the starting point of psychological enquiry. Thematisation of typical and hence trans-contextual feelings is a point of access to understanding her feeling life. It is a point of departure for self-exploration and it gives voice to the undeniable sense that there are certain typicalities to the constitution of her life which need to be given voice. So understanding her self-constitution from the point of view of the way in which she has typically structured her feeling life gives a point of focus and promises to articulate the reality of her feeling life. However, and this is where the play of contextual discourse meets individual-agency discourse, as she does this she progressively undoes the patterns of the way she relates to things. The pattern-like nature of her existence turns out to be a consequence of the lack of differentiation of emotions in relation to contexts and as differentiation develops the pattern-likeness of her existence begins to attenuate.

The two forms of discourse identified as individual-agency discourse and contextual discourse, in relation to the subject attempting to account for own actions, are equivalent to the two forms of intelligibility previously called explanation by causes and by reasons. The distinction between reasons and causes has already been discussed in Chapter 3 and it was suggested that the psychotherapy literature seems to not have been able to theoretically reconcile the apparent dichotomy between these different forms of intelligibility. Ricoeur's 'mixed discourse' and his justification for Freudian energetics was considered to be an attempt at reconciliation between explanation by reasons and by causes. A slightly different although closely related solution has been suggested above. The tension between reasons and causes has been seen as the outcome of the inevitable tension between two dialectically related forms of psychological discourse through which both the psychological subject and its constituting context can be given voice.

The well-known neo-Wittgensteinian argument proposed by Winch (1958) accounts for why individuals are not always able to provide the reasons for their own actions. The ultimate rationale for a particular action is in this sense not achieved through following the actor's reason, but through interpreting the rationale which underlies the social conventions which underlie much social action. Much social action derives from the blind following of rules and hence the meaning of an action is not to be derived through consultation with the individual person, but through understanding the social structures which underlie the specific structuring of the action. The conventions which dictate the given forms of action available to the actor are essentially social in nature and their determination lies outside of the province of the mind of the actor. So the search for the meaning of actions runs into a *cul de sac* unless we are prepared to branch into an understanding of the meanings which are embodied in the 'rules' followed by the actor. This may well be regarded as the rightful province of sociology, but it is an unavoidable feature of the search for the meaning of action. Failure to make this move confines us to a subjectivistic conception of meaning and there has been little or no attempt by those within the field of psychoanalysis to explore how such a conception of meaning may be incorporated into the psychotherapeutic search for meaning. We might imagine such a search to incorporate a 'breadth' perspective in addition to the 'depth' hermeneutics which is obviously deeply ingrained in psychoanalytic theory and practice.

When we try to understand feelings we must always ask what is the world's place in those feelings. Wanting to exclusively ascribe feelings to a self, a subject, is deeply problematic. Feelings exist in relationships, in the world. It will later be seen that taking such a view requires us to reconceptualise the notion of subjectivity and this has further implications for how we understand interpretation.

6.3 THE NECESSITY OF THE OTHER IN THEMATISATION

We are continually confronted with images of ourselves which do not correspond to how we know ourselves. The task of the following discussion is to present some of the different ways in which another person can be said to know me better than I know myself, and to examine how the therapist-client interaction makes good of this. This is a somewhat provocative statement which needs to be qualified by making it clear that it is not claimed that the other is in any sense primordially more capable than I am of comprehending myself, but that the perspective of the other, for a number of reasons, provides an access to self-experience that the self does not 'from itself' have access to. The features to be described do not derive specifically from a specialist knowledge which the therapist has (although this is a feature which will be discussed), but by virtue of the disclosive possibilities of the 'otherness' and 'distanciation' of the therapist in relation to the client's material. This analysis takes us into an exploration of the methodological advantage, indeed necessity, of dialogue. It will be suggested that the self-other structure of dialogue mediates the dialectical processes discussed in the preceding section and that the dialogical process of interpretation makes possible dimensions of self-understanding which are not introspectively accessible, except insofar as introspection represents an internalised form of dialogue and even then it will be suggested that actual, two-person dialogue has a methodological advantage over introspection. The analysis is conceived as part of the more general argument of this thesis that the self-understanding which emerges from dialogue surpasses introspection (and its dialogical elaboration empathy) as an inroad to the exploration of meaning.

6.3.1 THE BREAK WITH NATURAL MEANING

The following discussion will suggest that a 'break with natural meaning' is central to depth psychotherapy and that the appropriation of new meaning requires a questioning attitude in relation to prior understanding.

There is no motivation to search for meaning if meaning is self-evident. The results of the clinical study show that clients do not necessarily actively engage in the process of searching for meaning and that until this happens there is no tendency to search for meaning beyond that which is self-evident. So a preliminary doubt about subjective, intuitive meaning is necessary. For the purposes of discussion subjective, intuitive meaning is called 'natural' meaning, and it should be pointed out that the term natural is used to denote that which is already given to the client as meaning, rather than that which is primordially more correct or that which is more authentic.

It is suggested that one of the ways in which a break with 'natural' meaning is facilitated is through the realisation that the meaning of my experience is construed differently by the 'other' in the process of my being-with the other in a search for meaning. This break marks the start of a different form of self-enquiry, by setting up a questioning attitude in relation to meaning.

For example, when therapist 1 suggests to the client that the client's mother might have a different psychological relatedness to the client than the client supposes, the client begins to question her own understanding of her relatedness to her mother. She begins to realise that her way of understanding her relationship with her mother is more related to her own subjective state of mind than she has previously supposed. At this point she is struck by the realisation that what she understands of her relationship with her mother might be less than the whole story or might be a mis-understanding. In the prompted recall the therapist explained his interpretation: "I'm interpreting that although she experiences her mother as caring for her.... All her mother's fussing is ultimately a big message, 'I can't care for you'". Thus the therapist interprets the mother's behaviour in a way that undermines the client's understanding of her mother's caring. The client understands her mother as having been over-caring "in such an enormous and meticulous way". The therapist, on the basis of evidence gleaned from "lots of other sessions, lots of little bits and pieces" interprets the mother's insecurity and sense of not feeling safe as making the mother incapable of caring for her daughter. The client, in this instance is able to immediately see the sense of the therapist's interpretation. In this case the 'sideways insight' allows her to understand many other aspects of her relationship with her mother that were previously puzzling. She almost immediately accepts the interpretation and feels that the therapist has "given" her something. The new understanding allows her to see her previous understanding as having been a limited and subjective horizon on her part and the previous understanding is displaced. She is able to accept the new understanding although in one sense it apparently contradicts her own prior understanding. She deals with this 'contradiction' by accepting that she has probably experienced the reality of her mother not being able to care for her without having been aware of it. She describes the transformation of her understanding as being "taken to a place I've never seen. It's so obvious. I've just never registered". The shift in understanding is made easier for her because the new meaning is supported by fragments of understanding that she has already appropriated as true. Her acceptance of the interpretation is mediated by the fact that the evidence the therapist uses to support what he is saying is already an accepted feature of the interpretative composition - this refers to the thematisation of her mother's way of caring as "panicky" - although it has not previously been brought to bear in understanding the issue under present discussion. The therapist feels at this point that he must help her to strengthen her recognition of the new reality and waits for an opportunity to reinforce it with further evidence by making links with yet other themes. He takes the interpretation further by suggesting that the newly understood theme is also enacted in the client's relationship with her own children. The dialogue moves towards her acceptance that in this way she is like her mother. The precise link between mother-client and client-children experiences is not established, but it is accepted that there is probably a link, on the basis of the structural similarity of the two relationships. The interpretative composition then proceeds to explore the nature of this link in greater depth and the new understanding of her relationship with her mother becomes itself 'natural' or taken-for-granted.

The relatively easy break with taken-for-granted meaning in this case should be contrasted with the Mother-God link previously referred to. In contrast to her anger in the case of the Mother-God link she feels in relation to the present link: "There are times when I could get up and hug him. I think he's magic. Its what I value most. Sideways insight. He adds another angle. He'll make me see it from a different place and I don't know how to get there. I think. 'Wow, yes, that's a different way of looking at that' ". She experiences a sense of appreciation that he gets her out of a "stuck place". But in the case of Mother-God the 'sideways insight' does not draw the therapist and client together. The difference lies in whether or not the interpretative contribution enhances what she is trying to express or whether it displaces it. In the latter case understanding is enhanced because it transforms prior understanding. In the Mother-God case prior understanding was displaced and isolated.

Another example of an enhancing interpretation occurs as the therapist prompts client 1 to wonder how others experienced an event that she had been describing from her own perspective. For the client her 'natural' thoughts about what was happening in the situation are 'problematised' and brought into question. The client is led to reconsider her understanding of the situation and to see her prior understanding as an interpretation which suffers from a limited horizon. It is specifically through imagining the situation through the eyes of others that she is brought to question prior meaning. The perspective of the therapist, with his 'sideways' insight, is a constant reminder to her that meaning is to be sought rather than taken for granted.

Client 1 experiences certain interpretations as affirmative of her subjective experience in the face of possible disconfirmation by others. "He gives me rewards for who I am. I experience it as a little pat on the back. I enjoy that and take time to enjoy that". It seems that to be affirmed in this way is the primary need in her relationship with him, and that 'breaks' with natural meaning are only acceptable when subjective meaning is taken into account. It will later be shown that the first movement is empathic, but that interpretation specifically moves beyond empathy and suggests that what was previously given to understanding was subjectively limited.

Ricoeur (1981a), using the concept of 'appropriation', suggests that the subject appropriates the matter of the text only insofar as the naive, uncritical, illusory and deceptive understanding which is claimed as prior understanding, is disappropriated. So when we appropriate an understanding to ourselves there is an implicit recognition that the previous appropriation of understanding was in fact an interpretation rather than an indubitable statement of fact. A wedge is driven between subjective understanding and that which is understood. This creates the possibility of appropriation of further, deeper understanding. This also establishes the possibility of adopting a distanciated perspective and all that is facilitated through such a perspective.

"Appropriation is the process by which the revelation of new modes of being... new 'forms of life'- gives the subject new capacities of knowing himself" (Ricoeur, 1981a, p192). To understand the dream or the symptom, is to be given new capacities of knowing oneself from the dream. "This appropriation ceases to appear as a kind of possession, as a way of taking hold of... It implies a moment of dispossession of the narcissistic *ego.*" (Ricoeur, 1981a, p192). By this we can understand Ricoeur to be referring to the break from what I have termed 'natural meaning', taken-for-granted meaning, pre-understanding, or subjective meaning.

Reference should be made at this point to a stream of Jungian thought which has a similar thrust in proposing that the *opus contra naturam* (work against nature) is a necessary step in the development of self-reflection. What is meant here is that self-knowledge begins with a break from the identification with the received contents of the mind. Jung, cited in Redfearn (1983) says that his chief aim in therapy is to labour with the patient towards the detachment of consciousness from the object, towards the dissolution of *participation mystique* whereby unconscious contents are projected into the object in a state of unconscious identification. The interruption of *participation mystique* is essentially also a process of distanciation, through which the object of attention can be reapprehended.

Ricoeur (1970) describes the 'hermeneutics of suspicion' as entailing a scepticism toward the given. The hermeneutics of suspicion is a necessary adjunct to self-insight that Ricoeur has established as a *sine qua non* of psychotherapeutic enquiry. This is an essential and irreducible part of the process of self-understanding, the importance of which has been overlooked in humanistic psychology where the tendency has been to retain an absolute faith in the intrinsic capacity of the subject to know psychological reality. Ricoeur does not discount the disclosive value of what is 'given', and he sees prior understanding as enhanced rather than replaced by what is given through interpretation. But it is necessary to be suspicious of the subject's appropriation of the world before the openness to further discovery is established.

6.3.2 TEMPORAL PERSPECTIVE

The observer (or the other) is empowered to grasp my identity in a way which I as a participant in the experience of my life, am peculiarly disempowered to do. It has already been suggested that distanciation is a *sine qua non* of self-knowing and that knowing who I am requires me to be able to stand outside of myself. It will be suggested that I am able to stand outside of myself to a limited extent only and that the perspective of the other has a continuing value in assisting me to do this even after the possibility of historical self-reflection is installed. In this sense the perspective of the other is an indispensable necessity in the development of self-understanding.

As observers we are structurally better positioned than the person having the experience to perceive patterns of emotional experience. The intensity and immediacy of feeling-experience is such that it tends to exert a type of Procrustean influence on our perception so that the world is coloured by the current feeling. For example, my intense love for someone has a compelling quality which makes difficult the recall of that time when I felt less certain about my love for her. More dramatic examples are the post-prandial and post-coital changes in experience which make the precursory appetitive states difficult to grasp as having been compelling realities. Historical remembering of a state of mind is difficult when the person's perspective has changed and the new horizon obscures the fact that the person might at some other stage have felt otherwise. Considering this we might venture to say that others may be better stationed to know who we were, how we have changed, and what we are becoming. A parent may know the child's biography in a way that the child, immersed in experience, is unable to know. We may imagine, to take an extreme but paradigmatic example, that the fragmented and temporally discontinuous experience in the case of so-called borderline personality disorder, makes the perspective of the other crucial to the creation of temporal coherence to the person's self-experience. We might imagine the therapist acting as the person's memory across sessions and gradually the split-off and isolated fragments of experience, each with their own characteristic thoughts, feelings and actions come to be juxtaposed and eventually composed into a more coherent and integrated form of life. The therapist's peculiar task in such a case is to remind the person who they are at other times. Each isolated experience in such a case seems like a world. The whole world seems suffused with sadness, or happiness or whatever the case may be. So the therapist's task is to hold over the person's excluded states of being and gradually bring them together. In this sense the therapist facilitates a more coherent form of life by remembering for the client until the client is ready to consider the discontinuous experiences in their relation to each other and to construct a more coherent form of self-understanding. This was very much the case in dialogue 3 where the therapist acted as a kind of repository for the fragments of the client's life. Synthesis of the disparate meanings and isolated 'bits' of experience into a biographical and thematic consistency gradually ensued with the therapist provoking the client to "deal with" his past. This client expressed amazement that the therapist was able to remember "everything" which the client had told him about himself. The clients in the study all expressed a sense of awe about the therapists being able to know so many sides of them and it is in knowing the whole story and holding it in hand and bringing the pieces of the client's life, dreams, past, etc. together in the session that a sense of identity begins to emerge. By holding the life together the therapist is able to assist in constituting the person's separate stories into a whole, ultimately into a sense of self, and in bringing the client to a realisation of the ambiguities, contradictions and discontinuities which also make up the landscape of a life lived.

6.4 LANGUAGE, MEANING AND IMAGINATION

Schafer (1989) uses the expression the 'sense of an answer' to describe the feeling of approaching understanding. The promise of fuller understanding and of incontrovertible truth lures the interpretative effort forward. Although the process of psychotherapeutic interpretation seems to move towards an undeniable 'there', the 'there' which it intends turns out to be elusive and there is no evidence to suggest that it is ever finally reached. The sense of the rightness of an interpretation seems to evaporate as time passes and the therapist-client pair are motivated to reach again for understanding. The project of interpretation seems to never reach its destination and is perpetually on the 'way there', not the whole story. Attention will now be directed towards understanding what it is that gives interpretation a direction - i.e. what guides the interpretative effort - and why it is that interpretation has no apodictic 'there'.

The results of the clinical study suggest that interpretations are assimilated to the interpretative composition to the extent, on the one hand, that they represent the client's immediate, feeling experience and, on the other hand, that they are congruent with the network of understandings and interpretive forestructures that have already been dialogically accepted as meaningful. The following discussion will suggest a tensional relationship between these two sources of reference; i.e. between what is grasped in immediate experience and what is compatible with the dialogical interpretative composition. The dual influence of these co-ordinates of understanding ensures that the crafting of interpretations is accountable both to the client's intuitively grasped lived-experience and to the network of ideas which have preceded; i.e. the horizons of the interpretative composition itself.

In the course of therapeutic speaking the operation of these dual 'o-ordinates' leads to a fusion of the epistemological functions of construction and discovery. The twin sources of reference bridle interpretation rather than provide a reference against which a final veracity is established. They restrain interpretations from straying too far afield, too quickly; they impart a general sense of direction and set general limits to what is interpretatively plausible. They imply an 'answer', but do not contain an answer. It will now be suggested that the dual referentiality of the interpretative composition reflects its status as a language and the implications of this will be discussed. The following will also reveal why veracity has been such an inscrutable issue in thinking about psychotherapeutic interpretation.

6.4.1 LANGUAGE AND MEANING

> To understand is to receive an enlarged self from the apprehension of proposed worlds which are the genuine object of interpretation. (Ricoeur, 1981, p183)

In Chapter 2 it was mentioned that a central tenet of philosophical hermeneutics is that the path towards understanding proceeds towards the 'unthought known'; i.e. that which we already know, but do not yet know that we know. In this sense we implicitly already understand our being-in-the-world and the project of interpretation is to return to this understanding, sometimes called pre-understanding. However, it will be suggested that the nature of what is disclosed through speech is not revealed by a simple correspondence between what is 'there' and an account thereof. The act of interpreting has a far more constitutive nature than is portrayed by a simple model of returning to what is already intuitively known. It will be shown that in disclosing what is 'there' we inevitably engage in a process of constituting experience and not merely discovering it.

It will be suggested that while it is true to say that "Through feeling we find ourselves already located in the world" (Ricoeur,1991e, p85), the world we find ourselves in is transformed even in the act of being discovered. To understand why this is so, the following argument will give to 'speaking' a strongly constitutive function. This argument will be developed in relation to the counterpoint of Heidegger's (1962) *Being and time* understanding of the relation between language and experience. It should be said that the purpose of this excursion into Heidegger's work is heuristic, rather than being an attempt to properly account for the totality of Heidegger's views on the relation of language and experience. If this were the intention Heidegger's later work on language and poetics (cf.Heidegger, 1975) would be the point of departure and then the interpretation of Heidegger would probably concur much more closely than does *Being and time*, with the argument being developed here.

In Chapter 2 'understanding' was introduced as one of Heidegger's three interrelated parameters of human existence (*existenziale*). The other two basic parameters are *'befindlichkeit'* and 'speech'. Heidegger (1962) refers to *befindlichkeit* as 'being in a mood' and associates it with 'feeling' and 'affect'. Gendlin (1978-1979) says that *befindlichkeit* alludes to (a) the reflexivity of finding oneself, (b) feeling and (c) 'being situated'. So *befindlichkeit* refers to how we find ourselves standing or situated somewhere, and this finding of ourselves is given with the quality of feeling. But 'feeling' in Heidegger's description differs from the usual view of feeling, affect or mood in that it is not something posited as existing inside ourselves. It is always and already a situatedness in the world that we discover in feeling. It is described as the being of our relatedness to the world. Speaking is primordial when it speaks the primordial structure of being-in-the-world. There was a strong sense that each of the clients in the clinical study displayed a first allegiance to their own being-in-the-world, expressed by client 1 as "The strands of the way I relate to things".

Gendlin (1978-1979), elaborating on Heidegger's concept of *befindlichkeit*, says that coming to consciousness of *befindlichkeit* presents as an act of 'lifting out'. Interpretation does not in this sense create an understanding. As Heidegger (1962) says, it "does not transform it into something else, but makes it become itself" (Heidegger, 1962, p188). If *befindlichkeit* has an inherent 'speakability' through its being 'already there' it is only a speakability because being 'already there' is structured in a way that can be readily represented in language; i.e. it is already articulated. The articulation of *befindlichkeit* is only possible because, as Gendlin (1978-1979) says, it is not 'applesauce-like', it has an implicit texture, or structure. The structure of *befindlichkeit* is given in the 'forestructures' of understanding which we live before we come to need to articulate; i.e. the understanding through which social life is lived before we come to the need to reflectively understand. This is apparently the apodictic bedrock of phenomenological enquiry. "Phenomenology... is the method of grounding each assertion in something that then stands out". (Gendlin, 1978-1979, p64). Letting something 'stand out' is presumed to be a case of showing what is already there. It is assumed to rely on 'speaking' that which is implicitly already interpreted. There were many instances of this in the clinical study. Client 2 expresses the attempt to articulate an extant but 'not yet grasped' thought: "I was thinking something and then I realised, no that's not what I think, and then again I thought, no that's what, that's what I think". She has a sense of already having a thought, but not yet knowing exactly what it is that she thinks. She also says "I was just battling to find the right words to describe how I was feeling" and "It just feels right and I think when it doesn't feel right that's when I sort of, um, elaborate more". So in all of these instances she has a sense of trying to say something in particular but is having difficulty in finding the right 'words to say it'. It has already been suggested that in the interpretative dialogue speaking moves beyond expressing what is 'there', into an exploration of new meaning. It is now suggested that even when the client has a sense of wanting to say something in particular that understanding may ultimately be less distinctively ascertainable than the speaker in this instance believes.

Ricoeur (1991b) maintains that 'understanding' is not wholly and satisfactorily accounted for by the act of 'lifting out'. Ricoeur (1981d) notes that in *Being and time* Heidegger develops his view of pre-understanding in his analytic of being-in-the-world and does not so much as mention the issue of understanding in his discussion of *mitsein* (being-with). It will be suggested that the dimension of being-in-the-world 'with others' calls for a different analysis of 'understanding' than does our being-in-the-world 'with things'.

In Ricoeur's terms that which is a possibility of my experience but is not necessarily already a part of my experience, reaches beyond and exceeds that which is given in the 'there' of *dasein*. Thus speaking we might say that what is appropriated to experience as understanding is more than, or surpasses, what is given as 'there' in the *dasein* sense. In the *dasein* sense my 'thereness' is 'there' as anticipation, and in my knowing what I have with me when I am there in the encounter with new horizons, but the specifics of what will be known in the encounter with new horizons are not *already* posited in my experience. They come to being in my experience from across the horizon, when they become constituted in my experience through the fusion with new horizons.

Heidegger (1962) suggests that we project ourselves before us in our dealings with the world. This creates the horizons and possibilities of being-in-the-world and we might interpret this 'projecting quality' as the future towards which people move. But for Heidegger (1962) this does not mean that *dasein* is more than, or other than, what is given to experience. Heidegger (1962) says

> But Dasein is never more than it factically is, for to its facticity its potentially-for-Being belongs essentially. Yet as Being-possible, moreover, Dasein is never anything less; that is to say, it is existentially that which, in its potentiality-for-Being, it is *not yet*. Only because the Being of the 'there' receives its constitution through understanding and through the character of understanding as projection, only because it is what it becomes (or, alternatively, does not become) can it say to itself 'become what you are', and say this with understanding. (pp185-186)

It seems necessary to distinguish between the type of 'being-in' which incorporates 'being-with others' and being-in-the-world in the sense that Heidegger seems to be implying above. Being-with adds a dimension to being-in-the-world that makes problematic the idea that all meaning including *dasein*'s potentiality-for-being is primordially 'there' as potentiality. Ricoeur (1981g) suggests that although Heidegger conceived of being-with as given within the primordiality of *dasein*, the nature of the structure of understanding that is implied by being-with is not accounted for in Heidegger's ontological reflections. While Heidegger gives an ontological status to our being-with (*mitsein*) others, Ricoeur (1981g) suggests that the being of Heidegger's 'being-with-others' does not incorporate the fullness of the constitutive influence of the other until it acknowledges that the exact nature of our being with others is given in *dasein* only in the sense of an anticipation of being 'other than' and not as something already given in being. Our being-with-others constitutes an anticipation of other horizons but it cannot anticipate the ontic contents of the other horizons. We might anticipate or infer from what is given, certain of the features of what lies over the horizon, but for the most part can only guess at the concrete possibilities of other horizons.

Whether as a result of the fusion of the world of reader and text or the immersement in the interpretative composition of psychotherapy, out of the fusion of horizons emerges an expanded horizon, so that one finds oneself transformed through the act of immersement with the other in an event of understanding. But this is explicitly a 'transformation' and the Meaning that comes to meaning through encounter with the *dasein* of another is not predictable at even the deepest levels of self-introspection. If we imagine, for example, the impact that Feminism or Marxism, as modes of intelligibility could have on a person's self-understanding (or any number of not yet conceived reformulations that could similarly transform a person's self-understanding), in what sense could it be said that what was known about oneself in the fusion of horizons with one of these points of view was a self-understanding, so to speak, waiting in the wings? In what sense, true as it may seem, was the feminist formulation a reality waiting to be discovered? This is a crucial question and returns us to the discussion about self-understanding being both discovered and created. The relational process of the appropriation of meaning to self-understanding, in Ricoeur's (1981a) terms, make one's own what was initially alien (alterior) (Ricoeur, 1981a). This understanding is contrasted with the psychotherapeutically more commonplace idea that self-understanding raises up to consciousness that which was 'inside', and already there, but not yet disclosed.

The paradox of whether it was discovered in the temporal horizons of immediate experience or brought to experience from beyond is resolved if we say that new possibilities come from over the horizon but they are posited in existence as possibilities of this existence. We now turn to consider the linguistic nature of meaning and its constitutive influence and to suggest that the linguisticality of meaning gives it this paradoxical nature of being something both discovered and created.

Merleau-Ponty (1964) writes that

> [Speech] is not for us speaking subjects a second-order operation we supposedly have recourse to only in order to communicate our thoughts to others, but our own taking possession or acquisition of significations which otherwise are present to us only in a muffled way. The reason why the thematization of the signified does not precede speech is that it is the result of it. (p90)

Recognising that enstructuration is part of the process of signification, Merleau-Ponty expresses the idea that speech takes hold of a nascent sense of meaning, and transforms it through what he calls 'thematization'. Gadamer (1977) calls this 'linguisticality', the power of language to generate and shape meaning. Linguisticality or 'being in language' is a form of being-with-another. Not necessarily another person, but being in encounter with an understanding, or a pre-understanding, which is 'other-than-self'. It will be suggested that this 'being-with' is such that it transforms our recognition of experience according to the categories of understanding which are constructed through our use of a shared language.

Discussion about experience and its relation to language is all too often taken up at the level of 'words'. As Ricoeur (1979) points out we should be concerned when we talk about meaning to talk, at least, about sentences. But even then the relation of sentences to grasped meaning may be no more than the relation of brushstrokes to a painting. It has been seen in the clinical study that single words can be used to signify complex meanings, but the full meaning of words can only be finally established in relation to the network of meanings which are a part of the community of ideas of the interpretative composition. Because meaning is grasped within a taken-for-granted system of referents (the meaning of which has been fixed through consensus) it only seems that there exists a simple relation of correspondence between word and meaning. In being pronounced words call forth meaning only as a signpost would mark a town. The signpost names the town and shows its geographical whereabouts but as a signifier the signpost itself says relatively little about the town. In dialogue 2 a complex system of thematically related incidents spanning many years was encoded as 'the photo incident'. The 'photo incident' had its meaning in relation to a network of other meanings, despite it's seeming uncontingency as a meaning. In the taped therapeutic dialogue the meaning of the 'photo incident' turned out to be more elusive than the neat signification suggested. When the meaning of the 'photo incident' was unpacked its meaning was not so easily to be 'had' because its meaning could only be described in relation to a host of other stories which the therapist and client had previously shared. This is not an occasional feature of the interpretative dialogue, but is intrinsic to the entire process of 'speaking-meaning'. The actual meaning of the word, sign or sentence is established in a network of meanings and then when it is used in the disclosure of new meaning it immediately brings to that new meaning an entire network of meanings already established and gives to events which it is used to thematise, a context of meaning as opposed to an isolated, discrete meaning. In the therapeutic dialogue this context is the interpretative composition. Merleau-Ponty (1962) says that "former acts of expression, establish between speaking subjects a common world, to which the words being actually uttered in their novelty refer" (p186). In the communicative sense 'the word' refers to a set of axioms established by former acts of expression and this constitutes a 'surplus' of meaning. In Freud's (1953) terms, it 'condenses' meaning and makes words 'over-determined'.

> If a signifier refers to a signified, it is only through the mediation of the entire system of signifiers: there is no signifier that doesn't refer to the absence of others and that is not defined by its position in the system. (Laplanche, 1966, p154)

What we say means something only in relation to what has been spoken before, the meaning of which refers to a network of other signifiers, each of which itself has meanings only in relation to other meanings. There would in this construal be no ultimate 'there' of speaking and speaking takes us more deeply into the relations between significations rather than into the 'essence' of the meanings of the signifiers. Derrida (1972) uses the term *différance* to express the non-essentiyal nature of meaning, each signification being held in place in an entire network of meanings. A word, he says,

> can never function without referring to another element which itself is not simply present.

> This interweaving results in each 'element' ... being constituted on the basis of the trace within it of the other elements of the ... system. ... Nothing... is anywhere ever simply present or absent. There are only, everywhere, differences and traces of traces. (Derrida, 1972, p26)

Finlay (1989) says that patients present "as if spoken by the host of discourses of family, institutions, media, and so on" (p62). Similarly, the 'social constructionist' (cf. Gergen, 1985) way of thinking about human meaning moves the search for meaning towards the social sphere and away from the need to ground assertions in an underlying and arguably subjective referentiality. Austin's (1961) *How to do things with words* demonstrates the existence of 'performatives', a category of utterances that derive their meaning from the social reality they create rather than any sort of directly referential function. 'Insults', 'heroes' or 'victories', for example, do not have veridicality in relation to any fixed points, they are social constructs. Their referentiality exists in relation to other meanings. When the client talks of experience in certain kinds of terms and not others, experience is construed in those terms, indeed it is enstructured by those terms.

Habermas (1972) suggests that meanings are created in the context of ones' family and society, with language utilized as the vehicle for a shared system of symbols and understanding. These are appropriated to individual experience, but their source or their deep structure is essentially social rather than individual. What is individual is their appropriation. Gadamer (1975) suggests that meaning is given in tradition, authority and pre-judice rather than individually created. There is a tension between meaning as something that seems to be true of individual experience (i.e. true of and created by the individual) and meaning as socially, linguistically and historically given. In this sense the tension between meaning as discovered and meaning as created is intrinsic to the nature of the interpretation of experience.

Finlay (1989) suggests that one aspect of the therapeutic challenge is the restoration of the sense of the speaking subject; i.e. of the subject which speaks a claim to know, indeed to exist, in the face of the reality of 'being-already-spoken'. It will now be suggested that although meaning is partially spoken by the network of meanings through which it occurs, there is in the speaking subject an undeniable sense of trying to say something distinctive and particular, and that this needs to be theorised into the 'network of meanings' idea. It will be suggested that it is in a 'speaking/being-spoken' dialectic that psychotherapeutic interpretative work unfolds. Using these terms we might say that 'speaking' represents the 'lifting out' project associated with *befindlichkeit* and phenomenology, while 'being-spoken' expresses the idea that experience is not only represented by speaking, but constituted through speaking. In this sense the 'constitution' of experience is not a 'making up' of meaning, it is also in a sense a discovery, but it is a discovery of meaning which is constituted through a language which is not specifically 'my own'.

Although it may appear contradictory to speak of a 'private language' there is more than enough evidence from the field of psychopathology to suggest that people may indeed speak private languages which are subjectively meaningful but mean little to other people. Psychopathology apart, the idea of subjective understanding suggests there is a sense in which we understand in terms which reflect a uniqueness of understanding and which are not socially constructed. In this sense we could talk of 'relatively private' languages through which subjective experience is 'pre-understood'. Even language which is ostensibly intended for 'the other' might be so idiosyncratically codified that its meaning is wholly unapparent; i.e. it is a language not primarily oriented around 'representing' to the social world. On the other hand when we deliberately attempt to communicatively 'represent' through language we already move away from a simple 'private' correspondence between words and underlying meanings. In being-with others there is a coming together of the 'private' and the 'social'. It is the meeting of 'meaning for oneself' and 'meaning about oneself' (i.e. social meaning) with which we are here concerned.

As the therapist and client develop between them a network of meanings the consensual character of this network is posited in a tensional relation to that which is immediately and spontaneously given to the client as meaning. There is a discontinuity, a *caesura*, between what makes intuitive sense and what is consensually understood and the breadth of this discontinuity is dependent upon, amongst other things, the extent to which the therapist brings the possibility of 'other' meanings to the dialogue. The rupture in natural, subjective meaning (cf. Section 6.3.1) is more evident in the early stages of the dialogue when the interpretative composition is not itself a source of reference and has not been established as taken-for-granted truth. It seems that progress in psychotherapy is marked by an increasing trust in the use of the language of the dialogical composition which belongs to neither party but to the fusion of their horizons. But the tension between consensual thematisation and intuitive feeling remains an intrinsic feature of the dialogue and is indispensable because it keeps alive the need to develop meaning. The therapist struggles to grasp the 'other mind' and yet to go beyond the client's understanding thereof, and the client struggles to communicate in terms intelligible to the therapist and yet to speak 'own mind'. These constitute creative, restless tensions which are not to be overcome, and which fuel the therapeutic interpretative project.

We might speak of a double fidelity of language. Language serves the twofold purpose of facilitating both <u>awareness</u> and <u>communication</u>. The first fidelity consists of the subject's own recognition of the meaning of his/her experience as it is immediately grasped and understood. "For the speaking subject, to express is to become aware of... [The speaking subject] does not express just for others, but also to know himself what he intends" (Merleau-Ponty, 1964, p90). This fidelity is towards a given, a 'there'. It is primarily oriented towards an articulation for the client of his or her feelings and serves a 'lifting out' of experience from its contextuality. Such awareness is not spoken, necessarily, in the language of the interpretative composition. It has been described throughout the thesis as the 'interpretive' rather than 'interpretative' dimension of experience.

Regarding the second, communicative fidelity of therapeutic speaking it might be said that all language, because it is an attempt to signify intends an audience, and is by nature communicative. This represents the non-private dimension of language. Amongst the criteria for what constitute psychoanalytic facts, Ricoeur (1977) lists that a psychoanalytic fact is that which is not only said, but is said to the other (and presumably heard by the other), so that the truth claims of psychoanalysis can be placed within the field of intersubjective communication. In this sense psychoanalysis pursues self-recognition through "the restoration and extension of the symbolic process in the public sphere of communication" (Ricoeur, 1977, p859). In reaching out with meaning (i.e. to tell another) the possibilities of meaning are already transformed by the structure of the language we speak; i.e. even as they are spoken. When we talk with another the possibilities of language are limited by the particular expressive idiom and axioms of meaning peculiar to that interaction or relationship. So communication has a restrictive dimension. When we attempt to speak inchoate meanings which we do not ourselves understand, the reaching out with meaning is *a fortiori* influenced by that which comes to it in the hearer's propensity to understand. At many points in the dialogues studied, the speaker's prior meaning was seen to evolve in the act of speaking, in sensitivity to the hearer's response. There were also occasions of 'speaking against', as opposed to 'speaking with', where the speaker insistently pursued a particular pre-formed meaning in spite of the other's disagreement, almost as an attempt to convince the other. For instance in dialogue 3 the therapist, in his own words, "beat an issue to death" and all along the way was resisted by the client. They did not 'meet' on this issue and the interpretative effort did not connect with the hearer's propensity to understand. Such breakdowns of communication may well have a positive moment and constitute the claim of the subject to know 'otherwise'. However, it seems that early on in the dialogue such failure to speak a common language has a destructive impact and leads to a breakdown of the motivation to engage in the search for deeper and further meaning.

It seems that therapeutic progress is marked by the parties to the dialogue increasingly speaking a common language and new speaking is then accountable to the understanding contained within the language. What is said in the psychotherapeutic dialogue and what evolves as new meaning is accountable to the network of meanings that have already established. As the dialogue is affirmed and referred to so its influence comes to bear on the thematisation of experience. The danger of this is that once a language has been formed it can become hardened and overly directive so that it disallows its own transformation. The second type of fidelity, to a communal language of intelligibility, may give rise in its extreme to meaning which is unresponsive and unaccountable to experience. The subjective dimension of meaning may be subsumed and the subjective confirmatory process corrupted, by a onesided focus on consensual meaning. Words may lose reference to personal experiences and be guided by principles of logic, rationality, or social convention. Verbal formulations may consist largely of empty clichés, commonplace utterances and theoretical abstractions which are falsely believed to reflect the reality of our interactions with the world and others. Merleau-Ponty (1962,p182) speaks of a "top coating of meaning" and a "piece of existential mimicry" to reflect the failure of self-expressive language. Discourse at the level of this type of language is readily translatable into other languages and demands from us no real effort of expression and from the hearer no real effort of comprehension. Meaning is wholly taken-for-granted and is unchallenged. In the extreme of this form of speech "The linguistic and intersubjective world no longer surprises, we no longer distinguish it from the world itself, and it is within a world already spoken and speaking that we think" (Merleau-Ponty, 1962, p184). Thus the 'subject' is not spoken, personal meaning is overlooked. "It is possible to speak a language so commonized by generality or jargon or slang that one's own mind and life virtually disappear into it" (Berry, 1982, pp207-208).

The dialogical 'medium' between private self-expression and depersonalized discourse might be termed 'self-expressive discourse'. This represents a dialogical form of intelligibility which is accountable not only to private meaning, but offers a form of self-understanding in terms which are intelligible to others. Ricoeur (1991c) makes the point that meaningful action is that action which an agent can account for so that the other accepts it as intelligible. So while meaning is undeniably 'ownmost' it is also irreconcilably 'other-wise'. In simple matters of "What are you feeling now?" the model of moving directly from feelings to words, without encountering an interlocutor, seems not inappropriate. In this sense the role of the interlocutor in relation to discrete and socially recognisable feelings might be understood as merely facilitative and passive. Where intelligibility is not immediately suggested in feeling (eg. a complex dream) or where inchoate feelings are so confusing and bewildering to the client that they are of little help in guiding intelligibility the constitutive power of language is especially present. In this sense that which is inchoate is configured into an intelligible form which can be lived with as intelligibility in the social and communicative life. In order to accept this we must forgo the view that experience is structured prior to speech. Even when what is there is experienced as lifted out, it is lifted into a dialogue which gives to it a structure and a coherence in relation to other experiences. Yet in all of the therapies studied there was something of a pretence that experience resided <u>in</u> the person and that the client was ultimately able to best account for his/her own experience. This is a pretence in the sense that the dialogues studied did not seem to acknowledge the dialogicality of interpretative discourse. There was an assumption that it was the client's subjectivity being spoken, and the whole question of the intersubjectivity of the interpretative composition was something that clients, especially, had wondered about, but were unable to make inroads into understanding. It was interesting to note that each of the clients felt that the therapy would not have reached the same understanding without the particular therapist that they had, yet they felt that what had been disclosed to them in the therapy was essentially about themselves and was not a therapist imposition. The above discussion has been an attempt to understand this phenomenon, but further understanding can be brought to bear and this will be done in the later (Section 6.5.3) exploration of the idea of inter-subjectivity. (The reader may wonder about the apparent inconsistency in the use of the terms 'intersubjectivity' and 'inter-subjectivity'. The distinction between these terms will be explained in Section 6.5.3)

Imbalance in the dialectical relationship between 'subjective meaning' and 'consensual language' poles of confirmation leads on the one hand to unfecund private language which forecloses meaning-seeking activity. On the other hand it leads to language losing personal meaning and becoming panoramically open-ended, non-specific and subjectively uncompelling. Some of the problems attendant upon maintaining the tensional balance between these dialectical poles will presently be outlined. It is suggested that it is necessary to sustain a dialectical tension between what is discovered and what is created; that which is intuitively and subjectively grasped as 'already there' and that which is intersubjectively imagined to be true. There is an ever-present danger that the tension of the opposition between what is discovered and created can collapse in the direction of that which is created. It will be suggested in Section 6.6, titled 'The conditions of ideal dialogue', that certain conditions can be created whereby the tension between these poles is maintained and does not collapse in one or other direction.

6.4.2 IMAGINATION AND MEANING

> The project of a philosophy of the productive imagination... can only be a deepening of the theory of interpretation. (Ricoeur, pp39-40)

The following discussion will explore the imaginative dimensions of psychotherapeutic interpretation. Two interrelated aspects of the imagination will be focused on: (1) the imagination as a capacity for discourse which transcends the fantasy-reality distinction and relies on a capacity for metaphorical understanding and (2) the imagination as a capacity for being open to the perception of new horizons of experience. A third aspect of imagination will only be brought to discussion in Section 6.5, where the relational dynamics of the capacity for 'being-imaginative' will be explored.

6.4.2.1 The imagination between reality and fantasy

To speak of one thing in terms of another which resembles it is to pronounce them both alike and unalike. Through imagination we are able to establish likeness without erasing difference. To see likeness in spite of difference, to see that which exists both then and now, to discover that which is both true of experience yet not self-evidently so, these are some of the paradoxical achievements of the imagination. Some of these have already been discussed as characteristics of interpretative dialogue in psychotherapy although not as achievements of the imagination. It could be said in all of these cases that the imagination is the capacity which facilitates the straddling of the divide between seemingly incompatible opposites and creates the possibility of dialectical tension rather than dichotomy. It will be argued that an imaginative quality permeates the confirmatory processes of the dialogue and seeds the dialectical tensions of the interpretative work with a mediatory possibility. The imaginative work alluded to does not overcome the dialectical oppositions of the interpretative composition or the tensions thereof, but delivers a moderating effect. It does this without ameliorating the dialectical tensions which are central to the interpretative work and indeed to psychological life.

Ricoeur's work makes frequent reference to the tendency of classical philosophy to reduce fiction to illusion or fantasy (cf. Ricoeur, 1991b). We could say following Ricoeur that the fictive image (what is grasped in imagination) effects a suspension of attention to the real, but this does not mean that imagination is the same as fantasy. In fantasy there is no sense of symbolic representation; i.e. one thing standing for another. In fantasy and in delusion something is taken 'to be' real. But in imagination there is a mediated relationship between the thing and its representation; the representation is considered 'as-if' it were identical with the thing but there is a kind of suspension of ultimate identification between the representation and what is represented.

Although none of the therapists in the study specifically employed imaginative techniques in their work, if we look carefully at the clinical material we can identify features of the dialogue which are essentially imaginative in character. The linking functions which are central to the therapeutic dialogue require a kind of suspension of belief in the sense that the links suggested do not, from the point of view of the client's subjectivity, always make intuitive sense from the outset. Yet there is a sense in which the client's experience entertains the possibilities of what is suggested and it is here that we may ascribe the working of the imagination. Client 2 describes how sometimes when the therapist gives an interpretation it means "nothing" to her, but only in the days following, as she thinks about it and uses it to understand her day to day experiences, does the interpretation begin to resonate with her experience. In the interim she holds the interpretation at a distance. She uses it to think further into her experience and through this process she gradually begins to live her experience in terms of the understanding conveyed by the interpretation. Gradually as she realises the value of the interpretation - in terms of it making intelligible a wider range of experience or giving rise to new courses of action - she begins to take it as reality. She gradually 'adopts' the interpretation in which case it becomes 'real' for her rather than imaginal in character. In the Mother-God incident client 1 shows a willingness to suspend what she already takes to be true - i.e. her subjective understanding of her relationship with her God and her mother - and temporarily adopts on a 'trial basis' the therapist's train of understanding, in spite of it not being immediately agreeable to her own pre-understanding. Clients in the clinical study were able to consider 'alien' interpretations to the extent that the interpretations did not threaten to undo their own understanding. They were attentive to interpretations to the extent that they were not forced to choose between their own understanding and the therapist's understanding; i.e. when they considered what the therapist said without considering it as set against what they already intuitively believed. In this sense what the therapist said was not appraised as a matter of choice between being true or not true, but was taken as 'food for thought', for the extension of understanding. In this respect all clients described a change as having occurred over the course of therapy. In early stages they had been inclined to feel 'edgy' about what was said and what concluded, but gradually begun to be more open and more exploratory in entertaining different understandings. The interim experience before the final adoption of interpretation as understanding might be called 'imaginal space'. This refers to an experiential context which subdues questions about whether what is said is really real or whether it is fantasized.

Imagination mediates the linkages between otherwise disparate experiences. We may imagine one event to be like another (eg. being-in-the-world with mother and being-in-the-world with God) without reducing the understanding of either situation to the understanding of what they have in common. Ricoeur (1991d) thus speaks of 'semantic impertinence' where a new pertinence does not abolish an old one. The outcome of such a process is the layering of meanings with more general meanings not replacing more specific meanings, but existing simultaneously with them.

There are a number of different ways in which this paradox is referred to in the psychotherapeutic literature. Samuels (1982) from a Jungian perspective speaks of imagery and the imaginal realm as deriving from the synthesis of phantasy and fact, subjective with objective elements. Winnicott (1951) describes a transitional zone where the paradox of fantasy and reality is maintained rather than resolved. He also refers to this as the 'third area', the 'area of illusion'. Gordon (1985) has likened the area of illusion to the activity of play and shows how the word illusion is derived from the Latin word *ludo* meaning to play whereas delusion means 'unplaying'. In 'illusion' as in play there is a suspension of the question about whether something is fantasized or whether it is real.

This area between reality and fantasy is also linked by Ogden (1990) to the development of the capacity to think metaphorically and to use metaphor in communication. The use of metaphor can be understood as a particular type of imaginative activity. Ricoeur in *The rule of metaphor* (1986) says that a metaphor both is and is not what it says it is. For Ricoeur (1991d) the key word is 'likeness'. In likeness sameness and difference are not merely mixed but remain opposed; i.e. a paradox of the identity of and difference between meanings is maintained.

Ricoeur (1981c) shows that metaphor rests on the attribution of general characteristics to a particular instance. As such it represents the general act of predication, which resides in a tension between singular identification (this boy, this book) and the class to which the singular belongs. Viewed in this way 'metaphorisation' is a general feature of interpretation rather than a specific type of signification, and might be said to mediate the movement between the general and the particular which has already been described in Section 6.2.2 as fundamental to interpretation.

Ricoeur (1991e) proposes a tension theory of interpretation rather than a substitution theory; i.e. a theory which focuses not on the replacement of old meanings with new ones but on the maintenance of tension in relation to the issue of reference. When the tension between literal and metaphorical sense is no longer perceived we have a 'dead metaphor' which in conveying meaning forecloses on the further unfoldment of meaning. It is initially client 1's fear that by giving her experience of God the name of 'relationship with mother' she will override the essential difference between these experiences. The collapse of metaphorical tension into fixed meaning occurs, for example, in dialogue 3 where the use of the metaphor 'the enemy' becomes an habitual way of referring to an experience. It was at first heuristically useful to name this experience 'the enemy', but the client becomes increasingly uncomfortable as the experience is repeatedly referred to in this way. The name 'the enemy' does not for the client capture all of the nuances of the experience and its repeated use had begun to reduce the complexity of the experience into one-dimensional meaning. We might say, following Ricoeur (1991e), that metaphor preserves the polysemy of an experience by revealing meaning in a way which in its very form asserts that the metaphoric signifier is not identical to what it refers to, but is nevertheless an access thereto.

The playful, almost fictional suspension of the issue of confirmation -i.e. the question about how real an interpretation is - is an achievement of the therapeutic encounter and is by no means a part of every therapeutic development. The term 'potential space' has been used by psychoanalytic writers (cf. Ogden, 1990) to refer to the capacity for the metaphoric and imaginative rendering of experience.

> A different mode of analytic work becomes possible as the space between symbol and symbolized is created in the course of therapy. The capacity to make this differentiation enables the patient to view his thoughts, feelings, perceptions, and behaviour as constructions, as opposed to impersonal registrations of fact. (Ogden, 1990, p117)

As 'construction', meaning is something that we create in developing intelligibility as opposed to something we simply find and 'lift out' and the ability to see interpretation in this way should be considered a therapeutic achievement. Winnicott (1962) states that the therapeutic dialogue requires a capacity for imaginative play which should be entertained by both therapist and patient. Imaginative play blurs the boundaries between what is 'found' and what is 'created'. For him interpretation involves a playful suspension of questions about how 'real' the interpretation is in terms of that which is 'already there'. More could be said about the developmental and relational psychology of imaginative experience and this topic will be explored further in Section 6.5. It will now be suggested that the person who is able to imaginatively play is able to makes tentative forays beyond him/herself and return with an expanded self and expanded possibilities of action.

6.4.2.2 Imagination as the configuration of future possibilities

Murray (1986) says that although imagination is not explicitly discussed by Heidegger in his *Being and time* explication of *dasein*, the imagination should be conceived as integral to the temporal nature of *dasein*. Is it conceivable that the fullness of what the imagination brings is already given in *dasein's* world-openness? It seems plausible that the world-openness and specifically *dasein's* temporality, as a clearing for Being, provide the context for imaginative bringing. But this view does not properly acknowledge that previously unformed possibilities of meaning and action (i.e. not explicitly given in *dasein*) are brought in dialogue through fusion with the horizons of others. Previously unformed possibilities of meaning and action come into the horizon of constituted being 'as-if' they were already there in being-in-the-world before the dialogue was constituted. It will be suggested that while new possibilities are recognized as being 'already' there, it cannot be said that such possibilities were primordially or ontologically already there. We are as Gadamer (1975) says instructed by the matter of the text. "To understand is not to project oneself into the text but to expose oneself to it; it is to receive a self enlarged by the appropriation of the proposed worlds which interpretation unfolds" (Ricoeur, 1991a, p301).

The specifics of who we are in dialogue is not primordially constituted, but because it comes to being as an extension of what is already there it appears as an inherent capability of being-in-the-world and is understood as the same. The temporal horizon of *dasein* is a clearing and the ontic particularities of what being-in-the-world can become are not 'given'; i.e. not given within *dasein's* primordial understanding of being-in-the-world. The structure of what can become is not narrowly defined by what is already there but is an open invitation the particularities of which are configured in a meeting between what is there and what comes to being as possibility through dialogical interpretation. What comes to being in the therapeutic dialogue is not wholly configured by, or in, the client's horizons, but in interaction with the *horizons* of the therapist. This 'bringing' to the client's horizons by the therapist is not exclusively called forth by the client or mustered by the client's being-in-the-world, but is truly alterior and in this sense the therapist has an undeniable influence in the configuration of the client's 'becoming'.

What comes to experience by way of interpretation and the way in which it encounters the client's horizons gives to possibility (becoming) its forms. The forms of becoming are experienced as ownmost forms to the extent that they are discovered as possibilities of action. Ricoeur (1981f) uses the term 'mimesis' to refer to a hermeneutic imaginative activity which can be said to creatively imitate reality. As imitation mimesis represents reality and discloses the existent possibilities of reality. As creative activity mimesis constructs new realities. In psychotherapy we might say that mimesis discloses new dimensions of experience which are then seen to arise from experience. The creation of possibilities of experience such that these appear as a 'living- on' of what is already there requires that they be found as apparently already existing possibilities of experience, although they have in no sense been previously conceived. In Chapter 3 care was taken to distinguish between cognitive knowing and experience that is grasped as 'already lived' (pre-understanding). While there can be no doubt that a new way of thinking may profoundly influence the grasping and unfolding of experience it will be suggested that this can only be true if in some sense it can also be shown to be true that what is discovered as 'thought' is already 'there' as a possible direction of intentionality; i.e. as a possible form of life. It needs to be established that transformative ideas, to the extent that they are transformative, must exist as more than 'mere ideas'. It is suggested that it is the peculiar quality of imaginative thinking to bridge the realms of the abstract and the corporeal. Each imagination of action exists in relation to a corporeal intentional world and the imagination translates the freedom of the world of abstraction into possibilities of action. So we need to conceptualise the horizons of the dialogue as offering not new ideas, but new worlds.

We might distinguish between pre-understanding and the imaginative appropriation of reality in terms of degrees of relative engagement and non-engagement with regard to perception and action. Imagination necessarily takes place in a non-demanding emotional situation. In a state of emotional conflict, for example, it is difficult to imagine reality differently, to see reality in another way. Client 3 in a state of heightened emotionality, cannot imagine turning around to face 'the enemy'. 'The enemy' is an invisible but physical 'presence' which the client experiences in close proximity to his body. It is something which cannot be faced and when he feels 'the enemy' he experiences fear. The therapist suggests that he face the enemy when the enemy appears in the therapy session and the client becomes frustrated with the therapist because the therapist does not seem to understand that it cannot be faced. The client feels the need to 'talk about' the enemy from a distance, not to face it. In the immediate encounter with it there is no possibility of acting differently. In the emotional state which attends the presence of the enemy he cannot imagine responding any differently. Emotions seem to draw us towards an identification with what we subjectively understand. The imagination, on the other hand, brings corporeal reality to being in an attitude of relative indifference, a kind of neutralized atmosphere (Ricoeur, 1991b). There is an undeniably 'de-personalizing' effect in the shift from everyday perception to the imaginal. This is an insight we find richly elaborated in Jungian psychology and especially in the work of Hillman (1983) who shows how the shift to the imaginal requires foregoing some of the 'density' of experience. So the play of imagination sits between the worlds of 'given' corporeal reality and a reality where there is nothing at stake.

We have already seen that honing in on feelings is achieved with a quickening of emotional involvement and has a probing, searching quality. This should be distinguished from the imaginative development of meaning which is a freer, more associational and connotative form of appropriation. Unaccompanied by the urgency and excitement of 'speaking from' feelings it constitutes a more relaxed extension of self-understanding. The intense and energised search to find words that occurs when a feeling is close at hand is balanced by this more meandering, leisurely pace whereby understanding is entertained, rather than actively sought out. The ambience of this movement is altogether less pressurised. In this sense the interpretative work consists of an osmotic enhancement of understanding by loose analogies, associations and possibilities. The workings of imagination proceed at the edges of the interpretative composition and infuse it with new possibilities of understanding and corresponding action. The imagination has in this sense a generative capability and is based not so much on searching and grasping but on an expansive augmentation of understanding and engagement with the world.

The imaginativeness of interpretation both exposes hidden depths and configures future possibilities. We might speak of a hermeneutics of amplification as supplementing the hermeneutics of specification attendant upon the description of psychological states. Imagination thus surpasses what Madison (1990) refers to as 'the proper meaning superstition', the belief in an ultimately determinate form of self-understanding and leads rather to an open-ended encounter with meaning.

Social constructionists, notably Gergen (1985, 1989) in the field of psychology, point out that psychological knowledge 'constructs' understandings, or intelligibilities, in response to pragmatic needs to find solutions to problems. It is not objective knowledge, but new ways of engaging with the world that we seek. People come to psychotherapy because the way they stand in life offers no solutions to the particular situations which they face. The insight they seek is not intelligibility in the sense of ideal truth, but a new stance which facilitates a different and more effective life. Self-insight is sought because it offers a 'living-on' into new worlds and new meanings.

Self-understanding is inextricable from the ongoing project of attempting to construct a meaningful world and live a meaningful life. The general place of interpretation in psychotherapy, it has been argued, is not merely to reveal or discover what is there. Psychotherapy is as much about constructing intelligibility as it is about discovering it, as much about unmasking as creating meaning. Corresponding to Gadamer's (1975) refusal to separate truth and method, we see that interpretation both tells us about the world and structures the world which it discovers.

We could speak of the heuristic value of interpretations and in this sense psychotherapy is about imagining a world that is more liveable and imaginatively finding one's way into a world where one is better positioned to face the subjective and socially constructed conditions of one's existence, to take decisions and act in ways of consequence. Lather (1986) in this respect speaks of 'catalytic validity', the validity which an interpretation has by virtue of its evoking (catalysing) effective and empowering action. Yet we can only do this when we discover ourselves already in a world and so interpretation is a reflective activity as well as a teleological or forward looking activity.

In the micro-social context of the therapeutic relationship the client is thrown into considering possibilities of intelligibility brought by the therapist (in both deliberate and unknowing ways). For the client the dialogue is a constant play between what is mine and what is given to my experience as meaning by the other. In embracing this tension and suspending a theory of confirmation according to what is immediately given to experience, the client begins to develop the attitude facilitative of an expanded self. This involves a suspension of disbelief and a freedom from a rigid self-definition.

The question of veracity is obviously not settled at the level of coherence or comprehensivity. There could be many comprehensive, coherent accounts. Veracity requires that the interpretative composition takes the client's own subjective understanding with it. It is apposite to speak of confirmation of interpretations in the sense that Kumin (1989) does: "Only the patient's response to the interpretation confirms or fails to confirm it" (p141). This is not a re-statement of the tally argument but a suggestion that the patient's ability to do something with an interpretation, to engage with it, and to use it, is possibly as close as we can get to a description of the rightness of interpretation. The discussion will now turn to some of the relational dynamics of the capacity to engage 'interpretatively' and will develop a more explicitly psychological image of what it means to be in an interpretative dialogue.

6.5 RELATIONAL DYNAMICS OF INTERPRETATION

> The 'true' narrative lies in-between, in the process of exchange; it is the product of two discourses playing against one another, often warring with one another, working toward recognitions mutually acknowledged but internalised in different ways. (Brooks, 1984, p283)

The following discussion will focus on the relational psychology of the interpretative dialogue. The discussion will proceed by considering narcissism as the paradigm case of what might be termed 'interpretative pathology'. The developmental psychology of narcissism and the narcissistic inability to engage in dialogue will be focused upon. This discussion leads to consideration of the epistemological functions of empathy and interpretation and their relationship to dialogue. The discussion then traces the philosophical implications which result from a recognition of the intrinsically dialogical nature of interpretation and meaning. Finally, a radically dialogical or inter-subjective theory of meaning is proposed.

It should be said that while much of the following discussion is concerned with the pathology of narcissism, the point of this discussion is ultimately to suggest that what is at issue here is an existential and perennial issue rather than an extraordinary one. The pathology of narcissism is of interest because it exemplifies the refusal of dialogicality, which is present to a degree, and as a possibility, in all cases of two people trying to understand together.

6.5.1 A THERAPEUTIC-DEVELOPMENTAL PERSPECTIVE

There are many theoretical approaches to understanding the phenomenon of 'narcissism'. The approaches of Kohut and Winnicott will be focused on in the following discussion. Kohut is favoured for having directly linked the concepts of narcissism, empathy and interpretation, and Winnicott because he provides a particularly clear description of the most central issues at stake, phrased in largely non-esoteric language.

Jager (1989) understands Narcissus in the Greek myth as

> lost in nostalgia for a lost unity after discovering his image in the water. He wants to overcome the affliction of duality and dreams of an absolute seeing that will not have as its other side a 'being seen' and a doing that will not inevitably refer back to a 'being done to'. (p229)

Narcissus desires to overcome the apparent affliction of 'presence'; i.e. being present to the other and the other perceived as present to him. He wishes not to be 'seen' or be 'done to', but to be immaculately mirrored by the other. The idea of being 'mirrored' is here used as a metaphor for seeing himself and only himself reflected back in the eyes of the other. "Narcissus mourns the upsurge of a body that is both object and subject and that carries within itself the division of self and other" (Jager, 1989, p229). His longing is for a paradisiacal absence of the self-other distinction. The ultimate outcome of Narcissus's obsession finds its expression in the image of the flower into which he finally turns. The flower is an apt metaphor for becoming identified with one's own image (Jager, 1989).

Rather than being a love for the image of oneself, the mode of being of narcissism is a powerfully motivated avoidance, with many manifestations[25], but which are fundamentally organised around the refusal of alterity and a strong disinclination to countenance the fact that one's own thoughts, feelings and actions are intelligible to others in ways that differ from one's self-understanding. 'Other' meanings are perceived to undermine rather than enhance one's own self-understanding. The clinical symptoms of narcissism may be understood as 'strategies' for overcoming experiences of shock, emptiness, rejection and disappointment that result from rupture of the narcissistic world. Rosenfeld (1964) says,

> In narcissistic object relations defences against any recognition of separateness between self and object play a predominant part. Awareness of separation would lead to feelings of dependence on an object and therefore to anxiety. (p333)

Whether it be through an omnipotent sense of entitlement, feelings of grandiosity, attempts to control the other, attempts to simultaneously identify with and idealise the other, or any other strategy, the central issue at stake is the narcissist's refusal to recognize and accept the inevitably of separateness and difference in any human relationship. The complex interpersonal strategies associated with narcissism each mediate in a different way an eclipse of the distinction between self and other. The repudiation of the being of the other may take unlikely forms such as the idealization of the therapist's words or the wholesale incorporation of the therapist's interpretations. These are as much a refusal of dialogical relations as is the outright rejection of any and all interpretation.

Kumin (1989) suggests that narcissism represents a set of strategies which together and in concert perform a "a secondary adaptive manoeuvre whose aim is to protect the self from what it feels to be a traumatic impingement by the analyst" (p145). This accounts for the words of Miss F in Kohut's (1971) paradigm case: "You are ruining my analysis with these interpretations". Kohut was led in this case to understand that it was not the content of what he was saying that she was 'resisting', but the very act of his speaking. This led him to the realisation that fundamental

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[25] The reasons for the development of the clinical condition of narcissism are manifold and the manifestations of narcissistic being may range from primitive autism to social insensitivity. Kohut (1984) recognizes three different forms of narcissism, each of which represents a different way of eclipsing the repudiating differences between self and other; through idealization, grandiosity or identification.

disturbances in 'object relations'[26] manifest as an inability to tolerate interpretation. Bach (1977) takes a similar view in describing a therapeutic encounter as like "talking into the wind or writing on the sand, only to have one's words effaced moments later by the waves" (p209). We can gain a more detailed insight into the relational psychology involved if we consider the developmental history of the capacity for dialogue.

Winnicott (1971a) suggests that the infant fantasizes as a mode of thinking before it is developmentally possible to validate thoughts against the perceptions of the observer or parent. The mother facilitates the conflation of the infant's subjectivity and its perception of the world.

> The mother's adaptation to the infant's needs, when good enough, gives the infant the illusion that there is an external reality that corresponds to the infant's own capacity to create... Psychologically the infant takes from a breast that is part of the infant. (Winnicott, 1951, pp13-14)

What the infant experiences is perceived as coterminous with reality; there is no outside, no inside, no mother, no infant. However, gradually the child's fantasies encounter a repudiating world and through the gradual invalidation of the coincidence between the infant's fantasy life and material reality a nascent sense of self (set against the repudiating other) comes into being. If this movement is toned by 'well-dosed' frustration the infant is left with the primary experience of being an encapsulated 'self' which is met by a more or less accommodating world. Under these conditions there is a tacit acceptance on the part of the infant that allows the world to be itself; i.e. 'other than myself'. The world, including the mother, is 'other' because it is not primarily oriented around the infant and its needs, and the infant is able to tolerate this. If there has been a satisfactory childhood environment (fundamentally accommodating) the realisation of the alterity of the world is accompanied by a sense of trust in the 'rapprochability' of the divide that separates infant and world. So when the mother no longer seems to magically know what the infant needs and thus no longer automatically provides for it, the infant develops a new capacity, that of giving signs to the responsive mother who is then guided towards appropriately meeting the infant's needs. But when there is not this sense of trust in the likelihood of being met there is a fundamental mistrust in the communicative relationship. This is the seedbed of many possible forms of pathology, at the foundation of which is the developmental failure to negotiate the passage from an essentially solipsistic environment towards a two-person, dialogical environment. The narcissist in this sense attempts to recreate at every turn the conditions of seamless union which precede the breakdown of the primary empathic environment.

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[26] The term 'object relations' is somewhat inappropriate in this context. It would be more appropriate to speak of 'dialogical relations' given the position taken here, but since I refer to an established tradition the term object relations will be retained.

The environment wherein the infant is alone in the non-demanding presence of the mother provides the context wherein it can, in a non-threatening way, begin to develop the capacity to be alone (Winnicott, 1958). Winnicott describes a type of liminal space between self and object through which self and other both share experience and yet do so in recognition of their essential apartness. He terms the objects which occupy this space 'transitional objects'.

The class of objects which Winnicott (1951) calls transitional objects[27] have a unique status in the world of things. They are paradoxically conceived of as both 'me' and 'not me'. As things they are so bound up with the infants intentional world that they are experienced almost as extensions of the infant's self. Yet they are also experienced as undeniably things in the 'not self' sense; they can be manipulated, misplaced, stroked, etc. Winnicott's argument is that their ambiguous relation to the world of self and object serves the infant's nascent sense of the simultaneous co-existence of the world of self and object/other. The transitional status creates an intermediate realm wherein takes hold language and cultural life. Essentially this liminal terrain is a space in which the separateness and togetherness of self and other is constantly mediated and re-negotiated.

We might imagine the world of interpretative understanding as mediating the space between the therapist's understanding and the client's subjective self-understanding. Interpretation serves as a kind of 'good-enough' understanding through which the boundaries of subjective self-understanding are challenged and expanded. In interpretative terms narcissism is thus speaking a refusal of the interface through which the horizon's of understanding of client and therapist meet in an attitude of dialogue.

6.5.2 EMPATHY AND INTERPRETATION

> At one time it was thought that the concept of horizon could be accounted for by assimilating it to the methodological rule of placing oneself in the other's point of view: the horizon is the horizon of the other... to adopt the other's point of view while forgetting one's own, is that not objectivity? Yet nothing is more disastrous than this fallacious assimilation. (Ricoeur, 1991a, p282)

Ricoeur (1981a) claims that nothing is less dialogical in communication than empathy. In saying this he seems to adopt a view of empathy similar to Friedman's (1992) definition: "To feel oneself in the client by giving up the ground of one's own concreteness" (p50). Empathy in this sense means to suspend one's own self-experience in order to understand the other better. This concurs with

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[27]A transitional object typically takes the form of a blanket, toy or stuffed animal which eases the child's accommodation to and ultimate mastery over the process of separation from the mother. The popular image for this is the security blanket.

the view of empathy developed in 'self psychology', as described by Kohut (1971, 1977). Empathy is seen as a 'self-object' function; i.e. a mode of communication which exists prior to the establishment of clear boundaries between self and other. Self psychologists following Kohut (cf. Goldberg, 1988) understand that it is empathy that narcissists most desire and empathy is sought after because it recreates a seamless world.

Ogden (1989) understands empathy somewhat differently. For him "Empathy is a psychological process (as well as a form of object-relatedness) that occurs within the context of a dialectic of being and not-being the other" (p227). He specifically distinguishes empathy from those forms of relatedness which are developmentally prior to the state of true 'object relations'. Projective identification is one such state he identifies, and he sees this as a form of 'direct communication'; a residual form of communication stemming from the period prior to the satisfactory establishment of a sense of separateness. For Ogden empathy is a developmentally more advanced form of relating and a form of communication which binds together and resolves the paradox of understanding what it is like to be the other yet being oneself.

Buie (1981) in a comprehensive review of the concept of empathy classifies forms of empathy from primitive to mature. It is clear from his analysis that we should differentiate the term into a number of different types ranging from mother-infant fusion to the type of experience of relative self-other differentiation which Ogden (1989) (above) refers to. In the present context empathy is distinguished from interpretation on the grounds of the recognition of the separateness of the two selves in communication and is specifically distinguished from the more direct form of communication through which client and therapist appear to share in the same psychic world.

In the clinical study two of the therapists claimed the ability to feel in their bodies what the client was feeling. They experienced themselves as able to relive the feelings of the client's experience in a way which they felt matched the structure and qualities of the client's experience. One therapist even understood himself to have feelings ahead of the client, so that he might experience feelings that the client was not yet aware of feeling. Client 2 felt that in many respects the therapist appeared to know her better than she knew herself. It appears that this apparent ability operates most directly and vividly in relation to very circumscribed or discrete experiences and this method for deriving meaning is not as appropriate in cases of complex meaning. This fusional form of empathy is possible in relation to fear, anxiety, a feeling of uncertainty in relation to outcomes, etc. In respect of these experiences we can listen to another and know, as it were, the feeling of the other as if it were our own. We can live in 'shared intentionality' (cf. Ricoeur, 1981f) in relation to discrete experiences, yet it seems crucial to realise the limits of understanding in this way. It is not possible to empathise with more complex experiences through this form of direct experience. We cannot ultimately empathise with an entire biography or a person's self-identity. What it feels like to live in this body and to experience this reality cannot ultimately be imagined by anyone else. In this sense we might say that it is the opacity of my experience that finally makes it experience which is distinctive of me. The type of self-understanding which shows itself over a period of time, for example, involves an interpretative rather empathic intuitive process. In the linking activity of the session and in the building of the temporal picture, and in the development of a sense of identity, the capacity for empathy attenuates. Called on to describe general tendencies in the client's life therapists tended to rely on broad explanatory schemata and even upon theoretical formulations for the understanding of the client's lifeworld.

Kohut (1977) speaks of 'trial empathy' as opposed to the 'Aha-experience' of intuited knowledge and cautions us against imagining that the feelings we have are feelings of the other. Stolorow (1992) following a Kohutian approach recommends a type of sustained or persevering immersion in the psychological life of the other that gradually puts the 'bits' together and encourages the analyst to mistrust that which suddenly surges up in him/her with unquestioned certainty. The idea of a sustained attitude of empathy rather than direct experiences of intuitive empathic understanding are encouraged. Friedman (1992) quoting Brice says

> When the patient's experience corresponds to the therapist's current or past experience ... The therapist must 'make present' the patient's experience in order to separate that which belongs to the patient from the idiosyncratic and exclusive character of the therapist's analogous circumstances. Unless these experiences are kept separate, real interhuman life will become impossible, and the patient will be 'reduced' to a stimulus for 'empathic' incorporation, fusion, or projective identification. The uniqueness of the two positions must be preserved if an authentic 'coming together' is to be achieved. (p53)

The 'making present' referred to is a sustained work of understanding and not an intuitive jumping to recognition of what the other experiences.

It was apparent in the clinical material that a client may develop an overarching feeling of being understood that bridges the numerous lapses of understanding that constitute the moment to moment dialogical interchange. Therapist and client can be understanding quite different things without the client feeling that the therapist's empathy is failing. The general feeling of being understood makes tolerable the frequent lapses of understanding which comprise the moments of the dialogical exchange. This tends to create a false impression that the therapist understands when in fact the therapist does not. Frequently in the clinical study the therapist was led to believe that he/she was understanding from the point of view of the client because of the client's failure to respond overtly to the lapses of understanding.

In response to an interpretation which did not match her own self-understanding client 1 felt some surprise. She says that at an earlier phase in therapy she would have been annoyed with the therapist and perhaps more taken aback. She is now willing to explore his contributions and although they do not quite match her own intuitive experience she feels that she can "do something with them". Client 3, on the other hand differed from the other clients in that he was decidedly less able to tolerate the lapses of understanding. He retreated from dialogue whenever he felt that there was misunderstanding or that the therapist was not 'with him'. The client continued to participate in the dialogue at a superficial level, but this was a pretence. He was unable to tolerate the lack of understanding and felt when the interpretation exceeded or did not coincide with his own self-understanding that he had been failed.

"The well-integrated patient feels as though the analyst has dropped the ball; the poorly integrated patient feels as though he himself had been dropped" (Kumin , 1989, p142). In the latter case each unempathic interpretation is experienced by the patient as a painful or frightening disillusionment which repeats, on a small scale, similar misunderstandings or empathic failures suffered in past relationships. In the former case the process of development of self-insight can tolerate the therapist's failure to reflect the client's own meanings. Basch (1985) describes a developmental line of response to the analyst's interpretations and suggests that developmental trauma brought about by failed empathy is reproduced by incorrect (not meeting with the client's subjective understanding) interpretation. "The precariously established self of the child (as revived in the analytic situation) depends for the maintenance of its cohesion on the near-perfect empathic responses of the self-object" (Kohut, 1977, p.91). On the other hand a more secure sense of self is able to engage in a dialogue where it feels partially met but not wholly so.

Langs (1982) has provided a criterion for recognising an appropriate interpretation. An interpretation is satisfactory if the patient unconsciously provides a disguised image of the therapist as a helpful figure in the ensuing associations. To the extent that the therapist is seen as an other who is fundamentally helpful and with whom the client feels engaged in a co-operative effort, rather than as being fundamentally impinging, then the client is able to tolerate interpretation rather than pure empathy as a form of understanding.

Friedman (1992) argues strongly for seeing (fusional) empathy as an insufficient condition for other-knowing. He suggests that we cannot be 'confirmed' through empathy. Confirmation requires a recognition of the other in his/her uniqueness and this cannot occur if empathy entails the effacement of the empathiser, because then there is no sense of 'otherness'. Confirmatory meeting can only be achieved if the other person brings his/her uniqueness into dialogue with me in my own uniqueness. So confirmation requires tension, 'overagainstness' and even opposition that ensues in the meeting of two unique people. Meeting involves the recognition and acceptance of the different ways of construing reality that the other brings to an encounter and is explicitly suspicious of any form of agreement and collusion. This view is strongly upheld by the school of 'dialogical psychotherapy' which is largely inspired by the work of Buber (cf. Friedman, 1985, 1992).

Buber (1957) contrasts 'empathy' and 'inclusion'. Inclusion is described as the experience of the other person's 'otherness' by recognising the appropriation of a separate existence by the other. This refers to an appreciation of the inherent meaning of experience for the other and a commitment to appreciating the difference of meaning that the other lives with. It is a moment of respect for this difference. Inclusion is in this sense a less presumptuous reaching for the meaning of another person's experience than is dialogical intuition. It might be said that this is anyway what people usually mean by empathy, but there is a subtle distinction at play here. Inclusion finds us going out to meet someone, not finding ourselves caught up with them. And it does not mean giving up one's own eyes in order to see through the other's eyes.

Interpretation for Winnicott (1962) does not require absolute empathy. He suggests that as an analyst that it is important to retain some 'outside' qualities by being wrong or not quite on the mark. He furthermore states that he offered his patients interpretations to let them know the limits of his understanding. He did not intend thereby to throw the client back to the client's own interpretation of experience, although when the therapist is obviously 'wild' the client <u>is</u> brought to clarify his/her own appropriation of experience. Instead Winnicott meant to encourage dialogue; i.e. working together in the space of the 'inbetween' to develop intelligibility. Winnicott (1971b) describes a game whereby client and therapist together, without talking and taking turns, make a 'squiggle' drawing to the point where they have created a joint composition the construction and meaning of which belongs to neither of them and truly belongs only to their interaction. We might say that the ability to work together in this way towards the co-constitution of meaning is a model of interpretative dialogicality. Phillips (1988) writes of Winnicott that he was fearful of his own ventriloquism, of speaking in the other's voice and he was constantly aware of the need to meet the person in understanding rather than to articulate reality *per se*.

Therapists may play out their own fantasies of omniscience by being overzealous in exercising their intuitive hunches. One of the problems with this is that it creates the wrong idea about the nature of psychological understanding. It is a deadweight on the discovery pole of the created-discovered dialectic. Winnicott (1962) makes the point that magical interpretations (the therapist who preempts the client's knowing with a pretension of magically knowing) or interpretations that are compulsively clever pre-empt the patient's capacity to be creative in the analytic work. The salutary ideal is for interpretation to occupy an intermediate zone between the client and therapist and which bridges what the therapist knows (or imagines to know) and the client's knowing.

Therapist intuition should always be challenged by the question "In what way is the client's experience different to what I am feeling it to be?" or "In what way does my experience of this event reflect my own rather than the other person's relation to the event?".

It is also all too easy to pretend to know or to hide behind a veil of anonymity and abstinence, as if one knows but reveals not. At least two of the clients in the clinical study felt that the therapist was able to understand them better than they were able to understand themselves. In the context of a professional relationship clients often expect or desire therapists to be omniscient and it is suggested that to the extent that the therapist tries to meet the client's expectations in this regard the therapist undermines the client's ability to participate in the dialogical act of coming to know him/herself. There were instances in all three dialogues where the client imagined the therapist knew "what was going on" when in fact the therapist was quite unclear. The opposing view that the client in fact knows and the therapist is only a facilitator of self-introspection is equally problematic, as has already been argued. The interpretative dialogue does the understanding, and this being a co-composition, when either therapist or client are attributed with the magical ability to know, then we may say that the conditions of knowing have been mystified.

This politics of knowing has an insidious effect. To pretend to "just know" or "intuitively" to know without knowing, erodes the structure of the self and draws towards the narcissistic politics of idealisation, omnipotence or twinship (cf. Goldberg, 1988), each a form of narcissism and an anti-dialogical mode of being. To be epistemically empowered the client has to feel that the capacity to know who he/she is dialogically attained. To know oneself in this sense requires an openness to hear what comes to one, what understanding of one's existence comes to one through the other. Such knowing of oneself achieves a power to leave therapy and something that in all three of the therapies studied was a long way off having been achieved.

The politics of resistance and its opposite compliance are inevitabilities born of the failure to recognise the dialogicality of understanding. Interpretation is the ground of a fruitful and open-ended sharing of horizons and an appreciation of the dialogue as a site for self-exploration. The shift into this way of engaging in the therapeutic dialogue is in itself to be seen as therapeutic progress. We might say, without positing a type of two-stage theory, that both empathy and interpretation are necessary. Interpretation allows a co-operative working together in spite of the failure of immediate empathy. The inability to tolerate the two-person meeting implied by interpretation is narcissism. It is the refusal to negotiate a mutual currency of discourse through which meeting can take place.

It was seen in Chapter 2 that the early history of hermeneutics had as a central epistemological aim the recreation of the original context in which the text was conceived. Through 'empathic reliving' of the original context, and empathy with the mind of the author, it was thought that the meaning of the text would be revealed. The shift from hermeneutical theory to hermeneutic phenomenology was described in Chapter 2 as surpassing the sufficiency of empathy as an epistemological procedure. It was then seen in Chapter 3 that humanistic psychotherapy and to an extent psychoanalysis (the 'tally' argument) also adopted empathy as an epistemological ideal, although in the case of psychoanalysis the method was seen not to live up to the ideal. It is now suggested that the shift from hermeneutical theory to hermeneutic phenomenology might be parallelled at the level of the epistemology of the therapeutic dialogue. Interpretation begins and empathy ends with the recognition of the intrinsic dialogicality of 'selfhood'. We might say that the breakdown of empathy necessitates what might be called a 'meeting in mis-understanding' and this is achieved through interpretation. Interpretation allows a co-operative working together in spite of the failure of immediate empathy. However, interpretation is more than making good of a breakdown of empathy and empathy is by no means to be considered the ideal state of interhuman communication. The breakdown of empathy brings forth the delineation of the boundaries of the self and the sense of otherness, and the idea of interpretation recognizes the 'otherness' of the other. Empathy as an epistemological function, on the other hand, does not as such incorporate within its scope a recognition of otherness, but, as a form of understanding it comprises a recognition of the person's own subjective understanding and pre-understanding.

6.5.3 INTER-SUBJECTIVITY[28] AND THE ONTOLOGY OF INTERPRETATION

> His ontological characteristic of being-intermediate consists precisely in that his act of existing is the very act of bringing about mediation between all the modalities and all the levels of reality within him and outside him ... In short, for man, being-intermediate is mediating. (Ricoeur, 1986, p3)

Amongst the Yoruba tribe the Ogboni secret society has as its emblem the *edan*, a pair of bronze figures, one male the other female, linked by a chain. The union of male and female in the *edan* image visually symbolizes the cryptic utterance 'Two Ogboni it becomes three'. The third element seems to be the mystery of union, the shared secret itself. The *edan*, presented to each initiate

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[28]The terms 'intersubjectivity' and 'intersubjective' are sometimes written with a hyphen, thus 'inter-subjective'. In the literature this alternative construction appears to be a matter only of grammatical preference. However, in the following discussion the hyphen is used in a semantic way, to clarify and distinguish a particular interpretation of the term, as opposed to the conventional interpretation which will be denoted as 'intersubjective'. The alternative meaning will presently be discussed.

of the society, represents the transcendence of binary opposition, of contradiction, yet it acknowledges and does not undo the separate existence of the male and female image. (Gates, 1988)

For the psychotherapist the concept of 'Two Ogboni, it becomes three' accounts for the curious process by which therapist, client and interpretative composition interact. We see in Chapter 5 the interweaving of three strands of understanding: the 'implicit interpretive streams of attention' of client and therapist and the shared understanding of the interpretative composition. The interpretative composition has already been described as akin to a language and it has been suggested that it facilitates a meeting where therapist and client can participate in sharing and creating understanding. But the interpretative meeting does not wholly encompass the separate client and therapist subjectivities, it is a third type of being, which lies between them and through which, it will be suggested, both their separate subjectivities and their togetherness is mediated.

Therapists and clients in the study seemed to refer to the interpretative composition almost as a being capable of understanding. There was frequent use in the research interviews of such expressions as "the therapy is about" or "the session dealt with" or "the session was frustrating". Such expressions refer to the dialogue as a whole and the meeting that is made possible through it. Both client and therapist are aware of the discontinuity of the therapist's roles as person and as professional therapist and aware of the client's different roles as client in therapy and as a person outside the session. The 'therapist-client' relationshipfacilitates a meeting of individualities by creating a 'space' and context through which the fusion of horizons can occur but which simultaneously highlights the subjectivities of both therapist and client. Green (1978) says that the psychoanalytic setting creates a 'doubleness' in both patient and analyst. Together this does not add up to four 'beings', but three; because the fusion of therapist and client involves the immersement of part of both into the being of the fusion of their horizons represented in the dialogue as the interpretative composition. The implications of this idea will now be elaborated through the concept of 'inter-subjectivity'.

Perhaps the most misunderstood and poorly elaborated of hermeneutic concepts is that of 'inter-subjectivity'. In phenomenological psychology the term 'intersubjectivity' is often used in a very general way to describe interpersonal aspects of being-in-the-world. This attenuated form of the idea of intersubjectivity has been used as the basis of argument for a 'dialogal phenomenology' (cf. Masek, 1983) and it does not take the notion of intersubjectivity far enough. We find a similar understanding of intersubjectivity in humanistic psychology where the term is sometimes taken to mean no more than that the life-world of the individual is a social world and human actions are socially oriented. The notion of intersubjectivity has also been taken up by psychoanalysts of the

Kohutian persuasion. Stolorow (1992) and Stolorow, Brandschaft and Atwood (1987) affirm the meaning of intersubjectivity as a type of dialogical meeting of perspectives. Laplanche (1966) writing from a psychoanalytic perspective refers to 'inaugural continuity' to refer to a substratum of shared experience that underlies the meeting of human subjects. Habermas (1970) similarly conceives of intersubjectivity as shared understanding. Intersubjectivity refers, for him and the other authors above, to 'social identity of meaning'. The following will not disagree with this view, but will attempt to extend our understanding of the meaning of the concept, by showing that inter-subjectivity refers not only to fusion, but also to 'separateness' in dialectical opposition to which we identify the state of 'fusion' in the first place.

Habermas (1991) makes the statement that "Hermeneutic understanding begins at the points of interruption; it compensates for the discontinuous quality of intersubjectivity" (p 150). He goes on to suggest that a thorough 'intersubjectivity' would destroy the identity of the ego in communication with others. The rest of the discussion in this section will be taken up with exploring this idea and it will be suggested that whereas 'intersubjectivity' refers to a fusion of perspectives, 'inter-subjectivity' (featuring the '-') accents the meaning of the term as referring to the mediation rather than meeting of perspectives. The term 'inter-subjectivity' refers to what is between <u>subjects</u>; i.e. the ('-') of the subject-subject relation. So whereas the term 'intersubjectivity' refers to the contents of shared understanding, 'inter-subjectivity' refers to the constitutive process which mediates the togetherness-apartness of individuals. Inter-subjectivity is the type of meeting which is possible between individuals in recognition of their difference.

The works of Lévi-Strauss (structuralism), Foucault (genealogy) and Derrida (deconstruction) each embody in a different way an all out attack on the very notion of the subject and of lived experience as the ultimate source of meaning. The approach to be taken in the present argument would most likely be regarded by those strongly influenced by these authors, as a remnant of the apparently discredited 'metaphysics of presence', which is often associated with humanism. The above authors, each in their own way strongly challenges the primordiality of subjectivity. The subject's apparent arrogation of its own subjectivity is generally understood, from these perspectives, as a social construction rather than a metaphysical given. Attempting to summarize this line of thinking Finlay (1989) says "The status of the subject is not ontologically *a priori* but historically and environmentally contingent" (p49). The approach taken in the argument to be presented following and used as a vehicle for deepening our understanding of interpretation in psychotherapy, takes somewhat of a middle position between the absolute 'decentering' of the subject (a basically 'sociorationalist' position where meaning and subjectivity are seen to be socially constructed) and the position which gives an ontological priority to subjective meaning. It will be suggested that psychological life is to be found in the dialectic between these perspectives; i.e.

between a human life discovered in an encompassing matrix where there is no subjective 'there' and an apodictic subjectivity. It will be suggested that both 'subjectness' and 'alterity' are nascent forms of life mediated in a 'third area', inter-subjectivity, which lies between them. In the present context it is the interpretative composition which is seen to lie inbetween, which both separates and joins, without which there would be no togetherness, no apartness.

Heidegger's *Being and time* position posits the 'other', in virtue of *dasein's* intentionality, as a constituent of the very structure of *dasein*. Ricoeur (1981g) contends that "it is remarkable that, in *Being and time*, the question of understanding is wholly severed from the problem of communication with others" (p55) and the ontological foundations of understanding are sought in the relation of being with the world and not in the relation with another. However, when the *seiendes* (entities) are people and not situations, emotions, trees or houses, being-with is of a different order. The 'consciousness of another', being itself 'a clearing for being' is not exactly like a thing in respect of being something we meet in our being-in-the-world. The problem of engaging with and understanding the consciousness of another is a substantially different and arguably more complex issue. The mind of another is more unknown to me than and more alien than any natural phenomenon can be in my encounter with it in being-in-the-world. Ricoeur (1981g) suggests that Heidegger *de-psychologises* understanding and that the dissimulation of the other, which makes the other more unknowable than a thing, would not provide a satisfactory starting point for Heidegger's meditation on understanding and it is therefore not astonishing that he bases his ontology of understanding on being-in rather than being-with. Ricoeur furthermore claims that this difference has been completely misunderstood in the so-called existentialist interpretations of Heidegger. In fact, claims Ricoeur, Heidegger did not perform an analysis of understanding in relation to the question of being-with and treated being-with as a case of being-in in relation to understanding. The other as alien to *dasein* is foreign to the thought of Heidegger. This then leaves us wondering what ontological status, if any, to assign to the realities of meaning that are given in the subject-subject encounter. For me to hear from you <u>now</u>, that <u>then</u> you were secretly angry with me and I did not know it, brings me to myself in a new way. Your subjectivity brings something to my world. It brings me to a new understanding of myself-in-the-world which is retroactive (as I was then), immediate (as I am now) and teleological (as I will act from now). It has already been suggested that the phenomenological 'there' of experience does not find all of its possibilities of self-understanding and 'becoming-experience' prior to the bringing of the subjective experience of the other. This beyond of experience finally comes into awareness with the expansion of the horizons of self-experience in the co-constitution of a world with the 'other'. Through the fusion of horizons with the 'other' (defined as another constituted world), we are released from our subjectivism. Here is given for the first time the possibility of knowing the world beyond our own pre-understanding.

Following the above account we might imagine a creative aporia between the world as it is given by the other and the world as it is already given to the subject. This aporia gives equi-primordiality to my knowing of myself and your knowing of me. It undermines the essentialist belief that 'I' reside in myself. This belief has it that there is an inner essence or self that I have privileged access to. The idea being proposed here is that the very idea of 'self' is mediated in the dialectic of self and 'other' self and that who I am is the outcome of the dialectical operation of who I am for me and who I am for you. This is the inter-subjective view of the self. It should be noted that this is not the same as 'deep meaning', the other type of meaning which comes to being in dialectical opposition to subjective meaning. 'Deep' meaning which incorporates that which is lived but not yet known (for psychoanalysis the latency of the unconscious) is in relation to inter-subjective meaning, of the same 'type' as subjective meaning. It is already 'there', constituted within the subject's intentional pre-understanding. Although not known by the subject, it can be discovered by an intuitive process of reflection by the subject upon the subject's own relatedness to the world. It is in this sense unlike the type of understanding which is constituted in dialogue with the horizon of the other.

True alterity is the alterity which comes to meaning through the interface between the being-in-the-world of the subject and the being-in-the-world of the other self; i.e. it embraces the dimension of being-with in a way which surpasses the anticipations of being-in-the-world before being-in-the-world meets with what comes towards it from 'a beyond' and which it could not possibly anticipate. It brings to the subject an understanding of a world disclosed and constituted as meaningful beyond what has been previously known to experience in any lived sense.

In relation to psychotherapy this calls for the need to tell not only the different layers (superficial to deep / manifest to latent) of the story narrated by the client, but the alterior story, the stories 'about' the subject from the therapist's disclosing perspective. Ultimately the client needs to understand the need for a professional psychotherapist and to gain freedom from this need by the liberating realisation that we do not need a therapist, but we do need others (a community) in order to keep in touch with who we are. We might say that human psychology appears to be about the peculiar meeting of subjectivity and alterity, but that alterity in human terms is given most strongly in the form of 'being-with' another subject who also makes claims to understand.

There is a current wave of theorising which pivots around the need for a new theory of the subject and a theory of interpretation which cuts through essentialist presuppositions (cf. Dallmyar, 1991; Elliot, 1992; Madison, 1990; Phelby, 1988; Rosen, 1987; Sass, 1988). A hermeneutic theory of subjectivity recoils from the absolute decentering of the subject that is characteristic of the so-called post-modern intellectual tendency and accommodates subjectivity in its striving to describe the human ground of the 'inbetween'. The future challenge is to incorporate into ontological reflection the subject's intuitive refusal of the existence of *différance* and the subject's insistence on staking a claim in the province of self-understanding. Finlay (1989) suggests that we need to move away from the ontology of the subject and also away from the notion of *différance,* towards an ontologization of self-other discourse, or as it has been stated here, 'self-self' discourse. Ultimately we may sum this up by stating the need for a fuller ontological appreciation of the inter-subjective foundations of human experience and meaning.

The diaspora which draws us to the hope of returning to, or rediscovering, a 'true' or 'inner' self contains an assumption of original subjectivity, an idea deeply anchored in Western thought (Mooij, 1991) and certainly very much a feature of humanistic psychology and the human potential movement. This "veiled, indestructible wish for a situation which would restore the paradise of unity" (Mooij, 1991, p84), is itself the product of the *caesura* or interruption of being. Without the interruption there would be no wish to return and indeed no self. It is in the disjuncture that we find the creation and maintenance of 'the self' and 'the other self' which dialectically create and sustain their respective identities and difference. Inasmuch as the self is primary, the primary human reality is dialogical, people in conversation, and it is in the place 'between' that we should seek the self. The self in this sense could be said to be that part of my being which mediates my own subjectivity and the alterity of that against which subjectivity is set.

6.6 THE CONDITIONS OF IDEAL DIALOGUE

The philosopher of science Popper (1959) suggests that scientific progress should proceed via the formulation of evidence to prove the incorrectness of hypotheses. If no falsificatory evidence can be mustered a proposition is confirmed. If a proposition is incorrect it should be changed to suit the evidence. Alternatively it should be abandoned. Using such thinking Grünbaum (1984) has been able to claim that psychoanalysis fails as a science because in its practice it has not generated a way of being proven incorrect. This argument has already been discussed in Chapter 3 and it is agreed that psychotherapeutic interpretation should be subject to critique for all of the reasons already mentioned, most significantly the problem of suggestibility. However, it is not clear in what way critical procedures can be and are incorporated into the psychotherapy dialogue and whether falsification is the only means towards the goal of critique.

It should be said that the lack of critical perspective is often regarded as one of the major shortfalls of philosophical hermeneutics. The typical criticism has been that philosophical hermeneutics has not successfully theorised the critical moment of interpretation, the return arc of the hermeneutic circle. "The recognition of a critical instance is a vague desire constantly reiterated, but constantly aborted, within hermeneutics" (Ricoeur, 1991a, p295).

At the heart of much contemporary hermeneutic debate are uncertainties about the place of critique in interpretation, posed as questions about when and under what conditions prejudice (interpretative forestructure) ceases to be a mode of access and begins to constitute undue influence upon what is being understood.

Interest will now be focused on how the therapeutic dialogue deals with the fact that any act of understanding inevitably has its own 'blind spots' in the form of unquestioned assumptions, ideological positions and unreflected upon points of view. In what ways does the interpretative dialogue break out of its own circularity and free itself of the 'axioms' which gradually begin to restrict meaning?

The idea of 'ideal dialogue' or 'ideal speech conditions' suggested by Habermas (1991) will be proposed as serving something of a solution to the problems of suggestibility, influence, ideological bias, etc. Most fundamentally these problems will be seen to be a consequence of the collapse of dialogue or failure of its inception. The following features of ideal dialogue reflect ways in which dialogue can be promoted and dialogical collapse obviated. The argument aims to show how dialogue itself can be considered to embody critical perspective.

The literature of psychoanalysis has had as a perennial concern the need to appreciate the rules which define the analytic setting, which set it off from 'social space' and which make it specifically therapeutic. The practical arrangements of psychoanalytic therapy - the length of sessions, conventions about the analysand starting sessions, the respective positions of couch and armchair, the limitation to verbal communication, the rule of free association, maintenance of emotional neutrality in the sense of refraining from evaluation or criticism, the rule that the total duration of treatment is not pre-determined, etc. - these all facilitate a particular type of relation between analyst and client and as such define the psychoanalytic process. Langs (1982) has elaborated on these rules as upholding the structural integrity of the therapeutic relationship. As has already been said, he is particularly critical of any aberrations or modifications of conventional analytic arrangements because he says that such aberrations have subtle but profound effects on the therapeutic relationship in allowing the operation of countertransference. In Langs's view strictly adhering to the formal analytic rules minimizes the contribution of the analyst's unresolved intrapsychic conflicts and fantasies. Forms of psychoanalysis differ from each other in respect of the rules which they consider to be essential and indispensable and it is suggested following Mooij (1991) that all of the rules are essentially corrigible. By nature rules are corrigible. What is incorrigible is the continued existence of the rules in spite of their occasionally not being followed.

In this sense the basic rule of psychotherapy might be that the rules of psychotherapy should be retained even when they are not adhered to. These 'secondary' rules have in common that the responsiveness of the therapist should be specifically a responsiveness in the realm of understanding rather than the realm of emotion or action.

It was interesting to note that all the clients in the clinical study experienced the rules of the therapy and in particular the therapist's lack of emotional engagement as 'frustrating' and yet whenever these were broken the clients were left feeling insecure and uncertain. In cases where therapists had revealed their own personal bias, self-interest and preference or even when the therapist contributed something personal the client both welcomed this and felt that it threatened the therapeutic work. This ambivalence appears to be attenuated by the client's trust in the therapist's respect for the rules of therapy. In other words the therapist's propensity to reinstate the basic conditions of emotional abstinence. There were times when it was important for clients to know that therapists cared and had a genuine concern for them, but ultimately the safety of a non-involved professional relationship facilitated the continuance of the therapeutic work. The following discussion, without resorting to the need for rules or even the idea of abstinence attempts to discuss what kind of conditions set the psychotherapeutic context apart from what might otherwise be a typical, albeit more intense, social encounter. The client's need for a professional relationship is interpreted not as need for 'professional neutrality' *per se*, but as a need for a particular kind of dialogical relationship, which 'non-professionalism' or imposition of emotional needs represents the aberration of.

Psychoanalysis has had as a central concern an attempt to regulate the analyst's involvement so that the analyst's own psychological issues do not cloud the analytic space and some sort of objectivity in relation to the patient can be retained. It has already been pointed out in Chapter 3 that the narrative tradition in psychoanalysis recognizes to a much greater degree the co-constitution of meaning in psychoanalysis and the idea of objectivity is from this perspective seen as fallacious and misconceived. The following is a preliminary attempt from the perspective mainly of hermeneutic phenomenology, to describe what might be considered as conditions which ensure the presence of critique in the therapeutic dialogue. Without resorting to prescriptions and proscriptions the following discussion attempts to understand, on a more philosophical level, some of the conditions of dialogue which guard against the imposition of the therapist's forestructures and yet allow for the creative contribution of the therapist to the process of the client's becoming. In concert with all of the other necessary features of dialogical interpretation already discussed the dialogical conditions discussed following exert constraint upon the therapeutic relationship, and sustain a creative, mediatory tension between the interpretative forestructures of client and therapist.

The following conditions associated with 'dialogical competence' are obviously not exhaustive and could well benefit from being differentiated into further categories. Two sets of conditions are discussed: (1) The dialogical use of language (2) Meta-dialogue as critique.

6.6.1 THE DIALOGICAL USE OF LANGUAGE

> The central question of the modern age...is...how our natural view of the world - the experience of the world that we have as we simply live out our lives - is related to the unassailable and anonymous authority that confronts us in the pronouncements of science. (Gadamer, 1977, p3)

In all of the dialogues studied the interpretative composition had become rigid in one way or another. To this extent the development of the composition had ceased to be a product of negotiation. Certain meanings and ways of understanding meaning had been accepted as paradigmatic and thus not to be questioned. In such instances emerging material tended to be muscled into the thematic structure without ever having the opportunity to transform the interpretative composition through which understanding proceeds.

It so happened that in all of the therapies studied there was an external pressure to terminate the therapy, for reasons of either the therapist and/or client 'leaving town'. This created a need to conclude the therapeutic exploration of meaning. It is suggested that the tendency to foreclose on the development of meaning may well be a regular feature of the therapeutic relationship and not merely a consequence of the particular circumstances of the cases studied. The cost of psychotherapy and the psychological need to not require professional help probably contribute to a persuasion to foreclose on the otherwise open-ended process of self-understanding. This creates a tendency to move within the confines of, and conform to, understanding that has already been established.

Client 3 felt that certain significant areas of his experience had never been discussed in psychotherapy, but he felt that to discuss these issues would be to open up another "whole can of worms" and he regularly felt the need "to wrap it all up, draw it all together". He was faced with having to foreclose on emerging insights in order to terminate psychotherapy. Client 2 also felt the need "to be done with it", as did client 1 who experienced a strong need to "draw all the strings together". In the prompted recall client 1 reported private awareness during the session of an issue which had scarcely been dealt with in the therapy, and which she felt was important, but she felt that she should rather leave the issue alone and finish off the interpretative work in the limited areas where exploration was well advanced. In all of these cases the process of searching for meaning was jeopardized and sometimes superseded by the need to arrive at a final destination of understanding. This need is sometimes satisfied by 'settling for' a specific understanding. This is not necessarily a problem and it could be argued that self-understanding is never complete and any therapeutic process inevitably settles with a 'good-enough' understanding rather than a complete understanding.

It could also be said that it is not ultimately a content of understanding that is sought in psychotherapy and it is more a way of engaging in the dialogical and open-ended process of seeking self-understanding that is the goal. It is suggested that if the client's propensity to engage in dialogue is the goal, rather than understanding *per se* being the goal, then the contents of understanding are not what is ultimately at issue, although the immediate concerns of the dialogue proceed at the level of content. In this sense the language of the interpretative composition is not based on truths so much as on agreement about the need to ask certain types of questions and an agreement that it will be most useful to think in certain kinds of ways together. From this point of view what is arrived at and what might be described as correct or not from the point of view of the client, is a finding that certain questions and themes are more useful, revelatory and fruitful. To be talking about interpretation arriving at better questions, rather than at understanding *per se,* is to acknowledge that understanding is an open process of discovery rather than an end-point.

The process of searching for meaning is apparently unsettling and clients feel the need to 'have' an understanding, even if the understanding is a foreclosure. In this sense understanding is a decision to 'believe' in the veracity of a specific self-understanding or at least to live with it. At this point the interpretative composition becomes a description of 'what is', rather than an interpretative vehicle for the exploration of experience. The discussion will now turn to conditions which ensure that the language of the interpretative composition remains a living language which continually regenerates its interpretative and disclosive capabilities and does not collapse into a descriptive lexicon.

In the language of the dialogues studied there were numerous instances of commonly used terms having attained specific meanings which thereafter became relatively fixed. "The photo incident" (client 2) and "the enemy" (client 3) had fixed consensual meanings in the framework of the interpretative composition. We might say using Ricoeur's terms (1991a) that to this extent the language of the interaction has it own 'self-reference' which has been mutually construed by client and therapist. The explanation of the "photo incident" relies on a complex network of related meanings which have been built up by therapist and client over a period of time. Its meaning has strong dialogical confines. The question of interest at this point is about how meaning can break out of its own self-reference (mutually construed) and reach back for its extra-linguistic context. The particular concern is about how language can break out of its own self-referentiality when doing so means disrupting a mutually construed system of meaning which it is not wholly within the speaker's power to do. The general case of this problem could be stated as the problem of how the speaker expresses him/herself when the speaker's language is a language that belongs to the audience as much as it belongs to the speaker.

Habermas (1991) talks about how languages of understanding may cease to be 'inwardly porous'. By this he refers to how a language or system of signification may develop a rigid consensual reality, and the meaning of the terms of the language begin not to require to be verified in the context of a dialogue. As such a language no longer tentatively interprets reality, but claims to 'stand for' reality and the reference of language relies on an *a priori* consensus about what the categories of interpretation are. Habermas (1991) contrasts this with the idea of arriving at consensus through dialogue and argumentation. For Habermas ideal interpretative language must be responsive, flexible and porous. These qualities of language ensure that interpretative discourse reaches uncompelled conclusions and that the interpretative forestructures of therapist, client or interpretative composition provide avenues of access rather than Procrustean moulds. Habermas's (1991) use of the term 'porous' suggests language that is permeable and is thus able to develop through the act of signification. As such language not only signifies, but is plastic or mutable. It is crafted and honed by the act of speaking itself. The content of the interpretative composition, in order to be dialogical, should remain an open matter of negotiation, but all too easily the interpretative composition becomes a hardened, technical language which forecloses on its own access to further understanding. When the reality of an interpretative theme becomes entrenched as a fact, it forestalls further self-exploration.

Betti (1980) approves of the use of procedures of 'typification'; i.e. conceptual schemes with a heuristic function, but he conceptualises the 'type' as a means of access which serves an ordering function and must not be allowed to congeal into hardened forms without any adaptability. All thematisations stand in threat of becoming sclerotic and unexpressive. Communicative consensus results in 'dead' metaphors which preserve fixed meanings and preclude discovery of new meanings. A suspicion about that which becomes common or regular or familiar may be one of the surest safeguards against imposition. For Casement (1986) it is crucial that therapists and clients be open to the development of fresh insights which are precluded by the use of cliché.

The idea of character, it has already been suggested, is based on the fact that human action, to an extent, follows pattern-like regularities. In understanding character it is difficult to know whether we are perceiving a regularity or imposing an interpretative forestructure on otherwise discrete events. It is not always clear whether these regularities are an imposition upon the Protean forms of the human body and emotional life - a consequence of interpretative Procrusteanism - or whether they reflect existent pattern-like psychological organisation. If we ensure the porosity of language we do not have to continuously decide on whether we are describing or imposing. It facilitates interpretation which is descriptive but not Procrustean. In being responsive to the world it represents, porous language both says something and is 'said by' what it speaks.

It could be argued that theoretical language is by its very nature Procrustean and non-porous. The place of theoretical language in the practice and conceptualisation of psychotherapy has already been raised as a question in Chapter 3. Many psychotherapy case studies demonstrate an uneasy co-mixing of theoretical, subjective and dialogical perspectives. There tends to be a confusion about the place of theory in the therapeutic dialogue and a general suspicion about the Procrusteanism of theories.

Sutton-Smith and Kelly-Byrne (cited in Jardine, 1989) describe theoretical formulations thus:

> If we... sort the theoretical elements into whether they contribute to the status quo of individuals or social life, or whether they introduce novelty into the status quo, we find that all theories, to some extent, cover both conservative and innovative functions. (p30)

There is much opinion to support the idea that theories have an innovative and constructive function. Habermas (1991) claims that 'theory statements' are true not because they perfectly describe the world, but because they enable better discussion. For Gadamer (1977) theory provides an access to experience and an access which edifies how experience can unfold. Steele (1982) describes the value of a theory as providing "a framework of general story elements - paradigmatic puzzle solutions - which can be used for guidance in the reconstruction of individual life histories" (p366). According to Brooks (1984), "The individual... makes raids on a putative masterplot in order to remedy the insufficiencies of his own unsatisfactory plot" (p281).

In this sense theory is no different to any other thematic forestructure brought to the project of understanding. It exists prior to dialogue but yet facilitates the unfolding of that which is discussed in dialogue. However, the inherent structural integrity of a theory gives it a particularly strong constitutive effect.

Theories have a greater power to influence and enstructure the client's self-understanding than do the other, less coherently organised interpretative contributions of the client and therapist. Theory bears a strong Procrustean tendency because of the compellingness of a comprehensive narrative account. A narrative account which promises to explain everything is more persuasive than one which can do little more than link a few experiences (cf. the idea of 'narrative conviction' in Section 3.2.3.1). Furthermore a comprehensive theory has an internal structural coherence so that one part of a theory is consistent with and structures the other parts and the reverse is true. Because of its structural integrity theory might be said to have a greater suggestive power. If an experience is translated into a theoretical framework the theory lays out what other experiences might exist and how they might be arranged in relation to the experience. In this way theory has a capacity to structure a whole world of experience, moving from part to whole. Theory has a creative power which conceives new possibilities of experience, but it is also capable of a type of systematic Procrusteanism or 'distortion' (cf. Habermas, 1972).

Any psychological theory has a coherence in terms of how it conceives of the structure of the personality, society, family interaction, etc. and is based on *a priori* assumptions about how the personality and social structures operate. Theory implies a particular pre-existing organization of reality. Theoretical accounts of experience assume that the person's experience naturally fits into the broad structure of the theory and that it can be made intelligible within the interpretive forestructure provided by the theory.

The application of broad structural schemata was present in the self-understanding of all of the clients in the clinical study. Theoretical configuration is not always delivered only from the therapist's side of the relationship. In the dialogues researched the clients also brought to the dialogue their own interpretative theories derived from popular psychology, 'folk' explanations of human behaviour, etc. Although they were not able to talk about their own psychological make-up with the same degree of theoretical complexity as the therapists could, each had a kind of 'lay-theory' about their own experience, which in each case bore a similarity to the therapist's conception, but was less coherently articulated and more acknowledged as incomplete. Each 'theoretical' structure of understanding appeared to be a flexible mode of access rather than a mode of foreclosure. Clients did not strongly hold to or identify with fixed theoretical understandings about themselves and did not resist therapist formulations because of rigidly held 'theories' about themselves. In all cases the relatively well established dialogical base tended to overshadow the tendency to stand hard by fixed perspectives.

The therapists in the clinical study were all able to account for the client's pathology in terms which reflected particular theoretical understandings of personality, pathology and development. Although therapists were not explicit in their use of theoretical terms in the course of the dialogues, theory determined their general thinking and strategising about the progress and future directions of the case and their way of attending and understanding in the session. This was not experienced as a limitation to clients and was perceived as no different to the other interpretative forestructures the therapist might have. But it was a problem in at least one instance when the therapist's theoretical proclivities created an horizon the inflexibility of which foreclosed on the client's openness to self-exploration. Client 3 detached himself and assumed a "pretence mode" way of functioning in the therapy when it became clear that the therapist wished him to move in a particular direction (involving further expression of emotion in the context of the therapy session) and the client felt this was unnecessary and in fact counterproductive. In the prompted recall the therapist was able to give a strongly developed theoretical elaboration about why it was important for the client to move in this direction, but the horizon of the theoretical framework did not sufficiently accommodate the client's reticence, and the client sensing this, backed away from the development of dialogical understanding.

It is suggested that by applying an exploratory and tentative approach to understanding and formulation, the continued openness to new horizons is ensured. This requires the sloughing off of dead and inappropriate metaphors of understanding and the continual recreation of new ones.

6.6.2 META-DIALOGUE AS CRITIQUE

The term 'meta-dialogue' will be used following to develop a description of what might be considered a dialogical form of what Packer and Addison (1989b) call the hermeneutic 'backward arch'.

All clients said that there were areas of their experience which were typically not spoken about in therapy and significant amongst these were the experiences of therapy itself. All the clients expressed the need, unarticulated within the therapeutic relationship, for some clarification about the nature of the therapeutic relationship and spontaneously expressed that the interviews had stimulated them to think about aspects of the therapeutic relationship which they intuitively felt they needed to reflect upon. It appears that the client's needed to reflect upon the horizons of the therapeutic relationship itself.

Gadamer's (1975) work addresses directly the problem of how a dialogical encounter can become caught in a consensual net which becomes its own limited horizon. Ricoeur (1991a) suggests that Gadamer is at least partially successful in finding a critical moment which overcomes this vicious circularity via the notions of 'historical consciousness' and the 'fusion of horizons'. Gadamer (1975) says that historical consciousness (also referred to as 'consciousness exposed to the effects of history') involves knowledge of the workings of history or tradition. This involves not freedom from the effects of history (for Gadamer this is impossible), but an awareness of the nature of understanding as horizonal. When we become conscious of the horizonality of an horizon, the limits of the present horizon are made apparent.

Gadamer's notion of the fusion of horizons might be understood to connect the idea of dialogue and the idea of critique. Dialogue about meaning is intrinsically critical because it anticipates the transcendence of prior meaning. In this sense there is a critical moment even in the appropriation of new meanings because appropriating new meanings involves a suspension of previously taken for granted meaning. In 'appropriation' the 'ego' divests itself of itself and therefore there is a link between appropriation and revelation of the world beyond subjective meaning (Ricoeur, 1981e). The appropriation of new meaning through the fusion of horizons saves understanding from a purely projective destiny. "Only insofar as I place myself in the other's point of view do I confront myself with my present horizon, with my prejudices" (Ricoeur, 1991a, p283). When our self-understanding is open to being influenced we could say as Ricoeur does that I 'unrealise myself' in front of what I interpret. My self-understanding transforms, because I find myself catapulted by what I engage with into a new place of being when I come to recollect myself. The important fact is that the "Distanciation from oneself demands that the appropriation of the proposed worlds offered by the text passes through the disappropriation of the self" (Ricoeur, 1991a, p301). The realisation that the fusion of horizons expands the horizons of the self and disidentifies the self with its previous horizons is, in Ricoeur's view, the only real way in which pre-understanding can transcend itself. "The critical moment can be integrated with the relation of belonging only if distanciation is consubstantiated with belonging" (Ricoeur, 1981d, p117). This consubstantiation of distanciation and belonging allows us to 'be in' and yet 'be apart'; i.e. have a critical self-reflective distanciation.

Non-viciousness of the hermeneutic circle derives from the anticipatory structure of understanding itself. In the anticipatory element of hermeneutic consciousness we find an horizon of expectancy which is simultaneously the possibility of critique. The return arc of the hermeneutic circle is thus the anticipation of the incorporation of future horizons. Understanding embarked upon from this point of departure is exploration without end, an horizon always aware of its own horizonality from the perspective of anticipated points of view of other and future horizons. In this sense the success of psychotherapeutic interpretation requires that the interpretative enquiry maintain a sort of interpretative expectancy or anticipation and an openness to seeing one's own horizon brought into different perspective through the view of the other.

From the therapeutic point of view if understanding would always be framed in this way we might avoid the tendency to fixate or foreclose on meaning. It is interesting to note that although each of the therapists endorsed a version of this approach to interpretation in their general account of the process of therapy, in the moments of the session it was apparent that the pursuit of meaning would tend to hone in towards anticipation of a final destination. The process of interpretation tended to vacillate between the focused pursuit of meaning and the less certain, more open and questioning view.

It has already been suggested (Section 6.2.3) that the transference may be understood as a refuge for issues which are implicit to the story of the person's life, but which are not spoken about precisely because they are 'lived' out in the very act of seeking self-understanding. It was clear in all of the therapies studied that the way in which the client approached the therapy as a whole embodied the very issues with which the therapy was centrally concerned. The nature of the meeting of client and therapist thus had to be regarded as material for interpretation in order for the issues at stake to be grasped. In all three of the therapies studied the interpretative work had not proceeded to directly interpret the client's relation to the therapist, although the therapists had used the relation of the client to the therapy as a whole as a guide in understanding the issues of most central concern, which were then dealt with in other contexts. For example in dialogue 1 the pattern of intensity and "obsessionality" which the client experienced in relation to the therapist and also to a number of other male figures, was understood in the context of the interpretative composition at the level of the other figures rather than at the level of the therapeutic relationship. However, only when the transferential aspects of the therapeutic relationship itself are disclosed can the manner of engagement in the therapeutic relationship be seen as a horizon of the client's propensity for self-understanding. For example only when client 3's avoidance of the moments of separation in the therapeutic relationship is posed in the context of the therapy will the client come to consider the possible feelings he avoids by steering around any issues to do with separation in relation to the therapy.

Client 3 felt hesistant talking to the researcher about the therapeutic relationship because he feared that this would lead to a loss of something special that the therapist fulfilled for him. Ogden (1990) describes an intense sense of loss involved in giving up the feeling of immediate relatedness that the client experiences when the therapist represents and fulfils certain functions through the therapeutic relationship. The transference had become, in a sense, the refuge for certain important psychological functions. The client initially experienced the first research interview as threatening in a very particular way. He specifically felt that talking about the therapy threatened to destroy something which he experienced as very private between himself and the therapist. He experienced a strong need to not be seen to be criticising the therapy, which had provided something of a refuge to him and for this reason he didn't want to be destructive towards it and make it yet another site of ambivalence and struggle for himself. As he proceeded he found it increasingly valuable to talk about therapy to the point of saying that "this kind of thing should almost be compulsory". He went on to say "it would be actually better to do what I'm doing here [in the research situation] with him [the therapist]". Client 3 found that many of the issues which the researcher's questions raised for him he had wondered about before and he wondered whether the research would effect the therapy. "I feel now I can see fresh again. You can get quite immersed in the person and in therapy; it [the research] puts everything in a little more perspective which I tend to lose every now and again".

The psychoanalytic prescription for interpreting the transference might be seen as an appropriate innovation which strikes to the very heart of the need for reflection on the limited horizons of the dialogue itself. Hermeneutically speaking, interpreting the transference means the dialogue taking itself up as a subject of interpretation. The 'present' of the client's experience, which is the client's relation to the analyst, is least distanciated and that which is most obscured from view. In the present of the client's relation to the therapist the structures of relationship are least accessible for reflection.

Habermas (1972) sees psychoanalysis as the 'science of self-reflection'. For him to emerge from psychoanalysis is not specifically to live new meanings, but to be capable of reflecting about one's place in the world and thereby be empowered to act in relation to the conditions of one's existence. Green (1978) suggests that it is an introjected capacity for dialogue that facilitates the capacity for self-reflection. To live out this view in the sphere of self-understanding leads to a spiral of understanding the never-endingness of which ensures the continuation of the desire to understand. Each horizon has its own beyond. As long as interpretation is aware of its own horizonality, it will not collapse into fixed understanding, and the self will continue to seek out new perspectives through which to know itself.

CHAPTER 7
CONCLUSION

The thesis has followed a number of separate avenues of enquiry each of which has contributed in a different way to the development of a preliminary understanding of the dialogical features of interpretation in psychotherapy. Relevant philosophical and psychotherapeutic literature has been reviewed, the methodological problems associated with studying interpretation have been discussed, appropriate clinical material has been collected and analysed, and the results of the analysis have been discussed in relation to the literature. This chapter attempts to round off the study by suggesting areas which require further research. Thereafter is presented a consolidation of the study as a whole.

7.1 THE NEED FOR FURTHER RESEARCH

The methodology used in the clinical research - i.e. extra-clinical research, consideration of both client and therapist experiences and direct access to the material of the session - appears to have been fruitful. It should be noted that the clinical research confirmed the importance of gaining access to the moment to moment experience of the session rather than relying on *post hoc* recollection. The effects of Spence's (1986) 'narrative smoothing' were noticeable in the discrepancy between the account of the session as it was given in response to the request to describe the general themes and process of the session and as it emerged in the moment to moment prompted recall. The latter led to the disclosure of aspects of the session which would otherwise have remained undisclosed. Many of the micro-experiences of the session were recalled with a sense of surprise, because respondents had forgotten having had the experience.

The present study has been an exploratory survey of the terrain and many issues have been raised that call for further and more focused study. The basic clinical research method used in this study could be adapted to suit different contexts and to answer more pointed questions. Some areas for further empirical study are suggested following and ideas about the future direction of theoretical research are presented.

A comprehensive understanding of interpretation in psychotherapy would be capable of addressing, amongst others, the following questions: What are the formal qualities associated with good interpretative accounts? What is a therapeutic impasse in interpretative terms? What are the interpretative dynamics of the therapeutic frame? What is projection and what is projective identification in interpretative terms? What is the hermeneutical function of transference interpretation and what is countertransference in hermeneutical terms? What hermeneutical processes are involved in terminating the therapeutic relationship and seeking help in the first place? What are the interpretative dimensions of resistance? What are the hermeneutics of remembering a forgotten life event? What is the dialogical interpretative structure of the experience of empathy, intuition, trust and intimacy and how are these related? What is therapeutic silence in terms of interpretative process? All of these therapeutic issues, and conceivably many others besides, require research and further elaboration.

Different forms of psychopathology can conceivably be described from the perspective of hermeneutic phenomenology; eg. the borderline's plurivocal interpretive fore-structure, the narcissist's hegemonic grip on specific interpretive perspectives and rejection of the interpretative perspective of the other, the psychopath's de-realization of the interpretative perspective of the other, the hysteric with a wild, hyperbolic interpretative style, and so on. All forms of psychopathology could be described in relational interpretative terms and this would no doubt throw further light on the phenomenology of these modes of being.

Indepth exploration of issues such as the above would require more focused gathering of data than was achieved in this study. Variations on the dialogical research design employed in this study could be used to study specific features of interpretative practice to greater effect. For example, one could study the interpretive forestructure of a single therapist and how it plays out in a number of therapies. Such a study would illuminate the issue of suggestibility to better effect than did the present study. It might be of value to take Arlow's (1959) suggestion that the supervisory hour constitutes a unique source of information for the student of methodology and study the relation between the therapist's reportage of the case and the client's understanding of therapy events. It would also be of value to seek out situations for study where dialogical interpretative dimensions are more readily apparent. For example, study of inter-cultural therapeutic interventions or other interventions where the interpretive forestructures of therapist and client are more identifiably dissimilar, would seem to be an easy point of access to the interpretative issues raised in this study.

There is a need for longitudinal research. It would be of value to repeat a study such as this one after the lapse of a period of perhaps a year of psychotherapy. Most case studies consist of *post hoc* reconstitution of experience and suffer from the 'smoothing over' effects which have already been described. The only way of overcoming this is through longitudinal research which documents at different moments in time the understanding of the meaning of a particular event (for example a dream or a memory) and then analyses the evolution of themes over the course of time.

During the almost one hundred years of existence of the discipline of psychotherapy the degree of methodological inventiveness has by far exceeded epistemological and ontological reflection on the nature of interpretation and understanding. Currently a wide and diverse range of techniques fall under the rubric of psychotherapy, and there is disturbingly little understanding of what these have in common. The study of interpretative strategies is an important and overlooked dimension in the comparative study of psychotherapeutic systems. A comparative research programme based on the study of interpretation might rejuvenate the field of comparative study of psychotherapeutic systems, which appears to lack theoretical sophistication at this stage. Our understanding of interpretation and self-insight would be enhanced if comparative study were not restricted to procedures of the insight-oriented mainstream; i.e. the traditional dialogue-based 'talking cures'. It would be of value to explore, for example, the interpretative dimensions of the hypnotic relationship or the interpretative processes involved in understanding the meaning of the image in art therapy, or even the dialogics of interpretation in behaviour therapy.

Research that is not incorporated into a broader research programme (cf. Lakatos, 1978) remains marginalised from the mainstream of scientific and in this case psychological discourse. Once a general paradigm is in place, on the other hand, useful and problem driven research can proceed without having to establish new foundations for every new research endeavour. Thus a theory of interpretation is necessary, around which research programmes might begin to develop. Since hermeneutics is the discipline concerned with the theory of interpretation, until psychological researchers begin to link with the rich history of thinking in this area it is difficult to see how any progress will be made towards developing an understanding of the 'regional' hermeneutics of psychotherapy.

This thesis has discussed Gadamer's philosophical hermeneutics, Habermas's critical hermeneutics and Ricoeur's hermeneutic phenomenology and suggested that these approaches are indispensable to understanding the theory of interpretation in psychotherapy. It should be added that the work of Wittgenstein, which has not been discussed at any length in this thesis, is another source that could contribute a great deal to our understanding of interpretation in psychotherapy. His work promises to be of value in further addressing the hermeneutical problems associated with understanding 'other minds' and his work offers a wealth of insights which have to date not been assimilated by psychologists. Mooij's (1991) 'Psychoanalysis and the concept of a rule' and Ter Haak's (1990) 'Beyond the inner and the outer' make inroads into understanding the value of Wittgenstein's work for psychology and psychotherapy, but this is arguably just the beginning of what could ultimately be a most significant development. Wittgenstein's philosophy appreciates that methods of understanding, or epistemologies, are not to be evaluated as correct or incorrect, but to be understood as 'language games' which each achieve different things or serve different ends. We have seen how 'explanation', 'reasons', 'past' discourse, 'present' discourse, 'imagination', 'immediacy', 'perspective', etc. are each different ways of understanding. One is not better than the other. By staking a claim for a particular hermeneutical function, as humanism does for subjective experience, we assert knowingly or not, a preference for a particular form of life. By understanding psychotherapy discourse, on the other hand, as the interplay of different forms of interpretation we see that the multiple hermeneutic discourses which are brought into relief in psychotherapy, and the conflict that exists between them, are the very essence of what psychotherapy is concerned with; i.e. the mediation of the conflict of interpretations. Gadamer implores us to regard hermeneutics as a medium of human social life which has the character of a dialogical community (Dallmyar, 1991). Hermeneutics finds its binding, mediatory and dialectical vocations in combining and connecting mutually opposed and conflicting elements of social discourse.

7.2 CONSOLIDATION AND CONCLUSION

There exists a tendency in some of the emerging psychotherapeutic literature to equate hermeneutics and relativism and to say that hermeneutics means that 'anything goes' or that 'one story is as good as any other'. This position has little to no support in the philosophical literature. "Hermeneutics... seeks to overcome not only objectivism but... relativism as well, including the nihilism that seems to accompany inevitably the latter" (Madison, 1990, p51). Relativism is only the obverse or perverse side of objectivism (Madison, 1990) and the version of hermeneutic phenomenology which has been drawn upon and developed here is unequivocally committed to describing reality, but acknowledging that when the subject of study is human meaning what is to be described is more open and less conclusive, absolute and certain, and it is more contextual, linguistic and temporal than a simple correspondence theory of truth would have it to be. It would probably be better to move away from the notion of correctness altogether and talk of 'successful interpretation' which refers to interpretation which draws together a greater range of events than have previously been drawn together, which gives a new horizon to an experience, and which poses itself as 'food for understanding' rather than as understanding *per se*.

The process of interpretation in psychotherapy is in some ways analogous to the exploration of a territory. But it is more like a peripatetic exploration than a view from a fixed vantage point. In the latter case the landscape is there in front of us for us to see and we can comprehend it in detail and see the relationship between parts of the landscape and whole. We can copy it and attest to whether or not the copy is a good resemblance. But we cannot really know where we stand until we walk around the landscape and know it from different perspectives. Moving in the landscape our perspective is infinitely more varied but it is also that much more difficult to bind multiple images and perspectives into a coherent view. If we are to know what is over the hill and how this relates to what is over here and to develop a picture of the entirety we will have to imaginatively hold these together as a configuration, but knowing that what we grasp is only a temporary consolidation of the whole rather than a definitive perspective. How much less certain, and how much more real, is this way of describing a human life?

The thesis has tended to support Gadamer's claim that "Understanding is not merely reproductive, but always productive as well" (Gadamer, 1975, p264). Further philosophical support for this position and a clear direction for psychology was found in Ricoeur's model of the text for understanding human experience. Most significant about the textual analogy is the idea of the semantic autonomy of the text in relation to the author's intention. The decontextualised 'objectifications of life' which are presented to the psychotherapist have been discussed as having the qualities of a text requiring interpretation. It is now apparent that the model of the text needs to be refined if it is to provide a suitable foundation for a psychotherapeutic theory of interpretation. The interpretative project of psychotherapy is analogous to the relation between the author and autobiographical text, rather than the relation between author and text in a more general sense. We might imagine that the psychotherapeutic interpretation is in this respect analogous to conducting an interpretation of a autobiographical text in co-operation with the author, where the interpretation is required to be reconcilable with the author's own insufficient self-understanding. The epistemological (hermeneutical) questions in depth psychotherapy are about how this reading should proceed. Following this analogy it is suggested that the process of psychotherapy leads the client to have an equivocal relation to his/her own autobiography and the therapy situation challenges the autobiographer to be open about, and indeed never to foreclose on, the interpretation of meaning; i.e. to never allow interpretation to collapse into fixed understanding.

It has been argued that the meaning of a decontextualised experience is constituted in the encounter between the meaning the subject gives to the experience and the meaning which is attributed to the experience, so to speak, from the outside; i.e. in the dialectic between experience grasped in the first person and the third person. This dialectic has been compared to the relationship speaking/being-spoken which is a characteristic of self-expressive language; i.e. language which expresses the self but in terms which are essentially social in origin.

We need to conceive of a subject's relatedness to a world that is not wholly and 'already' inhabited by the subject. As Freud said "the subject is not master in his own home" (cited in Ricoeur, 1981a, p191). Phenomenology has theorised the co-constitution of subject and world through the notion of intentionality, but hermeneutic phenomenology specifically elaborates the encounter of the subject with a world which lies beyond subjective horizons, and thus more thoroughly examines the relation of subjective experience to the uneventuated and dialogically imagined possibilities of experience (the surplus of meaning). If phenomenology has established the philosophical grounds for discovering ourselves in a world of which we are already 'a part', hermeneutic phenomenology has provided us with an understanding of our relatedness to a world from which we are also 'apart'. An adequate understanding of subjectivity and a hermeneutics of the subject must encompass the dynamics of alterity which are central to the very notion of subjectivity.

It has been suggested that the sense of perspective implied by the function of distanciation is a critical moment in the process of self-enquiry without which understanding would never reach beyond its own horizons. Interpretation implies a moment of dispossession of the hold we have on the world and provides an opening and an invitation to a new engagement in the world. It requires a capacity of experience similar to what Ricoeur refers to when he talks of the self: "By self I mean a non-egoistic, non-narcissistic, non-imperialistic mode of subjectivity " (cited in Lowe, 1986, p*xxix*). Hermeneutic phenomenology facilitates an understanding of a psychological subject which appropriates to itself a self which is not entirely of its own making.

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APPENDIX 1

THERAPIST QUESTIONNAIRE

The following questions were used as a general guide for the conduct of the first interview with the therapist. Each of the questions was followed up with requests for fuller elaboration and clarification.

1. Give an account of the main psychological issues in the case. Include an account of main problem areas and the main issues with which the therapy is concerned.

2. Describe how your understanding of the client has changed during the course of therapy.

3. What was her original motivation for entering therapy?

4. What are the main strategic or technical concerns in your mind as you presently approach the therapeutic work and how has this changed over time?

5. Describe a typical session in terms of the communicative interaction between you, the type of conversation that goes on, how it proceeds and ends. Has this changed in time?

6. How does the client typically respond to what you say in terms of agreeing with what you say or disagreeing?

7. Describe the therapy in terms of the development of insight. What processes or stages has she gone through in learning about herself?

8. Is there any interpretation or understanding that you feel you have access to which she does not at this stage?

9. In addition to the changes that have already taken place what will have changed before she is ready to leave therapy?

10. What do you hope for the client's life in terms of personal growth?

11. Describe your emotional response to the client and what you imagine to be her emotional response to you.

APPENDIX 2

CLIENT QUESTIONNAIRE

The following questions were used as a general guide for the conduct of the first interview with the client. Each of the questions was followed up with requests for fuller elaboration and clarification.

1. Give an account of the main issues which you have addressed in therapy.

2. Describe any shift in the main focus of therapy during the course of therapy.

3. What was you original reason for entering therapy?

4. Are there psychological issues which you feel are important but which, for whatever reason, the therapy has not really addressed itself to?

5. Describe a typical session in terms of the communicative interaction between you, the type of conversation that goes on, how it proceeds and ends. Has this changed over time?

6. Describe any thoughts you have had about the question of whether it would have been different with any other therapist.

7. Have you ever thought it would have made a difference if your therapist had a different theoretical orientation?

8. Do you think the therapist is more or less clear about where therapy is heading?

9. Do you feel he understands you as well as you understand yourself?

10. When he says something do you let him know when the insight is not quite on the mark?

11. Are you honest with him?

12. What do you feel about him as a person and how do you think he feels about you?

APPENDIX 3

READING GUIDE

The overarching question guiding the interpretation of the individual dialogical clusters was:

> What is the process of interpretation leading to the development of self-understanding in the context of the psychotherapeutic dialogue?

The answering of this general question was facilitated by posing a number of more specific questions.

1. How are moments of interpretation distinguishable from moments when interpretation is not happening? (For the purposes of this question interpretation was defined as meaning discovering or meaning imparting activity.)

2. What are the dialogical dynamics of moments of interpretation and how are these different from the dialogical dynamics of non-interpretative moments?

3. What patterns of development does the process of acquiring therapeutic self-understanding follow?

4. What forms of confirmation structure the development of self-understanding?

5. What patterns of dialogical interaction accompany the development of self-understanding in the therapeutic dialogue?

6. What in general can be said about the relation between in vivo interpretation and the *post hoc* account of what happened?

APPENDIX 4

EXTENDED DESCRIPTION OF DIALOGICAL STRUCTURE 1

1. DIALOGICAL COMPOSITION

The client and therapist maintain a conversational flow of attention but each also has private thoughts which are not brought to the dialogue. At other times they are not aware of exactly what they are trying to say and together they attempt to understand something. (For example in attempting to understand a dream there is a shift from the point of where the client has a sense of knowing what the dream is about to the point where the client begins to acknowledge the possibility of not knowing what the dream means. At this point she becomes open to the possibility that the dream might mean something other than what she imagined and the therapist and herself begin to work together towards the understanding of the dream. At this point the question and answer format of the discussion is transformed into a dialogical and discursive sharing of experience.)

The therapist sometimes has a strong impulse to say something and will say it spontaneously. At other times he sees a groundwork of common understanding as having to be laid before he feels the client is able to share or reach the same conclusions as he. She experiences those interpretations which are imparted without a ground work being laid as from "coming from nowhere". Sometimes she experiences them as very helpful and she feels "he's magic" because of the way he opens up surprising new perspectives, yet at other times when she is not able to connect what the therapist says with her own already existent understanding she feels frustrated, irritated and not understood.

At some points she is prepared to be led by the therapist. This experience has changed during the course of the therapy and she now feels less irritated with him and prepared to explore the avenues he opens, even when they appear to contradict her own prior understanding. Although she is still taken aback she is more able to examine what he is suggesting in a positive light. She has increasingly allowed herself to be led by the therapist's formulations and "fitting a lot of things together and coming up with something" and can do this knowing that the therapist is willing to defer to her understanding and basically understands her. She also allows this as a result of feeling that the therapist is competent at his work and she feels he has proved himself as remaining basically faithful to her experience so she is prepared to follow his ideas.

She has an expectation about how the pace of the session will proceed and what to expect of the therapist and attributes meaning to what is happening when this changes. For example, when the therapist is more silent or less questioning.

There are times when the client thinks she is being listened to, but the therapist is not attending to the details of what she is saying. The therapist sometimes attends to what she is saying "as a child would listen to a story" and at other times attends on a thematic level, by fitting what she is saying into themes.

Both therapist and client alternate between responding spontaneously and more deliberately in the session. The therapist experiences the need to apologise for this whereas the client feels that it is legitimate for her to not know always know what she is saying.

The therapist is not aware of many of the client's momentary experiences and particularly experiences of scepticism towards psychological understanding. He is not aware of her experience of playing a game at psychological understanding and her feelings of apprehension and scepticism when they engage in the interpretation of a dream. Her initial scepticism is overcome as she engages in discussing the dream. Afterwards she feels that although she has been involved she is wary about the type of understanding that emerges because it does not strongly strike her as being real. The therapist is not aware of this aspect of her thoughts and feelings around the activity of sense-making.

The therapist has numerous experiences of "thinking ahead" of the client and making associations which he does not disclose.She experiences him as being active and energised in the sense-making activity and has a sense of him working at developing understanding although she does not know the specifics of what he is thinking.

The therapist's comments and questions have an emotional impact on the client. Apart from the actual message being conveyed the words of the session are experienced at different times as affirming, discounting and supporting. The speaker is not always aware of the impact of the words and the listener's experience is not always conveyed in the dialogue. Both pay attention to the overt dialogue, conducted in explicitly communicated meanings of the conversation and simultaneously have a private response to the words that do not get communicated.

There is not a natural correspondence between the experience of a person as it is reflected in non-verbal gestures and sounds and the perceivers understanding of the event.

The one party does not always listen to or hear what the other is meaning to say and what the other person is experiencing without saying it.

There are numerous interpretations that occur for both the therapist and the client. The thematisation that does occur does not bind all elements of the story together and there are aspects which get left out and remain not included in the accepted storyline.

The therapist's choice of possible understandings is based on considerations about which understanding is likely to lead her forward.

In spite of obvious differences in attribution of meaning to the words, gestures and sounds made by the other person, the client experiences herself as being understood.

The client distinguishes between two different types of questions which he asks. There are questions which serve to clarify what she is saying and which she experiences as supportive and affirmative and there are "real" questions. Such questions she feels she has to answer and she experiences them as "slowing things down", in that she has to stop to actually answer them.She experiences such questions as not having the "recognition and support of other questions". She responds to such questions thus:"Part of me says why does he do this, what does he want, what am I supposed to say." He experiences such moments as tension filled. He describes a feeling of tense excitement and a feeling that "we are going somewhere". "A danger because I am taking us away from the flow into new terrain, and I'm really curious to see what she's going to say. I'm holding my breath to see what comes next."

Although he tends to not follow extensive story lines he does tend to stick to a line within the course of the session. He experiences a feeling of relief when she responds in a way which indicates that she is relating to what he has said and that she is heading in the same general direction as he is.

Although she is uncertain about how to respond to a question, after she has responded to it she experiences the question as having given her a different perspective. "Because of the kind of questions he asks, the comments he makes, I make other connections, see things in a way that I find just really important."

When the client makes private connections for herself she experiences this as "not an interactive space". She enters into imagining and sometimes expressing quickly flowing thoughts that arise spontaneously in her. In other words, she is not engaged in consideration of his thoughts. She describes her experience of him at such times as"He is just being there. I was in my own bubble at that stage."

When there is some obvious misunderstanding between client and therapist the client is aware of "jumping" to put things right. She experiences him as also very quick to attempt to patch misunderstandings, as she is. The therapist is apologetic about misunderstanding. The entire therapy is conducted in an atmosphere of trying to understand and they both assume that their conversation is predicated on a possibility of understanding that exists between them.

When the therapist is unable to make sense of the progress of the dialogue and is unclear where the session is heading or what is transpiring he waits on the client to instigate further exploration. When he gets into this predicament he feels that if he waits "the session" will show him where to go. At such times the client feels uncertain and wishes that the therapist would take greater responsibility for the development of the session. However, she also becomes frustrated when the therapist leads the session too much.

In focusing attention through the question "where are you?" the therapist gives the client a sense that she is responsible for what transpires in therapy and reminds her that the therapy is about her and not about other things.

The therapist contributes in relation to what he experiences her as being able to connect with and he moderates his participation in the dialogue according to her readiness to develop understanding.

The therapist is unaware of small insights and thoughts which occur to her during the course of the session and which are important to her, but do not enter into the discussion as they do not have a direct bearing on the emerging thematic content. Feeling reactions on her part in relation to what is said by him often do not enter into the conversation in an explicit way.

She experiences him as pointing out what she is saying and doesn't know she is saying. She experiences him as reading aspects of the life she is unaware of.

He generally is not aware of the range and extent of her experiences while she sits in the therapy room. The client tends to select her words according to the known tracks and paths that are used for entering into talking about her experiences.

She experiences his use of the word 'Mum' as referring to a particular experience of her mother. The therapist's use of the word 'mother' refers to another aspect of her experience of her mother, which she was not then referring to. She does not comment on his usage and overlooks it because although it is an important distinction for her, to interrupt the session by making the distinction would be to detract from the more important process of talking about the dream. In this way what are important personal issues to her are overlooked in favour of the dialogical focus. The ambiguous meaning of certain words and associations therewith may be overlooked to the extent that deliberation thereupon would lead away from the general direction of conversational flow.

There are times in the session when the therapist is unable to describe his experience other than to say that he is "just listening". He describes this as listening as a little child would listen to a story, with an attitude of interest, enjoyment, openness and expectancy. He describes this as listening without reflecting. He then states that "the reflectiveness is not present then, only retrospectively at the end of the dream" when he relates the dream to her world and to other themes. He feels the need to hear the whole story and hold back his interpretation of the dream until he has heard the whole story. When he listens to the dream he tends to not be very aware of what his feelings are and he tends to follow and "go with" the story. His only experience is one of interest. However, the thoughts which "appear to him" at the end of the dream are thematised in the familiar themes of the therapy.

The client experiences the sense of the therapist's understanding but feels it overlooks parts of the dream, especially a puzzling feeling that a particular aspect of the dream is important but she is unable to say why. Her particular fascination with this aspect does not get taken up for attention in the discussion about the dream, although she recognized this experience as being important to her when she was recollecting the dream.

She feels that questions give her a particular perspective and orientation and operate like interpretations. "Because of the kind of questions he asks, the comments he makes, I make other connections, see things in a way that I find just really important."

The reading material which the therapist has given the client and the folk-tales he has told her have provided a background which the therapist has felt was important as a context for the specific issues they are dealing with. This has greatly assisted her and has created a broad common philosophical ground which has been the context out of which some of the more specific understandings have emerged and has allowed the therapy as a whole to have a greater sense of coherence.

While he does not wish to interpret directly he does sometimes feel compelled to make direct statements about what her experience might mean. He does this when he feels that she is overlooking an important understanding that has occurred to him as being evident in a particular incident or experience she has recounted. When he has such an insight and he feels that she is ready to grasp it but is not doing so, he waits for an opportunity to make the appropriate link. He waits feeling that it is better for her to make the link herself, but when she fails to he makes it, he seizes an appropriate opportunity and makes it directly.

She experiences certain interpretations as affirmative of her experience."He gives me rewards for who I am. I experience it as a little pat on the back. I enjoy that and take time to enjoy that." The interpretation of an experience which she has previously not understood the meaning of is experienced as an affirmation of her experience in the face of her tendency to denigrate her own experiences. She understands his focusing on overlooked aspects of her experience is an affirmation of her right to have that experience.

They both know what they think but hesitate to place it into the dialogue because they feel uncertain about whether it will be met by the understanding of the other.

He tends to phrase interpretations as questions, but when he feels that the insight is particularly important and is quite certain about its correctness and feels that the opportunity to make links presents itself, he feels it is not to be missed and at this point is less hesitant and more direct. She tends not to distinguish between his more tentative and less tentative interpretations and even questions are understood as imparted understanding.

He reaches a point where there is nothing he can do to take the therapeutic process "the next step" and decides to wait and see what unfolds and what he can pick up on next. He waits for her and for himself, but is not aware of anything he can do to facilitate the deepening of the exploratory process underway. He does not feel totally in control of this process and when he gets stuck he waits for her to make a contribution or for his intuition to raise a suggestion. He reassures himself in stages of inactivity that it is O.K. to be in such stages.

At times in the session he has a sense of "expectation only" with little thematic idea of what could or should happen next. He describes himself as experiencing expectation or waiting only. He does not always have a sense of where the session is going and when he has this experience he waits to hear from her "what's coming next, and I am waiting for it to come." When it does not come from him or her he waits for guidance from "psyche" rather than works out consciously the direction.

He feels a sense of needing to help her to find words for her experience when he perceives her as being "stuck for words". At such times when he is also at a loss for words, he experiences the need to wait until either he or she spontaneously experience something to say.

He is unsure about how she feels in a silence but imagine that she is anxious about what to say next and experiences a pressure to fill up the silences. He feels she should become comfortable with silence although she may be anxious. He experiences an interpretation as taking her somewhere and "psyche starts speaking again" refers to her relaxing and beginning to move along an interpretive path to understanding. an interpretation takes her to an experience where exploration proceeds without self-consciousness or awkwardness, where "psych starts speaking again". This refers to the ongoing exploratory work, with a deepening of rapport. He experiences this as being "on track again" and it is accompanied by relaxation on both their parts.

She experiences that the reasons she came to therapy, the sense of trying to resolve particular problems has become immersed in the broader issues with which therapy is concerned. The question about heading and aims appears to have got lost amongst the issues that have occupied the therapy although she is still aware of having a problem-based reason for being in therapy.

In spite of not having ever explicitly formulated goals for the therapy both the therapist and client have a similar formulation about where the therapy is heading and what the main issues are. In spite of the lack of formulation the therapy has found a direction which both parties agree with. There are some issues that are on the edges of the therapy and which have not been incorporated as therapeutic issues which the client feels should be a part of therapy but have hitherto no been so.

She appreciates him a great deal for what she terms his "sideways insight". "There are times when I could get up and hug him. I think he's magic. Its what I value most. Sideways insight. He adds another angle. He'll make me see it from a different place and I don't know how to get there. I think. 'Wow, yes, that's a different way of looking at that ". She experiences a sense of appreciation towards him that he as gets her out of a "stuck place" and shifts her perspective on understanding a life context.

She sometimes expresses a feeling of irritation about his "sideways insight". She feels it sometimes "leaves something behind". In one instance the interpretation takes her from a focus which she is attempting to articulate. The experience she is attempting to articulate is one that hasn't entered into the therapy in any significant way, but is an experience which she feels is important and she feels a need to articulate. She has no way of thematising what she is talking about in terms of the themes that have been developed and feels deflated and disappointed when the dialogue takes a direction which she does not endorse.

The client has become increasingly tolerant the therapist's ideas as opposed to merely exploring her own.

Each session begins with very little interpretive activity on his part. He is aware of increasing his interpretive involvement towards the later part of the session and a similar tendency has been present from the earlier stages of the therapy to the present.

There is a deepening of rapport and a sense of co-operating together and "getting somewhere" (client's words) in the experience of both client and therapist, experienced as a sense of mutual understanding through the therapist and the client treading ground which is thematically familiar and is continuous with preceding thematic content.

There is a tendency for the dialogue to maintain a thematic consistency through the common themes which the therapist and client both understand. The therapist tends to wait for opportunities to link the client's expressions with themes that have been a part of the therapy. The therapist does this by way of either reinforcing a theme with new evidence or by way of extending the theme to incorporate new material.

Certain words have a taken for granted meaning in the way they are used in the session. When used these refer to an experience which they both understand and which they can both take for granted.

She experiences his offering of a new way of seeing things as an opening of doors. She has increasingly become open to "working with" what he says and is "not so quick to jump on it, but give is some thought".

She sometimes experiences him as withholding insight from her because he wishes her to reach the insight herself. At some such moments he does not have formed insights although she imagines he does. Initially the therapist insisted that she led the sense making process but the dialogue has progressively become an admixture of therapist and client taking the initiative and the tension about who is going to speak first or to lead has diminished. It is still present to the extent that the client is unwilling to enter into psychological understanding which moves away from her immediate experience and to the extent that the client feels that psychological understanding is a game which does not defer sufficiently to her lived experience. (See thematic processes)

The therapist listens to the client's self-report with an awareness that the client can think one thing, but unconsciously feel something else. For instance he believes that she is not aware of the negative and restrictive aspects of her mother's overwhelming care for her. The therapist "goes with her conscious life" where he feels she would not be capable of accepting an interpretation based on an alternative awareness. The therapist assumes on the basis of what he knows about her that the feeling in question is likely to be present, even though it is not spontaneously acknowledged by the client.

2. PROCESSES OF THEMATISATION

The client feels suspicious about the activity of imparting meaning to dreams. She is especially suspicious because she feels that she may be colluding with the therapist and does not have a strong sense in her own experience that a particular interpretative line is correct.On an occasion she experiences doubts about bringing a dream to therapy and feels that she may be playing a game at making psychological sense that may lack reality. She experiences certain types of psychological sense making activity as potentially moving away from reality. The therapist is not aware at moments in the dialogue of her uncertainty and scepticism.

She experiences an interpretation which she had no feelings about as causing a sense of great discomfort during the session. She feels discomfort that the therapy is heading in a direction which she has no feeling for. For her that area of her life is a "void". She has a sense of a theoretical line being followed causing her discomfort. She experiences not having a way of evaluating whether the interpretation is correct or incorrect. She finds the explanation unsatisfying because she has no way of evaluating its correctness.

The therapist listens in the session and attempts to link
what the client is talking about to what she has talking about in previous sessions. His listening is strongly attuned to finding similarities between different experiences.

He listens wondering what she is being invited to do. His listening is guided by a search for the limitations of her present way of being and a search for alterative ways of coping with situations.

She experiences his pointing out to her the meaning of something that she immediately recognizes to be true, but which she had not yet recognized. She says "I find that really helpful, because I would not necessarily have even heard that message, but the fact those messages exist, and that he will point them out, makes me feel reassured". When she describes her own behaviour as an over-reaction and he points out to her that she is judging herself against a standard which judges her reaction as an over-reaction, she feels reassured that it is acceptable to feel the way she does.

She feels that his structuring of certain childhood experiences tend to have the quality of being "right", but ever so slightly "off centre". She describes her experience of such moments as "enough to feel slightly uncomfortable, but I don't know where its uncomfortable". When she experiences this strongly she feels angry with the therapist for overriding her understanding. She finds that his thematisation does not do justice to her experience of her parents as perfect. The therapist's formulation of her experience is contrary to this understanding of hers and to this extent she feels uncomfortable. She feels comfortable to the extent that she realises that she possibly does not want the insight to be real and she feels more open to the therapists's suggestion when she brings her own understanding into question.

After a new insight the therapist assists to establish the insight by showing its connection to a number of other experiences that have been spoken about in the past. The new insight is applied to old experiences and elaborates and gives a new sense to earlier understandings thereof. An old experience of her losing control in a situation and feeling guilty and responsible is now given the understanding that her anxiety in such situations is also to do with her feeling uncared for and unsafe and this experience is deemed to have existed as a latent but not consciously experienced level of understanding in the original situation. The new insight does not override her original experience of anxiety, but they understand it as a different level of experience to what was consciously experiencing at the time; i.e. it is considered as having been 'there' but not consciously enacted.

He experiences her as "dawdling" towards a deeper and fuller understanding and he experiences his interpretive intervention as speeding her towards a theme. She experiences needing to keep a sense of what is real and not to get lost in the game of psychological understanding which threatens to become abstract and "too neat".

She experiences therapy as having led her to the point of view in which she is responsible for her own actions. Whereas early in therapy she would spend a great deal of time talking about her relationships with other people, she now spends much more time "inside" herself. Her own feelings and responses to other people tend to now occupy relatively much of the therapeutic dialogue. She has learned to focus more exclusively on her own thoughts and feelings and these are the basis of the thematisation which occurs in therapy. This has led her to understand patterns of the way she relates and responds to people. During the course of therapy she has shifted towards seeing her "own ways of responding" as being more central to her problems.

Construing relationships from the point of view of her own ways of responding to them tends for her to be destructive of the relationships and what they mean to her in a more specific sense. Her relationships meant something to her prior to her coming into therapy and she feels a need to retain the sense of the feelings she has towards situations in a spontaneous way.

She has a sense of urgency about having to resolve her problems before the therapist leaves town and the therapy terminates. He is aware of her anxiety about the imminent end of the therapy, and interprets this as an issue in relation to her anxiety to "wrap things up" as a more general characteristics as well as being a specific response to the therapy situation.

She experiences her own inability to link different themes as a shortcoming and is confused about where each separate theme or story stands in relation to others and experiences a pressure to link the various themes into a comprehensive account. The therapist feels comfortable about not knowing what is transpiring. He experiences her at this moment as frightened, bewildered and unsettled. She feels confused or disoriented and in the therapist's words this is central to her dilemma; she is unsettled because she "she can't think her way out".

The client experiences a sense of relief at the therapists not tying the various stories into a coherent whole and this counteracts a feeling on her part that it is important to tie things up and it comforts her in that she "doesn't have to all fit together". The numerous stories, tales, theoretical constructions which have been important and prominent in their shared understanding at various times are experienced by her as not needing to be tied together. He experiences the fragmentary stories as not necessarily having to be held together and she experiences this attitude as a relief. She experiences it as a relief that it is alright to feel lost and "not together". He experiences her as appreciating his lack of need for continuity and deliberately steers away from "grand stories" to give her comfort in "not knowing".

The therapist engages in the thematisation of experience by alternating between his own hunches and thoughts and a sense of suspicious about the same. He experiences himself as not rigidly adhering to a story line but during the course of the session tends to become enmeshed in the search for a particular line. In the session he has a fairly pervasive sense of the client being either on track or off the "right track". Only on reflection and after the passing of such moments does he take a more perspectival view. In pursuing a particular interpretative line he tends to identify with and believe in what he is saying to a much greater degree.

Both client and therapist are suspicious whenever the story-lines begin to converge too much or too neatly.

She experiences being lost in the immediacy of the experience of sense-making in therapy and unable from the point of view of being immersed in a particular perspective to know how her understanding holds together into a coherent account. She is aware of herself not having a distanciated perspective and feels frustrated by this. She either thinks intellectually or she immerses in feelings and cannot bring these together. She experiences the therapist as being comfortable with both feeling and yet able to know what is going on in a more unifying way. She experiences this as "I don't know where I am and I don't know where everything leads to."

She experiences "getting lost" in an issue which she is exploring and lacks the skills to be both in the places that she goes in therapy and to have an overall perspective. She tends to look for links and has an idea of there being three broad schemes which she uses to schematise things. These three broad themes provide separate frameworks into which she can fit many of the experiences which are discussed in therapy. She is unable to make direct links between these different patterns of understanding and panics that she may be lost.

The manner in which she engages in the interpretative dialogue and the nature of her relationship with the therapist, from the therapist's perspective reflect each other and reflect the central psychological issues in her case from the therapist's perspective. Her manner of engaging in therapy is identical to a pattern of relationship in her life and which has been one of the major themes of therapy.

Being in therapy is experienced as a being lost in and she imagines that the therapist has the ability to provide her with an overall perspective.

She feels she needs a map, an overall perspective, looking down from a ladder on a maze as opposed to being in it. She experiences the therapist as having the confidence to not need this and to operate freely in the situation, without a map. She feels that he has a capacity to "just feel his way" in therapy. She experiences an inadequacy in relation to what she thinks is required of her to function well in the situation.

She feels that links between different experiences are able to be established through similar features in the way she engages in experiences: "Threads of the way you react to things hold themes together". The client experiences three main threads that the therapy repeatedly returns to "and they don't seem related, but they go back to the same place". She feels that she doesn't know how to integrate the different threads that have emerged in the therapy and she feels that she should be able to do this and that her inability is to do so is a shortcoming which the therapy could remedy.

The client experiences an insight into the way she is behaving as freeing, "enabling me to let go". Gaining a perspective allows her to distance herself from what she is spontaneously doing in such a way as to allow her to deal with the situation in a different way. She describes this as "letting go" and "managing better".

He uses many explicitly theoretical ideas in the formulation of understanding in psychotherapy. He uses theory to inform his own thinking in the session, but does not explicitly refer to theory or use theoretical language in the course of the dialogue. He is able to articulate all aspects of her case and his therapeutic activity in theoretical terms. He is strongly guided in his thinking and expectations about what is likely to occur next by theoretical considerations and formulations. However, he does not allow his formulations to enter into the therapeutic dialogue and anticipates that the client would experience explicitly theoretical contributions as an "attack". By this he means that the client would not feel supported by him and would actually not considered by him. He feels that the development of understanding should proceed at her pace and that he should not jump ahead of her. She finds his theorising about it or hints of its link to theory strike her as being inauthentic or overly slick. The client mistrusts formulations, both of her own and the therapist, that appear to explain experiences in a manner which neatly encapsulates an experience. ("Too neat, it was too completely encompassing of that place" and "too neat...just too symbolic, too almost as if you've created it for yourself as a picture.") She mistrusts neat formulations, including her own. She mistrusts the coherence of the therapeutic accounts and it makes her feel that it is game and not real. However, while overly "neat" formulations are initially treated with a degree of suspicion, she tends not to discount them, coming as they do from the therapist. she trusts the therapist to the point where she is prepared to consider anything he says,even though her own initial experience of the interpretation is one of non-acceptance. She says that while some interpretations may appear to be suspiciously "neat", "they touch deep cords". While such interpretations do not initially appear to accurately represent her direct experience, she approaches them with an attitude of tolerance.

The focus has shifted so that the current issues being encountered have become the main issues in the therapy and define the goals of the therapy. The client has a vivid recollection of the events that had brought her into therapy and remembered the events leading to her seeking therapy in great detail. She is aware of a shift in the focus of the psychotherapy and has a sense of needing to have both her reasons for coming to therapy met and to engage in a path of self-development beyond the parameters of her original reasons for coming. The therapist is more oriented towards a broader psychological understanding outside of the context of being understood or not. Initially she recalls having concentrated on the problem situations in her life and increasingly the focus became her and her feelings and her response to situations "rather than somebody else and the events surrounding them." This shift for her was initiated by a realisation that there are patterns to her behaviour, rather than just people. She struggled with accepting this shift, because to her "the people were really important and I wouldn't admit that there are kinds of ways of behaving that I could just like hang on to the next available person". She found it difficult to accept this because it meant to her that the relationships were not individual and unique and the people not precious to her through their being projections of where she is at. She feels that this way of engaging in thinking about her relationships with people facilitates her taking action "I feel that if it's me then there's something I can do about it."

Thematic continuity is experienced as overriding the differences between different experiences, relationships and historical events which are thematised. The client experiences this as threatening and as possibly not accommodating understanding. The therapist appreciates that thematic similarity does not override differences and reassures the client about the meaning of particular relationships in their particularity. But there is a tension between the two. The more psychologised focus which begins with her seeing her part in the relationships is opposed to the less psychologised which sees the relationship in its particularity. She experiences such thematic linking, made on the basis of her mode of emotional response, as tending to not acknowledge the complexity of specific experiences and it provides a restrictive way of understanding her relation to particular experiences. The client accepts this to the extent that she sees that the situation has evolved over time and to the extent that she realises that the therapist allows apparently contradictory experiences and feelings to co-exist without needing to draw "everything" together.

She experiences an interpretation which she had no feelings about as causing a sense of great discomfort during the session. She feels discomfort that the therapy is heading in a direction which she has no feeling for. For her that area of her life is a "void". She experiences not having a way of evaluating whether the interpretation is correct or incorrect. She finds the explanation unsatisfying when she has no way of evaluating its correctness. This is the only occasion in the therapy that she reports having felt that there has been a kind of theory behind the line of interpretation in the therapy. At other times she feels that the therapist applies a kind of broad knowledge, not in a school of thought kind of way, but in a broad and gentle way. She feels he brings a curiosity and interest to her experience which helps her to question her own experience.

He experiences some discomfort with asking the client what she thinks of a dream because he realises she has come to therapy to seek assistance from him with the interpretation of dreams. She experiences this in the session as him trying to get her to take responsibility for initiating the discussion about the dream. He holds back on what he thinks of the dream because he expresses the thought that "If I jump in with my statement, then I foreclose all the things she might have said." He consciously "starts with her" and not with his own interpretation. She experiences this as frustrating. He does not know that she has already made sense of the dream and wants him to lead her in the sense-making process and he experienced her as not knowing how to make sense of it. She struggles to express herself and experiences him as being unhelpful. She experiences irritation at his asking her what she makes of the dream. She feels that she has taken a risk and brought a dream and he "throws" it "straight back" at her. She experiences an anxiety that she might "get it all wrong and "what if I don't do it the way it's supposed to be done. She realises that there is no right way but still feels unconfident about doing it right. She has already made some sense of the dream and feels that she wants him to put out his interpretation first and break the ice before she suggests her understanding. She anticipates that he will inhibit her interpretive process if he proceeds with the interpretation, and disable her ability to think for herself.

She experiences a tension between reflecting upon issues being raised in therapy and the need to cope with her life on a day to day level. When a friend died she was struggling to cope and she felt she could not attend to the everyday issues which she was confronted with and at the same time engage with a captivating therapeutic issue that the therapist had raised which had challenged her to think about certain fundamental ways of seeing herself. She felt that in the session she was drawn between two opposing demands, to be pre-occupied with a "real life" situation which called upon her physical and psychological attention and to reflect upon the situation which the work of therapy which required her to do which she experienced as being called "to be in another place", both psychologically and physically. The move towards describing general psychological themes is experienced as being in risk of losing touch with daily concerns she is having to deal with and attend to and in relation to which she feels she does not have the opportunity to first reflect upon. The client feels more able to explore psychological issues as she has felt less desperate about her emotional situation and the situations in her life. Psychological understanding seems opposed to her from wanting to deal with issues in the world.

He asks a question of her and answers the question, feeling that he is sufficiently in touch with her reality to be able to accurately describe the answer. He does this in such a way that he feels he has described a reality of her experience. He felt that the direction she was taking was avoiding an issue which the dream was about and by answering the question he was able to make the interpretation. He was concerned to seize the opportunity to make the interpretation although he was concerned that she was beginning to become emotionally involved in another area of self-exploration and he didn't want to make an "emotionally flat" interpretation.She experiences his side-ways insight with gratitude and says that she values this highly. He gives her another level of insight, from a different perspective or a different place. However, she is ambivalent because it detracts from the direction she was moving in. She decides that she is prepared to go with him and leave over the direction she was pursuing for later consideration.

In making historical links she naturally assumes that two experiences which appear to have structural similarities are historically linked with the former causing the latter. As the historical link is established the effect of the exploration is to find greater similarity between old events and contemporary events and the experiences are drawn together through being shown as having a structural similarity. The understanding of patterns of relating when taken as the subject of the dialogue moves the dialogue to shift from one experience to another rather than to delve deeply into one. In the shifting, client and therapist seek to understand the context in which the mode of response (eg. a feeling of panic and being out of control) becomes a rational mode of response. The dialogue moves to understanding situations where the client feels uncared for as a child and where the one (mother) who is supposed to be doing the caring is in need of care so that there is a feeling of having to take responsibility and not having the resources. Herein lies a reason to feel panicky, whereas in the original situation in which the feeling was described (an incident of her adult life) the panicky mode of response seemed inexplicable. The dialogue sought out and focused on a context in which the feeling became explicable.

Both client experience there having been a balance between talking abut the past and the present, so that the dialogue is perceived to move freely from present incidents to the past and vice versa. The client was initially more inclined to talk about the present and still does tend to resist too readily linking vastly different historical and contextual contexts which is mediated by her feeling of overlooking the specificities of situations which are thus compared.

3. CONFIRMATION PROCESSES

Confirmation is established when there are multiple reasons which together add up to a picture. He does not contribute an understanding to the session until she has given him some reason to believe she will allow it to become a part of their shared understanding. He experiences the confirmations which arise from "her unconscious life" and especially dreams to be the most convincing measure of correctness.

The therapist experiences interpretations as being correct or right. His criteria for correctness include a deepening of rapport and an increased emotional involvement by the client in what she is exploring. His measure of deepening of rapport is whether the person provides more information and appears emotionally moved by the interpretation. He is sensitive as to whether she seems "connected" to what he is saying. He experience successful statements on his part as statements which she responds to in a positive way and uses to further extend her own self-understanding. He understands the deepening of rapport as "starting to get into her world, a little bit more specifically" and she opening up to his exploration and herself beginning to explore her own world more actively.

The veracity of an interpretation is consciously strengthened by the therapist by his making links with other interpretations which are already accepted as true. There is an axiomatic group of interpretations which have been accepted as true and may be used as evidence for the establishment of other truths.

He experiences her as experiencing an interpretation as alive enough to take seriously, but distinguishes this from her reactions of having a "real felt sense" which is understood by him to refer to the experience "this is me".

When he has an insight which he feels she is "not yet ready for" he does not bring what he thinks as an explicit interpretation. He listens to her experience with an attitude of looking for confirmation of his thinking about there being, for example, an incestuous tendency. As he listens to her his thoughts are confirmed by experiences she describes. His ideas begin to develop in this direction, but he still does not choose to contribute them to the dialogue. He holds this in mind as something to work towards and it begins to structure his therapeutic thinking and sense making processes and he begins to build a foundation in their shared understanding which leads up to the interpretation.

When he gives "big interpretations" (which say more but are usually more abstract because they bind more together) she begins to see the reality of the interpretation in the days following although she did not see them in the session. On such occasions nothing happens by way of assimilating new insight in the session and there may not be a deepening of rapport, but she will come back to the next meeting and report that "these things suddenly happened to me, I was possessed by recollections of such and such for a whole day..." This is for the therapist a positive response to interpretation and he regards it as a sign of accurate interpretation. The client sees the relevance only as she applies the general interpretation to her life situations and for her veracity lies in understanding situated in life contexts.

The client's uncertainty about the accuracy of an interpretation is discarded as she decides to leave out of the therapy the issue which the interpretation does not represent.

While the therapist declares an openness to thematizing her experience in ways that are flexible and numerous, it is clear that in his experience he is seeking for an opportunity to link with her thematically. In this experience he finds her digressions to other experiences which do not relate to the experience at hand as excessively abstract. The client is deeply engaged in articulating an experience which is of great personal import to her and that the therapist's understanding of what is real and cogent relates to what he is able to thematize. The therapist and client both consider correspondence with the thematic account that has already emerged as an important criterion of confirmation and as new interpretations emerge these are always posed in relation to the understanding which has gone before; i.e. either extensions, elaborations or modifications of previous interpretative understanding. Even at the level of questions and focus of attention there is a tendency to operate within the parameters of previous understanding.

He experiences her as being able to correct his interpretations by saying" No, hang on, stop...I just want to stay with this." She provides the measure of correctness according to her feelings and together they maintain the deference to previous understanding.

The therapist tends to value emotionally expressed statements as more authentic expressions of her emotional life than are expressions which are more abstract. This sometimes irritates the client who feels strongly connected to certain of her thoughts although she is not specifically emotionally excited about them (eg. her religious thoughts) and when she senses these being displaced and considered as less important than other more specifically emotional issues she feels not heard and misrepresented in the dialogue.

4. RELATIONAL DYNAMICS

The client tends to wait for the therapist to instigate the sense making activity in the session. Once this process has started she willingly takes it up but experiences an initial reluctance. The therapist feels that the client should begin this process, but the client feels that this is the therapists professional role.

The therapist experiences the possibility that his own feelings may be reflections of the client's feelings and he listens to his own feelings as if they are the client's feelings. He imagines that a feeling he is having might be her feelings or a response to a feeling she is having at the time. If he feels he wants to hold her he experiences her as needing to be held. She experiences the outcome of interpretations that arise (for him) in this way as a deep sensitivity on his part. What he has to say is very important to her and she experiences him as someone who has the ability to make contact with her on a deep level.

The feelings which she experiences in relation to the therapist do not usually get picked up on. A fairly frequently felt experience of irritation, anger, "being cross' is frequently felt by her in relation to aspects of how he engages in the session. Her feelings of irritation do not get picked up in the sessions and have not been explored as themes of the therapy. Other feelings which she has about him have been explored in the session, but this area of her experience is generally too threatening for her to explore.

She finds the structural roles of therapist and client quite frustrating and often is aware of wanting to relate to him outside of the strictures of the therapeutic relationship. She experiences the strictures of the therapeutic relationship as somehow important, but nevertheless frustrating. In particular she finds the lack of reciprocity frustrating. She carries the idea that she needs to tolerate the lack of reciprocity in the therapeutic relationship. The lack of reciprocity frustrates her because "I constantly want to know where he is and who he is and what he's about, and what kind of response he has to me." She feels frustrated at what she perceives as the therapist's passivity. She finds him a "curious mix of active and passive". She experiences this as him holding back from engaging in the relationship as a person. She often wishes that he would express his own thoughts and feelings. She experiences the wish for him to contribute more of his own opinions and to play a greater role in initiating discussion, particularly at the beginning of sessions. She has an intuitive understanding of the therapist's 'passivity' as being an important part of the technique, but is not able to articulate why this should be so. She found it extremely frustrating at an early point in the therapy when she said to him that he was "just absent" and he said to her "Well I don't know if I really am absent or if you've made me absent". He finds this "throwing back to her" difficult to endure and is not clear how to handle it or how to respond. She expresses the above as an "unequalness" in the conversation; "a strange conversation, always reflected back to where I am at". She experiences this as a lack of engagement of the therapist as a person. She is able to distinguish between him as a therapist and him as a person. She experiences persistent feelings of wishing to engage him as a person, yet she feels ambivalent about this as she realises that the professional character of their relationship in some way, which she does not fully understand, is fundamental to the therapeutic work.

Her wish to relate to the therapist as a person takes various forms, but seems to centre around her wish for him to contribute more of himself to the therapy. She feels a strong sense of wishing to know who he is and what he thinks. She admires and likes him as a person and feels that they have much in common as people.

She experiences her own feelings towards the therapist threatening to destroy the relationship which is important to her and which has benefitted her enormously. It is important to her, that he maintain a distance because if she felt that he liked her she would feel an even greater need to please him and this would restrict her self-expression in the session. If he approves of her behaviour then she attempts to please him to maintain that attitude, If he doesn't express preferences then she feels frustrated but free.

The therapist understands her mode of engagement in therapy as reflecting typical ways of responding to other situations. One such pattern of behaviour has been called "obsessionality". This refers to a wide range of behaviours. The broad pattern of "being lost in" describes her engagement in the interpretive relationship from this pattern of behaviour.

The therapist experiences his own feelings as needing to be corrected by a vigilance in relation to the therapeutic issues at stake and as possibly clouding his understanding. At such points in the therapy he finds supervision useful as it gives him a perspective which he loses in his immersement in the therapy. He is then able to see what is "going on" in the therapeutic relationship and this allows him to continue with his interpretation of the therapeutic relationship as being similar to other important relationships. The therapist while he is aware of his own feelings and responses does not reflect on his pattern of engaging in the therapeutic situation as having a chronic pattern-like tendency like the client's engagement does.

At one point in the therapy he expressed a need of his own to give her something to read that had been a response to something she had written and had arisen out of his own enthusiasm and interest rather than as a therapeutic issue. She experienced a sense of warmth in his acknowledgement of his own responses in the relationship and felt that this did not threaten to destroy the professionalism of the relationship but was nevertheless an expression of warmth and genuine interest. At such moments she experiences him as "projecting real care" for her and says that "where I am at matters to him. He is utterly engaged and responsive and caring." This is important for her and "lies outside of the neat boundaries of doing things well"; i.e. his professional competence and responsibilities. She experiences this as an aspect of his relationship to her which is additional but which is very important to her feeling of being able to work with him.

He experiences a distinction between his spontaneous emotional involvement with the client and a "therapeutic mode of being" with her. He experiences his own emotional involvements as a source of knowledge about the client's emotional needs which he gathers from how she makes him feel. He also experiences a more personal affinity to the client which has nothing to do with the therapeutic relationship but which nevertheless make the therapeutic work easier.

The client feels that therapy would have been different with another therapist although it would deal with the same basic conflicts. The therapist's concern for her has a personal quality and the therapist also reports a genuine feeling of warmth and concern for the client. The client experiences a personal commonality between her and the therapist as a shared orientation which facilitates the possibility of their having a shared understanding.

5. RELATION BETWEEN FIRST AND SECOND ORDER ACCOUNTS

She experiences a difficulty in accounting for the therapy. She says in response to being asked whether she felt she had conveyed the basic sense of what therapy means to her that "It's so huge...there's so many themes and instances and particularities that you can think of that you can't explain, but the sense of it is right".

In the initial interview the therapist recalls the session in relation to the main themes of the therapy as they developed in the session. In the prompted recall the therapist is able to recall fine details of what he experienced during the session, and especially the type of rapport between him and client to an extent, which was not represented at the general account.

Both client and therapist recalled their explicit contributions to the session as interventions they had explicitly made whereas during the session they both sometimes responded with a spontaneity and that was not rationally and deliberately planned. The general recall in certain instances described interpretation to have been deliberate whereas in the therapy interpretations were often spontaneously thought and crafted in the process of speaking without a completely deliberated image of where the interpretation was heading.

In listening to the taped session the therapist is able to understand his own engagement in the session with a complexity that is not present when he accounts for the session on the basis of what he can remember. A degree of deliberateness gets assigned to what is said that does not reflect the process of the session. Spontaneous gestures in the session are translated into psychological language without making the distinction between whether they are deliberate attempts at communication in the context of the session or whether they are spontaneous and non-intended.

In the general part of the interview the therapist tends to account for what he is trying to do in the session; whereas in the prompted recall he describes what happens in the session including the lack of clarity, feelings of not knowing what is going on, wrong turns, lapses of concentration, nuances of own and other person's mood, etc.

The client has contradictory experiences of his ability to understand her yet she does not experience them as contradictory, because she tends to forget the negative parts of her experience. In her general description of psychotherapy experience she says "Whatever he has said has always made a deep sense to me", but in the course of the dialogue it appears that her experience of what he says is much more complex phenomenon than she recalls it as being. She is far more questioning about what happens in the relationship, expressing her doubts, uncertainties,criticisms when she gives the prompted recall than when she accounts generally. The client only recalled the negative experiences of feeling frustrated at being misunderstood in the prompted recall. In her general account she did not represent this aspect of her experience which was overshadowed by her sense of being understood by him and a sense of gratitude she has towards him for the understanding which he brings towards her.

APPENDIX 5

EXTENDED DESCRIPTION OF DIALOGICAL STRUCTURE 2

1 DIALOGICAL COMPOSITION

The client experiences it as seldom that the therapist does not appreciate what she is saying. She feels that the therapist understands at the same time as she talks. She finds it reassuring that the therapist understands and that she can say whatever she likes because the therapist is on the same "wavelength" as her. She feels that the therapist is on the same wavelength as her because the therapist is prepared to defer to what she is saying. The client experiences therapy as a way of overcoming her symptoms and the content parameters of the dialogue are set by the nature of her symptoms. There has been a gradual extension of the themes, but the limits of what is thematically relevant is determined by the nature of her psychological problems. The patient experiences the therapist as listening to her as she attempts to find words to describe her experiences and assisting her in this process. The patient experiences the therapist as bringing relatively little of herself to the sessions. She feels that the therapist maintains a non-judgemental attitude by listening in a way which does not pose an obstacle to self-disclosure. She feels that the therapist understands most of what she says and means to the extent of feeling that the therapist understands her better than she understands herself. The client experiences the therapist taking the lead in matters where the meaning of the material is not clear to either of them. For example in the case of dreams. In such a case the therapist is conceived of as having been given something to work with and she is prepared to be more "experimental".

The therapist distinguishes between a therapeutic and a chatty mode of engaging in the therapy and experiences the chatty mode as establishing rapport and the therapeutic mode as struggling to make sense of the client's experience. She understands the therapy as mostly concerned with the client getting to know her feelings. The therapist conceives of therapy as showing the client her own feelings and assisting the client to discover for herself what she thinks and feels. When the therapist extends beyond what is fairly self-evident; i.e. into new material the therapist experiences it herself as straying a little bit and she feels that the client needs her to stay close to what the client feels. The therapist sees herself as progressively having felt more and more free to interpret more widely and the client as having felt more and more open to this.

The client feels that what is discussed in therapy becomes part of "the way that you think" and although she cannot summarise what she has "discovered" in therapy at the level of content she feels that the therapy process has profoundly altered her way of thinking.

She enters into discussion in the session in a way that sometimes strays from her feelings and her comfort with doing this is mediated by her feeling that she is not bound to the understanding developing in the session and can appropriate for her own what she wants after the session.

In her daily life she thinks about the issues that have been raised in the session and applies the way of thinking that has developed in the session to everyday circumstances and this makes the session appear more real to her. The client finds that the sessions inspire her to think about things outside of sessions so that the sessions continue to give her "something to think about".

The client is aware of therapeutic dialogue following a specific focus of attention which is the outcome of the combined work of client and therapist and for her represents neither her or the therapists point of view but a "social" point of view. The session follows a certain theme, which is a familiar one and the client experiences this as the usual process of therapy.

The client feels that the therapist, because of her experience of and knowledge of psychological life is able to see where the client is "going wrong" in her life and to this extent the client is sometimes willing to follow the way "she puts things together", even when it does not make immediate sense to her.

The therapist has implicitly encouraged certain forms of emotional self-expression and certain ways of dealing with anger; without ever explicitly having said how the client should behave and the client experiences the therapist as never leading her, but the client nevertheless has a feeling that she knows what the therapist expects of her in terms of appropriate and desirable forms of self-expression. She knows this from the therapist's questions and the way the therapist encourages her to move in certain directions. The client experiences the consistent focus on certain feelings and the therapist's way of asking her about feelings as indicating to her what the therapist feels about what is appropriate.

The client has experienced some uncertainty about where to start sessions and in not knowing what is relevant. The therapist feels that it is the client who should determine what is relevant, but the client expects this from the therapist. Increasingly they both experience the content of the sessions being led by the themes that have become important.

The client is aware of not having disclosed certain issues to the therapist. She experiences that if she felt completely comfortable or "natural" with the therapist she would have imparted certain awareness that she has not. She has progressively disclosed more and more and feels that with time she feels she would be more honest. When the client discloses a rape she experienced she does so in a way that she feels that she has mentioned the subject, but discusses the issue in such a way that the therapist is not quite clear what she is talking about. The client feels that she has broached the subject and because of this feels some relief at having mentioned the issue, but the therapist is left unclear about what exactly she was saying and the reference to her having been raped is missed by the therapist. The client broached the subject so indirectly that only after she had finished describing it did the therapist realise that she was saying she had been raped by an ex-boyfriend. For the client she broaches the subject tentatively and this allows her to feel good that she has spoken about it, and feeling that in some way she had shared the issue she felt more able to discuss other sexual issues that were bothering her.

Client and therapist at different times introduce new themes into the therapy by talking generally about the experience and gradually becoming more concrete and ultimately speaking directly about an issue such as the above sexual violence which the client was uncomfortable speaking about. The subject is increasingly engaged as it is assimilated by the established themes.

The therapist is aware of a discrepancy between what she thinks and what she says. She experiences her thoughts as having to be directed before being conveyed. " I think it in crude or crass way and I say it in a way that is perhaps not as strong." The therapist formulates an interpretation as she speaks. She does not have the interpretation in mind prior to speaking. As she speaks she is aware of speaking in a way that will assist the client to accept what she is saying considering what she knows about the client's propensity to understand. She "beats around the bush" and prepares the ground before getting to the point.

The therapist and client sometimes concentrate on different levels of the same issue and appear to miss each other or to be thinking about different things although in the same area.

The therapist has to wonder what the client is thinking when she is silent. The client is very sensitive about the therapist's mode of attention and judges this from the way she sits and concentrates.

The therapist is aware of the client pretending to have certain feelings for the sake of the therapist and pretending to feel certain things to please the therapist; eg. starting to act "secure" for the therapist. While the client is aware of trying to feel secure because the therapy is ending and the therapist wants her to feel secure she also does feel more secure. Such conflicting understandings are not resolved and must be avoided and circumvented in order to facilitate the dialogue not reaching an impasse.

Misunderstanding between the client and therapist arises in the client interpreting the therapist's suggestion that she should try and dream about something. This is a misunderstanding of what the therapist was trying to express which was that the client should know what she should do from her dreams. Such misunderstanding halt the flow of the conversation and call to be attended to before further progress can be made.

The client experiences a difference between what the therapist might have been saying and her own appropriation of the therapist's words. She experiences that she makes her own sense of what the therapist has said , "I put my own set of labels on it". The therapist allows this to happen to a degree but feels that there must be a "basic understanding".

The client has become progressively more relaxed in sessions and feels that she "can let whatever happens happen"; including silence, disagreement and allowing lapses of concentration.

The client checks out if the therapist follows her line of thought. After a long monologue she needs to check out if she has been heard and if the therapist is aware of what she is trying to say. This activity pervades the dialogue with both client and therapist continually checking understanding.

The therapist attends at a point with her mind simultaneously on another issue nothing to do with therapy and the client is unaware of this momentary lapse of attention. At such moments the client and therapist are drawn together towards a common focus and this maintains a sense of the conversation continuing in a flowing way.

Client and therapist are constantly aware of each other's bodily communications. They seek out different signs in the other's body, which are ways of checking what the other person is feeling and might not be saying. The client is especially aware of signs of approval-disapproval. The therapist checks for levels of emotionality in the taped excerpt.

The therapist experiences holding the client away from deeper issues during the session and the therapist and client have a power to direct what is spoken about in the session and usually neither of them exerts their own direction if the other resists.

The therapist experiences herself not saying what she thinks because she feels it would be quite devastating for the client to cope with.

The therapist is aware of sweeping past statements that need to be picked up, statements that refer to the relationship between herself and the client which they do not have the time left to pick up on.

The therapist experiences giving the client the space to explore for herself during the session. When she begins talking the therapist sits aback and sees herself as making space for the client to express her self-understanding fully.

The therapist does not always know where she is heading in the session or what she was trying to do. She is later able to piece it together. The client has an idea that the therapist knows what is going on when the therapist often does not.

The therapy is mostly concerned with disclosure of previously avoided feelings which the client is aware of and which she has never had the psychological disposition to face. The therapist has maintained a relatively low profile in an interpretative sense. She has encouraged the client's own intuitive understanding of relationships and has encouraged the client to become more aware of her own spontaneous responses and reactions.

The client experiences the therapist as being on the same side as her, or "fighting the same battle". The therapist does not overtly express her support, but does so only through her voice tone and through non-verbal signals which the client picks up. Through voice tone she shows a sympathy with what the client is experiencing and the client experiences this as supportive.

The therapist experiences the client trying to save her when she becomes a little lost and the client giving her cues for her to keep the exploration going. They both work and to keep the dialogue going when it gets lost and when it gets confused. Being together in a room gives a pressure to keep the dialogue going and a social pressure leads to the need to give the conversation coherence. At one point the therapist is aware of the client pretending to be more insecure to give the therapeutic conversation continuity. She experiences the client as offering her something to engage with the client about.

The client seldom comes to therapy with something to talk about, she understands that she talks only about what comes into her head first.

The therapist responds in the session in an automatic way and often does not think greatly before she responds or intervenes. Yet she says that what she says is consistent with her understanding of the case. Her understanding of what is happening informs her responding and it does so on a

The client experiences therapy as typically making headway in a certain direction and then reaching a barrier which she experiences as "all little blocks" and then they tackle it from another angle and are blocked again. She describes the little blocks as the "monsters in my subconscious" and finds that the experience of getting only so far and then being blocked has been diminished in fairly non-reflective level. When new areas are raised her prior understanding is readily applied to these new areas and there is little consideration before she is able to thus apply her knowledge.

The therapist experiences the client as having very heart-sore feelings and being close to tears for most of the session. The client is unaware of having such an experience and describes the session as a relatively superficial experience. The therapist is suspicious of the client in this respect and wonders whether the client is not keeping at bay her dread of termination and other pressing feelings by talking on a superficial level. The therapist's not bringing this to the dialogue is mediated by her not wishing to lead the client into deeper exploration.

The client experienced knowing what therapy was about only after months of being in therapy and it took time for themes to consolidate. The therapist similarly experienced a while before they had something to work on. It took this long to become less fragmentary and to develop coherence. Each sessions begins with the client recounting stories of what had happened and gradually the fragments get drawn into a general account.

The client experiences a contradiction between being "on the right track" in relation to what she feels is intelligible to the therapist and what she wants to say. She experiences the right track as a "social right track", neither belonging to her or the therapist. "It's not hers or mine". It is a common ground for both of them.

2 PROCESSES OF THEMATISATION

The therapist feels that by concentrating on talking about other people the therapy loses its thematic base and gets lost and both client and therapist have to start to reformulate and it is as if they are at the stage they were right at the beginning of the therapy. This also occurs whenever there is a new theme or new movement in therapy. The therapy has gradually moved from talking about people and incidents in the client's life to talking about themes and this has led the dialogue to discuss the past and each session moves away from present to past, although the client remains acutely aware of the need to focus upon and overcome her presenting problems. The therapist is less focused on presenting problems and she has to attempt to remember what these were.

The client experiences therapy as typically making headway in a certain direction and then reaching a barrier which she experiences as "all little blocks" and then they tackle it from another angle and are blocked again. She describes the little blocks as the "monsters in my subconscious" and finds that the experience of getting only so far and then being blocked has been diminished in psychotherapy. She feels that have gradually "chipped away" at the blocks by understanding what it is that "stops her". Things that she really feared within herself, really "evil things", and "uncontrollable things" have become the subject of the dialogue. She would usually have avoided these issues and through talking about them she has got to know and understand them and can deal with them.

Much of the thinking of the session is not thematised and large parts of the story are not brought to thematisation. But the client and therapist feel that the "themes" they are working with are central and appear to offer the possibility of a thorough understanding.

In the thematisation process the client experiences herself taking herself back to a situation, re-imagining it and feeling herself into the situation and trying to re-experience what she felt then. The therapist joins her in this and they together articulate the situation in ways which concur with one of the main themes of the therapy.

As the client talks about guilt in therapy she begins to feel guilty. The words call up her guilt and she refines her words by recourse to experiences where guilt seems to be a prominent theme.

The client her thought processes as evolving quickly as she talks and struggles to articulate something as if she has already grasped it an implicit level. She expresses opinions as if they are her own or reflect what she already believes. "I was thinking something and then I realised, no that's not what I think, and then again I thought, no that's what... that's what I think. Its sort of my thought process evolving." Her thought process evolving is conceived as a checking operation against a place which she experiences inside her and wherein seems to reside the answer to her lack of clarity about how or why she feels as she does. She is surprised by what she discovers, on the other hand, to the extent that she is first confused about what she feels and then develops clarity.

An expression ("photo incident") summarizes an incident which had happened ten months previously and which had been discussed in therapy at the time. The meaning of the past incident had been previously formulated and by referring to the photo incident the client feels that they know what is meant; i.e. what the meaning of the incident is and how it relates back to the past and all the themes that were related to the understanding of the photo incident so that the new experience by being seen as analogous to the photo incident is immediately thematised and given an established meaning.

The client experiences herself battling to articulate new states of being, because she doesn't have a reference point in the therapy; in other words there is not a range of stories and incidents through which to understand the new experience. She discovers a new kind of issue to talk about and the client feels that she has no words for these new feelings."Especially now that I'm experiencing a new way of being, and having words that I would have described certain emotions, those emotions I don't feel any more, I have like a different kind of emotion, but there aren't enough adjectives to describe the different states of being." She finds it difficult to find words for new feelings that she is having for the first time and for which there is little or not thematic history in the shared understanding between her and therapist.

The therapist formulates a new possibility of responding and as she speaks the client listens by imagining situations from the perspective of what the therapist is suggesting. The client listens to the therapist summing up and attempts to apply the thematisation and summarizing of the therapist to a particular incident. She uses an incident to listen with so that the abstractions of the therapist's description become relevant to how she lives her life. For example, the therapist is talking about the possibility of her experiencing a "contained" mode of being and she imagines herself in a situation and imaginally lives out the situation in terms of the imagined new feeling.

The client feels that although the therapy appears to have covered most areas she does not feel that she knows that the therapy has touched on all central issues and that there may be other possible central issues which have not yet been discovered. She feels that they "only get close to the centre". She experiences a sense of articulating "central issues", but they seem to move around the central issue which both client and therapist feel they have not yet articulated.

She finds that the therapist putting her experience into different words makes it clearer to her that the therapist is able to say what she is trying to say in a less abstract and clearer way. The therapist summarizes what she says and she feels that his summarization is very close to what she has said but usually has different wording. She finds that the therapist's re-formulations encourage and assist her to clarify her own thoughts when she hears the therapist describing her thoughts.

The client experiences that the therapist could remember everything the client has told her and has wondered whether she writes it all down or has a hidden tape recorder. The therapist is sometimes able to remember better than herself and reminds her of things she has forgotten and what she felt at other times. This was especially noticeable in the beginning when the client had difficulty in concentrating.

The client experiences the therapist as connecting what she talks about to the past or connecting it to other feelings. She experiences the therapist as building up an understanding by linking various things together. The therapist waits until she has grasped something sufficiently before she contributes to the formulation in the therapy.

The links are the things "she has battled with". They mostly have discussed the kinds of events that she has found difficult to face and understanding that these have a similarity provides the links between the different types of experience they talk about.

The therapist sees the same relational problem across a range of different relationships and when a new relationship is encountered the therapist feels that the client is relating in a characteristic pattern which becomes the linking pattern.

The client moves ahead of the therapist in coming to a new role and formulating a new way of responding to situations. When the client describes what she feels is a new way of responding she has discovered, the therapist tries to understand through old themes and the client feels misunderstood. The client had a strength in a previously pathological way of responding (previously she had been passive and now accepting and more patient) and the therapist finds it difficult to follow her reasons for seeing it as a strength and construes it as a pathological development following an old way of thinking.

In the early stages of therapy she used to discuss life incidents first and then go into what she perceived to be the psychological understanding. At this stage in therapy she gives an overall description of the process as opposed to giving details of the incident. She conveys her account and her contribution in the language of understanding that has developed during the course of the therapy.

The therapist experiences the client as speaking on a more superficial level when she talks about herself in the third person. The therapist says " I felt that I was talking to her about herself." She distinguishes this from the occasions when the client talks from her feelings and these sessions she deems to be more therapeutic. The client experiences talking about herself in a third person way in a somewhat different light and it is important to her to sometimes talk at this level as it helps her to consolidate and summarize what has been covered. It is a more abstract mode of engaging and serves the function of instilling a greater sense of control and less pressure to disclose and makes her feel more settled.

The therapist is aware of emotions damming behind the client's words but does not interpret them as defensive or the client as blocked because she experiences that the client has another and competing need to feel in control of her emotional situation. The therapist in this way (by not interpreting) has a determining effect upon what happens and what is explored in the session.

Whatever is explored is the client's issue but at any point there is a choice of possible foci and the therapist exercises an influence at this level.

In reliving a situation by thinking of it as the therapist talks on a more abstract level about a particular psychological process, she is able to imagine alternative ways of coping with the original situation which are in line with the general therapeutic direction. She is thus able to place a therapeutic suggestion into the original situation and imagine how she could cope with the situation differently. She imagines the old situation but she takes a new set of attitudes into it and recasts the old situation in a way that sees her as having the potentiality, albeit uneventuated, of behaving in this alternative new way in that old situation.

The therapy was initially concerned with presenting problems but then quickly moved into understanding her past relationships. The themes thus spoken about have progressively been used to understand the dynamics of her present everyday life and present relationships. The themes from her parents and other close relationships are used to throw light on present events in her life. The past and the present are much more readily intermingled and both are used to develop themes.

The client's understanding of past relationships has given her an understanding of herself as she was and as she felt in the past. She has come to understand that the way she understands her life was set up in the past and is maintained through habitual ways of conducting relationships and in the way that she thinks about herself.

The link between the past and the present is the way she relates to people and it is this which has been the primary focus of therapeutic work. Some such themes are her feeling sorry for others, feeling guilty about her own feelings and feeling open to manipulation.

The therapist makes sense of the client's present relationships in terms of the past. She finds reasons for why the client finds men puzzling and explains this causally because they have beaten her up in the past relationships. The client is not convinced of this causal construal but it has led her to look more closely at her ways of responding to mean and how these were constructed.

She feels that by understanding her feeling of guilt she is relieved of the need to feel it. The client finds that the more conscious she becomes of the feeling the less of a natural reaction it is. She feels less enmeshed in feelings and more able to do something about them even if she doesn't fully understand them.

The client feels that she does not want to discover more new issues at the end of the therapy (she is leaving town) and has a sense of wanting to be positive and end without opening up new areas for exploration. This requires a limitation on new themes and on the exploration of new areas.

The pending termination of the therapy has led the client to attempt to tie things up in the therapy. Both client and therapist do this. There is an attempt on the therapist's part to tie up loose ends and to make an end of it. The existent themes are regarded as a place to settle and they both strive to reinforce these themes.

The therapist has consistently supported what the client intuitively experiences. The client experiences this as affirming of who she is and as led to a sense of trust in her own feelings as a source of knowing about relationships.

3. CONFIRMATORY PROCESSES

The client experiences correct interpretations as those which are personally acceptable and which feel right according to what she intuitively knows.

She experiences the therapist as often pointing out the incongruence between her words and her body language or breathing. She experiences the therapist through this to draw her to how she feels. She experiences the therapist as drawing attention to feelings that she tries to "shut the lid on".

She experiences the therapist as clarifying her own thoughts but will explicitly clarify her own thoughts when the therapist describes them slightly inaccurately. The therapist assists her to clarify her thoughts by reformulating her thoughts. She does experience the therapist as possibly wrong in this.

She experiences the therapist as probably knowing her better than she knows herself. She feels that the therapist can read her body language. When the client encounters the therapist in a social situation the client feels that the therapist will think that she has only been speaking about parts of herself and that the therapist will see through her.

Client and therapist feel that they are on the right track when examples spontaneously arise to illustrate the thematisation activity of the therapy.

The therapist uses her own spontaneous responses to a situation to know whether an issue is true or whether it is worth pursuing. Because the therapist "never went in after it" the therapist feels that the client was not feeling bottled up. She regards her own feelings and needs to respond as indications of what goes on in the client.

The therapist has helped her to see her own behaviour in a different light; i.e. to understand her own behaviour as having different motivations and the therapist has helped her to think about particular instances of behaviour in a way that changes her self-understanding. The new understanding is experienced as something which is indeed new, and she experiences herself as transformed. The new understanding changes who she is and she has developed an historical perspective of how she used to be. The truth of the therapeutic account is self-evident to her in that she feels that her self-understanding and her understanding of her issues is real. She has experienced that therapy as helping her to understand herself differently and this altered understanding has led her to respond to situations in a different way. To this extent she is tentative about being too sure about what she feels.

Client and therapist both have an allegiance to the shared understanding that has developed between them and constantly refer back to the themes they have understood together in discussing new material.

4 RELATIONAL DYNAMICS

Both therapist and client experience their relationship as characterised by very good communication.

The patient feels that the therapist's emotional neutrality, especially with regard to sexual and religious matters has allowed her to feel free to disclose herself.

In spite of the therapist's neutrality the client feels that the therapy would have proceeded differently with another therapist and feels that the personal relationship with the therapist has been important. She feels that because the therapy has led to significant changes in her life that the therapy could not have been the same with another therapist; i.e. because it has worked and she has developed through it and because it has been such an important relationship with the therapist, she cannot explain why but she feels that the person of the therapist was important and indeed crucial to the process of therapy.

The client often perceives herself and the therapist to be thinking "along the same track" as the therapist. The therapist experiences such a moment as entering into what the client feels. The therapist experiences herself as having a familiarity with the client's emotional life and being able to know, sometimes before the client how the client would feel in such a situation. The client experiences the therapist as knowing her better than she knows herself and has a deep admiration for the therapist in this respect. The client experiences sharing certain feelings about a social issue as rapport and experiences herself and the therapist as on having something in common. The therapist similarly experiences a sharing of feeling but experiences this as only capturing a part of her own feelings about the issue. The affirmation of sharing a common perspectives occurs through laughing together about an issue which both experience as acknowledgement of sharing a similar view. The client experiences the therapist being emotionally moved by her experience as an indication of the therapist's genuine concern for her which she appreciates and values. For the client such experiences have affirmed their affinity and why it has been possible to work so well with the therapist. They experience conspiring together as women about male sexuality and certain personal commonalities are used to establish common ground and this establishes a stronger base for the interpretative work.

The client experiences the therapist as evading or deflecting personal questions and the client feels an ambivalence about this. The client experiences the therapist's emotional neutrality as making her uncertain about how to respond in the situation and about what is appropriate and expected. She experiences discomfort in meeting the therapist outside of the session because she feels it is like meeting a stranger and doesn't know how to respond to her except in a therapy way. She experiences the therapist's emotional neutrality as both causing discomfort but also allowing her to be free to be herself in the session.

She experiences the therapist as avoiding answering questions in a direct way or expressing opinions. The client is able to surmise the therapist's opinion through her voice tone, although she experiences the therapist as modulating her own voice tone in order to disguise her opinions and has generally tried to assess what the therapist thinks and feels but the therapist has shown very little of herself. Although the non-judgemental approach taken by the therapist is important in facilitating the client's disclosure, she also finds it a little frustrating. In order for the therapist to be non-judgmental the client sees her as having to abstain from having and expressing her negative views. The client is uncertain about how the therapist actually feels and this makes the relationship fees "unnatural". Because she does not know what the therapist feels she doesn't know how to avoid offending or alarming the therapist. She experiences herself being tentative when she first discloses herself and gradually opening up further when she experiences no censure.

She feels that it is not her business to ask what the therapist herself thinks and so does not ask.

She experiences this relationship in relation to a friendship and as differing from a friendship because the nature of the relationship does no allow her to ask what the therapist really thinks and she experiences the therapist as deflecting or evading questions about what she actually feels. The therapist does not turn her questions about the therapist back to "what do you think", but experiences the therapist as encouraging her to go with her own intuition or feelings.. the therapist takes the stance that she should trust her own intuitive interpretation of reality. The therapy has mainly been about disclosing certain unintegrated aspects of her emotional life and has not proceeded beyond what the client thinks.

The client feels that the therapy has not been "two-way" and nor has it become progressively more intimate. She feels vulnerable because of the one-way relationship. It feels to her that she has taken a risk, through not knowing how the therapist feels. The client has a contradictory experience in this regard because on the one hand she feels that the therapist has not been judgmental and on the other this has been a result of the therapist not expressing her personal feelings. The therapist's non-responsiveness allows the client to be herself without the interpersonal consequences which invoke guilt and other feelings and blameworthiness for her feelings.

The confidentiality of the session has assisted the client greatly in articulating themes. She feels uncomfortable seeing the therapist outside of the therapy; because the problem of confidentiality arises. For the client therapy is an activity which is split off from the rest of her life and is private. Because therapy is split off from life her feelings can be spoken in the consulting room. She feels that the therapist accepting her has been a beginning of accepting herself.

The client experiences the therapist "bursting to say something" as being more natural than her usual way of restraint. The client understands the therapist's disclosure of an opinion as an attempt to make rapid progress and due to the pressure of time running out in the therapy. The therapist experienced this event as an attempt to remind the client directly that she was overlooking an emotional difficulty by fleeing into a state of health. The client experienced this as a strong encouragement by the therapist to feel in a certain way as uncharacteristic. She would usually feel threatened by this kind of encouragement and it if it had happened earlier she would indeed have felt threatened. At a point when the therapist expresses an opinion that seems to the client to be judgmental in expressing blame and holding the client responsible the client feels angry with the therapist and feels disinclined to continue to explore the issue.

The client experiences the therapist as probably very aware of her own values and that the therapist would deliberately try to steer away from imposing her own values onto the client. She experiences the therapist as holding in check her own (the therapist's) own values and her own judgemental qualities and is aware of the therapist being very careful not to project through being very careful about the terminology she uses. She is aware of the therapist trying to use terms which the client is familiar with and being careful in her choice of words. She experiences the therapist as very conscious of her own body language and non-verbal utterances and this has given her the feeling that the therapist would not impose her own values on the client because the therapist is deliberately regulating how she responds. The client finds this reassuring and it makes her feel free to be who she is. The client feels that the therapist's support is very important and she experiences the therapist as actually caring for her. A combination of these factors has led the client to believe that the therapist is to be trusted as someone who is "true to what she thinks".

The client felt that the most difficult phase of therapy involved the discussion of the therapeutic relationship. At one point she would leave sessions early because she found the experience very uncomfortable a and she needed to "run away" from it. She experienced a feeling of dread in the therapy. When she faced up to it was an example of confronting something and working it through and this was an important experience. When the therapist asked her to speak about her relationship with the therapist she felt that she had no idea about what the therapist wanted to say and no understanding of what was happening.

The therapist feels warm towards the client and feels personally connected to some of her issues but not more so than with other clients. She sometimes feels herself what the client feels and recognises this as "resonating" with the client. She is still puzzled by large areas of the client's experience and by no means knows what is going on as the client imagines she does. Her meeting with the client and the feelings of connection which are conveyed at specific points appear to be momentary points which are vital to the client's sense of being understood but the therapist feels much more "at sea" than these moments suggest. The therapist feels the client has avoided seeing her self-ingratiating way of being in the therapy as part of the way she is. She feels that all of the client's personal issues are strongly enacted in the therapy, but the client is unwilling to see the therapy as one of the problems in her life and therefore is not at this stage willing to talk about therapy in therapy.

5 RELATION BETWEEN FIRST AND SECOND ORDER ACCOUNTS

The client finds it difficult to remember the content of the therapeutic sessions, but thoughts arise spontaneously in the course of her daily life that cause her to remember what was discussed in therapy. For her understanding is tied to specific events of life rather than being abstract.

The client experiences difficulties in the communication with the therapist in the prompted recall and not in the general account.

The client finds the actual qualities of the therapy different to describe because it is "more complex than talking about it can describe".

In the session a moment is experienced as laughter and lightness, but in reflecting about it in prompted recall both see it as a joke between the participants. The second order account allows it to be seen as a social process between them and not simply an experienced moment of light relief.

The therapist has an awareness and an account of what was happening in the session afterwards which she did not experience in the session. The therapist in the session was committed to keeping the therapy at a less emotional level and because of this she did not think to see the emotionality of the client's response, which she notices afterwards.

Although the client recalls that the sessions makes sense as they proceed she experiences having only a very weak idea after the session about what had been spoken about. Only after being in therapy for sometime was she able to make sense of what the sessions were about. Prior to this her sense of what was happening in therapy was fragmentary and had little coherence. Immediately after a session the client is typically unable to recall what had happened in the session or what had been spoken about.

The therapist moves between accounting for her own experience in the session and having an overall account of what is happening between herself and the client. The therapist tends to account for her own actions in the session as if they are intended actions and the first interview account brings little recognition of the spontaneous, confused, lost, not understanding feelings that the therapist experiences in the session. For the client a feeling of not being able to account for what is happening in the session pervades both her attempt to account for the general process of the session and her experience in the session.

The therapist tends to frame therapy events as deliberate and strategic actions on her part which in the prompted recall are often happenings which she has no control over and does not deliberately intend.

APPENDIX 6

EXTENDED DESCRIPTION OF DIALOGICAL STRUCTURE 3

1 DIALOGICAL COMPOSITION

Although the client says that the therapist will "let me decide what's relevant", the client feels that there are certain issues which are and which are not relevant areas of discussion in the therapy. "There seems to be a line which exists which I can talk about which I can discuss, which are relevant." The therapist feels that there is nothing about the client's life that is excluded from discussion in therapy and does not readily make a distinction between what belongs in therapy and what does not. The client's decision about what is relevant to talk about in the session is guided, at least partially so, by what he thinks is relevant within the broad parameters of relevance which have been laid down as the preceding areas of discussion taken up by the therapy. Certain issues which are of concern to him are considered to be private are not brought into the sessions. He does not "wonder why" about this world or try and understand it. He experiences it as private thoughts not related to therapy and not directly to do with the problems he faces. He contrasts these spontaneous thoughts with the sustained self-reflection which characterizes the therapeutic dialogue. The private world refers to an ongoing stream of consciousness which pervades the dialogue. These thoughts more than the words and ideas of the dialogue are experienced as his own.

In the course of the session the therapist and client fluctuate between attending to what the other says, and being absorbed in their own thought processes relating to what is being discussed and also outside of the parameters of what is being discussed.

At times the client is not sure what the therapist is talking about but does not correct the therapist because he feels that misunderstanding is not of ultimate consequence. He corrects the therapist to the extent that he feels the therapist is wrong about something that matters.

When the client experiences the words of the therapist in a way which appear to miss him completely he withdraws in the therapy and is left with a confused feeling. The words are an affront to the extent that he experiences the therapist as judging him in a negative light. The therapist is aware that the client is withdrawn but unaware of what is causing this.

The client listens to what the therapist says and listens for a theme which he can relate to and they can together pick up on. The therapist listens to the client in a way that allows him to pick up on the common themes they have been striving to understand together in the context of what the client is talking about. At points of coming together on a common understanding a sense of clarity is brought to the dialogue which overcomes a sense of confusion and not know where the conversation is heading.

The client agrees with the therapist's reflective comment upon something the client has just said, even though he does not actually agree with it, because he feels that he wishes to move onto another aspect of what has been discussed and which is deemed by him to be more important to say than the clarification of what he considers to be an inconsequent misunderstanding.

There are many moments of inaccuracy in understanding what the other is trying to say. A listener may be quite unsure of what the speaker is trying to say. The speaker is often quite unsure of what he himself is trying to say and his account may contain contradictions, uncertainties and wrong turns. The speaker approximates what he or she is trying to say and stops speaking when he feels that he has approximately expressed himself.

The therapist thinks that the client, by accepting the existence of an apparently (from the therapist's perspective) negative feeling and not finding it a problem is avoiding resolving it and avoiding feeling the pain. The client feels that he is finding a way of living with the feeling and not letting it break him down. The therapist suggests that he is holding onto his unhappiness by not dealing with it in a way of wanting to overcome it. This causes an impasse to an extent that the interpretations lead to different paths of action and there appears to be no common understanding of what the other means.

The coming together of perspectives of client and therapist into a shared understanding of material that has not hitherto been given a common understanding is marked by a heightened energy and excitement.

The speaker may assume that the other has heard what he has said whereas the client has heard something different.

Therapist and client experience non-verbal sounds in differing ways and attribute different meanings to them.

Client and therapist feel more focused and clear about what they are dealing with as the therapy has progressed. Initially the client was not sure what he should speak about and gradually as the therapy has adopted certain themes he has become clearer about what he should talk about in sessions. He experiences the earlier stages as having had more leeway before they arrived at a core.

The dialogue has become able to tolerate greater uncertainty and misunderstanding over time so it is less important now than it was in the past that they agree on everything.

Client and therapist attempt to maintain a veneer of paying attention even at moments when they do not. They both pretend to understand what the other is saying at moments when they are not concentrating or paying attention , or thinking of something else. This miscommunication is experienced as an uncomfortable pressure in the dialogue and the breakdown of the conversational continuity is experienced as uncomfortable and to be avoided.

Client says "Mmm" to say he agrees, but he feels that he only partially agrees. He means that he is prepared "to go along with it". "I let him go on for a while, then if it gets too bad I will say something."

The client is able to participate in the dialogue and simultaneously feel disengaged without the therapist detecting his disengagement. Similarly the therapist occasionally "drifts off" and this is not detected by the client.

The client is aware of withholding certain issues from the therapy, because they are simply not historically a part of the therapy and to begin at this late stage in therapy to deal with these issues would open up "too much of a can of worms" and he feels that it would upset his life too much and he would not be able to deal with the added trauma of dealing with new issues.

The client has gradually begun to see a point of view that the therapist had taken some time ago, by noticing parallels between the way he behaves and what the therapist has suggested. He has had to apply the therapist's suggestion in the context of life situations in order to grasp this reality.

The client experiences some private feelings as so difficult and confusing that he is not able to actually express them. He experiences the expression of his feelings as requiring effort. He feels that given time he might be able to express his feelings and therapy has gradually helped him to identify different feelings which when identified become easier to express.

The therapist feels a pressure because time is running out and he feels the need to cover more ground in this time. The client on the other hand feels that he cannot cover all the ground that it is too much and he would prefer to consolidate . "My plate is already full". For this reason the therapist pressurises him and he resists, because he feels he can only make sense of it all in small "chunks". He feels overwhelmed by and cannot assimilate "huge" insights.

Whether in the therapy or in the research interviews the client finds it difficult to answer questions directly and says that "answers come to me". He describes this as ideas "popping up". He feels that he is not in control of what he thinks and feels and that what he feels is something that appears in his consciousness without him consciously thinking it in a rational.

The client experiences a particular theme arising at repeated intervals. Because of painful associations with the theme he avoids the theme, but it comes up in spite of his wanting to avoid it and he realises that he will have to deal with it, because it comes up whether he likes it or not. This particular theme is one which both the client and therapist recognise as important. He experiences this theme as one which the therapist would like him to deal with and he feels irritated that the therapist seems to be pressurising him to deal with it. His reluctance stems from his feeling that the theme is something that happened in the past and it is not one of his presenting problems.

He likens being in therapy to being an artist. He experiences the need for a stimulus from outside to get him going, "to know what he has to do or how to do it". The therapist challenges him to think more questioningly about the way he has understood things, but when the therapist "bulldozes" (therapist's words) him he retreats into himself.

The client experiences the therapist as knowing before he does, yet he does not feel pushed or directed, he feels led. He finds that the therapist is mostly "spot on" in summarizing his descriptions.

The client is able to notice that the therapist is winding down the session and he becomes aware of this in the therapist's tone of voice and in other ways which the therapist starts to behave, which are not to do with what he is saying, but how he "acts". The client and therapist both read unspoken communications though the non-verbal expressions of the other party.

The client and therapist tend to listen for key words and concepts which have pre-figured meanings for both of them and these are used as the themes for building a common understanding.

The client and therapist describe similar main themes and the main underlying theme is the same for both of them although the actual conversation shifts and changes beyond making logical sense.

The client values the therapist's ability to say things that the client means to say, but the therapist is sometimes able to express it in a different way. The therapist gives him a way of saying things and helps him to differentiate what is otherwise jumbled. By putting what he says in a different way the therapist says it differently and better. The therapist asks the client if the understanding works for him and the client is able to confirm or not. The understanding works if the client sees it as a clarification of something he already felt in a slightly less clear way.

The client experiences the therapist as "confirming" what he is trying to say especially when the client is aware of himself as "not explaining it like I should".

The client describes therapy as "It's like a playing area to chuck around little ideas", "It's like poetry for me." He experiences the playful, unstructured way of looking at things as typical of therapy. He experiences it as vital to the therapy that the ideas of the dialogue have no consequence, "they are not acted upon over and above the level of thoughts". This for him means that he feels free to express himself and feels unconstrained in the therapeutic space. When the therapist encourages him to express emotions he feels constrained and withdraws from co-operative engagement in the sense making process. The client experiences the history of the relationship with the therapist as showing that the therapist can stay with the client and the therapist has given the client the sense that his feelings are not threatening and are capable of being accommodated. To this extent the client is able to tolerate when the therapist occasionally does not understand or is unsupportive.

When the therapist feels out of touch with what the client he falls back on past themes and in re-discussing issues already discussed in previous sessions, the therapist is able to establish a link with the client again.

The client experiences a pressure to keep the conversation alive and repeats himself because he feels that the therapist wishes him to say something. He feels that the therapist is pressurising him to talk from his feelings. This concurs with the therapist's view that it is important for the client to express his feelings. The client pretends to be engaged and repeats himself, but does not want to be there in "that pressured place".

Thematic continuity is enhanced by the therapist's questions. The client says "I am there but I'm not" and the client experiences himself as "just getting by in the session" and the therapist forces him to sit up and think by asking him a question. He previously felt disengaged "The words just sort of flowing past and suddenly I had to clarify what I had said and I realised I was lost".

When the client does not feel met by what the therapist says he feels uncomfortable. When he feels that the interpretative work takes up familiar themes he feels reassured and comforted, "when old stories are confirmed." When material is totally new to him he thinks about it afterwards and his thinking strives to connect it to thematic developments.

Both client and therapist experience the therapy and talk about the therapy as if it has some autonomy from who they are as individuals. They both experience themselves as deliberately participating in the therapy and also moved by the therapy so that they are not always in control of what is happening.

2. PROCESSES OF THEMATISATION

The client describes the thematic development of the therapy as referring to the "pattern of how I deal with situations and of my moods". Client and therapist have established a central pattern-like set of experiences which are distinguished by a type of feeling and a pattern of response.

The client experiences the speaking of meaning as a kind of opening up of the terrain of his life, which is otherwise drawn out into in such a way that he has no idea of what is happening and this is confusing. He experiences the therapy as having provided him with overall understanding and allowed him to see what is going on.

Due to the therapy the client has been able to see links that run through all aspects of his life, including his work. For the client the links between different events is "the feeling reactions you have to things".

The therapist and client experience that they are using different names and images to "fet at" a central theme. This has gone by various names such as "the thing", "the dead space", "the enemy", "the sticky patch" and it refers to range of different situations in his life which are progressively linked together in a thematic way. The exact nature of the theme has not become clear to either party, but as the client says "These are different names but its all one thing." Gradually by using different images they have come to know more clearly and distinctly what was previously an amorphous, pervasive feeling and its identity has become more familiar and its nuances better known.

The development of an image connects to aspects of old images so that a new understanding of an experience is constructed out of the fragments of old experiences. It is experienced as a development of the old image, rather than a replacement of the old image.

The client hears the general import of an interpretation that the therapist has just made. He is unable to know where to begin with it and feels overwhelmed. The therapist is experienced as encouraging him to address an issue. The particular meaning of what the therapist is saying is not picked up by the client,but because it is a new thought the client has no way of thinking about it. It is experienced as too much of a jump to even think of seeing this particular feeling in a different light and his attention is absorbed with this. "I couldn't get passed just the general thing of addressing this thing". It is a new thought which he couldn't enter into exploration of and which gave him a jolt as a new idea and he had no way of gaining access to it.

At a point the therapist experiences himself as not being attuned to what the client is feeling. He becomes aware only in the prompted recall that he is not following the client's feelings but attempting to move the client beyond what he is feeling. When he feels that the current state of feeling of the client involves a foreclosure of other states of feeling he attempts to move the client into different perspectives. The client resists this as he feels that the therapist is not understanding him. At such a point the therapist interprets his own behaviour as sometimes inappropriate, and sees his usual "whittling away" being replaced by a "bashing away" approach.

The client experiences the therapist as leading him into a new way of seeing things, but the client is reluctant to go with the therapist's leading. The therapist phrases his understanding in such a way that the client does not have to accept the invitation, but the client is nevertheless challenged by the interpretation even when he refuses it. Even as he decides that he is reluctant to go into the issue "for now" he shelves the issue for later consideration and the issue is gradually considered as material for understanding his experience.

When the client realises that there is a fundamental incompatibility between himself and the therapist in relation to understanding a particular life event he does not correct the therapist; "I don't resist him there", because he feels that the therapist and himself have such opposing views and it seems like too much to have to try and show the therapist what he thinks. It is too much in that it requires explaining things which a context really be needs to be laid in order to understand, and this seems like a great effort for what it is worth in the context of the therapy. He lets the issue go and withdraws and waits for the therapist to reconnect with him. The therapist senses that the client is not with him and decides to press ahead with what he is saying although he thinks afterwards that this is probably not the best thing to do. Eventually the therapist departs from the theme and they pick up on other common themes and the client re-engages in therapy.

The client experiences the therapist as "picking up the bits and piece" and drawing the client's meanings into a whole. He experiences the therapist as remembering for him.

Towards the end of the session the exploratory work of the session begins to wind down. The client and therapist attempt to summarize what has been covered and bring this together into a coherent formulation. In this process they reach an agreement about what has been covered and the differences and rough edges are smoothed over. The client feels that the therapist is attempting to hammer a point home and the client feels that this is not necessary and that by summarising the therapist is trying to make sure that the client has grasped the point and even if he hadn't the client feels that he would not suddenly accept it at the end of the session.

The client gets drawn into the emotional qualities of an experience and tends to get lost in them. The therapist tends to be more involved in linking themes so that the client occasionally feels left behind. The client says "I was still back there and the therapist had moved on." The client experiences the explorations of the therapist as posing, at times, very threatening possibilities and while the therapist is able to experience the threat to the client he is more able to leave it and move on and he does not realise the weight of the suggestions he is making .

The client experiences a particular name for an image which he experiences as a "physical" feeling which he could even place in the room, behind his back. He refers to this feeling image which has a substantiality which he can readily refer to and which he can find no words for. He experiences an image as threatening to overpower him. Although it doesn't have an identity it has an overpowering presence and the client and therapist are able together explore its identity. The therapist is unable to grasp the reality of the threat although he imaginatively construes what the experience is like for the client. The therapist's appropriation of the image feels real to the therapist but from the client's perspective the therapist misses a vital dimension of facing "the thing" which is the fact that the thing cannot be faced. It is by virtue of being "the thing" unable to be faced.

The therapist usually takes small interpretative steps in extending the client's self-understanding, but because the therapist feels pressurised to terminate the therapy for external reasons the therapist increases the rate of interpretation and the client feels that the therapist begins to impose upon the therapy.

When the client begins to participate more actively in the linking activity of putting themes together he feels insecure because he feels unused to this and ill equipped for it and he sees this as a special psychological skill. He is ambivalent about this because he feels that the therapist judges the relevance of what he is saying but he is reassured through feeling that the therapist would approve of him taking initiative in making sense of his own material. The client has typically felt that the linking and thematising activity is the therapist's function and increasingly begins to share in this activity.

The therapist is aware that they are dealing with a theme before the client comes to be aware of it. The therapist is aware of links between themes which he makes through an informed awareness given to him by professional training. While the client leads the exploration of feeling states the therapist leads the linking activity and is guided by what he knows about how certain psychological statements are linked to others.

The therapist's suggestions which go beyond the client's own self-understanding are accepted by the client when the client is not feeling emotionally aroused and when the client feels that the therapist is not exerting any pressure on him to immediately accept what is being said.

The therapist phrases expressions ambiguously so that he both meets the client, but also to suggest to the client an understanding of what he is saying that goes beyond the client's own self-understanding.

When the therapist begins to make an interpretation with which the client does not agree the client pretends he has not heard the therapist and he continues with his own train of thought. When the therapist persists the client begins to feel frustrated and misunderstood and retreats into a private world where he goes through the motions of superficial communication but feels uncommitted to developing understanding in concert with the therapist. When the client senses the smallest hint of criticism, disapproval on the part of the therapist he ceases to open himself to the therapist.

The therapist links a number of seemingly disparate events into a common theme. The client grasps the general theme, but is uncertain about whether the therapist is correct in linking all of these together and feels that there are other, non-psychological reasons for these actions that the therapist did not take into account. He sometimes finds the therapist's understandings too psychological in that they don't account for some of the pressures in his life and he feels he is not to blame for all of his problems and he sometimes feels the therapist suggesting he should take greater responsibility, but he feels more like a victim. The client is aware that the therapist takes a more psychological approach to his having missed a number of sessions. He experiences these as having arisen out of practical difficulties and finds the therapist trying to make a psychological issue of these missed sessions as stretching things too far.

As the complexity of the therapy account has developed certain of the themes have become 'symptoms' causally linked to a more central issue. Whereas earlier the experiences which the client avoided were seen to be what needed articulation, it later became apparent that when the client knew what he was fearing the experiences he was avoiding became linked to a more central issue of loss. Thus there was firstly a process of becoming aware of feelings and this was followed by the experience that these feelings had a thematic continuity and related to a central issue. The therapy had progressed by increasingly understanding the experience of loss as being understandable in terms of the clients experience of a particular situation that occurred in his past.

The clients's symptoms were the main reasons for coming to therapy and he avoided expanding the focus of the therapeutic discussions beyond the parameters of the immediate problems he faced. As the therapy has progressed the symptoms have "fallen by the wayside" and the thematic focus has broadened and moved towards an understanding of past events and their relation to present events. Past events have increasingly been focused upon as providing intelligibility to present feelings and symptoms so that the past and the present are increasingly linked by the thematic continuity which is developing. He experiences a central feeling as motivating his problems and the therapy has increasingly been about understanding and articulating this feeling and this has taken them increasingly into the exploration of past contexts.

The client experiences a clear sense of having a feeling which he feels could be articulated, but he experiences a difficulty in actually articulating it. ("I feel it inside of me, but to go and ask me to explain it to you... although I know exactly what the meaning is, I would struggle to find the words for it.") The client says he has a sense of when words match his experience, but the process of speaking feelings leads progressively away from familiar territory and which means that he never really finally understands anything and he finds this frustrating. The path to understanding seems to him to lead towards new areas he doesn't understand.

The client experiences the therapist's continually referring back to things he has said in the past and experiences he has described as providing a sense of how he typically behaves in different situations. This has given the client a greater sense of "who he is".

The client experiences the therapist as offering a way "kind of way of looking at things over and above yourself". He experiences the therapist as alerting him to new ways of understanding what is happening in his relationships with other people, by offering new perspectives on what others are feeling and on what is happening and by showing the impact he has on others. The therapist experiences the client as resisting this and the therapist is aware of the need to only gradually expose the client to new understanding because the client feels threatened by the therapist's suggestions.

The client feels uncomfortable about the therapist linking certain painful past memories with the present and the client would prefer to leave these issues in the past. The therapist feels that it is precisely because the client is unable to leave these issues alone that they continue to influence his present relationships. The client says "I would like to think my mother's in the past, and it comes up and I wish it had a different name, but it comes up as her". The therapy progressively leads to understanding some of his deeper feelings in the context of his relationship with his mother and he resists this.

Therapy has helped him to see that"Its not just bits and pieces floating around, things are becoming more tangible." Part of this process has been to identify the different bits and relate them to each other and to begin to see a "picture" of his emotional life as a whole "when you're actually there you don't think about the pieces".

The client experiences the session as moving back and forth to a "bigger picture" and he associates seeing the whole with not getting lost in "little corners", and with well-being. "I think I can best see the picture when I am feeling better." He experiences therapy as having provided him with the way of seeing his life in perspective even when he is feeling low. He associates seeing the big picture with "finding some style, identity, whatever in my work (as an artist)". The client experiences himself becoming lost in the session and then "pulling himself together". At the moment of doing so he becomes aware of what he is talking about in a thematic sense in relation to the themes of the session and considers that he has become a little lost. He locates himself in terms of what has gone before. He also becomes aware of the therapist at this moment and describes the therapist as another person with whom he experiences a noticeable degree of self-consciousness. He wishes to again become un-self-conscious and share with the therapist an image that comes to mind. In sharing he becomes "lost in" and when there is a sense of "total understanding" he becomes less self-conscious about himself and less aware of the therapist's presence.

When he experiences the therapist as inspiring him to take a particular line of thought what he thinks is not directly suggested by the therapist, it is a private and spontaneous association and it is this that is taken up in the dialogue.

He experiences the therapy as having influenced him to "get space so that you can see".

The patient experiences "talking about" feelings having feelings differently from "talking from" feelings. He feels that the therapist attempts to encourage him to engage in expressing feelings (talking from) which he feels that he doesn't want to express because they are unpleasant. He prefers to talk about feelings although the therapist feels that the patient is avoiding entering a specific feeling. The client experiences talking about as providing him with a perspective which assists him to see his feelings, moods, impulsive actions from a distance. For him this is the reason he came to therapy and he feels that to simply re-experience in therapy the unpleasant emotions he experiences in his life would run counter to his original reason for coming to therapy which was to overcome his problems. The client feels that he has been talking on two level:" on the level of what I understand and on the other hand I'm talking from the issue." He experiences a sense of a demand to speak from feelings. He experiences a discomfort about talking form it and that it is too involved to talk from it, "there's too much to say", it's too close to the bone". He feels that its's "so much easier to talk in the past tense, how I was feeling "then". Yesterday I was feeling it very intensively . I did it [talk from feelings] for him , not for me ."

The therapist feels that the client is avoiding his feelings when he wants to talk about; i.e. to talk about feelings when they have passed. The therapist feels that he needs to confront certain feelings and in particular the experience of saying goodbye rather than continuously evading forms of the event of separation. The therapist says "I want him to be there and be in relation to goodbye. He wants to intellectualise it. I don't want him to back off and work it out in his own time.." The therapist feels that the client has to literally part with the therapist and that the actual working through of the separation issue in a literal sense will assist in dealing with the anxiety of separation. The therapist experiences the most important feature of this therapy as being the negotiation of a satisfying termination. The actual situation of saying goodbye is what is important.

The client feels that when he is feeling less emotional he is better able to see a picture. He experiences becoming so absorbed by his emotions that he cannot distinguish the overall picture. He feels that "having more of a picture its easier to deal with". "It can be there as opposed to being right here."
The client feels that the therapist has helped him to develop a sense of "distance" or "space", "So that you can see it."

The patient asks the therapist questions at points in the therapy when the patient does not want to engage in talking about feelings that the therapist is encouraging him to discuss. At such moments the therapist talks and the patient listens in a disengaged way. The patient pretends to have heard what is being said, but has not listened to much of what is being said, but is gaining a respite from too much emotional stimulation.

The client experiences an unexpected image spontaneously arising in the silence which follows the therapist's focus on a particular feeling state. The thought of his mother is unexpected and he feels it belongs there, but he is unable to know in what sense it thematically belongs together with what has preceded. The therapist understands the relatedness of these themes in terms of his conceptualisation of the therapy as a whole. The relatedness for the client exists in recognition of a similar feeling state that occurs between the feeling event being discussed and the experience following the death of his mother. The client is made too uncomfortable by the latter experience to be able to discuss it, but feels that the link is correct and that he would need to gain greater composure to be able to explore the link.

The therapist experiences the client as hostile towards his relating the work of the therapy back to a particular central theme (separation and death). The client does not want to agree that all issues relate back to a single traumatic event, which he and he experiences an irritation that the therapist attempts to force him back to it. Yet he feels that possibly he is not realising how central it is.

Progress in the therapy has been understood by both participants to involve the involved the narrowing of the focus of discussion into more specific issues.

The therapist has distinct impressions that at certain points "things are happening" and at other points things are not happening. The therapist tends to have a sense that the session would under ideal circumstances be emotionally intense, and at certain moments pushes the client to experience feelings which the client would rather hold off.

The course of action implied by a feeling is essential to understanding the nature of that feeling. The client and therapist begin to make sense of a feeling as it is understood as a course of action within a given context and the feeling is understood as none other than that course of action.

When the therapist makes an explicit link between two periods of client's life the client feels unable to relate to the statement. He experiences the dialogue as being in unfamiliar territory and only when the therapist breaks down his way of getting to the interpretation into smaller steps does it appear less foreign to the client and he is prepared to consider it.

As the client begins to realise that he has been avoiding a particular thought through a specific type of behaviour he becomes no longer able to return to his old ways, because "it just became too obvious what was happening." Awareness took away the avoidance relief that had previously accompanied his avoidance reactions. When he was aware of what he was avoiding he could no longer avoid it. The therapy has helped him to experience his life in a way that changes his experience of what seemed to be happening in the past, so that he experiences the past experiences as now imbued with an underlying anxiety which he did not previously perceive because, in his and the therapist's understanding, it was successfully avoided.

The therapist introduces a perspective through which client becomes aware of another side to his personality which he recognises as previously having been without a voice. He experiences this newly discovered side of his personality as having been there all the time, but that he had not been "living out of it". It has been present for him although he has not lived out of it in that it has been a possibility of responding which he had the possibility of falling back upon and one which he recognizes now as having been restricted and hence he feels it is a neglected part of his personality. He experiences the one side as having dominated the other side, because both sides could not co-exist. He then moves towards an understanding that these two ways of understanding and reacting might be replaced by an approach where both sides become more accessible and he would have more flexible access to them. The therapist was able to introduce this to the client only after a long period of preparation where the client gradually begun to accept that there was a possibility of responding differently in the situation which the client's mode of behaviour had precluded. The client sees this as an existent part of his personality because it seems to exist retrospectively as an uneventuated possibility in past experiences.

The reality of what the client experiences is closely tied to how the client feels inclined to react. The client experiences the therapist as suggesting that he was feeling something and the client could not confirm this because his feeling contradicts what the therapist suggests. Because he feels like running away from the experience and the therapist suggests he face it he feels that the therapist has not grasped how he feels. For the therapist the question of what the client feels is so tied up with the question of what he could feel if he were to experience the contextual situation as it currently is, without bringing a past perspective to the situation, that the client would feel differently. The therapist thus experiences a possibility for the client of acting differently, but one which is nevertheless within the clients grasp if the client would be prepared to take a little risk. The client is unable to imagine the horizon suggested by the therapist and withdraws feeling misunderstood.

3 CONFIRMATORY PROCESSES

The therapist feels that the amount of energy expended in avoiding a certain issue is proof that the issue is the key issue to understand.

The therapist and client refer back to what has been said in previous sessions and these are recalled as the established ground of understanding of the dialogue. This is taken for granted and not usually questioned.

The client has a clear sense of when something "fits" for him and when the therapist is bringing an understanding to the situation that does not "fit". When the therapist suggests that he holds onto his anguish because coping with it gives him a sense of strength he feels that this fits, but the intimation that he does this as a source of interpersonal pride does not fit with the client's own self-understanding. The client sees the event as having no interpersonal "payoff". The client nevertheless agrees with the statement because he feels that although he is affronted, it is not a problem and has no consequences as long as the therapist does not hold onto this understanding. He feels that such a mis-formulation has become tolerable because the therapist is mostly "with" him in the therapy and rather than get stuck on this issue he would prefer to move on.

The therapist feels that when the stories that the client tells are emotional one's they can be taken to be real. The therapist uses the congruence between the client's mode of expression and the feeling as a measure of veracity. He watches the client's body to know how the client feels and knows from, for example, how the client sits in his chair whether he is engaged or detached.

The client finds that the development of more coherent themes confirms an old story. "Nothing much new was said, just different words, different contexts, but its familiar territory". The therapist feels that when a thematic development connects with familiar territory he feels that the client and him are meeting. The therapeutic meeting is characterised as having a base of common understanding. The client feels good, "back in the swing of things, "when it matches old stories."

The client knows that the interpretation is valuable when it makes him feels enervated and triggers spontaneous associations and rapidly brings together disparate bits and pieces. When an interpretation does this and brings a greater degree of coherence then the client feels that the new interpretation is of value.

Confirmation occurs when accounts are matched again and again and more clearly.

The client feels about certain therapist formulations that "He's sufficiently close not to have to correct him. He's close enough".
The client has faith in the therapist's judgement and experiences the feeling that even though the

therapist differs in his understanding, the therapist is most probably right. He experiences this as "making me question the way I feel". He experiences himself as being quite sure of the way he feels, but that the therapy has introduced a sense of uncertainty into his relation to his feelings. He describes in the session an experience where he knows what he feels and the therapist seems to be interpreting his experience differently and he anticipates that, although he knows what he feels that he will realise that the therapist is right. This has made him trust the therapist's sense of what is right more than he did before.

At one such instance the therapist thinks the client is acknowledging an insight about what things "were like then". While the client acknowledges that this may have been so, he is uncertain and he has a different relation to the theme. The therapist is rather hasty to button down an understanding that he has been whittling away at for some time and he takes an opportunity to do so and in so doing he forgets that while the client acknowledges the importance of the issue in a general sense that the client does not go with the particular interpretation of the relation between the past event and the present and the particular understanding of the situation. In a general feeling sense only does the therapist and client agree. Client and therapist sometimes agree in a global sense and differ on the specifics of an understanding.

The strongest confirmation for the therapist of his ideas about the client's emotional life consist in his perception of these same issues being enacted at the level of the therapeutic relationship. The client has not characteristically needed to talk about the therapeutic relationship, but when asked questions about it begins to see the therapeutic relationship as another relationship in his life which he could understand better. From within the perspective of the therapeutic relationship the client had not seen the relationship as a relationship needing to be understood, but from the perspective of the questions which the researcher asked the client began to see that the therapeutic relationship was something which he did not understand and in particular he begun to wonder about his own need to protect the therapeutic relationship from the questioning of the researcher for fear that by talking about the relationship he might alter the relationship. He experiences the relationship as being too important to him to interfere with by talking about it. Talking about it threatens to change it.

4 RELATIONAL DYNAMICS

During the course of the dialogue the client is usually unaware of the therapist's presence. He experiences himself being in a private world where he is largely unaware of the therapist's presence as another person. He experiences a continuity between his own private experience (the experience which he has outside of the therapy when he is alone) and the private experience he has in therapy. The patient experiences the therapist as being "with him", especially when they explore an image and the therapist lives into the image in a way that the client feels that the therapist becomes a facilitator in his understanding of the image. The client initially experienced the need to have the therapist "disappear" in order for him to discuss certain issues with the therapist. It used to be important that the therapist not exist for him ("he won't exist as a person for me") but it had increasingly become important for the client that he be able to have a sense of the therapist nevertheless being there as himself, "a person in his own right". ("In order to get to that stage he would have to disappear and I think therapy has been about bringing him back, if you know what I mean.") This shift has involved an acceptance by the client that the therapist does not understand exactly as the client does. The client had found that the very most personal issues drew him into being lost in his own consciousness and not being aware of the therapist. He experiences wanting to enter a social space in order to get relief from emotional intensity. The therapist experiences meeting the client as immersing in the client's world and entering the client's feelings. When the therapist experiences the need to enhance the client's understanding the client feels that the therapist becomes another person to the extent that the therapist says something that does not match his feeling but contradicts it.

Such moments occur when the therapist has lapses of interjecting or becoming involved in a way that does not fit the client's immediate emotional needs, the client feels jarred and he becomes aware of the therapist as a person. This forces the client to treat the therapist "on a one-to-one" basis and he divorces from immersement in his emotional world with the therapist (which he calls "being-in therapy"). The therapist feels that the client does not see him and know who he is. The therapist feels that the client is not relating to him as who he is and how he sees himself. He is aware of the client as seeing him as a guru and a teacher, not who he is.

At the end of the session the patient sees the therapist as a person. The patient experiences the therapist as alternating between being himself in a spontaneous way and being a therapist. When he is a therapist the patient is not aware of feelings towards the therapist and feels comfortable in the presence of the therapist. It is important for the patient to feel that the therapist is with him. He experiences the therapist as being with him when he is unaware of the therapist's presence. The therapist is at such moments "in the back of my mind". The client feels a comfortable familiarity at such moments and he can take for granted what the therapist will say. To be an aid the therapist must disappear and during the session the patient is however, not usually reminded of the therapist being a person. "At the beginning of the session we talk, quite, sort of, you know, one to one but then something like this happens [immersement in a particular emotion] and I kind of like lose myself, that's what I like about [therapist], because I can lose myself in the image or the idea." "He was in there all the time, just kind of like an input, a voice, he wasn't there. I get the sense of being very much in my own world at this stage."

When the therapist becomes a person"I have to communicate to him and there's all kinds of things happening. In therapy things are far more straight forward and he has my absolute like trust, and you know, it doesn't require any effort on my part just to be there." The state of being "one-to-one" as opposed to "being in therapy" (immersed) requires a communicative effort and the client feels that he feels insecure talking about himself in the presence of someone who does not fully understand. The client describes a third world (apart from "being in therapy" and "being one-to-one") where he is aware of the therapist, but still in his own world. "We are meeting, but I'm still in my own world, its more like being focused on what's being said."

The client feels the need to protect the therapist and experiences it as the need to protect the feeling that he has that the therapy is a special place that must not be contaminated by negative influences. The client is defensive in relation to questions about the therapist. He is aware of wondering whether it is a mistake to speak about the therapist and whether it might change the therapist although he does not understand why. He experiences this as wanting "to protect our little world". He feels that he "owns" their "little world" , and it is important to him not to have it tainted. He has reflected very little on the therapeutic relationship and was afraid that be talking about it he may destroy it.

The client experiences a tension in not knowing how to see the therapist, as a therapist or a friend. For him it is important that the therapist be able to give himself over to complete understanding and the therapist fails him when the therapist brings personal characteristics (eg. an instance of sarcastic humour) to the session. The therapist's characteristics of caring are, however, tolerable characteristics which do not interfere with the feeling of being met by the therapist.

The client feels that because the therapist has been able to meet him that he is a similar kind of person or that there is an affinity in that the therapist is able to operate on a similar level to himself, whereas the therapist understands himself as having had to learn to relate to the client and to accommodate the client emotionally.

The therapist has come to be very important to him. He felt in the beginning that he had to present an attractive side of himself to the therapist in order for the therapist to be interested in him and this placed limitations upon what he felt he could talk about.

He feels that the therapist offers something to him because of who the therapist is as a person. In a previous therapy he felt that the therapist offered him nothing. Now he feels that the therapist has a way of life which the respects and values. The client feels that he is learning from the therapist about how to think about certain situations. The therapist is unaware of the extreme way in which the client idealizes him. The parts of the therapist which have been consciously shown to the client are indications to the client about how the therapist handles situations and he feels inspired by the therapist.

The client experiences a therapeutic mode and an everyday mode. In the last two minutes of the session he makes a transformation of the former to the latter. The act of writing dates and planning future appointments is experienced as important in the transformation between these two modes. On this level he experiences the therapist as being revealed as a person and he sense a greater sense of an everyday relationship. He feels this is important in transporting him out of the intensity of therapy and this shows the therapists weaknesses and "exposes as a person" as opposed to a "guru".

5 RELATION BETWEEN FIRST AND SECOND ORDER ACCOUNTS

The therapist had to reconstruct his actions in the prompted recall and only then experiences himself as having acted spontaneously and unthinkingly in the session. This realisation allows the therapist to become critical of his own therapeutic actions.

The client initially experienced the research interviews as threatening and felt that they threatened to destroy something which he experienced as very private between himself and the therapist. He experienced a strong need to not be seen to be criticising the therapy, which he experienced as a refuge and for this reason he didn't want to be destructive towards it and make it yet another site of ambivalence and struggle within himself.

During the course of the questions he began to realise that he was responding to questions which had often wondered about without ever having consciously thought about. He felt that the research interviews gave him access to questions about the therapeutic relationship which he had never considered and assisted him to see the therapist as a person. During the course of the interview he began to realise that he saw the therapist as an authority figure and the interview helped him "to see what's happening there, really, better". He had previously felt hesitant about talking about therapy in case he spoilt it, following a typical pattern of being negative. He finds that in actually experiencing it is difficult to isolate all the pieces of an experience and the actual experience of the session is not as neat as when you talk about it. The client had never spoken to anyone about therapy and found the experience quite 'strange'. As he proceeded he found it increasingly valuable to talk about therapy and experienced it as important to the extent that he said "this kind of thing should almost be compulsory" and found that in answering questions he had been brought to think about the therapy in a way that helped him to feel clearer and more in control of the situation. Previously he had only an "overall feeling" about therapy. The client felt that "it would be actually better to do what I', doing here [in the research situation] with (the therapist)".

The client experiences a difficulty in conceptualising the themes of the psychotherapy. In therapy he is able to talk from themes and within the parameters of what pass for themes, but he is not able to explicitly call them themes. Both the therapist and client experience the themes without conceptualising them as such. In other words they know the themes and work without explicitly thinking of them as themes or thinking that therapy is about creating themes.

The client is unable to piece together afterwards what he was trying to say in the session, but he has a clear sense of having been trying to say something when he was in the session.

The client found it difficult to imagine how the researcher could relate to his images. The client found that it took sometime for the therapist to be able to understand him and for them to understand what hey were saying to each other. The client felt that in order to understand the researcher would need to understand all the bits and pieces. He views understanding as "having the full story". The client felt that to answer the therapist's questions about what the therapy is about is to answer a huge question and he has to reduce it into a "small state" in order to conceptualise it. He feels unable to do this. The therapist is on the other hand able to do this.

The client found that many of the issues which the research brought up he had wondered about before and he wonders whether the research will effect the therapy. "I feel now I can see fresh again. You can get quite immersed in the person and in therapy; it [the research] puts everything in a little more perspective which I tend to lose every now and again." He describes himself as not "thinking " in therapy, which means that he doesn't reflect, but expresses himself in a spontaneous way and the therapist usually does the thinking. He experienced the research as making him think more clearly about therapy and explaining how it feels in therapy. He find s it difficult to get across "Its all part of a general feeling and I can't get it across".

The therapist understands what he is doing in the session in a way that attributes more deliberateness to his action in the session than actually was present. In the actual session he is much more spontaneous and the therapeutic process is strung together far more spontaneously than his general account gives recognition to.

The therapist has a sense looking at the session at what is good and bad about his work as a therapist. He reflects on his work and is critical of certain aspects and approving of others. He is unable to do this within the confines of the session and becomes immersed in the session without as much reflection.

The therapist's description of his involvement in the session reflects an easy-going, noninvasive approach whereas in the session he is quite directive and even demanding. In the prompted recall the therapist reflects on a statement he makes that the client wants to avoid termination and then remarks "maybe its just my fantasy" and he construes it as merely a speculative and tentative interpretation of the way things are, but in the actual session he is far more convinced of what he is saying and far more doggedly holds onto a particular meaning than would be indicated by the self-report afterwards; i.e in the session he persists with his understanding in a dogged way and believes in it.