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A PHENOMENOLOGICAL EXPLICATION OF A
CLIENT'S RETROSPECTIVE EXPERIENCE OF PSYCHOTHERAPY

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INTRODUCTION

This study is an attempt to explore and describe phenomenologically a clients total retrospective experience of psychotherapy.

The research consistently and radically approaches the phenomenon of the experience of psychotherapy from the client's own perspective and is conceived as a mutual project between researcher and subject. The phenomenological method is used to explicate the subjects qualitative experience of psychotherapy so as not to impose any presuppositions regarding the nature of this experience. At all times the research remains as faithful as possible to the subject's personal account of her therapy experience.

In Chapter I there is a discussion concerning the context within which this study was born and the primary aims of the research. There is also a critical interview of current research and theoretical literature on psychotherapy and the points of departure of the present study are discussed.

Chapter II concerns the theoretical and methodological orientation of the present research. Included here is a discussion of psychology as a human science (the framework of this study), as opposed to the conception of psychology as a natural science, and the implications for a critique of traditional psychotherapy research. Following this, the phenomenological approach, method and content is elucidated and its implications for qualitative research is discussed.

Chapter III is an outline of the method employed in the research.

In Chapter IV the results are presented.

Chapter V is a discussion of the important features of the results, a comment on the methodology used and implications of the research for psychotherapy.

CHAPTER I

THE CONTEXT WITHIN WHICH THIS STUDY WAS BORN
AND THE PRIMARY AIMS OF THE STUDY.

1. THE EMERGENCE AND AIMS OF THIS STUDY.
2. TRADITIONAL RESEARCH IN PSYCHOTHERAPY AND THE POINT OF DEPARTURE OF THE PRESENT STUDY.
3. SOME REFLECTIONS ON THE THEORETICAL LITERATURE ON THE CLIENT'S EXPERIENCE OF PSYCHOTHERAPY AND THE MOTIVATION FOR THE PRESENT STUDY.

"A qualitative procedure should make explicit
the perceptual and thinking processes of the researcher
- thus there is more apparent vulnerability
but in fact ultimately no greater vulnerability
precisely because one (the researcher) becomes
aware of his own processes or presence"

(Giorgi, 1975)

1. THE EMERGENCE AND AIMS OF THIS STUDY

This research was initiated by my own questioning of and curiosity about the nature of psychotherapy. More specifically I asked myself: how can I best understand psychotherapy as a training therapist with limited clinical experience - how can I best encounter the lived experience of psychotherapy in a research project?

In my years as a student of psychology and post-graduate in clinical psychology, I have experienced an eagerness to learn what psychotherapy is. As an undergraduate I had to shelve this desire to those more knowledgeable and experienced than myself, who pointed out that in order to understand psychotherapy and my own role as a therapist, I first had to immerse myself in the whole discipline of psychology - I had to learn and understand how a human being functions particularly in the "psychological make-up" of the individual. Needless to say I was disappointed at the end of my undergraduate years because I had accumulated a portion of knowledge concerning various aspects of the human being, but I felt I was not really closer to an understanding of the nature of psychotherapy. I had taken courses on personality theory, cognitive psychology, experimental psychology, comparative psychology, learning theories, psychopathology, physiology, meta-psychology counselling and so on. While these certainly increased my understanding of the human being, they brought me no closer to an understanding of psychotherapy from an experiential point of view.

My post-graduate years enabled me to accumulate more specific knowledge in the area of clinical psychology. It was in those years that the reality of becoming a psychotherapist really became apparent to me. I became more acquainted with the personal views of different psychotherapists and engaged in involved and often fruitful debates about

psychotherapy. While my teachers emphasized the importance of "experience" in psychotherapy, my training required that I familiarize myself with the "tools" and "facts" of therapy before I could begin to understand psychotherapy more experientially. But the transitional gap between theory and the experience of theory remained vast for me. I could engage in discussing the pro's and cons of a technique, the importance of the therapist as a person, the needs of the client, the essential role of psychotherapy and its relation to other areas of clinical psychology and the validity or worth of different models and theories of psychotherapy. I felt however, a certain frustration at not being able to fully identify with and experience what I felt were largely academic and intellectual exercises.

I neither negated nor negate now the importance of those years for I felt that the bridge between the ingestion of facts and the internalization and integration of these facts would come about as I increasingly experienced psychotherapy for myself as a therapist.

However, the jump from the "safe" environment of the university and the realities of being a therapist seemed enormous to me and I felt that what I needed was to encounter the lived experience of psychotherapy in dialogue with therapist's and client's.

The prospect of a master's thesis represented for me an opportunity to try and gain some understanding of psychotherapy from an experiential point of view. Having arrived at the ante-penultimate phase in my formal training as a clinical psychologist, I felt that now was my chance to embark on truly meaningful research into psychotherapy. I wanted to pool my intellectual knowledge about psychotherapy and engage in a research project, meaningful both to myself and others, that would hopefully bring me closer to an understanding of the experience of psychotherapy.

I began in this area of research asking myself the question: what is the lived experience of psychotherapy, or, what really happens in psychotherapy? More specifically, I asked myself: How do the therapist and his client experience psychotherapy? In other words, I wanted to look at the dynamic process situation of therapy itself and to try and understand this process and describe it qualitatively using a method that would do justice to the data that I collected. Attempting to interview, record and describe the dyadic therapeutic relationship would, in fact, bring me closer to an understanding of psychotherapy from the experiential point of view. (The methodological and theoretical implications of this mode of questioning will be discussed at a later stage).

Truax and Carkhuff in their review of a study undertaken by Wrenn, reported that there was no relationship between therapist's "concrete situational responses and their professed theoretical orientation" (1964). The suggestion was that the researcher should begin to look at what the therapist actually does instead of what he says he does. This assertion stimulated my thinking in the area. I wanted to approach therapists to find out what they actually "do" in therapy. My intention was to have the therapist record at least 2 interviews with 2 different clients. Together we would attempt to explicate these recorded interviews qualitatively. I would then interview the clients concerned and again we would go through the tape in the attempt to understand and explicate their experiences. Thus I would record and describe what was actually happening during therapy and not merely what the therapist claimed to be happening.

The above research ideal had, however, to be put aside for two major reasons: firstly, despite pleas by clinicians for research to move towards the "facts" of psychotherapy (Rogers, 1963), I found a reluctance

on the part of therapists to open themselves up to me as a researcher and to honestly confront the dynamic situation of psychotherapy itself - to look at what they were doing in therapy. Therapists were not willing to have their sessions recorded and to engage in open dialogue with me. I encountered ambivalence, anxiety and defensiveness on behalf of the psychotherapists when I proposed my idea. I concluded from these reactions that the therapists I had approached felt threatened by having their expertise challenged by a naive investigator who was exploring their modes of psychotherapy. I felt that the therapists were in fact threatened by the truths that I might expose - truths that could seriously challenge their hallowed beliefs. My findings in this respect are also documented by Meltzoff and Kornreich (1970), who served to confirm what I had independently concluded. They point out that some therapists "see research as a threat to established systems of belief and to the validity of their own personal intuitions".

The second major reason for abandoning my initial idea for a research project, was that the clients that I interviewed found it traumatic and anxiety-provoking to relate their experiences of therapy to me while they were still undergoing psychotherapy. The interview which involved a mutual process of exploration into the client's experience was aimed at helping the client to relate his/her experiences of therapy to me. That is, what actually goes on in therapy - what happens? Furthermore, it was reported by the therapists concerned, that my interviewing of the clients had a seriously detrimental effect on their progress in therapy. I began to realize that for the client, it was like doing therapy on therapy! - as one of the clients remarked.

I dissolved the above idea for research but maintained my desire to engage in a meaningful investigation of the experience of psychotherapy. I still wanted to encounter the experience of psychotherapy in such a way that I could identify with and understand it. In the light of the above, however, it was necessary to clarify my approach to the question and to search for a viable methodology.

And so I came to the present study. I decided to focus only on the client's experience of therapy and to engage in a dialogue with a client who had already completed intensive psychotherapy. I would thus not be interfering with a client who was undergoing psychotherapy and I would also by-pass the therapist's resistance to me.

This new approach to my question of the experience of psychotherapy began to excite me as I gradually digested its implications for an holistic understanding of the experience of psychotherapy. Although there was now a shift in emphasis from exploring the experiences of both client and therapist in ongoing therapy, to a focus only on a client's retrospective experience of therapy, I believed this would yield fruitful and illuminating data. I began to realize that a retrospective study would enable me to understand the client's therapy experience more comprehensively and holistically. If I could explore and qualitatively describe a client's retrospective experience of therapy in depth, I felt I would be able to more fully encounter the experience of therapy as it is "lived" by the client. Thus, my accumulated academic knowledge would become more personally meaningful, living and relevant. If I could find a client who was prepared to be open about his/her experiences of therapy, this would have tremendous significance for me as a training psychotherapist. As a training therapist I felt that engaging in dialogue with a "real" client, trying to grasp and make intelligible the total experience of therapy,

would serve to complement my theoretical understanding. I would be able to understand and experience my role as therapist, the needs of the client and the aims of therapy. I would be able to glean in an overall sense an understanding of what is happening to my client in psychotherapy and what in fact I as a therapist "do" in therapy.

2. TRADITIONAL RESEARCH IN PSYCHOTHERAPY AND THE POINT OF DEPARTURE OF THE PRESENT STUDY

The question I then asked myself was: could the research literature at my disposal throw some light on the client's experience of psychotherapy from a macroscopic point of view?

Turning to the research I found that questions about psychotherapy have traditionally been divided into two broad categories - process and outcome. The former concerns questions about the inner workings of therapy, its rationale, methods and techniques. The latter are questions about the effects of psychotherapy which are answered by systematic evaluations of outcome and the study of differential effects of various factors upon outcome. Research has focused on the characteristics of clients (Kirtner and Cartwright, 1958; Lerner and Fiske, 1973), the characteristics of therapists (Bandura, 1956; Rogers, 1957), the techniques used in therapy (Eysenck, 1960; Fiedler, 1950; Horwitz, 1974; Wolpe, 1958) and the now famous conditions deemed necessary for effective treatment (Rogers, 1957; Truax, 1963). Also studied, though less frequently, has been the quality of interaction between therapist and client (Parloff, 1956; Rogers, 1959; Strupp, Wallace and Wogan, 1964; Swenson, 1967). In addition, various studies differing in scope and setting have attempted to identify prospective dropouts (Brandt, 1965; Kotkov and Meadow, 1953; Rubenstein and Lorr, 1956).

Looking at studies concerned with the client, I found research dealing with patient-therapist relationship but the fundamental aim of the research was to measure this relationship in quantitative terms with the use of rating scales and questionnaires. Factors such as client transference (Chance, 1952 cited in Meltzoff and Kornreich, 1970) have been studied. Patient background variables such as those of age, education and social class have been related to outcome in terms of constructive change (Ross and Lacey, 1961; Bloom, 1956; Jones and Kahn, 1964, cited in Meltzoff and Kornreich, 1970). The degree of client expectancy has been applied to good or poor prognostic indications for psychotherapy (Lipkin, 1954). Stoler (1963), found that more successful clients were liked to a significantly greater degree by therapists than less successful clients. Stone et al (1961, cited in Meltzoff and Kornreich, 1970), found that patients' who exhibited the greatest degree of positive change were the "sickest" to start with - also that patients changing the most were younger.

Heildbrun (1961), tested the relationship between therapy readiness (a self-report measure) and four self-report personality variables: self-acceptance, tendency to make good social impression, responsibility, and so-called "psychological-mindedness." He found strong and significant negative correlations for a large number of males and females measures except for one: there was no relationship between self-acceptance and counselling readiness for girls. A number of studies have examined just what is it that successful patients do in therapy. In these studies there is an emphasis on the patients self-explanatory or intra-personal experiences. For example Truax (cited in Abt and Reis, 1964), found significantly more depth of self-exploration and depth of experiencing in successful than in unsuccessful cases of hospitalized schizophrenics. He achieved this by using a variety of indices of constructive behavioural and personality changes. In another research

project (Butler 1960 cited in Abt and Reis 1964), I found an investigation of both process and outcome where the researcher concluded that changes in the client could be found and measured as early as the eighth interview. Another study by Truax and Carkhuff attacked experimentally the question whether the patient's depth of self-exploration is controlled or determined by the level of conditions (accurate empathy and unconditional positive regard) offered by the therapist in initial interviews. "First relatively high conditions of accurate empathy and unconditional positive regard were presented; then the experimental variable of lowered conditions was purposefully introduced by the therapist and maintained for the next third of the interview, after which the experimental variable was deliberately withdrawn and high conditions re-established. The data indicated that with hospitalized schizophrenics the attempted experimental manipulations were successful i.e. that the conditions of accurate empathy and unconditional positive regard were successfully lowered during the middle periods of the therapeutic interviews (and interestingly enough the level of congruence of the therapist was maintained, if not raised, during lowered conditions). There was the predicted significant drop in depth of self-exploration while lowered conditions were present and a return to high self-exploration when conditions were raised. The results clearly suggest a causal relationship between the level of conditions offered by the therapist and the patient's consequent level of self-exploration." (Truax and Carkhuff 1963 cited in the Abt and Reis, 1964). Another study investigated the client's experience of psychotherapy but was aimed essentially at the process of therapy without regard to outcome. Although the study proposed to investigate what is referred to as the patient's subjective experience of the process of therapy, the investigation proceeds using structured-response questionnaires where patients responded to questions by ticking off a number in the appropriate column opposite the question (Howard and Orlansky, 1968). Looking at what they refer to as

affective experience in psychotherapy, another study by Howard and Orlansky (1970), attempted to present data and analyses which are directly relevant to affective experiences in therapy - their frequency, structure and correlates. Within this tight framework, the researchers attempted to answer some relevant and meaningful questions about the experience of therapy which are then quantified. Again the authors chose to remain with the process of therapy and the experiences, prescribed in first place by the authors questions, are then listed in terms of their statistical frequency of occurrence.

The above slice of reported research may have been rather boring for the reader to wade through. Indeed, as I scrutinized and tediously read the research literature, I became bogged down with numerical explanations and self-fulfilling prophecies. I found the research extremely difficult to understand and identify with and was amazed at not finding even one study dealing with the client's holistic experience of psychotherapy in a truly qualitative sense.

It was evident that traditional research in psychotherapy is that of an "either...or" orientation. In other words, there were no integrated studies on the client's experience of therapy which were not specifically concerned either with process or with outcome and the measurement of specific variables which contribute towards the process or outcome content of the research. I concluded that traditional research is investigating part-processes or isolated aspects of psychotherapy and is focused entirely on the measurement of these isolated factors, while acknowledging that psychotherapy is basically a process of experiencing for the client.

The common feature of all traditional research revolves around the problem of how one can reliably measure a particular aspect of psychotherapy - be it a client "variable" or therapist "variable". Even the so-called qualitative studies on client-therapist interaction or clients affective experience of therapy, reduce the essential quality of this experience to numbers. But where is the client who experiences therapy? Surely we should begin to ask the client himself about his feelings and experiences in order to gain an holistic understanding of the experience of psychotherapy? Cause-effect relationships, the emphasis on quantitative process or outcome variables, a concern for specifics such as therapist personality make-up, the amount of times the therapist looks at his client or the frequency of therapist nodding response to a client's self-explanatory statement, were simply not adequate enough for me to understand fully how the client actually experiences therapy in his own terms. There do not appear to be any studies which put the factors of process and outcome in the context of the client's experience of these factors, studies concerned with qualitative experience.

At this juncture I must emphasize that I did not, when reviewing the research literature, rule out as irrelevant either the results obtained or the questions asked. What I did feel was that traditional research was not telling me what therapy actually means to the client who experiences it. It could be, in fact, that what is important for the client is not the process of therapy at all. The client himself, if asked, may not be able to even specify an outcome. For this reason I was eager to see what the client himself had to say about his experience of therapy and its meaning for him. I asked myself: what is significant for the client without having to put structured response questionnaires to him or focus on specific conditions producing specific changes? How does the client actually experience change, having completed long-term therapy?

Thus, the question I am asking of psychotherapy is radically different to those being asked by the traditional researcher. I realised that to attack this problem, my mode of research would have to differ from traditional methodology. Even if my results were to confirm and validate the kinds of questions and results of traditional research, the method by which I would approach the experience of therapy for the client, would enable me to more fully encounter the actual experience of therapy as it is lived by the client. All this would be extremely meaningful and relevant to me as a training therapist.

3. SOME REFLECTIONS ON THE THEORETICAL LITERATURE OF THE CLIENT'S EXPERIENCE OF PSYCHOTHERAPY AND THE MOTIVATION FOR THE PRESENT STUDY

Of course, my academic formal training and my reading of the theoretical literature on the client's experience of psychotherapy contributed to my thinking in this area. This study was not initiated out of disagreement with what the great psychotherapists have to say about the client's experience of psychotherapy. On the contrary, it was the personal views of these psychologists that stimulated me to do research into the client's experience of therapy in order that I would understand more fully their theoretical intuitions and to render their approaches more personally relevant to me.

The present study was also motivated by my desire to remain neutral with regard to a specific theoretical view of psychotherapy. A Freudian would refer to the client's experience of therapy in psychoanalytic terms. He would discuss the transference, abreaction, defence mechanisms, ego and the unconscious. The rational-emotive therapist would speak of the cognitive side of the client's experience of therapy by stressing the irrational messages that the client feeds himself. Harris would look at the client's experience of therapy in terms of transactional

analysis, Rogers in terms of client-centred therapy and Perls gestalt therapy. That each therapist contributes to an overall theoretical understanding of the client's experience of therapy is unquestionable. However, in my study I wanted to refrain from approaching the client's experience of therapy from a particular conceptual framework, and rather look at the actual experience of my client which I believed precedes any theorizing about that experience.

Thus my question on which this research is based is essentially a qualitative one. As I have shown, an empirical investigation into the client's retrospective experience of psychotherapy is seriously lacking in the literature of psychotherapy. Beginning my study, I felt that a client who had undergone psychotherapy and who was able to articulate her experiences, would make a fascinating and exciting study if I could research her experience by using a scientifically rigorous methodology while retaining its qualitative flavour. A retrospective and in-depth study would enable me to look at the client's experience of psychotherapy from an holistic perspective without focussing specifically on process, outcome or specific "variables" that bring out change in the client. Not using any specific theoretical conceptualization of psychotherapy, I would explore the experience of psychotherapy through the eyes of the client and try to understand that experience and its meaning as it is lived by the client and in her own terms.

At the same time I was not intending to ask my client simply what is therapy because I would then arrive at an intellectual description about psychotherapy which would take me no further than my formal academic training. Asking the question what is psychotherapy is not the same as asking the question how do you experience psychotherapy.

Because of my interest in understanding my subject's personal experience of therapy, I defined my role as a naive explorer of experience. Thus, I would have to bracket all my own preconceptions, as I did not want to prejudge or predict anything regarding my subject's experience. I would begin at the beginning with an attitude of openness for whatever might emerge.

CHAPTER II

THEORETICAL AND METHODOLOGICAL ORIENTATION OF THE PRESENT RESEARCH

- I. PSYCHOLOGY AS A HUMAN SCIENCE.
 - A. Human
 - B. Science

2. IMPLICATIONS FOR A CRITIQUE OF TRADITIONAL RESEARCH IN PSYCHOTHERAPY.

3. PHENOMENOLOGY AND THE PHENOMENOLOGICAL METHOD.
 - A. (i) Phenomenological approach
(ii) Phenomenological method
(iii) Phenomenological content
 - B. Specific issues for qualitative research
 - (i) The pre-scientific phase
 - (ii) The scientific phase

In the previous chapter, I showed how my interest in the client's experience of psychotherapy came about. I pointed out the serious lack of research literature dealing with the client's holistic experience of psychotherapy in a truly qualitative sense and proposed that the present study should begin with an attitude of openness which demands of me a bracketing of preconceived theoretical information. I also emphasized the relevance and the meaning of an holistic understanding of a client's retrospective experience of psychotherapy, (particularly for the training psychotherapist), and pointed out that a research method that would do justice to experiential data is needed.

Questioning the experience of psychotherapy from the client's perspective and as it is lived by the client, implies that I re-examine the very foundations of psychology and research methodology. This is because of the fundamental difference between the present mode of questioning and the kinds of questions that are asked by traditional research. Following from this, it is important to note that questions about the world arise from the researchers philosophical and theoretical orientation. Looking at the consequences of questioning the world, Strasser (1963), notes that "man questions the world and the world responds according to the nature of the question." Indeed it is the researcher's "approach", which he may or may not make explicit, that guides or dictates the selection of questions to be asked of the world and methods by which these questions are to be answered.

Thus I shall now consider the approach to the present study from which the research question arose and the methodological implications for such a mode of questioning. The approach of this thesis, the mode of questioning and the method of research have radical implications for psychology and research in psychotherapy. The present research question as to the client's holistic and retrospective experience of psychotherapy is couched within the framework of psychology conceived as a human and not as a natural science. Related to

this is the fact that this study is phenomenological in its approach, its method and its focus on experience as the content of research. The approach adopted for this study implies a different way of looking at psychological subject matter, using suitably applicable methodologies, to which standard natural scientific criteria do not apply.

1. PSYCHOLOGY AS A HUMAN SCIENCE.

Research into psychotherapy I believe, implies the scientific investigation of the human process of psychotherapy by means of empirical methods. The word "human" here is crucial for, to study the experience of a human being, research has to take into consideration the specifically human character. As most therapists would agree, the experience of therapy as is lived and felt by the client is not a bio-chemical, physiological or gross-motor process. The person (man) who does the experiencing in the first instance, is an intentional being who exists in-the-world of shared meanings, being shaped and giving shape to that world. "Man is made by the world in which he is thrown or in which he comes into being and he, as he develops his abilities and powers, in turn gives meaning and shape to the world, to himself and to others" (Van Eckartsberg, in Giorgi et al, 1971). Man's very destiny seems to be oriented towards "meaning-giving", towards discovering the meaning and purpose of his living-in-the-world.

If the client in psychotherapy is a human being and not merely a bundle of receptors responding to therapeutic stimuli, if that client is not a complex natural object situated in the universe of natural objects, but a being who is from the start already in dialogue with the world, existing only in and as his relationship to the world, then research in psychotherapy can only explore this client with an emphasis on qualitative

meaning and experience. That is, meaningful research must take into account the human aspect of psychotherapy or the experience of the client. But it should not end there. It should investigate the experience of the client by a qualitative method that does not reduce the essential factor of psychotherapy - the clients experience.

Psychology however, as it is currently conceived i.e. as a natural science and its supportive research, has not been able to do justice to the human being who is the client. Psychotherapy research has been concerned with various isolated and segmented parts of psychotherapy. As Kruger points out, "psychology has not succeeded in confronting its essential subject matter" (Kruger, 1976). How has this come about?

In the late 19th Century, the established sciences were exclusively those of the physical and natural sciences. These included chemistry, biology, physiology etc. When psychology broke away from being a speculative philosophy it assimilated the methods of physical and natural sciences and claimed respectability in the community of scientists. However, when this happened, psychology began to lose touch with its essential subject matter. Equating man with inanimate objects, psychology began to emulate the classical sciences. Man was conceived as an organism that reacted to environmental manipulation just as a physical entity can be modified by various forces or energies.

The assumption of a world which is independent of an observer, meant that the natural scientist was participating as a passive observer or recorder of events. Objectivity meant that the scientist conducted an experiment with the method of natural sciences; that is, the paradigm for conducting a scientific investigation is based on the "attitude which insisted on the separation between the observer and what he observed with the added

implication that the observed constituted a world independent of the observer" (Romanyshyn, 1971). This is based on the assumption that the fundamental aim of Science is the attempt to describe the world to the extent that it is independent of our thought and action. When psychology borrowed this approach, it began to manipulate, control, and predict human behaviour. An extremely limited approach to man and following from this a restricted questioning of man, resulted in narrow and segmented answers.

The natural scientific approach to psychology and research necessarily excludes man as human being. It not only limits the kind of phenomena to be investigated but it also conditions the kinds of questions that we may ask about these phenomena. Giorgi (1970) points out that all traditional psychological research culminates in the question "how can we measure something." It is precisely this measurement perspective which in the last instance is deterministic and reductionistic, that has prevented psychology from confronting man as person. Research within the framework of a psychology conceived as a natural science can reveal significant truths about man as a biological or physical being. It can also demonstrate man's various determined relations to his environment. But as Van Kaam (1966) points, even if psychology were interested in the biological or physiological aspects of man, it is still man that is being studied biologically or physiologically.

Not only has psychology followed the natural and physical sciences but it has clung to a now outdated form of traditional science. I refer to quantum law which actually renders classical physics obsolete but which traditional psychology has preferred to ignore. Current physics accepts laws of uncertainty i.e., that phenomena are not unchangeable. There is the belief that we cannot observe the course of nature without realizing

that observation means intervention, and the fact that raw data is inseparable from and contaminated by the theory that gives rise to it, and that the researcher himself is partly responsible for the results. Also within the science of contemporary physics are the beliefs that we cannot rid ourselves of statements that lack reputability and that science cannot proceed by deductive reasoning alone. This is in part because man is the scientist and his integrity and imagination play a vital role in his scientific investigation whether he acknowledges this or not. The scientist should be free to pose and answer questions of any kind, for if physics can admit uncertainty to inanimate objects, psychology must surely admit the same for man as an animate being.

When psychology took over the approach of the natural and physical sciences, it also adopted its method or rather adapted the pre-existing method of the natural sciences. Because these methods were originally intended not for the specifically human character of man, psychology proceeded to reduce its subject matter to fit its method. As Giorgi points out, "it justified this procedure by asserting that to be scientific, psychology had to use the scientific method." (Giorgi et al, 1971). Method assumed a privileged position in research and dictated the kinds of questions that could be asked about the phenomenon under study. Because its methodology focused on non-participant observation, on quantitative measurement and on the analysis of the determined reactions of its subjects, psychology's subject matter or the phenomena it wished to investigate was therefore extremely limited. A one-sided research emphasis on quantifiable variables may be a fruitful way of understanding a material object. However, applied to man, only by objectifying him can we study him quantitatively. But "objectified man is not a human person." (Giorgi, 1970).

So a commitment to methodology in psychological research has superceded a commitment to subject matter. Indeed in psychotherapeutic research, the standard experimental designs and statistical procedures have exerted and are continuing to exert, a constricting effect on fruitful enquiry and they serve to perpetuate an unwarranted over-emphasis on methodology. But the exaggerated importance accorded to experimental and statistical dicta cannot be blamed on the actual techniques; they are after all merely tools which can help the researcher to answer a specific type of question. It can be blamed however, on the prevailing philosophy among scientists which subordinates problems to methods. The effects of this trend are quite apparent in our own psychology departments where we find the typical student who is often more interested in the details of a factorial design, than in the problem he sets out to study; worse still, is that the selection of a problem is dictated by the experimental design. This fixation with a methodology which is completely inappropriate to study man as person, will not generate fruitful results in the field of psychotherapy.

Within a psychology conceived as a natural science, (a psychology which is more concerned with method than subject matter), the research situation becomes essentially an exercise in power (Lyons, 1970). The researcher is not there to explore and understand but to test hypotheses, rate responses, correlate variables and control what is referred to as "extraneous variables". He is not a participant in a mutual process of discovery of meaning but a recorder of "fact". Referring to Lyons,

"In effect the experimenter says to the subject: I am not at all concerned with what you really are or even with what you think you are, not with your wishes or hopes or expectations or fears or fantasies - at least not until the experimental situation is finished and I then undertake to reassure you, that my lying to you was a scientific necessity."

(Lyons, 1970).

In other words, the researcher perceives the subject as a handy carrier

of information. This tendency to view subjects as mechanical objects to be poked, prodded, manipulated and measured, causes the experimenter-subject dyad to be of the order of Buber's I-It relationship. The relationship is not that of person-to-person but rather that of person-to-thing with an emphasis on manipulation and control. Moreover, it is characterized by deception not only on the part of the experimenter but also on behalf of the subject. Lyons (1970) refers to this two-sided deception in an article entitled "the hidden dialogue in experimental research".

"E does not tell S everything there is to tell and so S responds with two communications. On the overt level he "answers" E by appearing to following the experimental instructions; and the covert level he makes his own guess as to what E is really after and then acts with that assumption. Conversely since S does not tell E everything that he has to tell, E responds to him with two communications. On the overt level he recites the instructions and carries out his duties as experimenter; and on the covert level, suspecting that there is something S is not telling, he makes his own guess as to how much S really knows, and although he may not vary his behaviour during the experimental session, he quite probably allows this guess to enter into his final interchange with S and his interpretation of the data."

A concern for methodology to the detriment of subject matter and the consequent impersonal attitude of the researcher who strives to be an independent researcher, is not and can never be the best mode of research for characteristically human phenomena. It is, I feel, a method of looking at certain kinds of phenomena which are non-experiential but it cannot do justice to the subject as a human being. Furthermore, to engage in the mechanics of science does not imply that one has to work with numbers and statistics in order to be rigorous. This is not meant to imply that quantification or traditional psychological research should be ruled out of a psychology which deals with the human being, a human scientific psychology. As Giorgi points out, "if one asks a quantitative question, then one can employ a quantitative

procedure" (Giorgi, in Giorgi et al, 1975). However, the problem arises when psychology is only concerned with a quantitative perspective or as I will show further, when research begins by asking a qualitative question but then employs a quantitative methodology.

Thus my research question emerges from a psychology conceived as a Human Science, a psychology which is broad enough to encompass all relevant questions about its subject matter. Within the framework of a human psychological science, I am thus free to ask questions concerning the qualitative meaning of experience but I must still employ a research methodology which is rigorous. In this approach I first decide what is to be studied and only then do I select a method which best allows me to reveal the phenomenon under study. This approach is therefore not method-centred, so the subject matter of psychology is freed from all artificial boundaries and restrictions, in terms of the kinds of phenomena that can be studied and the way in which these phenomena are studied.

In the human scientific research situation, the investigator is no longer a powerful but independent observer and the subject no longer a mechanical object from which the experimenter elicits information. Moreover, the research situation no longer employs deception or believes in the subject's naivety. Instead, it is characterized by a methodological partnership where both subject and experimenter work to "establish conditions under which the two of them can explore selected aspects of the subjects experience and behaviour" (Lyons, 1970).

Indeed, one of the ways that psychology has avoided its essential subject matter is by its refusal to accept the advances of current physics i.e. the belief that non-participant observation is no longer a suitable mode of research because the observer can no longer detach

himself from the observed. The traditional researcher in psychology has denied his implicit presence in his research, by failing to see that his results only arise by virtue of his own questioning and his experimental design. His desperate need to remain a detached observer has meant that he never really encountered his subjects as human beings. In fact, the experimenter is involved in every step of the research, from the formation of the hypothesis to the direction of the procedures of the experiment to the analysis of the results. Every step of every study necessarily utilizes experience, because the experimenter as a human being experiences the proceedings of the experiment. A human scientific psychology therefore, acknowledges that the investigator is also the investigated.

I shall now look briefly at the terms "Human" and "Science" since these adequately sum up what I have been saying thus far.

A. Human

As employed in the term human science, the human refers to "a concrete unity manifesting himself in concrete human behaviour. (Van Kaam, 1966)". Human always refers to an embodied concrete person prior to the distinction between body or mind, subject or object. Taking a "human" attitude implies that psychology considers as legitimate subject matter any activity or experience that man is capable of, but it also implies that there will be an emphasis on those activities that differentiate man from the rest of nature or from other types of living creatures. (Giorgi, 1970). This approach to the human being has implications for my research in psychotherapy. As a human scientist I study a client who I conceive to be the originator and cultivator of her world and to understand my client I must understand her experience.

B. Science

The human scientific framework of this study has not obviated the crucial implications of science. To be scientific the researcher does not have to follow the methods of a natural science.

As Giorgi points out, "knowledge that is characterized as scientific depends on how that knowledge is obtained and not on the mere possession of it" (Giorgi, 1970). The "how" must always be directly related to the phenomenon under study. In any scientific endeavour, the how refers to a systematic body of knowledge, a critical attitude towards phenomena with systematic methodological procedures. Although proceeding in clear and concise methodological steps, the human scientist never replaces, erases, or distorts human experience. He always insists that a rigorous study of man cannot be undertaken if it sacrifices man's uniqueness and essentiality. It is important to understand here that rigour does not refer to the natural scientific conception of non-participant observation, manipulation and control of experiments. To be rigorous in the human scientific view, is to adapt one's methods to suit the phenomenon as it appears and the way in which it appears, instead of arbitrarily adapting behaviour in all its manifestations to methods borrowed from physical and natural science.

"To be sure, a necessary scientific detachment should dominate the second phase of scientific research, a phase which proceeds and presupposes his immersion in the world of experienced behaviour itself, where he has already discovered the relevant questions and problems. However, he should continually recover the immediate experiences of human behaviour which preceded his experiments, his empirical research, his scientific constructs. For the human scientist is not simply, nor first a scientist but a human being" (Van Kaam, 1966).

This extension of the notion of science does not destroy science in any way. On the contrary a human science is probably more rigorous than a psychology conceived as a natural science because it tries to account for more of the phenomenon. In other words, it actually demands more of

science, not less because it allows the phenomena to emerge in their totality - whereas psychology conceived as a natural science can only, because of its methodology, study limited aspects of man as person.

Thus the human scientific perspective in this study implies that I have a different conception of human nature. Man does not exist as an isolated, encapsulated entity living in a world of natural objects. Man is a dialogue. In other words, we can only understand man when we realize that he is always "out there" in the world, relating to all that which is not himself. All experience is intentional - it expresses man's transcendence because it is the means by which he goes beyond himself in order to relate to all that which is not himself (Colaizzi, 1968). Man exists only in and as his relatedness to fellow man and the objects of his spacio-temporal world. (Boss, 1963). So, to understand the intentional experience of man we cannot look for its cause.

"To look for physiological/biochemical causes inside man is to unnecessarily limit one's investigation of man the intentional being. Man's inextricable embeddedness in his relationship to his world makes the endeavour of searching for causes outside of him of equally questionable value..... The world is not an objective reality that causes man's behaviour..... To attempt to establish causal relations by experimentation with man out of context is to ignore his relatedness which is the expression of his primary intentionality". (Parker, 1977).

If experience is real and not reducible to physical and physiological correlates (Straus, 1956, cited in Colaizzi, 1968), then it must be accounted for by describing it. Thus the approach of the present study is phenomenological in its emphasis on describing faithfully the experience of the subject.

In contrast to the view of man as part of the world without any reference

to his intentional relations I see man as one for whom the world exists. The argument is not that a natural scientific psychology has nothing to offer or is irrelevant - it is rather that it deals only with specific human levels which are lower than mans most integrated functioning. In contrast, the human scientific paradigm studies man at his highest (and most basic) level of functioning. So man (human nature) viewed in this way transcends positivistic causal thinking.

"We feel that the conception of nature offered as the basis for unity is too narrow, too onesided, and unduly influenced by the perspective of the natural sciences..... That is why our conception is more open-ended - why we would argue for a broadened conception of nature so that inputs from different perspectives could be readily assimilated. Precisely because we do not know the exact meaning of nature, it is for us still a problem to be solved rather than an answer to be defended". (Giorgi, 1970).

2. IMPLICATIONS FOR A CRITIQUE OF TRADITIONAL RESEARCH IN PSYCHOTHERAPY

In the light of what I have been saying about psychology as a natural science and its limitations with regard to subject matter, it is now appropriate to critically evaluate what traditional research in psychotherapy is doing and then to go on and discuss the phenomenological approach and method of this thesis which, I believe, offers a viable alternative for qualitative research.

As I have shown, research to date culminates with the question: how can we measure something? This is in keeping with a psychology conceived as a natural science. But within this approach there is a vast gap between theory and research and also between theory and practice.

First of all, it is well known that research in psychotherapy has failed to make a substantial impact on practice and technique. Techniques in theory, unlike new drugs, are not developed in the research situation but are "invented" long before they are ever tested. That is, the various

approaches to psychotherapy originate from the clinicians own intuition and experience. These are then reduced and segmented in the typical research situation where they are measured and quantified. The point is that natural scientific research methodology is inadequate to cope with complex experiential phenomena. The therapist's original intuitions are not reducible to numbers.

It is not however, with the therapist's intuitions that this research disagrees, it is rather with the failure of researchers to make these original understandings explicit during research. When the therapist talks of unconditional positive regard, the researcher tries to construct a scale of this dimension instead of trying to understand its implicit meaning. The results of this endeavour are quite obvious - that is, we never truly understand the experience of unconditional positive regard. The therapist tells us what he believes it to be. But the process ends there because research then proceeds to quantify what the therapist himself believes to be a qualitative dimension. Perhaps this is one of the reasons why there is a tremendous gap between theory and research, why research has failed to make a substantial impact upon practice. We don't need to test the therapists original assumptions, we need to explore and understand them in a qualitative sense.

This is not to say that the questions being asked by researchers are initiated by quantitative enquiry. On the contrary, current emphasis, particularly in the "Third Force" school of Psychology, is concerned with the experiential phenomena of psychotherapy. For example, Eugene Gendlin, the founder of Experiential Psychotherapy points out that "the client's experiencing in psychotherapy is of course private and unobservable..... although he implicitly 'knows' what he is experiencing he cannot fully articulate this". (Gendlin, 1961). However, in his advice for research,

Gendlin then argues that the researcher should devise ways of measuring this process. The empirical necessity according to Gendlin is the development of the patient process-scale that would reliably and validly measure this theoretical continuum. It is clear therefore, that Gendlin is caught up in the tradition of measurement even though his theory explicitly reflects existential-phenomenological thought. To illustrate how qualitative experience is totally bypassed in terms of its quantification and resulting numerical explanations, I shall refer to a particular study.

In a recent article by Howard and Orlansky (1970), the research question concerns (so-called) "Affective Experience in Psychotherapy." The researchers chose 118 patients and 17 therapists in individual therapy. Each subject completed a structured-response questionnaire after each of from 5 to 66 consecutive sessions. Dimensions of patient and therapist feelings were defined by means of factor analysis. The results suggest that "after correlational analyses the affective tone tended to be shared and mutually perceived by both participants". (op. cit.)

The research aim is indeed meaningful. The study begins thus: "The present paper presents data which are directly relevant to affective experiences in psychotherapy." However, the researchers then proceed to investigate affective experience in terms of its "frequency structure and correlates." (op cit.)

Taking a closer look at the above study we find that the questions asked are for example : What are the typical feelings of patients and therapists in psychotherapy? However, using structured-response questionnaires each subject is asked; "What were your feelings during this session?" Then, following the stem "During this session I felt:", there is a list of 33 feelings and the subject is asked to circle a number after each

feeling to indicate the extent of its relevance (0 = No; 1 = some; 2 = a lot)

The result of the above research project, which supposedly answers the question what are the typical feelings of the patient and therapist in a psychotherapy session, is phrased thus : The researchers point out that the answers to the question lie in the relative frequencies of endorsements of the sets of feelings by therapists and clients. In table I, we see the relative frequency of endorsement for each patient feeling item and patient and therapist samples. These feelings, reduced to a table of numbers, are then discussed by the researchers who point out to what extent they occur in the patient and therapist. "Patients and therapists agreed in reporting that in an average psychotherapy session over half of the patients experience the following feelings" etc....., each feeling is listed in terms of it's frequency of occurrence e.g. 60% of patients feel confident, relaxed, inadequate, depressed, anxious, serious etc.

Again referring to the feeling sets (originally constructed by the researcher and not the client), the researcher points out that his results indicate that patients typically experience a fairly wide range of affect during a session and then suggest that the entire session is likely to encompass qualitative fluctuation in the patients feelings!!!

The above results indicate I feel, not what the researcher points out, but demonstrate the self-fulfilling prophecy of the natural scientific researcher. The rating scales designed to measure what the researcher admits to be a qualitative experience, are conceived by the investigator himself. It is his own intuitions that he tests quantitatively. In other words, we in fact learn very little about how the client experiences the session because we are merely given a list of words and numbers.

Howard and Orlansky base their research on what they themselves understand by the client's experiences of a therapy session. We cannot argue with this. Where we do take exception is that these original understandings are not made explicit in the first place. What happens here is that the researcher lists a feeling (a word) which he then tries to understand quantitatively. Conclusions are then made about the experience or feeling in question, but we never understand the meaning of that experience itself. The researcher has merely "discovered" something that he wishes to find in the first place.

Carl Rogers as early as 1951 has been concerned with the client's experience of therapy. In his book "Client-Centred Therapy" (Rogers, 1951), Rogers discusses some of the experiential dimensions pertaining to the client's experience of therapy, the "invention" of which did not result from empirical research but was conceived via years of personal experience as a therapist. It appears however, that Rogers himself does not consider his own intuitions valid because he is concerned with testing them quantitatively instead of making them more explicit in a qualitative sense. As Rogers puts it; "the most important means of getting at the facts..... is in measuring". (Rogers, 1963)

Referring to Rogers' conception of the client's experience of therapy (Rogers, 1951), we find that he does not tell us how he arrives at his theory. He does not make explicit his implicit understanding. Rogers reports, for example, that the client experiences a feeling of self-exploration and even quotes from different clients on this point. To this extent he is engaged in true experiential explication. However, it appears that the use of verbal reports merely serves the purpose of reinforcing his own observations. Alternatively, if Rogers had asked his clients how they experienced psychotherapy or even more directly,

"how do you experience the process of exploring and discovering yourself?", and then systematically described the reported experiences clearly demonstrating how he arrived at his conclusions, he would be remaining with the lived experience itself - he would remain more faithful to experience as such.

That this method of exploring and describing experience is not acknowledged by Rogers is clearly reflected in a statement by one of his clients. The client is about to relate to Rogers her experience of psychotherapy. She has obviously been "conditioned" in the tradition of natural science because as she puts it,

"I know this will be a subjective report and that in the scientific sense it cannot be taken as an accurate description of what "really happened". (Rogers, 1951, pg 73).

It is precisely here that I feel Rogers and others have lost touch with the experience of man, at least as far as research is concerned. What better way to understand the experience of man than simply by asking him and then trying to understand the meaning of that experience in a qualitative but methodologically rigorous way? What better way to understand the meaning of experience than to engage in dialogue with the person who "does" the experiencing? (This is one of the fundamental assumptions on which this thesis is based and the essence of the phenomenological approach and method).

The fact of the matter is that in clinical practice, the therapist himself is involved in an explication of the client's life experience regardless of the technique he uses. The therapist does not merely set up the therapy situation in such a way that the client is forced to respond. The therapist aims to help the client to formulate more accurately his current experiencing. (Gendlin, cited in Corsini, 1973). If it is in this way that the therapist is able to understand his client

and therefore to help him, if this is the way that the therapist enables his client to "open himself up" (Rogers, 1951), then why can we not use this same method in research which tries to understand experience from a qualitative point of view? Why can we not scientifically investigate the very process that the therapist himself engages in?

To illustrate this point in another way: Truax and Carkhuff (in Abt and Reis, 1964), claim "that constructive personality change as the result of psychotherapy is not so subtle as to defy measurement". While acknowledging that therapeutic "change" for the client is not a unitary phenomenon, and while emphasising the change in the client from a qualitative experiential perspective, Truax and Carkhuff still maintain that this process must be measured if it is to be scientifically valid and acceptable. The answer to their findings, (that change in psychotherapy is not a unitary phenomenon), is to modify or enlarge the measurement process by formulating "multiple measures of behavioural and personality change" (op. cit.). Instead of researching the non-unitary phenomenon of change in a qualitative way, they merely come up with a more sophisticated measuring device. In terms of the orientation of the present study, "change" can only be meaningfully understood in qualitative terms. We are not concerned with "how much" but with "HOW".

The rating scale or forced choice questionnaire is thus not adequate for an understanding of the client's retrospective experience of psychotherapy. As we have seen many research articles begin by asking extremely interesting questions (e.g. Howard and Orlansky, 1970). The introductions lead the reader to expect a real confrontation with the issues that we all, investigators and subjects, already "know" to be human. However, the method and results sections negate that original question because of an overconcern with statistical procedures of natural scientific

derivation that cannot do justice to the meaning of the original question. When one asks a qualitative question the rating scale cannot be used for it is an a-priori, pre-judged and pre-selected device that does not confront experience itself. The rating scale or forced-choice questionnaire is totally removed from experience since it limits the quality of response that the subject is permitted to give and merely serves to reinforce the researcher's own ideas. The powerful statistical devices used in conjunction with scaled responses are of no avail in the study of experience because experience and its meaning cannot be translated into numbers. Experience cannot be understood in a linear way (as in counting the number of emotionally disturbed rats). Rating scales and questionnaires are inappropriate in a qualitative study because humans cannot be understood in black-and-white terms or according to the subjects' agreement or disagreement to specifically defined questions. The rating scale, in fact, is one of the self-fulfilling prophecy devices of the natural scientific researcher, because it predicts an answer before it obtains one. The subject is never given a chance to say what is personally relevant for him and the rating scale presupposes that its items are the only possibilities. In fact, the research situation is reduced to a predetermined structure where the client's intentional experience is not a possibility but is rather an automatic reaction. (Sardello, cited in Giorgi et al, 1971). Moreover, the reader is never told where the rating scales derive from in the first place.

Thus, what research has accumulated so far is an array of isolated parts and measured theoretical intuitions concerning the phenomenon of psychotherapy, very nature of which is never made explicit in the research. Surely, before research is undertaken we should go back and look at the actual experience of psychotherapy as it is lived by the client and in holistic terms?

My argument has specifically referred to the major proponents of the Third Force School of psychology because I wanted to stress the point that even Carl Rogers is caught up in the measurement dogma of the natural sciences and illustrate the tremendous gap between the theories of psychotherapy (particularly of the Humanist school) and the research practices. One of the aims of the present study is an attempt to bridge the gap between theory and research. In effect what I am doing is to scientifically explore what clinicians like Carl Rogers admit to be the qualitative experience of psychotherapy, but I am remaining true to that experience by describing it with a qualitative methodology.

3. PHENOMENOLOGY AND THE PHENOMENOLOGICAL APPROACH

As a human scientific thesis my approach is phenomenological. Although I have already referred to this phenomenological approach when discussing psychology as a human science, I shall now articulate the phenomenological approach more explicitly. What I have to say in this section not only applies to phenomenology and the phenomenological method but to a psychology conceived as a human science. This is because phenomenology is the "attitude" of a human psychological science. I shall begin by discussing the more general aspects of phenomenology i.e. the approach the method and the content and then the more specific implications for research i.e. the pre-scientific and scientific phases of investigation.

A. (i) The Phenomenological Approach

Broadly speaking, phenomenology is the study of phenomena as they are experienced and lived by man. It is an attempt to return to the immediate structure and meaning of behaviour and experience as it actually presents itself;

"illucidating both that which appears and the manner in which it appears, as well as the overall structure that relates the "that which" with its mode or manner" (Giorgi et al, 1975)

Phenomenology is a new way of looking at man in that it is not a new way of looking at man, for it does not go beyond that which is. It is not concerned with a-priori assumptions regarding the hidden layers of man's "personality" or the biochemical make-up of his head. As a phenomenologist I attempt to see as you see, hear what you hear - I permit you to emerge as you are - I begin at the beginning.

Phenomenology or the phenomenological insight into man as person, is essentially a synthesis of both existential and phenomenological philosophy. In Heideggerian terms, phenomenology concerns man as existence as well as the need to look at the "thing" in terms of how it really is - to let "it" speak for itself - to look directly at what is, what is immediately perceived as it is perceived and the context within which it is perceived (Boss, 1963). The concern of a phenomenological insight into man, (and the aim of this thesis), is to understand the human being. To understand the human being or the experience of the human being, I dare not look outside the realms of humanness. If someone asks me what is a "human" being and I describe the physiology, anatomy or specific behaviours of man, have I enlightened him as to the "humanness" of man?

Thus the phenomenological approach to man allows me to understand human existence but it also gives me a suitable method for exploring human existence that does not reduce it to numbers. Applying phenomenology to my research in psychotherapy, means that I explore the specifically human process of psychotherapy by describing it as it is, always remaining faithful to that human quality. In other words, phenomenology is object-centred rather than method-centred and excludes any form of preselected

categories of behaviour (e.g.: the rating scale or questionnaire) that would only restrict my understanding of the phenomenon under study. In this way it is the approach to qualitative research requiring only that the specific phenomenon be present to the subjects awareness. It is not only the starting point for any qualitative investigation but an attitude of openness which pervades the entire study.

The ground for man's reflective activity is termed by Husserl "Lebenswelt" (Life World). This is the point of departure of any phenomenological study which is explored prior to any theoretical or scientific investigation. As we have seen, traditional psychotherapy research bypasses the life world of man because it never actually confronts man's experience as such. Phenomenology begins with an encounter of the life world before any methods of science are employed. Thus, it is always in touch and in dialogue with the specifically human characteristics of man in his everyday life-world.

The idea of identical replication of results in order to ensure their validity is applicable only to experimental research from a natural scientific perspective. This is the belief that if identical environmental conditions are duplicated, the phenomenon will appear in its original form. When we explore human experience, replication of the "experimental conditions" will not guarantee the identical repetition of that experience. To demand this implies a misunderstanding of the essentialities of human experience. Identical replication of results is not a criterion in a phenomenological science of the life world. Instead the phenomenological approach to research attempts to show that the essential themes of the phenomenon can only be identified and understood through its "varied manifestations" (Giorgi, 1973). Only when we explore human experience in its varied contexts can we arrive at the essential meaning of that

experience. In other words we can only be sure that we are dealing with the same phenomenon if the meanings are the same irrespective of the variations in manifestations. This is a valid qualitative result.

Intersubjectivity is the crucial criterion in qualitative research. The phenomenological approach emphasizes the point that man's lived world is also a shared world. ('Mitwelt'). All social interaction within 'Mitwelt' is based on the assumption that we can know and understand each other or misunderstand each other, as the case may be. But whether understanding or misunderstanding, man is always reflectively aware of himself, others and the world. Thus, I am fully justified in explicating my client's experience of therapy provided I understand that experience. However, to ensure that I have not misunderstood, intersubjective agreement is necessary. In this thesis, two external judges and the client herself validated the results.

It is probable that another position with respect to experiential data will yield essentially different results. However, the chief validating factor here, is whether another person adopting the same perspective as the researcher can draw the same conclusions whether or not he agrees with it. Here objectivity is not an end in itself but a means by which certain aspects of reality are unveiled, a means of arriving at the essential themes. As Luijpen puts it,

"As subjectivity in-the-world man unveils reality and he lets things be, what they themselves are, for himself. The unveiledness or unconcealedness is truth which is made possible by an objective stance." (Luijpen, 1960)

The objectivity in this study implies that the subject was oriented toward something that is not the subject as subject, allowing herself to be guided by whatever appears or is given to her (Giorgi, 1970). For the phenomenological approach this type of objectivity ensures the validity of the results.

The phenomenological approach does not try to prove anything. It's results are valid in terms of the meanings which emerge not in terms of whether they are true or false. Joseph Lyons sums it up neatly;

"...for in this field, uniquely among the scientific disciplines, there are no psychological facts to be discovered, like one discovers a physical fact. There are no factual truths in psychology. No statement that one person ever makes about one or more other persons is ever true in a factual sense, it may be, at best, reasonable or persuasive or enlightening or threatening, or what have you there are no standards for establishing truth that is independent of Man - not as long as man is taken as the starting point for our thinking; not unless a group of persons can be found who are neutral in regard to the topic in question, neutral in the way we may be neutral as regards a physical fact." (Lyons, 1970).

A. (ii) The Phenomenological Method

There is no clear cut method of explication for qualitative investigation because the incredible variety, complexity and changeability of human experience does not lend itself to a strict methodology. This does not mean that we begin without a method or that the method simply evolves. The method is, in fact, an integral part of the problem studied and it develops in accordance with, rather than independent of, the ways in which the problem is approached. Method, therefore, does not define the problem; that is, the phenomenological concept of dialogue is adhered to throughout the investigation. This concept of dialogue, one of the distinguishing features of this approach, can be understood as a kind of chain reaction where the phenomenon under study, the researchers approach to the problem and the method of explication are inseparably linked together. The methodology in this study involves an interdependence between the nature of the experience of psychotherapy, the interview question, the structure of the interview, the method of data explication and the overall phenomenological approach to psychology and research. (This will be clearly illustrated in the following chapter).

Because there is no clear-cut methodology, one begins a phenomenological investigation asking the question: "how can I best understand the data of experience before me and communicate my findings to others in such a way that they are able to follow the process by which I arrived at the results?"

With time and a greater volume of phenomenological research we will hopefully develop more specific methodological guidelines. At Rhodes University 6 phenomenological investigations have been undertaken each employing a slightly different methodology because of the specific nature of the research question and the quality of the data. (All investigations must follow the rule of dialogue). It would be interesting to study their similarities and differences in terms of methodologies in order to develop some general principles of phenomenological research. At the present time however, many questions remain unanswered. Examples of these are: "How exactly does one gather one's research data?" "What is the best way of gaining access to experience?" "What specific role does the researcher play in the research interview?" (In other words: how directive can he be?) "Are certain experiences more difficult to research than others?" and if so, "Would they require a particular kind of phenomenological method?" "Is it possible or even desirable to conceive of only one method?" "Should research revolve around an interview?", semi-hypnotic trance, drug induced etc.?" "Should one train subjects to become more aware and sensitive to their experiences before the actual research and could one develop a language which would be more adequate to "call up" prereflective experience?" These types of questions have not been dealt with in the literature. We know, for example, that primacy and priority of the lived world is always the point of departure in research. What we need is more consideration of the practical applications for doing research.

Since everyday communication depends on language (verbal and non-verbal), the phenomenological method is descriptive. The method of self report is generally used as a way of gaining access to the subjects experience which is carried out during an interview. Usually a question is asked, the wording of which depends very much on the phenomenon under study. Giorgi (1975), asks the subject to describe a situation in which learning occurred, while Sterick (in Giorgi et al 1973) is more specific. Her question is: "Try to remember one of the last times you were angry and tell me about the situation, how you felt and acted and what you said." All interview questions are dependent on the nature of the phenomenon under study. Giorgi (1975) was interested in the what and how of learning, while Stevick (1973) was concerned with how anger is experienced, and Parker (1977) with the meaning of bisexuality. The specific wording of the research question is of utmost importance because the quality of results depends on it. Some researchers specify that the subject should recall a specific event e.g.: Giorgi, (1975), Fischer (1975), Sterick (1973), Van Kaam (1966), Eppel (1976). Others omit the word situation from the question e.g. Barrel (1975), Stones (1978) and the present study. The stipulation of "event" or "situation" is dependent on the nature of the data to be collected. In the present study, dealing with the client's retrospective experience of psychotherapy, it is irrelevant to ask the client to describe a situation in which she experienced psychotherapy.

The quality of the experiential data also depends on the researcher. As an intentional being he cannot avoid his presence in the investigation and with the subject. Within a non-manipulative phenomenological viewpoint, observation implies intervention. This implicit participation of the researcher in the research should always be considered as part of the result. In other words, the rigour employed in the phenomenological approach includes the presence of the researcher who is not considered

merely as "another variable". He is aware at all times that the process of research and the results obtained are a function of his participation in the research involving both him and the client as partners of destiny (Karl Jaspers). But the degree of observer participation is another question. Both Giorgi (1975) and Sterick (1973) play an active role during the interview. Reading these protocols one could argue that they lead their subjects without allowing them to verbalize what they feel is important. Giorgi (1975), sets out to discover how his subject experiences the learning of something new. He achieves this not only by reflection or asking for clarification of those statements which he feels are specifically relevant, but also by posing his own questions not related to anything the subject has already said. In 1976 when I engaged in my first phenomenological investigation into the experience of closeness, I was extremely careful not to impose my own views on my subject's experience. In other words, I remained in the background asking for the minimum of clarification from my subject. The issue here is whether one should allow the phenomenon to emerge as it is, reflecting non-directively or asking for clarification, or, whether one can assume a more directive role and ask more specific questions like, "What do you do when your friend talks to you like that?" Just how much one should be directive and issues like, "does channeling the subject's experience result in data that would otherwise have been absent have yet to be articulated?", have not been dealt with in the literature. In the present study, I defined my own role according to my own criteria and my resulting data reflected this.

From my reading of the literature and prior experience in working with the method, I believe that the actual collection of the data is the most crucial phase of the method. The researcher should have a good command of basic interviewing techniques, he should have considered thoroughly the nature of his question and make it explicit to the subject, but

above all he should be open to any possibility. As I stated previously, the researcher is a naive explorer of experience and his fundamental aim in the data collection phase is to understand and listen with an enquiring frame of mind. The subject must be fully aware of the aims of the investigation. He is never deceived because it is his motivation and willingness on which the research depends. The subject will only co-operate if he understands the aims of the investigation and above all if he can feel free to open himself in front of the researcher. Thus the element of trust and liking comes into the initial research phase and this is completely in contrast to natural scientific research.

In the data analysis phase, the researcher again tries to understand the meaning of the protocol without changing its essential structure. But the crucial aspect here is an account of how the data is analysed.

A. (iii) Phenomenological content

The content of the phenomenological approach is the data of experience and its meaning for the subject - it is the essence of the phenomenon as expressed by the subject. Phenomenology cannot accept that man's experience has to be deduced from experimentation or reduced to physical reality or physiological processes. Man's experience is the original data.

To understand man's experienced reality, we must adopt the subject's natural and real-life perspective - in other words the content of the phenomenological approach is centred on the fidelity to man's lived experience. This does not mean that the researcher captures the totality of experience even if this were possible. But it does mean that the phenomenon to be studied can only be understood "within the lived context of the person doing the experiencing" (Giorgi, et al, 1975). One therefore allows the subject to say anything that he feels is related to the

phenomenon under study. We have to establish what is relevant for the individual within his existential situation.

B. Specific issues for qualitative research

B. (i) The pre-scientific phase

Man's prereflective experience is the original mode of being-in-the-world prior to thinking about. Thus, the data gathering phase, (the pre-scientific phase), begins when the subject is allowed to express his original awareness, his prereflective experience.

It is during this phase that the subject begins to reflect upon his pre-reflective experience, or he begins to articulate the experience he already "knows". This process is known as explication, making explicit what is already implicit in awareness. Van Kaam draws an interesting analogy between explication in the prescientific phase of research and the process of psychotherapy. He points out that in psychotherapy the patient gradually "learns to express his implicit, vague, painful self-experience in an explicitly labelled description of what is going on in his subjective life" (Van Kaam, 1966). Thus the essential aim of the prescientific phase of research is to change vague awareness into more conceptual everyday language and this is done by allowing the client to explicate his experience.

Everyday language is reflective language. When the subject attempts to express his experience, he is reflecting or bending back on prereflective experience and he encounters difficulties. This is because of the fundamental difference between the structure of man's lived experience, his reality, and language which tries to express that reality. Indeed when one tries to express an experience like "love" or "closeness" for example, one usually encounters statements like "I can't really put it into words" or, "I can't say how I actually feel". Now on the one

hand, we must accept that reflective language can never express fully the lived process of the experience itself and on the other hand we must try to get as close as possible to being able to describe the life-world. The subject often remains at an intellectual distance from the experience. This is because "explication necessarily expresses only a part of the concrete experience. Explication fixates that which in reality is process. It comprehends that which is concrete and individual in universal statements. It exteriorizes that which is interior", (Van Kaam, 1966). In those investigations concerned with a specific moment of experience e.g. anger or closeness, the researcher would view reflective language in terms of various levels of abstraction from the concrete lived experience itself. He could then evaluate his criteria for extracting what he feels to be a specific level of reflective experience which comes closest to the phenomenon under study. Barrel and Barrel (1975) make the point that excluded from a phenomenological description are any form of reflective language other than language which is in the first person singular present tense. Thus they feel comes closest to the subject's actual prereflective experience. However, Barrel and Barrel do not take into consideration the varieties of human experience that may be studied to which such strict criteria cannot be applied. In the present research, for example, I am not concerned with a specific moment of experience but with holistic and retrospective experience. This implies that I cannot use the Barrel and Barrel criteria above because I am concerned with everything that my subject tells me. The issue concerning whether one should admit as experience only certain levels of reflection is in need of greater attention in the literature.

B. (ii) The Scientific phase of explication

This phase begins after the data has already been collected. According to specific research criteria one tries to make more sense of the experiential data in order to arrive at a more concise description of the phenomenon under study. But this does not mean that the subject is no longer needed. On the contrary, the research could return to the subject if he feels that there is something about the data that he does not understand. This is essentially to prevent the researcher from imposing meaning onto the data where such meaning is not there. Furthermore, the subject again participates when he is asked to validate the essential description intersubjectively.

In many respects this is the toughest phase of qualitative research for the researcher. Reading and re-reading he often discovers some meaning that he has previously overlooked or ignored, or, he may change one of the central themes because of an insight he has had that was not previously apparent to him. He must constantly be alert for his own subjectivity even though he realizes that it is basically his own understanding of the data that represents the results. However, every phase of the explication should be checked by an external judge to ensure that the researcher is not interpreting what is not actually in the data. Generally speaking, all expressions of the subject must be considered in relation to each other. Nothing is taken in isolation. Understanding of each statement or phrase is always in the light of the total context of the protocol as a whole.

CHAPTER III

THE METHOD.

1. THE SUBJECT
2. THE RESEARCH QUESTION
3. THE INTERVIEW
4. METHOD OF DATA EXPLICATION
 - Phase 1
 - Phase 2
 - Phase 3
 - Phase 4
 - Phase 5
 - Phase 6
5. THE POST-RESEARCH INTERVIEW

This chapter is an account of the qualitative methodology which I considered rigorous enough for the specific tone of the data. The methodology constitutes not only the manner in which I explicated the protocol in order to arrive at an essential description, but also the criteria for the selection of the subject, the nature of the interview question and the interview itself. The entire qualitative procedure is directed towards the problem of understanding the meaning of the client's retrospective experience of psychotherapy. Every phase of the research is geared towards the following phase. In other words, there is a dialogue between the nature of the question asked of the subject and the interview. Because the question is broad and flexible, the interview is also broad and flexible. Dialogue is also maintained in the scientific phases i.e.: the explication of the data, where each phase of explication follows the preceding phase. This means that a truly qualitative methodology does not merely evolve haphazardly but is constructed according to the nature of the research question and the specific qualitative tone of the data. Thus the method used here ensured an interdependence (or dialogue) between the phenomenon under study, the interview question, the structure of the interview and the method of data explication. It is this definite and specific relationship that maintains a rigorous and scientific methodology.

While the method in the present study is unique, the general guidelines of methodology were adopted from previous studies. (Giorgi in Giorgi et al, 1975; Stenick in Giorgi et al, 1971; Van Kaam, 1966; Parker, 1977; Eppel, 1976; and Van Eckartsberg, in Giorgi et al 1971).

The qualitative method as used in the present study is directed towards an understanding of the meaning of the data in order to arrive at an essential description. In effect this means that the rigorous methodology employed, allowed me to concisely synthesize a $4\frac{1}{2}$ hour interview comprising some 50 pages and to arrive at the essence of this as briefly as possible without destroying the quintessential data. At the same time the rigorous methodology demonstrates

as clearly as possible the steps used. This enables another person to follow the procedure in order to arrive at similar results.

Although I acknowledge the limitations of the qualitative method i.e.: the inherent difficulty in translating lived experience into words and language, I do feel that it is the most suitable way of trying to understand the meaning of experience, of trying to describe the "life world" - particularly if we compare it to the reductionistic and quantitative trend of traditional research. The qualitative method however, is far from perfected, in fact it is still in its infancy. For this reason the methodology used here is open to criticism.

1. THE SUBJECT

The subject in the present research was a 25 year old female who at the time of the investigation was a student. She was not selected because of her specific symptoms, age, sex, or socioeconomic background, some of the traditional research criteria for the selection of subjects.

Instead I chose her because I felt that she could adequately articulate her experiences, she could sense and express inner feelings and emotions and she could express herself with relative ease in a language in which we both had a good command. In addition she had experienced long-term psychotherapy and there was a reported positive transformation by both the subject and the therapist. This criteria of positive transformation was important because I felt that the experience, being positive and constructive, would bring the traditional issues of "process" and "outcome" into the context of an holistic experience of psychotherapy.

It is important to note that the requirements stipulating that the subject be able to express her feelings and articulate her experiences, "reveal what appear to be the limitations of the method i.e. that its efficacy is directly dependent on the articulateness of the subjects...." (Parker, 1977). In the present study however, I was fortunate to work

with a person who was not only willing to explore her experiences with me, but who was also extremely capable of doing so as a reading of the original protocol will reveal. (See appendix A).

2. THE RESEARCH QUESTION

In qualitative research the interview question is crucial because it sets the tone for the entire research project and also reflects the theoretical assumptions implicit in the methodology. In other words, the object of this research was not to prescribe what the subject should or shouldn't articulate about her experience of psychotherapy, but to bracket all my own knowledge about the client's experience of psychotherapy. Likewise the aim of the method was not to interpret but to explicate, not to impute meaning but to make the implicit meaning of the raw data more explicit. The interview question therefore, reflects this openness in attitude in that it is a broad and flexible question allowing the subject a maximum of freedom to relate to me her own personal experience and to articulate what she felt was significant about her psychotherapy experience.

The question is not limited to the traditional factors of process or outcome, it is not confined to the actual situation of therapy i.e. the sessions, even though it specifies that the subject may refer to the particular events in therapy in order to try and understand her feelings and experiences about these events. The retrospective nature of the question meant that the subject could reflect on her experience of therapy not only as it happened but also the way she presently perceives it. By asking the client to relate to me how she experienced and experiences her therapy, I tried to bring psychotherapy into the context of the client's life or present-life situation, bridging the gap between process and outcome. This way of conceptualising psychotherapy would

make it more alive and real as opposed to focusing on specific aspects of therapy or assessing it in terms of isolated behaviours.

I did not hypothesize that the client's experience of therapy was necessarily confined to the event or situation of therapy itself, but enabled the client to relate to me what she felt was important. In other words my question centred on the client's holistic experience of psychotherapy and I felt that an holistic experience of therapy could only be gained from a retrospective point of view - hence the retrospective emphasis of the question.

The central question was "how do you or did you experience psychotherapy?", which implies; 1) what therapy means to the client and 2) what was it like to be in therapy. Nevertheless these were also made explicit to the client.

3. THE INTERVIEW

Following the flexibility of the interview question, the structure of the interview was open-ended characterised by a joint or mutual exploration of the subject's experience. The unstructured nature of the interview allowed the subject total freedom to articulate her experience as she wanted to, enabling her to specify her own time limitations i.e. when she felt she had related her experiences to me as far as she was capable of doing.

To avoid misunderstanding or deception, so often inherent in traditional research, and to enlist the subject's full co-operation, on which the entire project depended, I made my aims and both our roles explicit. If I wanted the subject's honest participation in the research I had to explain to her that her role was to explore her experience of therapy while mine was to try and understand the meaning of her experience. I

informed the subject that there were no right or wrong answers and that my participation in the interview i.e. asking for clarification and amplification was aimed at trying to understand her experience from her point of view. I did not try to direct the interview, nor did I put leading questions to the subject. Instead I was present to the unfolding of the phenomenon, asking the client to elaborate the emerging meanings when I felt I was not grasping them, but allowing the subject to proceed at her own pace and to verbalise what she felt was relevant. In other words, I entered into a "give and take" relationship with the subject expressing my interest and acceptance of her, verbally and non-verbally, never criticizing or negating her experience. It was only in a warm and friendly atmosphere that I felt an open flow of dialogue could be facilitated. It was only by showing a genuine interest in understanding her experience that the subject would be able to verbalise thoughts and feelings that she "lived" but perhaps had not fully articulated.

This data gathering phase is crucial and the interview depends very much on the personal style of the researcher which dictates to what extent the subject is prepared to open herself. There were no specific guidelines to follow which meant that the interview proceeded according to my own intuition.

4. METHOD OF DATA EXPLICATION

In order to understand the methodological stages of explication, I feel it important that the reader experience the actual interview, the raw data, before it is explicated. Please turn to Appendix A for the original data transcribed from tape-recorded research interview sessions.

The reader should not expect to follow the stages of explication or trace the precise origin of the essential description in a rigid mechanical way. The amount of time it takes to understand the implicit nature of

experience and the creativity and intuition of the researcher which form the foundations of qualitative research, are not reducible to strict or formalised steps. The more familiar one becomes with the raw data, the easier it is to follow the phases of explication. Any attempt to over-formalise the qualitative procedure by extracting isolated sentences does not comply with the essential "rule" of the phenomenological method i.e. method is subordinate to subject matter. The complexity and fluidity of human experience is not subject to the same type of methodological rigour as the "object" of natural scientific research. Nevertheless, it is essential for a qualitative method to make explicit as far as possible the general guidelines by which the researcher arrives at the essential description. (For a further discussion on this point see Chapter 5 page 212).

Phase 1 READ THROUGH THE ORIGINAL INTERVIEW - ALLOW THE DATA TO SPEAK FOR ITSELF

Although I myself conducted the interview, making certain as far as possible that I understood my subject's experience, this initial phase of explication was crucial. I could not work with the data at a later stage, trying to arrive at an essential meaning, had I not read and re-read the data in this phase in order to try and gain a deeper understanding. This is because the implicit meaning of experience is not immediately apparent. In this phase, I therefore attempted to intuit a sense of wholeness in the data and acquaint myself more fully with the subject's mode of expression and the overall flow of the data.

I approached this phase with maximum openness, scrutinizing the data until I felt that its implicit meaning was relatively clear to me. The word "relative" is important here, it implies that an understanding of the meaning of experience is essentially a process which begins in this phase but continues throughout the succeeding phases.

During this stage I realised that the experience was not emerging in a linear fashion and therefore it's implicit meaning could not be gleaned from isolated sentences but from an understanding of the data as a whole. In other words, I became aware of the complex nature of the data which was a result of the non-directive interview and my own participation of "reflecting" and asking for more clarification. Thus the data before me consisted of a progressive unfolding of circular meanings because the subject was delving deeper and deeper into her experience. This finding was crucial when constructing the following phases.

Phase 2 EXTRACT AND LIST THE NATURAL MEANING UNITS (N.M.U.'s)
IN THE ORDER IN WHICH THEY APPEAR

The aim of this phase was to glean qualitative differentiations in the data by delineating units of meanings. The purpose was to order and simplify the data into its naturally appearing units so that in the following phase each unit could be further interrogated so as to discern its implicit and explicit meaning.

The N.M.U. is a segment of the protocol which revolves around an idea or basic intention. It can stand on its own and adequately and broadly delineates a discrete qualitative profile but may incorporate one or many subsidiary themes.

Each N.M.U. is considered to be sufficient in expressing a slightly different qualitative tone from the preceding N.M.U. Either the N.M.U. expresses an idea which is completely different to the preceding N.M.U., or it expresses a similar meaning but in a slightly different mode in which case it is regarded as a single N.M.U so as not to lose that slightly different meaning, or a N.M.U expresses an idea but also expands that idea which I then regarded as a single N.M.U because the emphasis revolved around this new expanded idea.

The extraction of the N.M.U was basically an arbitrary selective process which anticipates the following phase of explication i.e. the listing of the essential elements in each N.M.U. It is arbitrary because another researcher may arrive at a different N.M.U. However, in the context of the present data, the definition of the N.M.U was considered to be most suitable because it reflected adequately the circular unfolding nature of the data and did not over-reduce the data. In other words, the broad N.M.U served to retain all emerging meanings but also illustrates the context in which these meanings occur.

The N.M.U's are listed in the order in which they appear in the protocol so the original qualitative flow of the data is maintained. A single N.M.U. may also consist of my own reflections or requests for clarification as these were essential to the idea being expressed and the subject would often assimilate these reflections in order to expand a particular meaning.

Even though overlapping N.M.U's were apparent to me at this stage, there was no elimination. I still remained on the outer limits of the phenomenon and did not presuppose that I had already understood the implicit nature of the data. It was only by working with the data, preceding slowly, stage by stage that I discovered and understood. The ultimate aim in this phase then, was to simplify, but not over-reduce the data, by delineating qualitative differentiations so that it became easier to work with in the following phases.

Intersubjectivity was achieved with the checking and validating of the delineation of each N.M.U. by two independent judges.

Phase 3 CONSIDER EACH STATEMENT OR BUNDLE OF MEANINGS WITH RESPECT TO ITS SIGNIFICANCE FOR THE EXPERIENCE UNDER STUDY. ELIMINATE ONLY THE OBVIOUSLY IRRELEVANT MATERIAL

Irrelevant material in the present study is defined as those statements or bundles of meanings which do not relate to the client's experience of her therapy. In other words, the experiential expressions or units and the more intellectually reflective expressions or units are retained in so far as they refer to the experience in question. The only obviously irrelevant material (deleted) is found on pages ..10 and ..11 of the original protocol where the subject talks about a previous encounter with a psychiatrist. This was considered to be irrelevant because it does not concern her psychotherapy with X (the therapist).

The question now arises as to why I considered as significant those statements or expressions which refer to the way the subject lives her present life or which refer to her past life or which describe the client's thoughts about her therapy? A look at the research question and a reading of the raw data is sufficient to answer this question. Basically, the research question centred on the client's holistic and retrospective experience of therapy, but also made explicit the fact that the subject was free to relate to me anything she felt was important to her. Referring to the actual research interview, we note that by talking about the way she lived her life before therapy or by articulating her present life the subject is saying something important about her experience of therapy. She is in fact referring to the issue of change and its nature as it relates to herself. Because the research question did not specify or limit the subject's experience to the therapeutic sessions, the event of therapy itself, the above expressions or units of meaning are regarded as essential. They give focus to the data, bringing out important aspects of the holistic experience of therapy. Likewise, those statements or expressions referring to the way the subject presently understands her

past experience of therapy were felt to be crucial for an holistic understanding but also comply with the retrospective aspect of the research question.

Retaining the more intellectual statements about therapy is a slightly different issue. Because I was interested in qualitative meaning and experience, I could have been ruthless when eliminating non-significant material in this phase. I could have eliminated statements or expressions on the basis that they were too intellectually removed or distant and retained only those more experiential statements or expressions. Thus I could have delved into the area of linguistics and concerned myself with various levels of abstraction from basic experience. The point is that I was not concerned specifically with the actual therapeutic session but with everything the subject feels and thinks about her experience of therapy as a whole - in other words, what she experienced, how she experienced, what it meant to her, what it means to her and what she thinks about the nature of her experience. I felt that the intellectual statements grounded or gave focus to the more experiential statements. Since I cannot directly observe the subject's experience of psychotherapy I had to rely on what she told me. Although the subject often speaks about what she thinks, this information is valuable because it is on the basis of this belief-system that she experiences her psychotherapy.

But the issue of elimination is still more complex than this. Essentially the present phase eliminated only the obviously irrelevant material as defined above. However, the entire qualitative procedure is geared towards the extraction and elaboration of the essential ingredients in the data in a rigorous way. One could say that by the process of elimination one arrives at the essential description. The point is that elimination in order to arrive at an essential description, is a process beginning

in the present phase where only the obviously irrelevant material is eliminated and, continuing into the following phases where one restates the N.M.U as simply and concisely as possible and the next phases where the essence of data is described. The essential description, phase 6, is actually the result of the entire elimination process.

This phase was checked and validated by two judges.

Phase 4 RESTATE THE N.M.U MORE CONCISELY IN ORDER TO
BRING OUT THE ESSENCE OF EACH UNIT. ARRIVE
AT THE CENTRAL THEME IS (C.T.) WHICH DOMINATE
EACH N.M.U.

In this phase I attempted to get to the crux of each N.M.U. The central theme is a concise synthesis or a rephrasing of a particular N.M.U in order to draw out the essential element. Each CT derives it's content from the N.M.U itself, from the more peripheral contributory meanings of the N.M.U and from the context of the data as a whole - since meaning cannot be understood in isolation but only from the overall context in which it is situated.

The CT is derived by interrogating each N.M.U and it's relationship to the data as a whole, asking the question; "what does this tell me about the client's experience of psychotherapy?"

Each CT is an attempt to say something new or slightly different about the phenomenon in the same way as the N.M.U did. Thus an interdependence is maintained between the phases of N.M.U. delineation and the concise restatement of the N.M.U into a central theme.

At this phase I noticed that there were various naturally appearing categories of experience emerging; for example, there were CT's referring to the actual event of therapy or the sessions, there were those CT's which referred to the client's experience of the relationship and the

therapist and those which revolved around the value of therapy etc. These were not categories that I imposed on the data but rather categories which the data revealed. It was with these categories in mind that the CT's were constructed - in other words creating the foundation for the following phase (another example of the implicit harmony between the method of explication and the tone of the data, and between the phases of explication themselves).

Although the CT is an attempt to concisely synthesize the N.M.U, it may consist of one or more themes which together express the central theme. At this stage therefore, I was extremely careful not to over-reduce the data but to retain all relevant meanings.

The central themes are expressed in the original vocabulary of the subject except where my own words or phrases could reveal the essentialities of the N.M.U in a more concise way. Furthermore, a particular CT may include my own verbalisation e.g. CT 15, because the subject has assimilated and expanded on it.

This phase was checked and validated by two independent judges.

Phase 5 PLACE EACH CT OR PART THEREOF, ACCORDING TO ITS IMPLICIT OR EXPLICIT NATURE INTO THE DEFINED NATURALLY APPEARING CATEGORIES OF EXPERIENCE. BUILD UP CLUSTERS OF MEANING BY RELATING THEMES OF SIMILAR INTENTIONS IN ORDER TO ARRIVE AT AN INITIAL DESCRIPTION OF EACH OF THE 5 CATEGORIES

The present phase clearly demonstrates the concept of dialogue between method and content and illustrates the unique aspect of the method used in this study. Familiarity with the protocol enables one to observe that there are various categories of experience revealed by the nature of the data. Hence the present phase attempts to account for this. Furthermore, the delineation of naturally appearing categories of experience is a methodological feature unique to the present study but based on my first

phenomenological investigation. (Eppel, 1976).

In the preceding phase of explication, I retained the essentialities of each N.M.U with a CT which was as broad as possible consisting of a basic intention but often supported by a number of subsidiary themes. Having preserved the overall context of the data in the broad CT's, I could now further interrogate the data. This could be achieved by working with each CT as a whole, or a part of the CT or the central theme's implicit or explicit meaning - in other words according to the definition of the category concerned. Thus the reader should be able to follow the methodology or understand where a particular aspect of a CT originates from or how an implicit theme derives from a CT as a whole. If, for example, the implicit nature of a CT is the criteria of category E, the reader should be able first to read the definition of category E and then to read the CT and understand why it fits into that category.

I first delineated and defined each naturally appearing category of experience by making sure that these categories were not imposed on the data but rather emerged from the data. Each category was defined so as to admit either the CT as a whole, or an aspect of the CT both explicitly, or the implicit nature of the CT. Having placed and written out the CT's or parts thereof under the appropriate category, I arrived at a description of each of the 5 categories. This was achieved by eliminating repetition or overlapping themes within each category and building up clusters of meaning. In other words, by relating CT's of similar intention, I was able to build up meaning clusters under the broad heading of each category.

A particular CT or part thereof may fall into one or more categories which is inevitable in qualitative data, but which created a situation where there was considerable overlapping between each category. However,

each category has a different focus, or an emphasis on a different aspect of the client's experience. So essentially, a particular CT which fell into 2 categories for example, supported the general thrust of each of the two categories.

This overlap implies that each of the 5 categories are not mutually exclusive because each reflects only an aspect of the client's holistic experience of psychotherapy and each category qualifies the following category. For example category A includes those CT's which relate to the actual therapeutic sessions and which reflect the movement of therapy from the initial stages to the more meaningful stages. This is one important aspect of the holistic experience of therapy. But the movement of therapy is not merely confined to the actual therapeutic sessions. It refers also to the values gained from therapy and how these values develop - described in category D. It is also reflected in category E where we see that therapy is a continual movement which does not cease at the end of on-going therapy but continues throughout the life of the client. So, together, all the categories represent the client's holistic and retrospective experience of psychotherapy - this is described in the following phase. However, individually, it is vital to understand each category prior to a reading of the essential description (phase 6)

Two of the more important reasons for this phase of initial descriptions: Firstly, I found I could best extract common themes by grouping them first within a particular category of experience and the essential description (phase 6) could be more easily arrived at through a synthesis of all categories. Secondly, the initial descriptions were not merely considered to be a means to the following phase of explication. They constitute in themselves a significant part of the results and represent the 5 major dimensions of the subject's experience of psychotherapy. They are a synthesis of the entire protocol.

Each description does not take the form of isolated sentences of individual meanings. Meaning can only be understood in holistic terms or in context. Hence, in each initial description, the individual meanings are clustered together reflecting an overall central intention (the title of each category) but backed up by the more specific meanings. Thus the reader is able to read each category as a meaningful holistic description.

DEFINITIONS OF EACH NATURALLY APPEARING CATEGORY OF EXPERIENCE

CATEGORY A - The client's experience of therapy in terms of the actual therapy sessions and movement from the initial stages to the more meaningful stages of "genuine" therapy.

Included here are those CT's or parts of CT's which make direct reference to the above and those themes which describe how insight developed specifically after the more painful and confusing stages of therapy. This category relies only on the explicit nature of a CT or part of a CT.

The CT's falling under this category are as follows:

2, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 26, 33, 35, 36, 37, 38, 40, 41, 45, 49, 58, 90, 111, 118, 119, 126, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 153, 154, 156, 157, 173, 174, 175, 177, 178, 152.

CATEGORY B - The client's experience of insight, what it is, and how it develops.

Included in this category are all CT's or parts of CT's which refer directly to the above. This category relies only on the explicit nature of a CT or part of a CT.

The CT's falling under this category are as follows: 9, 16, 17, 39, 46, 47, 48, 49, 50, 51, 89, 93, 94, 159, 160, 162, 163, 164,.

CATEGORY C - The client's experience of the therapist and the therapeutic relationship

Included here are all CT's or parts of CT's which directly refer to the above - in other words, what did the therapist "do", what effect did this have on her, how did she experience the therapist etc. This category relies only on the explicit nature of a CT or part of a CT.

The CT's of this category are as follows: 3, 4, 5, 7, 8, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 40, 42, 52, 77, 83, 86, 92, 93, 94, 95, 96, 99, 100, 104, 105, 107, 110, 113, 114, 115, 116, 146, 148, 155, 167, 170, 169, 171, 172, 179, 180, 181, 183, 182.

Examples; Because each CT must make direct reference to the above category CT 96 is included but CT 97 is not. Although they are both referring to the same thing, CT 97 is more general and falls under the broader category E.

CATEGORY D - The client's experience of the value of her therapy in terms of how she presently lives her life - compared to how she lived her life before therapy. Also, the values that she assimilated from therapy.

Included in this category are those CT's or parts of CT's which refer directly to the above and the more implicit themes referring to the above. Hence, this category is both explicitly and implicitly defined. This category draws not only from those CT's which directly refer to the value of therapy but also the more implicit meanings from those CT's which appear in other categories. For example, CT 3 is placed in the category C because Sara says that she attributes what she learned to her relationship with the therapist. Under the present category however, I extracted the theme (from CT 3), that Sara now lives her life by being able to face or confront all possibilities that may arise.

Generally, those CT's which refer to the way the client lived her life before therapy are the more explicit ones.

The CT's appearing in the present category are as follows: 3, 4, 5, 7, 8, 14, 21, 22, 25, 28, 30, 32, 38, 44, 47, 50, 51, 52, 55, 58, 60, 62, 64, 65, 67, 68, 70, 72, 74, 76, 78, 77, 80, 82, 83, 85, 86, 92, 93, 95, 97, 100, 105, 106, 107, 109, 112, 123, 127, 128, 129, 130, 131, 132, 158, 170, 174, 186. (These are CT's referring to how she presently lives her life, the values by which she now lives).

Themes referring to the way she lived her life before therapy are as follows: 10, 11, 13, 31, 33, 53, 54, 57, 59, 61, 63, 66, 69, 71, 73, 75, 79, 81, 84, 96, 108.

CATEGORY E - The client's more general experience of the nature of her therapy and its meaning for her.
Her evaluation of her therapy experience.

The explicit CT's and the implicit themes as they refer to the above are included in this category. This is a more general category of experience and, as such, many of the CT's in this category tend to subsume or clarify the other categories. For example CT 120 clarifies category D; CT 122 clarifies category A; CT 124 clarifies category D etc. For this reason, I regard this as the most important category as it refers generally to the nature of her therapy experience. (Much of the essence of the clients experience of therapy is contained in this category. The essential description in fact derives much of it's substance from category E).

Themes which are included in the present category are as follows: 1, 32, 47, 52, 56, 68, 77, 78, 87, 88, 89, 91, 92, 93, 94, 97, 98, 101, 102, 103, 104, 105, 106, 107, 112, 113, 116, 117, 120, 121, 122, 123, 124, 125, 127, 128, 129, 130, 131, 132, 133, 134, 136, 161, 165, 166, 167, 168, 169, 170, 171, 172, 176, 182, 184, 185, 186, 187, 188.

This phase was checked and validated by two independent judges.

Phase 6 - INTEGRATE THE MEANING CLUSTERS WITHIN AND BETWEEN EACH INITIAL DESCRIPTION AND BY ELIMINATING ALL REPETITION. ARRIVE AT AN ESSENTIAL DESCRIPTION.

The essential description constitutes a few pages which adequately and succinctly contain the qualitative essence of the 5 initial descriptions or categories of experience.

This phase of the results was intersubjectively validated by 2 independent judges and the subject herself who agreed that the essential description reflected the essence of her interview with me.

5. THE POST-RESEARCH INTERVIEW

I have already mentioned one way whereby each phase of explication was validated i.e. 2 independent judges and the subject herself. Another form of validation of the results is the post-research interview which also has implications for the research as a whole.

"the subject's experience of the experimental situation may suggest new boundries" (Romanyshyn, 1971).

Other researchers such as Giorgi (1970), and Van Eckartsberg (in Giorgi et al, 1971), stress the significance of the subject's experience of the interview as a crucial part of the results. However, I have not yet seen any phenomenological research that includes the post-research interview as part of the methodology and the results.

In traditional research, one does not attempt to validate or shed more light on one's results by engaging in dialogue with the actual subject. Validation is usually carried out by complex statistical and analytical procedures. In qualitative research as I see it, the post-research interview is crucial because only the subject herself could tell me if she answered my research question or what general effect the interview

had on her - was it conducive to the exploration of her experience etc? Obviously if the subject reported that she did not feel free to open herself in order to articulate her experience, or that she did not feel that she answered the question etc, this would have tremendous implications. It would, in fact, negate the entire research.

Thus in order to try and validate the results and to obtain some meaningful data which might have implications for the present study and future research, I asked my subject 4 basic questions:

- a) Do you feel that you have adequately answered my question?
- b) How did you experience the research interview?
- c) How did you relate to me (the researcher) during the interview?
- d) What do you feel are the similarities or differences (if any) between our interview situation and the psychotherapy?

(This last question was based on my belief that a phenomenological research interview is essentially the same as a client-centred or existential therapy session and I required data on this point.)

CHAPTER IV

RESULTS

Phase 2 - THE NATURAL MEANING UNITS (N.M.U.'s)

Phase 4 - THE CENTRAL THEMES (CT's)

Phase 5 - INITIAL DESCRIPTIONS

Phase 6 - ESSENTIAL DESCRIPTION

THE POST-RESEARCH INTERVIEW

NATURAL MEANING UNITS (NMU's)

(I'm interested in your own very personal experience of psychotherapy. How did you, or do you, experience psychotherapy? What was it like to be in therapy? What did psychotherapy mean to you? I would like you to describe these experiences of yours as far as you can and in the way that you want to. If you like, you may refer to specific situations in your therapy experience in order that we may try to get to your feelings about these situations. Focusing on specific events may be an easier way for us to explore your experiences because your experiences and feelings are obviously in relation to certain events or situations. But this is your personal account and I would like you to feel free to say anything you like. There is no time limit and I am not here to ask you specific or pointed questions. I am only interested in what you tell me, but I may from time to time ask you to clarify something that I do not quite understand. As I have already explained, my role here is to try and understand your experience of psychotherapy. I can only explore the material after the interview, if I have a pretty good

CENTRAL THEMES (CT's)

understanding during the interview. And that is why I may ask you to explain something further, etc. O.K.?

Well, the first thing to establish is that you have been in psychotherapy and that you have something to say about your experiences or what you personally feel. This means that you got something out of your therapy. Can I assume this?)

1. Ja, ah definitely, a hell of a stack. I really got a lot out of it. You know, I can't believe just how much I got out of it - it's almost like magic.

2. You know, I mean, even now, when I'm hassled about something and I really feel as though I'm at the bottom of the pit of despair and I go to X (my therapist) and just have one session and it's as though a curtain is drawn.

(Really?)

Ja, a new insight and my life seems so much more meaningful. I understand what's going on, or I have courage to go on.

Feels that she really got much out of therapy which is seen as almost like magic.

Even after continual therapy, if she has some problem only one session gives her a feeling of insight, meaning, understanding, and courage to go on.

3. That's the main thing that X has given me : he's given me courage to live, because before, I didn't want to live.

(Courage to live?)

Ja, courage to face up to whatever life is, and not to want to run away from it all the time as I used to.

(And even now, after your therapy, if you go back for only one session, you experience this feeling?)

Ja.

4. (O.K. What is this feeling, this experience?)

Well, you know, often I go to X and I feel that I just can't go on; I don't know what's going on or I don't have the courage to surmount whatever problem that I have at that time. And I do along to him and I say; you know, I know that I'm absolutely fucked in my head and I can't, I don't know what the hell to do, my ulcer has opened again, you know, all this jazz. And we chat about it; we analyze a dream I had that hassles me and I just walk

Main thing X gave her was courage to confront all possibilities of her life and not run away.

When lacks courage to surmount a problem and complains, i.e. ulcer broke open etc., X makes her feel that the problem is not insurmountable.

out there and don't know why I was so hassled. It seems that it isn't such a big problem after all and I can surmount it.

(You say that after a session it seems to you that it isn't a big problem after all.)

Ja. It's not insurmountable.

5. You know, I mean, like I have quite a lot of hassles with David's mother and people around me tend to hassle me quite a lot because I like being on my own and people intrude on my personal space all the time. And I go to X and I say, "What can I do?" He says, "You know you've got the right to be on your own. Tell people to fuck off out of your life." And then suddenly I think, Ja, why not? You know, I have a right as an individual to be by myself and I don't have to justify myself to other people or try and make them like me. You know, if they don't like me, then, so what?

(Right, ja. And would you say that this experience, or this insight formed part of your experience of

If hassled when people intrude her personal space, X makes her feel that she can be what she is, that she can live her own life without justification.

therapy?)

Ja, definitely.

6. Well, I mean, therapy went through different stages for me. When I started going to X, I didn't want to have therapy because I didn't want him, I didn't want anybody, to know what was wrong with me because I didn't want it to be fixed up. I was quite happy. Well, no, I wasn't quite happy. I was desperately unhappy, but I knew that the whole hassle was with my relationship with Bobby and I wasn't prepared to admit that it had gone wrong and that we weren't suited and all that jazz. And I knew that if I told X the truth, he'd say, you know, "What the hell are you doing here? You should be doing something about the situation," and I didn't want that to happen. So, my therapy was incredibly traumatic for me. In fact, I got much worse and I had sort of physical symptoms, like I started an ulcer during therapy and I got quite bad asthma attacks, because I just didn't want him (the therapist) to find out what was going on. And then, once I got to the stage where I

Therapy went through different stages : initially traumatic because afraid to accept or confront problems of which she herself was not entirely aware, so resisted therapy and was reluctant to open herself to X for fear that full complexity of problem would be revealed. Got worse, e.g. physical symptoms, to avoid problem. Therapy became more meaningful when she was prepared to really face her life.

was prepared to admit that I had to face up to life, to what was going on, then therapy became hell of a meaningful to me.

(Mmm, mmm, mmm.)

7. And I often felt that he (the therapist) must have gone just about out of his mind sitting there for months and months on end, knowing that I wasn't responding, knowing that I didn't want to tell him what was going on. And he just took it very calmly and we talked about superficial things, about hassles around my life, instead of the central problem.

(Mmm, mmm. You feel that he knew what was going on in your life but let you go on the way you wanted to go on.)

Well, that's what I find so fantastic: is that he must have known just about from the first few sessions that I was desperately unhappy with Bobby and that our relationship was up to absolute shit. And he never said anything to me, he never said, "You

Feels that X knew what was going on in her life from the start and that she was avoiding problems. But he allowed her time to come to it and work it out for herself. He never pushed her.

don't love Bobby," He just let me work that out for myself. He waited for me to find out the problem. You know, I mean, he could have easily said to me, "Look, the problem is that you don't love Bobby and that you must leave him." And I would have said, "Absolute shit. I do love Bobby. I'll never leave him."

(You would probably have denied that?)

Ja.

8. So instead we went through months of saying that, "I'm unhappy; I don't want to live but I don't have the courage to commit suicide; I sleep all the time; I'm sick all the time; I'm frigid, I don't want Bobby to make love to me; I don't want to work; I'm unhappy. You know, the whole thing." And he just accepted it and he kept on saying, "Well, you know, maybe you need some change in your life?" And I used to think, you know, "What can I change about my life? Maybe I need a new job?"

Initially went through months of superficial reporting of peripheral matters while X accepted the situation which encouraged her to ask herself questions about her own life.

9. And then one day, I don't know how it happened. Actually, it was while he and Bobby went away and I had about two weeks by myself and I just sort of had this insight that the change I needed in my life was to get away from Bobby. And I went to X and I said, "I want to leave Bobby." And he just said, well you know, "Why do you want to leave Bobby?" And I broke down and that's when we made our first contact.

(Your first contact?)

It was the first time that I was being totally honest with him and with myself.

10. I hadn't been really honest with myself at all.

(You hadn't been honest with yourself at all?)

Ja, for months and months. Ja, about for almost a year. Ja, a year.

(Mmm, uhm.)

First honest contact with self and X when had own insight outside therapy - faced problem and admitted it to self and X.

For about a year she was not honest with self because afraid of facing problems.

I mean, for a year I went along sort of trying to find out what the hassle was, but not trying because I was scared.

(Uha. For about a year you were being dishonest in this sense?)

Ja, that's right.

11. (So what did you experience during that time?)

Our, we, you know, X tried several forms of therapies. Sort of typical Freudian therapy. You know, first of all we sat opposite each other and I used to talk to him and we used to discuss some of my dreams. But I always censored my dreams, 'cause I knew if I told him the whole dream, he would see immediately what the problem was. So I gave him, you know, sort of half the dream and we would talk about how much I hated gays; how much I felt that the sort of very radical scene that we were in wasn't quite the thing that I wanted. And he helped me, sort of, to realize that I had the right not to be radical.

Feels she was inauthentic in the first year and became more "neurotic" because she evaded problems.

if I didn't want to be and that I could be totally bourgeois if I wanted to be. But in that year I suppose I became much more neurotic in a sense because, uhm, I was, you know, because I was hiding - showing so many more neurotic symptoms because I just wasn't living authentically at all.

(Ja, ja.)

12. So, during therapy I used to get very tense and scared. I cried all the time during therapy - it must have driven him insane - you know, I used to cry every time he said anything to me. I'd cry because it was a defense mechanism obviously, you know, so he couldn't be horrible to me, he couldn't say "Christ woman, you know, do something about yourself." You know, I was just this helpless little female who was totally scared and nobody could be horrible to me...

(Ja, uhm.)

Not even my therapist.

13. So it was a very painful experience

During therapy (first year), was helpless, scared and perpetually cried to prevent X from getting to the problem.

Therapy was initially painful -

at the time. I was really in the depths of despair and I kept on thinking. You know, I didn't know what I was really getting out of therapy. There was like a big forest around me and I knew that somehow I had to get out of it but I didn't know how, and I was prepared to sit there and sort of had the attitude that X had to pull me out of it.

14. And once I realized that there was no ways that he was going to do that for me, I had to do it, he was not a fairy with a magic wand who was going to say, "Ah, today you're better!"

15. (So you didn't quite know where you were going. You were in a forest and you wanted X to do something for you - but you did seem to have been motivated yourself - would that be correct?)

Ja. I didn't know where to go because basically I wasn't prepared to do the central thing which was to pick up the pieces and say that, "O.K. You know, my marriage is a failure and everything's a failure," because I refused to live my own life.

didn't know what she was getting from therapy - knew she had to do something about her life but confused as to what or how, and expected X to take responsibility for her.

Later on in therapy realized that she had to take responsibility for herself and that X could not do it for her.

Didn't know where she was going in therapy because refused to confront her life situation.

16. You know, we had this thing, afterwards (X and me) we developed this sort of image of me as a ragdoll, because I had a dream once that I was a ragdoll, and everyone was throwing me around. We sort of decided that this was in fact what I am or was, you know, a ragdoll : I was allowing everyone else to live my life for me and I just didn't have the courage to say, you know, "This is what I want. Fuck the rest. I'm doing what I want to do." So it was, you know, nothing could happen until I realized that.

17. (Uhm.)

You know, although when I had this thing of me being the ragdoll, I thought, well, now I've done everything and somehow life must come right for me and I still didn't have the courage to really live and really do the thing. And I had this dream. 'Cause, you know, I was sort of dominated by my parents a hell of a stack as well. I let them tell me what I must do all the time; I let Bobby tell me what I must do and I

No change could occur until she developed more insight into her life-situation, i.e. that she was not being responsible for her own life but that she allowed others to dictate her life. A dream gave her this insight, e.g. the ragdoll.

Insight developed from dream, i.e. ragdoll was insufficient on its own because still lacked courage to independently tackle problem - expected X to direct and dominate her.

still expected X to tell me what I must do, instead of, sort of, doing it for myself and saying to myself, you know, "This is what you want to do."

18. Ever since I was a little kid I took, I sort of used being sick, psychosomatic illnesses, to protect myself from people so that they wouldn't make any demands on me. Like if I didn't want to do something, I mean I never really wanted to do anything. It was always escaping, always a negative way of life - So if somebody said you know, "You must go to school," which I hated, I'd get sick so I wouldn't go to school. If I had to go and do something which I was scared of, I'd have asthma. So I've always escaped from doing anything. So it was the same with my therapy. I didn't want to face up to it so I just said, "Ah, I'm scared," and I cried and I got asthma and I had this helpless attitude.

19. (What made you stay in therapy then?)

Could not face demands of therapy (facing herself) so used psychosomatics or cried and became all helpless in order to escape.

Oh, I think that I felt a lot of pressure. I knew that I had to do something about the situation of course. I couldn't carry on the way it was and it (the therapy) was sort of keeping everybody quiet. Uhm, I was trying; I was going to therapy and so people couldn't say that I wasn't trying to change.

20. Although at the time, I wasn't trying at all.

(You were trying but you weren't trying at all?)

As far as they (people) were concerned - "Look, I'm going to therapy. I'm having a hell of a time." I mean, therapy was quite heavy. You know, the whole little heavy thing - that's what people would say. I mean therapy was really heavy and yet at the same time I had this wall around me which nobody could get through. Well, I don't think that I consciously lied to myself and said, or, lied to anybody else and said; look, uhm. Well, I never thought I'm going to cheat them - they think that I'm going to therapy. You know, to myself it was, I was in fact trying - although now, I mean,

Remained in therapy because felt pressurized, i.e. realized that she had to do something about her life and needed to show others that she was trying to change.

Initially, in therapy she was trying and she wasn't trying to change. At the time (first year) she and others felt she was trying. Now realizes she was being a total fraud at the time (wasn't trying) because did not have the courage to face her life problems (a wall around her).

obviously you see your past in terms of your present. So now I see that was being a total fraud at that time. But at the time I didn't think consciously that I was being a fraud. I just literally didn't know what was going on and I just didn't know how to get out of it or what to do, because I hadn't got the necessary courage. I mean, I think it takes a hell of a stack of courage after living for 20 years in the sort of negative attitude of just avoidance - of avoiding certain things - and then, suddenly being able to say, "I don't care if people don't like me because I'm like this or that," or, "I don't care if people are going to point a finger at me and say, "Ah, you've made a mess of your marriage. Everybody told you not to get married. Everybody knew that it was going to be a failure and you said, "No, I want to marry him," and now you've married him and you've made a fuck up." So, especially with my parents, because they were hell of a much against me marrying Bobby, and I just didn't have the courage to say to anybody, "Look, I made a mistake," and I didn't have the courage to get into that in

therapy.

21. I would never have had the courage without X. Not that he ever said, you know, "It doesn't matter what anybody thinks of you," or, well, he just, through therapy, gave me stature. He gave me the feeling that I do matter, that I'm somebody, that I'm not just a little weasel crawling on the floor which is how I saw myself.

22. (He gave you these things?)

Ja. You know, I don't really know how he did this. You know, I mean, that's why I think he's a brilliant therapist. All I can say is that he must be such a brilliant man to be able to sit there for a year, watching me struggling and knowing what to do. I mean he knew what I should do. But then he just sat back and said, "You know, you've got to find the solution for yourself." And at the same time slowly, by little sentences or little comments, building me up.

23. You know, I can't really isolate any one thing he did. You know, I mean - he - there's no way that I can say

X gave her courage to face her life problems not by giving answers verbally, but by giving her stature, the feeling that she mattered, that she was somebody. (Would never have had the courage without X.)

Feels X a brilliant man because he could handle her struggling, help her subtly but allow her to come to own decisions even though he knew what she should do.

Experienced X not by what he specifically did, but by his whole attitude towards her,

that he said this or that to make me feel good. There was nothing specific about what he did. It was just his whole attitude towards me. It was the attitude that I mattered as a person. I remember not long ago, I was feeling totally down and I really felt that everybody was intruding in my life and that I didn't really have the right to say to all these people, you know, "Just get out of my life. I don't want you around." And he said to me, "You matter a lot to me and it matters that you are happy and that you do the right thing," and that meant so much to me because I knew he meant it. He didn't just say, "Ah, you matter," so that I could just feel better and think, ah, somebody cares for me in the world. He was genuine. I mean he must have cared for me to have sat for a whole year at twice a week and while I wasn't even paying him anything. It wasn't like he was getting something out of it. It wasn't just a job to him. It was pure labour of love as far as I'm concerned. At least, that's the way that I see it. He was determined to help me and the fact that he could have wasted all those hours to help me really meant

which she believed was totally genuine: an attitude that she mattered as a person, that he really cared for her, that he was determined to help her, and that he was always available to her. All this really meant a lot to her.

something to me. That, in itself, was quite an experience in my therapy.

24. (How did that make you feel or how do you now feel about that?)

Well, it showed me that somebody, whose opinion I valued greatly, uhm, cared that I was happy and didn't moan about the fact that I did things that were totally ridiculous and that I freaked people out all the time.

25. He accepted me totally as I am.

(Mmm, he accepted you.)

Ja, I think that this is the main thing: is that the fact that I'd found somebody who accepted me that didn't want to change me. Well, the only way that he wanted to change me was for me to become my potential self, which is growth. But he accepted the basic me.

(Are you saying this in retrospect now?)

No.

26. I think that another reason that I stayed in therapy, is that the fact that he was prepared to go on trying and that he had hope. You know, I

X's 'attitude' showed her that she found someone who she respected, who really cared for her, didn't criticize any of her actions.

Main thing about X is that she felt he accepted her totally, as she was, which allowed her to grow and become more of what she was.

A reason why she remain in therapy, and that motivated her to change, was X's determination, hope, caring, and faith that was

mean, he could have said to me,
 "Look, let's stop this. You aren't
 prepared to grow. Let's just give it
 up." But he never gave up so I
 couldn't give up. You know I always
 felt that I was disappointing him and
 I didn't want to disappoint him and
 that's what made me grow. I sort of,
 it was sort of every time I went there,
 I wanted to give him something - not
 material - but something to show that I
was trying, and it was so difficult,
 you know. I think that was sort of a
 fight against myself because I wanted
 to very much change because of his
 attitude of hope for me and obviously
 his faith won because it was stronger
 than my will not to grow.

(His faith?)

You know, I wanted to return the in-
 vestment that he'd put into me. His
 faith was certainly vital in my ex-
 perience of therapy : his faith in me.
 The fact that he really did care. I
 mean, if he'd just been a therapist
 who, I mean, ~~I went to a psychiatrist~~
~~before I went to X and this guy just~~
~~put me off totally. Uhm, I wouldn't~~
~~ever have told him anything and I just~~

stronger than her will not to
 grow - and she wanted to show
 him that she was trying.

~~didn't give a stuff if he didn't get anything out of me. He built incredible resistance up inside me by just his attitude, you know. O.K., I had one session with him and that first session I suppose is incredibly important and he just wasn't interested in the way I really felt,~~

27. and X understood how I felt. He didn't reject the fact that I felt inadequate or he didn't say, "Ah, ridiculous! How can you feel inadequate? Look at you! You're an intelligent and reasonably good looking female. How can you not feel confident?" He accepted that I had ridiculous feelings of neuroses, that I thought people were intruding on my personal space and I didn't want them there, to be safe. He didn't say, "Ah, don't be ridiculous. They aren't." He felt the importance of the things that I felt were important. If I felt neurotic about something totally silly, he lived that neurosis with me. He understood it.

28. So often, I feel that when I'm feeling particularly hassled about something, usually it's something very small and

X really understood and accepted even her "silly" feeling of neurosis without rejection, criticism, or explaining them away. He felt their importance as she did - he lived her neurosis with her.

X never reduced or ridiculed her feelings, and by making them important, even exploding

insignificant, people say, "Ah, don't be ridiculous, how can you let that worry you?" And he never had that attitude, not even slightly. Things were important to him. He never reduced anything that I felt. In fact, he would explode it rather, you know, make it bigger, so that we could look at it and explore it and through him making it an important part of my life. He made me feel that I could look at it and explore it and then come to terms with it. ~~But the other chap, the psychiatrist, that I went to, didn't even try to get to the root of the problem. You know, I went to him and I said, "I've got psychosomatic problems; I keep on having these terrible illnesses which are there, you know; the symptoms are there; they're very real but I know that they're because of the way that I'm living and because of the way that I'm trying to escape from life, and something that's hassling me quite a stack is something about my husband and I can't come to terms with what he is." And the psychiatrist just said, "Ah, you know, your husband has some abnormality," and he didn't sort~~

them, she felt she could explore and come to terms with them.

~~of, you know, he shocked me. I didn't want him to explain what he thought of my husband -- that wasn't the point. I wanted him to understand it; I didn't want him to condemn Bobby; I wanted him to try and help me to live with it. I wanted to come to terms with my life situation. At that stage I didn't want to leave Bobby, you know, I wanted to understand, to live and he just freaked me out (the psychiatrist) totally. If I felt like committing suicide before I went there you must imagine how I felt like afterwards -- I was totally broken. I felt, well, there's no hope for me, I must just die in a little hole somewhere. I didn't feel understood.~~

29. And that's what I feel is the basic brilliance of X's ability, is that he has empathy you know - the fact that he never rejected me or rejected anything that I felt. He accepted everything that I, you know, I mean we used to joke about X, we used to say, I could say to him, "I've just murdered my mother," and he would say, "Mmm, Uhhmmm, and how did you murder her?" with no judgement at all.

Feels that X has brilliant ability to really empathize, i.e. that he never rejected her or her feelings but calmly accepted everything without judgement, shock or emotion.

You know what I mean?

(Ja, Mmmm.)

You know, I mean, I used to tease him incredibly about it because he never showed any shock or emotion or anything - just this calm acceptance and all that. It was never: but you can't do that or you can't do this.

30. You know, if we were interpreting a dream and I said, "Uhm, I think it means this or I feel this," he'd never say, "But you can't mean that because of this, that and that." He'd say tactfully, "But what about so and so? How do you feel about it?" He allowed me to express myself, to explore myself, which I feel is very important.

31. You know, for once I was not rejecting myself all the time and saying, "But I can't feel this. I should be feeling this." He allowed me to feel and to explore all my feelings and to come to terms with my feelings and either reject or accept them for myself.

X did not make judgement but tactful suggestions, allowing her to express and explore herself.

X allowed her to feel, explore, evaluate and come to terms with all her feelings, so for once she was not constantly rejecting herself.

32. He allowed me to build up a sort of moral code, not really a moral code but, you know, a code of living. He, you know, he helped me to build up life really, my life, the way I wanted to live it. You know, he allowed me to feel right about the things I wanted to feel.

(Ja, uhm.)

33. Well, at the time, during the first year, I never realized what he was doing for me until I'd had that insight that I wanted to leave Bobby and then suddenly I realized what he had been doing and what we'd been doing. It didn't dawn on me as he, little by little, pieced me together. But once it had happened, once I'd looked into the mirror and saw, you know, I had the courage to look in the mirror and see a person because I'd never seen myself as a person and once I had an identity, I realized that it was, thanks to him (the therapist), you know, I realized what he had been doing.

(Uha, ja?)

X helped her to build up her own life, to be more sure of herself, and to feel right about her feelings.

Wasn't aware of what X was doing for her (first year), until she got more in touch with herself, developed courage to live her own life, became a person with an identity.

34. Well, obviously I also played a hell of a big part in it but you know, it was almost as though he took my hand and led me along, without me knowing that he was leading me. He was just walking next to me really, and without me knowing that he was dictating the path, my path, the path that was mine, that was right for me. You know, the way you walk with someone down the road and they want to go to point A and you want to go to point B, but you follow them because you're enjoying talking to them.

(You say that he was walking next to you, that he led the path?)

Yes.

35. I think that while I was in therapy, I realized that he had the wider vision, you know. He could see what was going on and I had trust in him that he would help me out of this forest that I was in. So, I was prepared to put all my savings into that matter and to say, "O.K. I'm going to have this deal with you, I'll go along," but at the time, during the first year, I didn't realize that it needed a lot of work from

Although feels she did her own growing, X led her along her own life path without giving her explicit direction, so that she wasn't aware of his lead, only his reassuring presence.

Initially (first year), although had basic trust and confidence in X to help her, didn't realize that she also had to work hard. Only later, realized that he could only help if she wasn't passive in the process.

my side as well. I was prepared to just be a sleeping partner, in a business sense, but you know, as I say, the basic trust in him was there to help me, but it was only once I realized that it needed more than me just sitting around and waiting for something to happen.

36. After that year, therapy became incredibly meaningful to me and I realized, every session I went to, I realized what was happening to me, how much I was getting out of it. Every time I sort of walked out of his room I could, I felt lighter,

37. whereas before I felt heavier. I wanted to cry, I wanted to sleep, sleep to get away from it, to get away from what was emerging in therapy.

38. Whereas, once I'd started having genuine therapy with X, you know, I was accepting and growing and I wanted to grow and I got a hell of a stack out of it. You know, I sort of put into practice in my life what I'd learnt in therapy. Now all this took at least a year in therapy.

Therapy was incredibly meaningful when (after first year) she became more aware of what each session meant for her and felt lighter after each session.

During first year of therapy felt heavy, cried, and slept after each session to avoid what was emerging in therapy.

Genuine therapy with X (after first year), when she became more self-accepting, wanted to grow and began to live what she learnt in therapy.

39. But after that year when Bobby and X went away, and I had a fantastic time all by myself: my therapist and my husband were away, and I couldn't bear the thought of Bobby coming back and once I'd admitted to myself that I couldn't bear the thought of Bobby coming back into my life, I went to see my doctor because X was away and I said that I'd decided to leave Bobby and he said, "You crazy? Don't leave him." Well, he tried to talk me out of it while I was there, and he said, "Try, try, try again," and I walked home and I thought, no, I'm not trying again, this is what I want, I want to be on my own, to do the things that I can't do with Bobby because he suffocated me and then I went to X when he came back and told him that I wanted to leave Bobby and we talked about it and then I told Bobby and he said, "No. Well, let's try again." Well, actually, I didn't have the courage, then, to actually leave him and I felt awful, you know. I felt that he loved me and that we'd spent so much time together that it would be a waste. But then one day we were talking and he said, "Do you

Self insight outside therapy was not put into practice immediately. Took time and courage to really live the insights.

want to leave me?" and I said, "Yes," and I left him the next day.

40. Then I went to X and I had a few more sessions with him and I said that I don't think I needed him any more (the therapist) and that I'd done what I wanted to do : I'm happy and I don't need therapy any more. And he said, "Fine, but if you feel you want to come back, don't feel that the door is closed now."

41. And then I met David and I was very happy but I still hadn't learned how to be myself really and then I decided to go back to him (the therapist) and then therapy was totally different. I don't know. We (me and my therapist) were more honest. At least, I was more honest with him. Then X could be hard on me because then I had come out of my own back to him.

(You had gone to him on your own?)

Ja, I hadn't been told to go to him - you know, because it was Bobby's idea for me to go to therapy. So I decided that, look, I'm still making a bit of a fuck up of my life, I better go back and really fix things up, and I was

X accepted Sara's desire to terminate therapy (after marital break-up) but also affirmed his availability to her.

When she resumed therapy (after marital break-up) out of own choice, therapy was a different experience, i.e. allowed X to be harder on her and was more honest with X.

in therapy for many more months you know, it was fine and I've gone back to him a few times.

42. But something sticks out in my mind here. I went back to X and I said, "I'm going to break up with David. I can't stand it. I've had enough and he is driving me insane," and it was the first time that I remember X really being hard on me. Well, not hard, but very straight and he said the only reason that I don't get on with David is because he doesn't do what I want him to do. I wanted to turn him into the ragdoll that I was. I wanted to have somebody to boss around and it just doesn't work because that's not really the kind of relationship that I want. And it suddenly made me realize that its so true that, I mean, that's why David and I are so incredibly happy now, because we allow each other to be ourselves and I'm not trying to force David to do the things that I want to do : I'm allowing him to be a person. And of course a significant experience of my therapy was that I learned to be a person. I learned to be my own person. And I think that the major thing that I want is that I've got to dis-

X could also be straight and direct when Sara needed directness, and one time when he was direct and gave an explanation it resulted in a major therapeutic insight of accepting herself as the person she is, i.e. a loner and allowing others to be.

tance myself from people and that's the problem that Bobby and I had, that we were too close, that we were suffocating each other and I can't be like that. I was trying to, uhm, trying to force David into my way of thinking.

(You discovered that in therapy?)

Ja, and then once I'd learned, I mean, I remember that session very well. Ja, after that session I went off on holiday and I decided that I was going to make a success of my relationship with David and I've worked hard at it. And X made me realize, he made me see David as an individual and made me see myself as an individual. He made me accept myself as a loner which I've always been and which I haven't accepted.

(Mmm.)

Can we stop for a while?

(Sure.)

43. You know, I'm feeling quite spent. It's almost like reliving the whole thing again. It's quite tiring going through all these times of trauma.

Spontaneous reaction to interview (see page)

Actually, you do relive it to a certain extent.

(The same feeling comes back when we talk about it?)

Not in the same magnitude really, but I think that somewhere, in my unconscious if you like, I have this sort of trigger mechanism, which is still sort of like little scabs and which are still sensitive to probing.

(Am I probing?)

No, but I am. I'm going back and having a good hard look at myself and that's always quite painful, you know, having a good look at yourself.

(Mmm, I see.)

44. I think that's another thing about my experience of therapy and that is that it has made me look at myself and made me be totally honest about myself. And a lot of people say that I'm incredibly cynical but I think that it's only because I don't really have any illusions about myself. I don't have any illusions about myself. I can't lie to myself which is difficult. It's hard to live with yourself if you can't lie to yourself any more.

Therapy made her look at herself and be totally honest with herself which is not easy because she cannot escape herself now.

(Because you've got to face a lot?)

Yes,

45. and I feel that that's something that I shied away from in that first year of therapy, this facing up to pain, the hurting yourself. Because it is inflicting pain on yourself to be able to say, "You're a shit; you lied to yourself; you've been conning everybody; you've been using your body as a little shield."

46. You know, I've just remembers that, that was another big, big insight was that, ja, it was after that year, it was after I went back to X, I'm not very clear on the times and things like that....

(Just go ahead your own way. Say whatever you want to.)

Well, I was still hassled by psychosomatics after that and I'd started living with David. And one day, uhm, it was almost a year later actually, and I went to X, I'd been back to X and then I came home and I felt awful and I realized that I had to admit to myself that I'd been using all this psychosomatics, that I've been a big

First year of therapy, avoided being honest with herself because it was too painful, i.e. that she had been using body as shield.

A big insight resulting in a traumatic realization that she hadn't been authentic in her life, happened outside therapy. (Admitted to self and X that she had been using psychosomatics all along) - after first year.

fraud and that I've been play-acting all the time and that I'd been wanting people to feel sorry for me. And admitting that to myself was terrible, the worst thing was having to go to X and say, "I've got to admit to you and I've admitted to myself, but I've got to admit to you as well, that, you know, I've been a bad girl." That was one of the most traumatic things of my life but it was also one of the best things in my life.

47. 'Cause that, well, I wouldn't say that its left me or fixed me totally free from psychosomatics, I will always have it, I think. It will always be there in some way, in emergencies I'll always use it, which sometimes could even be a good thing. But its really now, you know, whenever I get a cold or I get asthma or something, I say to myself, "You're not fooling me. (laughs). I know that you don't want to go to this or you don't want to do that, you just fuck off cold or whatever it is." This I feel was the biggest thing in coming to terms with myself.

48. I nearly died, I was so nervous to go to X, you know, I knew that I had to

Major insight (outside therapy) did not free her totally from psychosomatics, but if does resort to it is now more aware of it and able to do something about it.

Felt she may have denied insight (psychosomatics) and could only

say to him as well 'cause it's no use just admitting it to myself 'cause I can just bury it again, but once I came out, once I said to X, "You know, I realize what I've been doing all this time, it was a though another door opened to me, because of course he was his usual calm self and he said to me, "Ja, if that's the way you feel." And I'd freed myself and it was fantastic afterwards. You know, it felt as if I was walking on cloud nine or eleven and it was absolutely, ah, it was such a big growth for me, such a big growth in my life.

49. (This sticks out for you?)

Mmm, yes. It was one of the major things that happened during therapy. And it was much more important than anything else that I'd done or realized because in fact, I did it all on my own because I realized that I had been psychosomatic and that I had been using it for devious reasons, all that jazz,

50. and admitting it myself first of all was a great shock, and then admitting it to X was something that took cour-

feel really freed once she had the courage to admit it to X which she did nervously - it was then a big growth.

Realization of psychosomatic way of life was one of the most important parts of therapy, because she made that realisation totally on her own.

Admitting psychosomatics to herself was a great shock and it took courage to admit it to X

age, it really took a lot of courage. I was so nervous for about two days before I knew I had to go and see X, I couldn't sleep and I was so agitated.

(Uha.)

And then I threatened to cry and I thought, "You know, you just want X not to be so hard on you when you tell him." I threatened myself with tears, you know.

(Uha.)

And I thought, "No, you've got to do this all on your own without any helping aids," and I got through it. I think it was really the most terrifying experience.

(And you got there on your own?)

Yes, well, before, you know, I was helped along in therapy by Bobby and by X. Ja, I was really helped by the whole world around me, because, you know, the climate wasn't right at the time. But the psychosomatic thing is, I think - because that is very central to my whole problem - you know, Bobby was just a symptom of my problem. Because my psychosomatics was a thing

which she did, feeling terrified, agitated and hesitant because it meant she now had to really face and be herself and take responsibility for her own life without any help.

that enabled me to be a ragdoll, once I threw off my last crutch, you know, I had to stand on my own.

(You threw off your last crutch?)

Ja, and I felt incredible.

51. But although you'd think that it would have left me sort of faltering and not sure, but it left me discovering a fantastic pair of healthy legs, you know - and thinking, "God, all this time I've been going around on crutches when I've got the best legs in the world to stand on," -

52. - which again, I think, that a vital part of my experience of therapy, is that, you know, the fact that, I suppose I had the legs to start off with but the fact that X made my legs stronger to stand on or showed me that I had legs. Well, you know, obviously I had the basic material to start off with in therapy. I couldn't have been such an absolute moron, useless person, that X didn't have basic raw material to work on. Obviously, there was a lot there. The fact is that X had the insight to see it beneath all that stuff that I'd used to cover it

Insight (psychosomatics) and admitting it to self and X left her discovering herself as a self-sufficient person who could be herself without external aids.

Vital part of her experience of therapy is that she now realizes she merely became the person she always was - that her basic personhood was there all the time but that X had the insight to see this even though it was covered up.

up, and the insight to see that I could throw off all my sick bed crutches and all that, and be myself without those aids.

53. You know, when I went to X, I had no identity, I had...I was nothing, I meant nothing, I had no self esteem, I didn't even have a picture of myself

54. - and my body was sort of separated from my being.

(What do you mean by that?)

Well, uhm, I wasn't inside my body at all. I hated my body, I hated this thing that represented me and the fact that I didn't want to be inside my body because it represented my marriage, my whole sickness sort of symptomatic thing. Uhm....it represented me, the dominated child by my parents. But there, somewhere inside me, was a spirit which was me. I really saw myself as two people - well not two people, but two entities, two different sort of parts and the thing that the world saw, the thing that I interacted in the world with, was my body, but my spirit (let's call it my

When she went to X, felt she was nothing, had no identity, no self esteem.

When she went to X, she felt a split between her body and her unexpressed core self (which she believed to exist). Her body represented all she hated about herself yet she was unable to throw this off and to allow her real self to emerge.

spirit or whatever it is), that part of me which wanted to be something different, which wanted to show itself in a totally different guise, just couldn't get out because it was being blocked by this body which had already offered preconceived ideas to people, you know.

(Right, uhm, I'm not quite with you now.)

O.K., well, you know, like the, the child dominated by the mother, the husband, the teacher.

(That's how you experienced yourself?)

Ja, and that's how the world saw me. But I didn't want to be like that, but I didn't have the courage to be something else, so I hated my body because my body represented what the world saw of me and what I presented to the world. So my spirit was in rebellion against all this and that's probably another reason for my psychosomatic problems. It was a sort of fighting against my situation. I experienced a kind of rebellion, you know.

55. It was, and uhm...therapy allowed me to throw off the scab (which is my life, my body) and for me to go back into a new body which I accepted, which wasn't psychosomatic or anything and which had a new bearing,

56. which had, you know, as X said to me, is that he can't get over the difference (and I myself must admit that I also experience this), the difference between me now and the me that he met the first time I went to him. It's two different bodies or persons really.

57. You know, I was sort of a grey little fieldmouse. I was incredibly submissive and shy and yet inside this was an incredible amount of pent-up aggression and I feel that's one of the main things that worried X in the beginning, is that I showed no aggression at all.

58. I remember the first time I really felt and showed aggression - it was after a few months in therapy and it was quite a break-through.

Therapy allowed her real self to emerge and for her to cast off that hated body and accept it.

Both X and Sara see a definite positive transformation in her - almost like two different bodies or persons.

Was incredibly shy and submissive (grey fieldmouse) with much pent-up unexpressed aggression which she feels worried X in the beginning.

First expression of aggression in therapy (initially intense and undirected), signified the beginnings of true self-expression and

(You feel it was a break-through when you experienced aggression for the first time in therapy?)

Ja, because now I was starting to, you know, at least, allow this rebellious spirit inside me, to come through. And then I went through a period of incredible aggression. I felt an incredible amount of aggression. If anybody just looked at me, I just about really bit off their heads and then there came the time when I could throw off my crutches and the spirit could accept the body and live : the two could live together as one. Does it all sound crazy?

(No, not at all. It's your own experience of psychotherapy.)

Ja. But it's, uhm, really like two, mmm, a blurred image which comes into one.

59. I was always a shadow of my body.

(You feel that you were always a shadow of your body?)

Ja, I was never really there, I was

when being could accept body.

(Experienced as a break-through.)

She was always the shadow of her body, i.e. even though she was bodily interacting in the world (in the form of the ragdoll), her true or core self was

always watching. I was, you know, I just had no, I wasn't really aware of myself at all. And, uhm, you know, I didn't see my body as it is. I was always watching my life from a different angle. I wasn't, you know, Berger in "Ways of Seeing" says, you know, that women tend to react in society in the way of seeing themselves like, well, you know, moving across a room for example. And I see me the way that you see me. I see the effect I'm having on people. But now it wasn't like that at all. It was just that, uhm, I saw the world from a totally different angle, very much like a child in the corner who's excluded from all the, the party, and everyone else is eating cake and cool drinks and I sat in the corner wondering why I didn't enjoy cake and cool drink in any case even if somebody gave me some. And I was frightened to become part of this. Now, whereas my body was there taking part in the feast, I wasn't and I didn't want to be and I didn't want to be any part of it. But, it's so very difficult to explain. Well, let me see....O.K., take my body as a

frightened to really express
itself, even though she rejected
her bodily image.

person who was married to Bobby, the ragdoll, O.K.?

(Ja.)

Ja, say my body was the ragdoll. But inside the ragdoll or just beside the ragdoll, say, a shadow to the ragdoll, was the real me, the spirit of me.

O.K.?

(Uha, right.)

And the real me could never enter into the body, the ragdoll, because the real me rejected the ragdoll image in any case. But it didn't have the strength to wipe the ragdoll off the face of the earth so to speak and say, "This is the real me."

60. So, once I'd thrown off my crutches of psychosomatics and all that crap, I was able to use my body which was no longer a ragdoll, and my spirit, and I was able to accept the whole me because I no longer rejected my body as the symbol of everything that had gone wrong in my life.

(Uha.)

Therapy enabled her to throw off her crutches, e.g. the psychosomatic and accept herself as a whole person, no longer rejecting her body, no longer frightened of the world and rejecting any thought of attractiveness.

Once I had thrown off my crutches, I was no longer the ragdoll, the little mouse which was terrified and which burst into tears at the very thought of a harsh word, or who hid in corners and didn't want to be seen, who rejected the thought of being attractive.

61. I mean symptoms of that area was the fact that I didn't ever wear any make-up. I hated wearing any nice clothes. I just sort of had something to cover my body, you know.

(Uha.)

I never felt that, I never asserted myself as an attractive person. When men looked at me, I felt that they were intruding on my personal space and that they had absolutely no right to do it and I would have hit them in the face if I had had any strength. That's how I felt.

62. Whereas now, it's totally different. I accept my body. I accept myself and I accept that certain men would find me attractive and when they do make any suggestions to the fact that

Never asserted self as an attractive person - never took pride in personal feminine appearance (rejected body) - frightened when others made personal advances.

Now accepts herself (and her body) - so can accept that others find her attractive and can react with confidence and assertiveness.

I'm attractive, I don't cower into a corner and think, "Hell," I might even say to them, you know, "Fuck off, you're being ridiculous," or, I will react to their attraction. So it's like having a totally different view of myself now. I appreciate myself and I'm aware of my abilities, you know, I accept that when I need to I can use my body and appearances to do certain things. Whereas I never ever sort of did that before.

63. You see, before, I rejected my body totally. I was so alienated from my body that I couldn't bear anything. You know, I didn't want any contact with my body. My mind wouldn't make any contact with my body. My body just became a shell, sexually as well. I mean I actually became totally frigid. I couldn't stand any entrance into my body like having an injection or even using a Tampax, you know. Anything like that I just couldn't stand. And I feel that was the peak of my rejection of my body. I had no feeling whatsoever of any kind, except the fact that I had an ulcer which was manifesting as a fight against myself.

Before therapy, experienced a total rejection of an alienation from body which became a shell with no feeling, e.g. was frigid.

I accepted that I had an ulcer. In a way, it was a punishment for my body: it was another rejection of my body. It's very difficult to explain the total aberration from my body.

(Mmm, I see.)

64. The major experience for me was the fact that I could combine the two again and put them together and accept my body as a reasonable vehicle for existence.

65. My body had become something like a bag of dirty linen that I was carrying around and I would gladly have got rid of it but I realized obviously through therapy that if I got rid of it, I was going to get rid of the thing that mattered to me which is me, because this body still had something that was potentially beautiful and I had to learn that my mind had to live within this body and once I accepted that I have to have a house for this mind and that this thing that I've got isn't such a bad thing at all.

Major experience for her was becoming a whole person, i.e. acceptance of herself living through her body (accepting body).

Realization of wholeness through therapy, where potential but unexpressed self was essential part of body, so she could no longer reject body but began to live through it (bodily rejection was self rejection).

66. You know, because my body symbolized my interaction with the world, and I wasn't interacting with the world. Uhm, so by withdrawing from my body I was trying to cut off my interaction with the world.

67. And once I got back into my body and I accepted my situation in the world, I could have a balanced sort of life again because I accepted that there were certain things that I have to do: I've got to talk to certain people that I don't like, I've got to go to dinner with people that I don't like, I've got to stand in bus queues, I've got to get into lifts.

68. But you know, a thing that I had and will always have is the thing that I've got to have this fantastically huge personal space. I get the moer-in when people come into my personal space. Actually, the thing is that it's not a physical thing. It's a very subtle thing. There are certain people who have the knack of getting into my personal space and I get like a little tiger and I become a total bitch. I usually warn people about it

By withdrawing from body she was trying to cut herself off from world - dissociating herself from her bodily interaction in the world.

Could lead a balanced life (facing even unpleasant situations) when she accepted and came to terms with her life situation, and experienced herself as a whole person (got back into body).

Therapy did not alter her basic needs, i.e. the need for personal privacy, a huge non-physical personal space, but gave her the right to distance herself from world.

and when people don't take any notice of it, I have absolutely no sympathy for them. But, you see, so I still retained the right to distance myself from the world

69. but then (before therapy), I didn't know how to distance myself from the world mentally so I was (my body was) going through this pressure of being in contact with people all the time.

70. You know, now I can withdraw if I want to when somebody comes into my personal space, I say "Fuck off," and I drive them off. That was significantly part of my experience of therapy. It was, uhm, I don't know how it came about. It was just that, I don't know. Somehow I learned that it's not so much my body, you know, that's why my sort of personal space isn't really a physical thing. Uhm, I don't know how to say this. Well, for example, there's a guy that lives in the house with me who insists on intruding on my personal space all the time and we fight like cat and dog because I've told him several times to

Before therapy, could not satisfy need for personal privacy (distance from world), and body felt pressure of interpersonal contact.

Now she really experiences her own personal privacy because she can assertively withdraw from interpersonal contact at will.

just get out and he won't. Apart from the fact that he comes and sits next to me, very close next to me, he says things to me like that I'm attractive to him, that he wants to go to bed with me, etc. And it makes me, it's a very similar feeling to what I used to feel like when I was rejecting my body.

71. Before therapy I withdrew out of my body and went all a-flutter and I became agitated with the result that I became a bitch because it was my defence mechanism. And in those days when I was so incredibly aggressive, I couldn't stand people to touch me or to come closer or to even look at me

72. and slowly I learnt to make my personal space more logical, that in fact it isn't my body that's so important, I, I've learnt not to hate my body, you know. I am allowed my personal space.

(Mmm, ja.)

Before therapy couldn't tolerate touch or closeness and became agitated, aggressive and withdrew from body.

Now that she identifies with and is part of her body, sees herself as a whole person living and expressing herself through her body, it is easier for her to withdraw from the world when she needs to.

I mean, I've learnt not to see my body as the symbol of me, the thing that I rejected. I no longer reject me.

(Uha.)

Now I'm this thing that is overflowing out of my body, it's me. You see, that's what I mean when I say that this personal space thing I have is not really a physical thing. You see, when you make spiritual contact with me, like you make demands on me, I can withdraw from overflowing out of my body into that corner again.

(You can still do that?)

Ja.

73. Before, my body was an empty shell and I was always in that little corner. I felt threatened when people touched my body or looked at my body because I thought that they were in fact coming into my body. You know what I mean?

(Uha.)

Before therapy always felt threatened by people, i.e. when body approached or touched, because felt she was being violated and literally intruded - was defenceless.

They, they were intruding literally into my body. I used to feel that people were coming into my body. And I think that that explains how I felt when I had an injection or something like that or being frigid.

(Right, ja, ja.)

I didn't want people to come into my life and I felt violated all the time.

74. Now I don't feel violated, you know, I feel that I'm strong enough to protect myself because this thing that hides in the corner is no longer the cowering child or ragdoll. It's a very vital person who is aware of her capabilities, her potentialities. And because I'm aware of those potentialities, I can protect them, I've got a good fighting force. So, when you come into my personal space, I don't feel violated - I don't sit back and think, "Ah, my God, what's going to happen, this person is literally violating me." I now feel that, you know, "Take one step closer and I'm going to bop you on the nose, you know, cross this line and see what happens to you."

Has now gained greater self confidence and awareness of capabilities and potentialities - Also sees herself as a vital and strong person who is in control of herself and her situation, so can assertively withdraw from interpersonal contact if necessary without feeling violated and defenceless.

This chap who lives in my house makes incredible demands on me and I do still feel a little scared or even slightly panicky when I'm not in control of the situation. Let's say he comes and sits next to me and says, you know, that he loves me. I immediately say, you know, "Stop being ridiculous. I can't love you. Go away." And I feel a little threatened but I'm now aware of the fact that I can repulse the threat. I can be a hell of a bitch to him. And although it hurts to hurt people, I have to do it to protect myself and I accept that. Well, it's just, it's really, it doesn't make me cower; it just makes me a bitch you know

75. - like before if someone had come to sit next to me and said, "Ah, I love you," I would probably get asthma or something or cried or said, "Please don't make these demands on me," and not have been able to repulse the onslaught. But don't get me wrong, I wouldn't have said these things. They would have come through in body language.

Before therapy when felt threatened by interpersonal contact, she became helpless and defenceless and reacted bodily, e.g. asthma. (Not verbally assertive.)

76. Now I can say, "Just fuck off."
(laughs).

(Just like that?)

Just like that. (laughs). Now this
took a long time in therapy

77. and you know, the super thing is that
what I've learned and experienced in
therapy, I've been able to carry
across in my everyday life. So I've
gone on growing all the time on my
own. 'Cause X has given me the, a,
sort of the basic rules. So every
time I have a new situation, I've
learnt to cope with situations. Be-
cause he (the therapist) didn't say to
me, "Look if this happens, this is
what you must do." He taught me to
have insight into these situations
and into myself. So I can relate to
every new situation and cope with
every new situation.

78. (So you experience this kind of
learning and insight?)

Ja, well that's what this therapy is
all about - is not helping people to
overcome their problems - but helping

If personal privacy violated,
she now reacts with confidence
and assertiveness (verbally).

X did not give her specific
answers in therapy but taught
her to have insight into her-
self and the world which she
could then apply when encoun-
tering new life situations.
So she grew all the time even
outside the therapy sessions.

Therapy did not teach her to over-
come problems but taught her to
see herself as a whole person,

them to have insight into themselves so that they can help themselves. And this was so with my therapy.

(O.K. So how do you experience that?)

Uhm, well, in everything, you know. Because I've learned to see myself as a whole person, because I've learned to get to know myself. I know what I am and I know what I want in life, so when a new situation arises, I know that because I know more about myself I can now apply that to the situation.

79. When people make demands on me like David's mother, well, before therapy, I used to get so hassled because I would feel that for example. she didn't like me and made demands on me, and I used to go into a little helplessness and I used to lie in a little ball and worry about it.

80. Now I know that I, well, I know what I want to be, I know what I am so the fact that she doesn't like that person doesn't matter because she's not all that important. She's just

gave her self-insight (the feeling of knowing who and what she is, her direction in life), so that she could help herself by applying that insight when encountering new life situations.

Before therapy felt helpless and withdrew in response to others' demands of her. Needed to be liked by all.

Now - a greater degree of self-awareness and acceptance of the person she is (knows and accepts who and what she is, her direction in life, awareness and acceptance

got to opt out of my life and she's just got to accept it, and I've got to accept that she doesn't feature in my life.

(Accept?)

Ja, I can now accept situations as they are and not be so affected by them. Look, I've learned that I'm a person with certain rights and certain expectations. I believe that I'm very sensitive, and I've got a very strict moral code. I want to be somebody who, well, let's put it this way, my interests in life are literature, developing very sensitive aesthetic value system; I want to be surrounded by good things in life; I want to have an insight into who and what I am. Now some people would prefer it if I was a different sort of person to the way I am. Now, I've accepted that there is no way that I'm going to be what these people want me to be and I'm thinking of one particular person. I'm not going to be like she wants me to be and I've accepted that. I want to be the way I am. I want to be the me that emerged from therapy. And so,

of rights and expectations). She is more self-assured to make confident choices, so she can now accept situations and others' disapproval as they are, without being affected by them.

in this case I've had to make a choice : Do I want to be like this woman would like me to be, or do I want to be myself? And I've chosen to be myself and I'm not hassled about the fact. I'm not going to pretend.

81. You know, before, I want very much to be accepted by all people and that's why I used my psychosomatics - because when I couldn't do what they wanted me to do, I had an excuse. And they could not blame me because I was sick, you know.

(Yes, I see.)

82. Now, if I don't want to do what they want me to do, I'm doing it simply because I don't want to do it and because I've a right not to want to do it. And if they don't like me because I am the way I am, that's too bad, you know. There are people that like me and who matter in my life, and I like me, and that's the most important experience of my therapy. The fact that I reached the stage where I began to like me. But you know, I got all of what I've been saying out of therapy.

Before therapy, need or desire to be accepted by all people, e.g. used psychosomatics as excuse so couldn't be blamed when unable to fulfil demands.

Because reached stage of liking and accepting herself - a person with rights who feels confident about her actions - she no longer needs to be liked by all people.

83. Well, as I said, you know X gave me an identity which I could like.

X gave her an identity which she liked.

84. Before, I didn't even have an identity, I was just this body walking along, which I rejected anyway. I didn't assert myself, I was never anybody because in case I was somebody that people didn't like.

Before therapy, didn't have identity, rejected body and afraid to assert herself for fear of rejection from others.

85. Now I'm somebody and if most people don't like it, that's their thing. There are going to be a hell of a stack of people that don't like me because I've got the courage to stand up and say, "I don't like what you're doing," or, "I don't approve of what you're doing," or "I'm not prepared to fall in with your plans. I'm not prepared to compromise."

Now has identity so can express herself as she is without fear of rejection from others.

86. It really took the shovel of therapy to unearth the basic me which X saw, but which was covered up by layers and layers of dirt. X saw that; he must have. I mean there's no ways he could have believed that I was just some stupid little grey mouse.

The basic person that she is, was unexpressed but there (i.e. in existence). X saw this and unearthed her (with the shovel of therapy).

87. You know, I don't think I've said much about how I feel or what I experienced during therapy, but I feel that the important thing about therapy or my experience of therapy is that it's sort of formed a residue in my mind and life, which acts as a springboard for my life.

88. I don't think that I can sort of take therapy as little blotches in my life. It's as if, it's like during a session you plant a little seed and it only grows afterwards and the important thing is what comes out in your life while you're living it after the therapy session.

89. You see, the thing is that I can't say, uhm, I felt this and that during my therapy session because, well, for example, insight isn't like you see in the comic books, a little light bulb idea, sort of thing, you know.

(Uha. Can you explain this further?)

It's something that's such a slow process, with me anyway, and I am only talking about me. You know, it sort of draws through the layers of

Feels that the importance of her experience not really what happened in therapy, but its residual nature which acts as a springboard for her life.

Her therapy was more a progressive experiencing and growing in life, after the sessions and as a result of the sessions - not as isolated events (therapy is merely the planting of a seed).

Finds it difficult to specify exactly what happened or what she felt during actual therapy because what does happen is the beginning of a gradual process of change, which she is not always aware of at the time, because it only grows momentum as she goes on living her life, e.g. insight in therapy is slow process of gradually becoming aware, the full effects of which

my mind. I've got this sort of image idea of my mind, is that it contains several layers or sort of strata and it takes a long time for it to sink through or rise up from these strata or through these strata. I can, we have a session of 45 minutes and I talk and talk and talk and talk and it's through that talking that my life alters slightly, but it's so, it's not as if you drop a coin in and a flashcard comes out or something. It's something which is so subtle - and I think that's the value of lasting therapy - is the fact that it's so subtle that you don't even see all the shades of yourself changing. That's how I experienced therapy anyway. But you know, it must change slightly during therapy but it sort of gains momentum as you go on living for the rest of your life. So it's very difficult to say, "I felt this or that during therapy."

90. The major thing that I did feel during therapy, was anxiety - because I found it anxiety provoking to look at myself and to be honest with myself - and then once I get over this feeling

are experienced as she goes on living.

Major thing she did feel during therapy was anxiety when honestly confronted herself, but it then left her feeling lighter after the session.

of anxiety and I walk out of the therapy room, I suddenly feel as though I've shed another article of my dirty linen bag, so my linen bag is a little lighter. My life's a little lighter.

91. My experience of therapy does not end at the end of 45 minutes, a session. It really begins then, because I feel that now I've learned a lesson and now I'm going to apply it to my life.

92. I used to think therapy was, you know, that I'd go in there and say, "X, I'm unhappy. I'm feeling depressed today," and he'd say, "OH, you're feeling depressed because so and so is hassling you and if you go and do this, you will no longer be depressed." But it's not that at all. It's being able to see for myself why I'm depressed and the next time I'm depressed, being able to say, "Aha, I'm depressed because I'm not coping with this or that, and I'm trying to run away from it, I've got to face up to it and accept it, painful or not."

Experience of therapy only really begins as she lives her life after the session (applies learnings in therapy to life).

Experienced therapy not as X telling her how to live her life but as learning to develop self-insight, understanding and awareness, e.g. when encountering problem situations she learns to help herself.

93. Therapy didn't take my depression away. I feel it something you've got to learn to live with, is your depression and I realized this through therapy. I mean the last time I went to X, I said to him, "My ulcer has come back; there's something wrong," and I learnt such a valuable lesson. X said that something I've got to learn is that there's going to be pain in my life and I've got to accept it

94. and, I don't know - that fascinates me, is what is, what is it that happens when I'm sitting there with X and we discuss a problem? What is it that makes me suddenly have an insight and that insight will last me for the rest of my life? Well, I don't know. I think that is how subtle it is. It's just the ability to, to see into myself, to understand my situation. I don't know, can you say what is insight? You know what is insight? What is it when you suddenly dive into the next strata of your mind, and you say, "I understand."? I don't think that I can analyze that at all. I don't think

Therapy did not take her depression away but enabled her to accept, face, and live with inevitable problems (pain) in life - X's sometimes directive comments resulted in a valuable insight during therapy (learned a lesson).

Feels there is magical quality of therapy with X in that she cannot really put into words or analyze how it is or what it is that suddenly enables her to "get an insight" (to see into herself, to understand her situation) or, what specifically X does (something about his attitude) that gives her courage to go on after she has been unable to cope. Feels that it's just a communication on a different level and difficult to explain.

that it's possible to explain what happens in that sort of second. O.K., let's say I say to X, "I don't know what to do. If I go home I'm going to be upset by my folks again. If I don't go, I'm going to feel guilty." So X says, "You've got to learn too that there will be pain in your life." So suddenly, I can distance myself from the situation and say, "I accept. I accept that I must have pain but I'm going to understand that pain. I'm going to go home because it's my duty, but I'm not going to get involved and although it will hurt me slightly, that's all part of living." Now before, I had a fear of going home, and I had a fear of experiencing the trauma of being at home and being involved and feeling like I'm drowning. Now suddenly, something happens there in therapy that doesn't make me afraid any more and you can't analyze that because there are no words. It's just a communication which is just on a different level. That's what makes me wonder about - that's why I say it's like magic with X. I go there feeling terrible, unable to cope

with my life situation. We talk about it and something in his attitude makes me have the courage to go on. I don't know what it is.

95. You see, my relationship with X, I know that he understands my little neuroses, my little fears, my anxieties and the fact that he doesn't discredit them - he allows them to be - so I can examine them.

96. You see, whereas when I'm living, I'm trying to banish them all the time. I'm trying to say, "Oh, you're being neurotic, pull yourself together." When I'm with X, he allows me to be, you know, just to be. So there's a greater volume of acceptability in that relationship. It's so difficult to explain.

97. It's having, having somebody with whom you can confront your life, somebody who has faith in the fact that I will overcome, and somebody who understands my situation totally. So, uhm, I, I can open myself totally to that situation, sort of take stock of it. And I can say, "This is the

What does X really do? - He allows her to examine herself (fears, anxieties), because he understands her feelings, allows them to be without discrediting them.

X accepts her allowing her to be what she is with all the feelings that she has so she does not try to banish or rationalize her feelings.

Therapy experienced as having someone with whom she could confront her life, who she feels understands and has faith in her (to become what she is). This allows her to open herself and confront her life.

situation. This is what I've got to fight the situation."

98. It's really like in a battle you know, a general withdrawing and looking at the situation of the battle and saying that this, that, and that, is what I can do, and then going back into the battle again. It's having that, that little place where I can withdraw to quietly and take stock, where there are no pressures on me, absolutely no outside pressures.

(A withdrawal into this place.)

Yes, a place which is removed from pressure.

99. When I'm with X, there are no demands whatsoever. He never makes a single demand on me. If I wish to opt out of the situation, if I wish to relinquish my responsibility from my own life, he's not going to say: you aren't being responsible for your life, you are not taking responsibility for your actions. He's just going to wait until I do take responsibility for my actions.

Therapy experienced as a temporary withdrawal to a place without outside pressure where she can confront her life problems (a temporary withdrawal from a battle).

X does not make any demands of her (no pressure), so she can take responsibility for herself, i.e. no criticism etc.

100. So, I think that is the secret of our relationship - the fact that he doesn't make any demands on me, that he's almost like an echoing wall that I can throw things out at him, ideas, thoughts, and they'll bounce back at me, and I can sort of feel them, I can play with them.
101. I suppose it's very much like prayer in a sense, you know, where you can just talk loudly to somebody whether it be God or your priest or your psychologist; it's more or less the same thing.
102. It's just being somewhere where you can be totally accepted and where you can search through your ideas loudly and categorize them and sort them out.
103. Well, you know, my therapy was really talking to someone who listened and accepted me. Well, probably more than just talking loudly to someone who just listens and accepts me - well, this is difficult to say - I don't know if you can put it into words -

X makes no demands but is an 'echoing wall', throwing her own ideas/thoughts back at her so she can confront them for herself (can feel and play with them).

Therapy much like prayer where she could talk loudly to someone.

Therapy experienced as being somewhere where she was totally accepted, where she could search through and clarify her ideas (loudly).

Experienced therapy as more than just talking to someone who listened and accepted her (had to be more than that for her to be able to really explore her depths).

well, its just that I, a priest may listen to me when I talk to him but then I still may not be able to understand myself, you know, explore my depths the way I do with X.

104. You see, X did not just listen and accept me - that wasn't all he did. Of course it was a big part, it was vital that he did listen and accept me - but you know, he had to be a particular kind of person - you know, just by the kind of person he is, something about him which is him, and the kind of attitude he had, that was what allowed me to look at myself, to explore my anxieties or fears, to sort of sort myself out and accept me. You know, he was just that kind of person, not just a machine listening and accepting.

(Uha, yes.)

105. In day to day living, I think we live too quickly. You know, we tend to bundle everything up and say, "This is a hassle," and you don't sit back and close your door and say; and why is this a hassle, and you don't have

X enabled her to explore her feelings, confront and accept herself not merely by listening and accepting her but also by the kind of person he is - his attitude.

Feels that her therapy was truly successful because X taught her to help herself, to be her own therapist, to stand on own feet and confront her life - so does not have to return to X with

somebody who can ask you some pertinent questions about the hassle which maybe you haven't got the courage to ask yourself. And I think that's why, you know, I don't have to go back to X every time I have a hassle because I've now learnt that I can analyze most of my own dreams. So when I'm hassled or when I have a dream that's troubling me, I close the door and I sit down and I write the dream out and I talk it over with myself and sometimes, it's horribly difficult to say to myself, "Well, this is what your dream means." So I've learnt to be my own therapist as well, because I've taken the cues from X. I think that's why my therapy has been truly successful, because I've learnt to stand on my own feet.

106. I think that anybody will always need a helping hand at some stage. I mean I'll sometimes want to go to X to talk about something I really can't handle in my life or about myself. But that's how it is, I accept that. In that sense I mean I suppose therapy is never finished.

each problem.

Feels that her therapy is never really finished because she may want to go to X some time with a problem she can't handle, but accepts this.

107. But I can live and cope with my day to day living and that's what he's taught me to do. It was a learning experience with him.

108. You know, I can't help feeling that it's because of the life we lead - we've lost contact with ourselves and with the people around us. I mean, how many people can you really sit down with and say, "This really hassles me." You know, I think that I, I sort of got lost because I didn't have anything to relate to any more. I didn't have myself - I mean all my links were broken - my parents, God - and I was sort of very much like a sort of puppet without a string.

109. And what I learned through therapy is that, in fact, I could become what I wanted to be, that I can do these things for myself, that I don't need some guy in the sky to pull strings for me. In therapy I found that I was responsible for myself and that I could change myself. This is part of what I learned, you know, I mean, responsibility.

(Responsibility?)

Feels it was a learning experience with X - taught her to live her daily life.

Before therapy, experienced herself as lost because felt unrelated to herself or world, i.e. all links were broken, like a puppet without a string.

Therapy taught her that she was in control and master of own life, that she could change herself and take responsibility for herself/actions (confront life problems).

Ja, you see from therapy I learned that I have chosen to go on living, means that I must accept responsibility for that life, my life. The fact that I can't do things and have the consequences to pile up on my head and then get asthma or something and saying, "No, no, wait a bit, I don't accept responsibility for this kettle of fish." Now, I've got to admit you know, "I did that," so I've got to wipe up the shit as well.

110. You know, a long time ago, I read a book by some guy called, ah, God I can't remember the name, anyhow, there was this curtain and people used to come and talk about their problems and they believed that there was this man with incredible power to really sort out your hassles. In fact, there was nobody behind the curtain, but it was just the fact people had the sort of time to sort of talk and get out of their systems whatever was hassling them and then at the same time to sort through these hassles - and I think that's very much what X is - a man who listens, somebody who has the patience just to be there for me to throw all

X listened with patience (while she threw her problems out at him), until she could see her own problems.

my hassles out at, and to wait for me to see them.

111. But it took a long time for me to begin to look at myself and be truthful, instead of waiting for a magic wand to come around and say, "You're better now!"

(So it doesn't just happen?)

No, really not. You know, a lot had to be broken down in me during therapy and I felt myself going deeper and cracking off the rough edges of myself.

112. (so how did you experience your therapy?)

Well, look, it was just having somebody who could help me to find myself and obviously that somebody can't be anybody. Somebody you know has faith in you and you have faith in them.

113. It's not like having a friend. In fact, it's far superior to merely have a friend because - I think that's why it's important not to have social contact with your therapist which I did not have. Because you allow, I

Took a long time to begin to really confront herself truthfully instead of passively waiting for "magic" to change her, because so much had to be broken down in her.

Experienced therapy as having someone with whom there existed a known mutual faith, who could help her discover her identity.

Experience of therapy not like having a friend because there were no personal demands from X who was always on her side. So she could feel free to say anything without feeling it would

mean if X had had, if we had had outside social contact I would have been ashamed to say to him, say certain things to him, because as a friend I would then be disappointing our relationship. But as a therapist, I could say anything to him because he had no right to say, "But I'm your friend, how can you say that about me?" or, "So and so is our friend. How can you not like him?" So I experienced it as a relationship in a vacuum because there are no demands. If I want to not see that person (x) again, that's fine. If I don't like something or someone, it's not going to intrude on our relationship. If I want to kill my mother, he's not going to say, "Ah, but you know, your mother is such a good friend of mine, you can't possibly do that," or, "What will your father say?" In other words, X is always on my side.

114. You see, faith, his faith, is not a demand. He doesn't say, "Look, I've got faith in you. You've got to help me now." It's never a spoken agreement between us. It was just a,

harm their relationship.

A mutual implicit faith was not experienced as a command - X's faith was something she believed existed. A non-demanding relationship gave

the faith he has in me is something that I interpret. Maybe he hasn't got any faith in me, but I believe he does. You know what I mean?

(Yes, uha.)

And that's the important thing - that I believe it. It's not that he said it or that he - well, he's never even made any demands on me, not by his faith. I mean if he'd said to me in the beginning, you know, "Now, I've got faith in you and if you don't pull yourself together, I'm going to be hurt," I would have said, "Fuck you." It's a fact that I had enough faith in our relationship. It's our relationship that matters to me, but at the same time our relationship makes no demands on me. If I don't want to see him for six months, I don't have to. But I know that if I do want to see him, he's there.

115. And while I was in continuous therapy he was always there.

(He's there?)

Ja, always. In therapy he's always there.

her maximum responsibility for being there and the sureness of X's availability.

X was always available.

116. You know, my therapy was a very selfish relationship. You know, I mean, the focus was on me the whole time. He had to listen to me, that was his part. But I was there to discover myself.

117. You know, it wasn't a friendly social relationship because this was my problem, I was going to him about me. It's not like a friend you know, um, everything sort of revolved around me. You know, like his problems don't come into it.

118. But you know, in the first year of our relationship, I used to feel that I'm not giving, not really fulfilling the real part of the agreement in our relationship; I'm not doing what I really want to do. So I used to feel that I had to give him a token of our relationship. It was sort of what I felt, that I'm not doing anything, I'm not growing but I want him to see that I'm trying, so today I'll tell him that I had a terrible dream last night. You know, it was sort of like making little sacrifices because I wasn't fulfilling the true contract.

Feels that her therapy was a selfish relationship because the focus was always on her.

Her experience of therapy not like having a friend because everything revolved around her needs, i.e. a one-sided relationship.

During first year, felt she was not really growing in therapy so experienced a need to show X she was trying, i.e. gave him something like a dream.

119. And later on there was no feeling of "I want to give him something." It was, I went there open, and if something came out of the therapy, it didn't matter, it just was. It was just, eh, I didn't feel any responsibility at all towards him or for my being there. I didn't feel that I've got to do something or say something terribly meaningful. If I didn't have anything meaningful to say, then I hadn't.

120. You know, I could possibly go deeper. But you know, I, I could never say that this is how I experienced therapy or this is what it meant to me. There are just so many levels to it. I mean today I could see my therapy from this angle and it having meant a hell of a stack to me, and tomorrow I might see it from a totally different angle. I experience my past from a totally different angle. You know, my mind is so vast, my experience is 'so vast, my resources are so incredible, that I think if I carry on talking about it for the rest of my life, I could never - I'm always going to sort of get something different out of it.

Later didn't feel a responsibility for being there so could be more open - didn't feel that she had to say meaningful things all the time.

Therapy will have different meanings for her as she encounters new life situations in the future, and there are so many different levels to her therapy experience, that she cannot specify exactly what she experienced or what it meant to her.

121. There is so many different layers and different ways of seeing the truth about my experience of psychotherapy with X on different levels.

Feels that there are many levels/ways of looking at her experience of psychotherapy with X.

122. When I'm in therapy it's like a seed being sown and I don't, I'm not aware of what, how much that seed grows, or what the potentialities of that seed is. One day when I'm 80, I'm going to find out that, in fact, the seed was a geranium. You know what I mean?

Being in actual therapy experienced only as the groundwork/foundation (for change), the full potentialities of which only become apparent with time.

(Aha.)

123. It's not like - well, I could say to you now, this is what therapy meant to me, this is my experience of therapy. In ten years time I'm going to say, you know, that seed of therapy also enabled me to cope such a lot in these ten years. It's going to, I mean, it's an ever moving thing, therapy.

Her experience of therapy and what it meant to her is experienced as a process, an ever-moving thing, not an isolated experience but changing with time and new life-experiencing, so cannot reflect meaningfully about feelings at the time of therapy. (Actual experience coloured by present experiencing.)

(An ever moving thing?)

Yes. Well, that's why I say it's so difficult to say, "This is what therapy meant and this is my experience

of therapy," because at the time it's almost as though I was stunned, um, it all went in. But I, you can't sort of have a computer analysis of what's happening to your mind at that minute. I mean your mind is such a volatile sort of moving thing. I'm experiencing new things every day and there is no way that I can now say to you, "That's what I experienced at the time," because I do see my past in terms of my present - I mean there is no way that I can separate the two.

124. And I see my therapy experiences in terms of my present and the way that I've learnt to cope with that present due to past experience. You can't separate the two. If you'd asked me straight after the session, "What did you experience?" I could possibly have said, "Absolutely nothing."

(So you feel that therapy means different things to you as you encounter new situations, and that you can only see your therapy experiences in terms of new situations in the present. Is that it?)

Yes, that's right.

Sees actual therapy experiences in terms of the way she presently experiences her life but as a result of therapy (can't separate the two).

125. You see this is what I'm trying to say, is that because of the nature of my therapy, it isn't possible to say exactly how I experienced therapy, or, "This is what it meant to me." Because it was a therapy which was like a gift to me, uhm, of say, a magic stone and I've got this magic stone and whatever I do for the rest of my life, it's going to colour whatever I do, and I can't realize the value of the stone, like, say, the day X gave me the stone and he said, "Look here, this is a magic stone and it's going to help you for the rest of your life," and I just looked at it and I felt, "Oh! A piece of rock. What the hell am I going to do with this rock?" And then tomorrow I have a hassle and the rock helps me and I think, "Gee, this is quite a precious rock." In ten years time the rock has increased in value by so much. So by the end of my life, it is absolutely, you know, I can't tell you the value of the rock because it's meant everything to my life. You see, I only understand all the things that therapy

Not possible to specify exactly what she experienced/what therapy meant to her, because her therapy experience assumes new meaning and value with time and new life experiencing. She only understands her experience of therapy and its meaning for her as she encounters different situations in her life.

meant to me as I meet new situations in life. You see it is impossible to separate my past from my present because it's impossible to isolate.

126. Well, I suppose if I was hypnotized and X said, "Tell me what you feel during therapy or a specified therapy session," I suppose I would be able to say, "I feel anxiety. I feel fear. I can't cope. I see light. Yes, I understand now. I can cope." You see, so I would be able to give you those factual experiences,

127. but I think the importance of therapy is the fact that it is something that I've taken and I'm going to carry through the rest of my life and something whose value will increase as I get older.

(So you can't give me your experience of therapy as it happened but as it is happening now and will happen. Is that it?)

Yes. I'm saying that my therapy wasn't an open and shut case. It wasn't something that I say it meant

If she was hypnotized, feels she would be able to relate factual experiences/feelings during actual therapy, i.e. fear, anxiety, understanding, etc.

Feels that importance of her experience of therapy is that its value will increase as she gets older (has meaning for rest of life).

ten jelly babies to me, because of its nature it's meant to have meaning for the rest of my life.

(Uha.)

128. I can't say to you it helped me cope with my divorce, it helped me go to sleep when I wanted to sleep, I felt lighter after a few sessions, you know, that sort of thing, because in fact what my therapy was, was an enrichment of my life and it was a deepening of my experience of life - those are by-products you know - that it's helped me to cope with sticky situations, but that isn't the important thing.

129. Well, the thing about my experience of therapy is what is its meaning for me. You know, what it meant to me - that I got a new rich experience of life and that I now have insight, that I now live more genuinely. So how I experienced therapy then in the session isn't the important thing of my experience of therapy. My experience of therapy is its meaning for me I suppose. Do you know what I mean?

Therapy was an enrichment of her life and a deepening of her experience of life. The by-products, i.e. helped her cope with divorce, to sleep at night, felt lighter after sessions etc., weren't the important things.

Feels that vital part of her experience of therapy was its meaning for her in an holistic sense, i.e. that she now lives more genuinely, has insight, has a new rich experience of life.

(Uha.)

130. You see, I experience my therapy in terms of development. I didn't experience it as putting a cake in the oven and getting out a beautiful fluffy chocolate cake you know.

(Uha. Can you enlarge on this?)

I experienced it as, you say that's what I mean - well, it wasn't, uhm, you see therapy is development and my experience of therapy is the beginning of a development which carries on through the rest of my life. So, what I started to experience, what I experienced there, was the start of something that I'm going to carry through the rest of my life. It was just the tip of the iceberg, but, you know, I mean it didn't stop there and that wouldn't be giving the whole story - it would be presuming what is still to come.

131. Well, my experience of psychotherapy is that it breathed life into the ragdoll and what that now living doll is doing, is the sum of the experience

Did not experience therapy as cause and effect but in terms of continual development - what she experienced in therapy was the start to a life-long process of development.

Experienced therapy as having given her life, but it was only the trigger mechanism for a new life experience.

that she had in therapy because that was just the trigger mechanism for a whole new experience. I don't know whether you understand. Do you?

(Yes, I think I do. You feel that your experience of therapy is not merely something that happened, but something that happens in the present and will happen in the future.

You've also made the point that you can only look at your experience of therapy from where you are now, but you have also been able to say that while you were in therapy, you felt this, that and that, you know, how you felt while actually having therapy and I include the times between therapy as well. But you've said that those experiences in the past do not constitute your total experience of therapy. Is that it?)

Yes, that's it.

132. You see, I feel that those specific things are irrelevant because well - O.K., it's relevant for you to know how I felt during therapy. But I feel that the importance of my therapy was

The significant aspect of her total experience of therapy is what she gained from it, not really the specifics during therapy.

the, I mean what does it matter if I felt anxiety during therapy at a specific moment. The fact is, "what did I gain from it?" and that is the significant aspect of my total experience of psychotherapy. I mean that's quite easy and you can do that with anybody. I mean now we can sit down and say, "Ah, we're going to register every feeling I had during therapy." But what does that show?

133. I can't say, you know, it's so difficult to say, "I felt this, that and that. I experienced this and this and this," because my experience now colours my experience then.

134. O.K., so what is my experience of therapy - well, you see the bulk of my experience of therapy happened only once I left the therapy room. So what it's like to have therapy, you can't really, I can't really gauge it while I'm actually in therapy. You can only give little isolated responses.

135. So psychotherapy, what is it like to

Difficult to explicate experiences during therapy because they are coloured by her present experiencing.

The bulk of what she experienced of therapy happened only after the actual sessions (can only give isolated responses while in therapy).

Feelings - frightening and pain

experience psychotherapy? I can say to you, well, at the time it was nauseating; it's frightening; it made my stomach ulcer go inside out; it was painful. But that's just a part, a symptom of the growth that's taking place inside you which you can only really understand over a long period of time.

136. I don't stop experiencing psychotherapy when I leave that room - I only really start experiencing it once I leave the room.

137. You know, at the beginning of therapy I tried to hide from X what my problem actually was. This was during the first year.

(Were you aware of what your problem was?)

Well, at the time I wasn't really aware that I was hiding it from him or that I was, that I had to leave Bobby. I just didn't want to have the surface scratched open, a sort of a silent resistance, an unnamed resistance.

while in actual therapy - were a symptom of growth which is only understood with time.

Her experience of therapy only begins once she leaves the session (doesn't end with the session).

First year, feared opening herself so tried to hide problem from X but wasn't "consciously" aware of nature of problem or hiding it.

138. So during the first year of therapy, the sessions were anxiety provoking.

(Anxiety provoking?)

Naturally because there was so much that I had to face up to that I didn't want to face up to - although I didn't say to myself, "I don't want to face up to such and such and such." There was just a sort of stubbornness, but at the same time, I, I can't really explain it, well, a sort of a resistance, a sort of, not a conscious resistance.

139. I suppose somewhere I knew that to speak openly and freely would mean facing up to all my problems, like the fact that my marriage was not working. But at the time I'm not sure that I was actually aware of that.

140. You know, quite often I used to say to X, "I feel as if my head or everything is sort of clothed in a ball of cotton-wool, dough." You know, I used to feel that I was sort of wrapped up in a cloud of non-feeling. I felt absolutely nothing.

Sessions, first year experienced as anxiety provoking because refused to face herself/problem - refusal not really conscious.

Now feels that "somewhere" she did know that openness meant confronting problem - at the time not sure she knew it (first year).

First year experienced a total state of inertia where she just existed, felt numb and nothing (clothed in ball of cotton-wool, wrapped up in a cloud of non-feeling).

(You felt nothing during that first year?)

Yes. As I said, I didn't feel any aggression. I didn't feel any love or tenderness. I didn't feel any hate. I just felt totally dumb and it wasn't that I didn't want to live - that is too positive a statement. It was just that I, I happened to exist and I wasn't going to do anything about it. It was just a sort of state of inertia, you know.

141. (Uha, would you like to tell me more about it?)

But there must have been a lot of anxiety at that stage because I did in fact begin an ulcer. The ulcer actually started while I was in therapy, during the first year of vacuous feeling. You see, consciously, I felt nothing, but under the surface of that numbness, there must have been an incredible amount of tension.

(So things were happening while you were in your first year, but you were not aware of them at the time?)

Now feels that first year, beneath surface of vacuous/ nothingness feeling, there was great tension/anxiety (ulcer), but wasn't admitting this consciously.

Yes, that's it, beneath the surface a lot was happening of course but I wasn't admitting it to myself.

142. Because you know, although I cried a hell of a stack during those therapy sessions, they were just tears. It was just sort of a defence mechanism so that I wouldn't have to open myself up - well, possibly unconscious frustration.

(This is how you now explain the tears you had in therapy in the first year?)

Yes.

143. Well, then I just used to cry without realizing what I've just said about myself and my tears. I didn't cry for anything that I consciously felt, like feeling threatened. Well, I suppose I did sometimes. Wait, let me think - you see, whenever we were discussing something that was getting close to my true feelings, I used to cry. So it was feelings of being scared, of being hurt, I suppose.

Crying in first year therapy now seen as defence mechanism to avoid opening herself.

Crying in therapy (first year) when got closer to true feelings. At the time not really consciously aware of reasons for crying but experienced a general not-knowingness (felt nothing consciously - most of the time).

(You experienced feelings of being scared or being hurt and you cried?)

Ja. But I don't think at the time I was consciously aware that what I was discussing was coming closer to the truth. It was more a feeling of not knowingness.

(So now on reflection, you can say what you experienced then?)

Yes, that's right. You know, it was totally not-knowingness all the time. I never thought at the time, "Why am I crying?" I felt absolutely nothing.

144. Now, the first time I really began to feel was when Bobby was away and X was away and I had a friend staying with me. And I really began to enjoy myself. I began to feel attraction towards other men which I hadn't felt before. And during that time when my husband and my therapist were away, I began to really feel, and after that I started doing things with myself, like going on diet, using make-up, laughing. And after that, in therapy, I started to really

First time she really began to feel emotions (enjoy herself) was when Bobby and X were away - then in therapy really became aware of true feelings/was more open.

become aware of feelings, my feelings, my true feelings.

145. You know, before that, I remained in therapy because I was just too apathetic to say, "No, I'm not going to therapy any more because I don't want to change." I didn't care what happened to me. I was going to therapy because it was expected of me by Bobby and the world around, and, for that matter, X. I was supposed to be doing something about this state that I was in because it wasn't a good state to be in.

146. You know, that in therapy, I used to feel slightly apprehensive about going to X, scared of him actually in the first year, because - I don't know why I was scared, but I felt a certain amount of threat coming from him. I never thought, "Why am I feeling threatened?" but I do remember feeling threatened. You see, I didn't quite know where I was in my life, and in therapy at that time, I didn't know where I was going. You see I realized that X was the symbol of the fact that I had to change,

Before she became aware of true feelings (in therapy) remained in therapy because too apathetic to resist and felt external expectation interpersonally to change.

First year in therapy felt inadequate, apprehensive, threatened about going to X because saw him as the symbol of change, but felt she wasn't changing/growing, didn't know where she was going or how to change and blamed herself.

but I didn't know what or how, when or where, so he kind of threatened me. I felt that, you know, obviously him spending his time with me and all this jazz at that stage, meant that I was going there for therapy to change and I wasn't changing. I wasn't feeling anything happening inside me. I wasn't feeling anything taking place and I felt that I was to blame for that. You know, maybe I just didn't know how to change. Anyhow, the thing is that I didn't realize what was happening to me at the time. You know, the threat that I felt was in the sense that I was once again being inadequate in therapy. At the time it was a sort of frightening black world that I was walking around in, totally lost. I felt totally lost and I didn't know where I was going or what I was doing. I literally didn't have the insight to know that certain things were needed.

(Uha.)

147. At that stage I cast both my husband and my therapist in the same roles:

Initially experienced therapy as just another demand - saw X

as people who expected things from me. They were like a front against me, that's how I saw it then. Therapy was just another demand. You know, that was a feature of my life, that, you know, people threatened me when they made demands on me - or when I felt demands, like, well, they were demanding things from me, like I should change - that's how I saw it then.

148. As therapy went on, well you know, when they went away that time, I, you know, uhm, well that period was vital for me, a vital period of growth for me. I think I've said something about that. But the thing is that later therapy did become more meaningful to me because I could look at myself, you know, be more honest, and I was not threatened by X. He was not a threat any more because I was growing and wanting to grow, and aware of myself - you know I was admitting things to myself. I learnt to see X as my therapist and I was there to grow. Therapy was not just another demand of my life because I chose to be there. Well, I

and Bobby as threatening, because she felt they demanded change. Feeling threatened by others' demands also in everyday life.

Therapy became more meaningful when she chose to be there and really began/wanted to grow, aware of and in touch with herself and feelings, so no longer perceived therapy as a demand or saw X as threatening.

became more in touch with my true feelings so I didn't see it as a demand.

(So therapy was no longer just another demand in your life, and you were no longer threatened by X because you were there by your own choice and you were growing and becoming in touch with yourself. Is that it?)

Ja. You know then I began to liven up, even in my life too. I wasn't threatened so much when I felt people made demands on me. I mean I started to feel attraction for other men. I got more in touch with myself and later became more aware of, well, I learned to accept my body.

(Uha.)

149. I suddenly started thinking about when I went through my frigid period, I had a series of very sexual dreams, but I never told anybody about them, not even X. I don't think I would then even think about them myself. I just sort of blotted them out of my life totally.

Early in therapy (frigid period) had sexual dreams but did not tell X - tried to avoid thinking of them herself (blotted them out).

150. Later on I did talk to X about the dreams, but I never told him about the parts that I felt I couldn't handle, or that I felt threatened by. So, at that time I actually censored my dreams. Because if I had told him about a certain person who I would like to have gone to bed with in my dreams, it would obviously have meant that I'm having sexual feelings even if it was only in my dreams, and that I was being unfaithful to Bobby in my dream life, and I couldn't accept that.

(You had sexual dreams about other men and you censored these from X?)

Ja, I was sublimating my sexual feelings that I couldn't accept myself. I didn't want to admit it to myself.

151. But after that year, you know later in therapy, I could fantasize freely about my sexual life and not feel guilt about it as I had before.

152. Now when X came back, I went to him and I felt, uhm, you know, I can't really remember that time at all as

Later (in therapy) told X of sexual dreams but censored parts that were threatening or couldn't accept or admit to herself.

After first year, could freely fantasize about sex life without feeling guilty like before.

End of first year, even though told X she wanted a divorce, remained with Bobby for a month

far as my therapy goes. I remember telling X that I thought I should leave Bobby, but I didn't leave Bobby straight after that. We stayed together for about another month and during that month, I still went to therapy, but I don't remember anything about it, I don't remember anything about it.

153. Anyhow, after this stage, I stopped going to therapy. That was soon after I left Bobby. And I didn't go for a few weeks. Ja, that's right, I went, I stopped going to X when I met David because I was very happy. I was madly in love and I felt that this was life and I'd found what I wanted.

154. But then David and I started having hassles because I was trying to impose my will on him. And we were both being very stubborn and, you know David doesn't let me interfere with his life. If he wants to carry on doing something, then he goes on, even if I feel that I need him now, he'll go on doing what he's doing. This freaked me out totally. I felt that he should be doing my bid, he

- Cannot remember therapy during this period.

Chose to terminate therapy when felt she was really happy, i.e. had now divorced and met David.

Chose to resume therapy when felt she was not coping with her life, i.e. David would not do what she wanted him to do.

should be running around me in circles as Bobby always did, so I went back to X.

155. And then X pointed out to me that this was in fact where I'd gone wrong. I can't stand a man to run in circles around me anyway and I wanted David to do this just so that I could destroy him and end up at the top of the rubbish heap again, but without anyone next to me.

156. During that time I started, well it was just before I went on holiday - I went away for a month and I came back and carried on with therapy and that's when the very meaningful therapy really began. I came to terms then, with my psychosomatics and, well, this was only after I'd realized that I must live next to David and not on top of him. Well, I just started growing spontaneously, throwing off my crutches one by one, the ragdoll image, the psychosomatics.

157. Before I'd always held up my illnesses as quite legitimate. You know, I

X was directive (sometimes), i.e. after she resumed therapy tried to clarify the problem as he saw it.

Experienced therapy as really meaningful, when she threw off her crutches (psychosomatic, ragdoll image), i.e. when began to confront herself honestly and openly.

Before, always held up 'illnesses' as legitimate refusing to con-

never admitted them to myself or to X, I used them as my crutch.

158. But now it's not like that - I understand my psychosomatics, I have insight into them - like if I have asthma or something I say to myself, "You know, what are you doing? You're not fooling me."

159. The psychosomatic insight happened outside therapy on my own.

160. I suddenly realized that I can't fool myself any more and that's when I had to go and tell X.

(You had to go and tell him.)

Yes, that I was a psychosomatic and that I was using my body as a crutch. I'd never told this to him before. And I then, well, that was the last dishonest thing, not dishonest in the sense that I was lying to him, but the fact that I wasn't being authentic, that I wasn't admitting to him that I was using my body as a form of getting sympathy, love and affection.

front them or admit them to X.

Now understands, has insight, is aware of psychosomatics when she uses it.

Insight (psychosomatic) happened outside therapy.

Realization or insight into psychosomatic, i.e. that had been using body for attention-getting (sympathy) was not enough. To really be authentic/honest felt she had to tell X.

161. You see this is why it's so difficult for me, I can't really remember the, the actual therapy - most of my growing has taken place either before or after the therapy session.

162. During the session, I've really just discussed and consolidated with X. I have had insight during therapy but again, I think that's my stubbornness, uhm, I sort of close up during therapy to a certain extent and I only allow myself to experience the growth when I'm alone afterwards.

163. I mean an important insight that I had during therapy was the ragdoll thing. That was through a dream and that took place quite naturally. You know, as the dream unfolded it became clear to me.

164. But you know, insight isn't all there is. Then there is the living of that insight. I sort of experience the feeling of freedom. But I feel it as freedom because every time I got an insight, I felt as though my horizon widened, as though another

Difficulty remembering actual sessions because most growing happened outside therapy.

Therapy sessions experienced as discussion and consolidation but could also have insight during session - however tendency to only allow herself to experience growth after the session (closes up to certain extent).

Insight during therapy was ragdoll image which unfolded from a dream.

Insight alone is not enough - because she had to really experience/live that greater freedom (insight) in daily life (otherwise could avoid it).

door is opened. But insight was not all, as I say. I experienced or rather lived it. Because once I have an insight, I can always shut it up again and put it away and that was always possible for me to do.

165. To a certain extent I think that during therapy, you see I'm - I don't - although I trust X completely, I still wouldn't open myself totally to him in the same sense that I would just let him march across my personal space. I still have personal space as far as X is concerned as well. That's why I feel that most of my growth took place after the therapy session.

(So although you trusted X, are you saying that you never quite opened yourself up to him completely?)

No. I don't think so.

166. You see I'm the kind of person who doesn't really open myself up completely to others - I have a big personal space as I've said. It's just the way I am.

Feels that most growing took place outside therapy because although trusted X, would not open up to him completely (still had personal space with X).

Not the kind of person who opens herself up completely to anyone (huge personal space).

(Uha. Could you tell me more about that?)

167. You see, I wouldn't open myself up completely because - well, you see it isn't always necessary to open myself up completely to X.

(Why is that?)

Just because I can't, it's a very private area. It was more the fact that X gave me the opportunity to ask myself questions.

168. There's always that sort of level of mind which doesn't respond at that time, in the session. It's responding under the surface so that once I walk out and I'm on my way, it sort of comes cascading over me. I'm not aware of many inner responses so they begin making sense afterwards.

169. But through therapy I got a way of dealing even with those private things that I kept to myself. It really became something like a superego I suppose. You know somebody who although, well, say he

Didn't have to open herself completely to X because he enabled her to ask herself questions.

Always an under-the-surface response which not aware of at the time (in the session), but only begins to make sense after the session.

Therapy gave her opportunity to sort out even those areas which she kept to herself, i.e. X asked her questions so that she should tell herself, not him.

asked me a question, it wasn't that he was asking me so that I must tell him - he was asking me so that I should tell myself you know what I mean. He allowed me to sort out parts of myself that I kept to myself, so I didn't have to talk everything out.

(Uha.)

170. I know that he never expected me to, I didn't have to say certain things to him because it's not important if I say them or not. The fact that he asks me is just that he opens the way so that I can answer it to myself. It was, I felt, primarily, I was there to open myself up to myself, not to him. So even though at the time I was as honest as I could be with X, there was often that kind of inner response, that under the surface feeling, that I wasn't verbalizing - well, maybe I wasn't always aware of the full extent of my responses, you know, what was happening inside me at the time, but after the session it sort of comes over me and those parts which were responding under the surface and which I wasn't aware of in the

Feels that she didn't have to verbalize everything (to X), because he enabled her to open herself to herself, so even the under-the-surface (unaware) feelings, and non-verbalized responses which she kept to herself would become clearer after the session.

session, began to be more clear. You know, that's what I said about the state of my mind - they sort of rise up through the different layers of my mind and then I begin to be more aware of them.

171. (But do you now feel that there are certain expectations of you from X?)

Ja, expectations of the fact that I must be honest with myself, that I must not be scared of opening myself up to myself. That's why I say it's very much like a superego thing now. It's become part of me. This expectation isn't X's expectation but it's, they're synonymous, his expectation and mine. He has become my conscience really. The moral code which we set up together has become my conscience.

172. So therapy for me, well, you know, I feel that I did have to open myself completely in those years of therapy, but I don't think that I have to open myself completely to my therapist. I have to open myself completely to

X's expectations, i.e. that she be open and honest with herself, because her own expectations - her conscience.

Feels that she had to open herself completely in those years of therapy, not to X but to herself, and relationship with X stimulated self-openness.

myself, and the therapy has helped me to do that, because I know that in some way when I'm with X, our relationship allows me to become open to myself - it's stimulating activity.

173. But you know, later in therapy I felt that it was going to someone for advice you know, well, sort of to be helped. But I know what I want. I know that I'm going to be the one to sort myself out.

174. When I began to have meaningful therapy, I realized that the answers lay in me but that he gave that sort of helping hand to be honest with myself - to be, well, to confront myself. He gave me the courage to do that. Well, he wasn't going to, you know, put me right. I mean, I realized that I had to take responsibility for my own life. I was going there to help myself.

175. Before, you know, I was, I expected X to give me all the answers and I didn't have, I didn't know, that I had to do the work, that I had to

Later in therapy had the feeling of knowing that she had to sort herself out - knew what she had to do even though went to X.

Meaningful therapy began when she realized that she had to take responsibility for her own life, that she had the answers and that X wasn't going to "put her right" but help her to confront herself honestly.

Earlier in therapy, expected X to give her answers - didn't realize that she would be doing the work.

help myself. Now this was early in my therapy. You know, I just didn't know that I had all the answers.

176. So now I realize that my therapy was like a discipline which taught me not to put things off or get asthma when I'm hassled or can't cope, but to face whatever it is and to know that I can face it.

177. So later in therapy when I sat down, I was aware that I was doing myself a service. It's not because, well, being honest with myself or helping myself, something I do on my own with his help.

178. (You seemed to have reached a stage in therapy where you knew why you were going to him. Well, even though you might not be quite sure what the problem is, you knew that you were going to be the one to work it all out, and you also seem to have known how the therapy was going to proceed. Is that it?)

Ja, that's right. I mean I reached a stage where I knew he wasn't going

No realizes (after therapy) that it was like a discipline, which taught her not to avoid her life but to know that she can face her life (problems).

Later in therapy, realized that she was doing herself a service, i.e. being open and honest with herself, but with X's help.

Reached stage in therapy where she knew that she was going to find her own answers (X wasn't going to do it for her), i.e. knew where she was going even if not sure of problem but knew

to give me the answers, that I have to find them.

179. You see, the thing is that, he never made his own judgement of situations, I just believed that. Well, he might have made them, but they did not come into our relationship, you know, into our interaction. My experience of the situation is what we worked from, not his experience of the situation.

180. He sort of supplied a framework for me to work within, but it was a co-operative thing. I mean, he was there and I could sort of work within that framework.

(Uha.)

Ja, you know, he's always there, as the standard by which I handle my life. And that's in terms of my standard, but also in terms of authenticity and, you know, honesty with myself.

181. But, you know, part of his brilliance is the fact that he always

that she would ultimately sort it out, knew how therapy would proceed.

Believed that X never made his own judgement (even if he did). Her experience was what they worked from, not his.

Although feels therapy was co-operative feels that X supplied the framework within which she explored herself. Framework represented her own standards of authenticity and self-honesty.

Feels that X's brilliance was in the way he stayed far

stayed far enough away from me to grow. I can't grow close up to something. I'm not a creeper. I've got to have lots of room.

(Uha - he never stifled you.)

Never.

182. You know, I went to X originally because I was frigid - that was the problem that I took to him. And the thing is that we never discussed my frigidity. You know, we didn't sit there talking about the fact that I was frigid. But the thing is, that my sexual life has come right so I didn't have to really discuss it with him. You see, it wasn't my sexual life - that was, that wasn't the primary hassle. That would have come right on its own. I think he once said that to me: that it would come right on its own and it did. It was just a symptom of my diseased body, you know, of my whole life.

(You never explicitly talked about your sex life, the fact that you were frigid, and it came right on

enough away for her to grow, he never stifled her.

Her therapy was about her as a whole person so never really discussed symptoms with X but focused on her whole life-style. By enabling her to explore her whole way of life, the symptoms came right on their own.

its own, and you say it was merely a symptom.....?)

Ja, you see, my therapy was about me, the kind of person I am, my whole life, not about the little symptoms that I had. That's why I say it was just a symptom of a whole life, a whole way of life. And it came right when I really began to explore my whole life. Do you know what I mean?

(Uha, ja.)

183. And you see on the other hand I was shy to talk about sex to X. Even when it came right I never discussed my sexual life with him and, you know it was a big, big problem in life. You know, it's also probably because of my upbringing where sex was taboo. But it came right together with my whole life.

184. You know, what I feel is important about my experience of therapy, Like I said, well, what is important to me about my experience of psychotherapy is the fact that I've been able to integrate what I've learned in therapy into my life.

Even though avoided certain areas, e.g. sex life, with X, her sex life still came right.

Feels that importance of her experience of therapy is that she has integrated what she learned in therapy to her life.

(This is how you experienced your therapy, or this is what you feel is really important about your therapy?)

Yes.

185. But I know I haven't given you specific situations in my therapy all that much, but this is because my experience of therapy is sort of an on-going thing - not only what happened, well, those specifics. When I think about it now, my experience of therapy was much more than the actual situation in the therapy study. In fact, my experience of therapy was also what happened in my everyday life. You know, more of what I experienced during therapy happened outside the session in my life.

186. Well, now I'm in therapy all the time really because my experience of therapy has become my whole life.

(What do you mean?)

Well, you know, what I learned and experienced in these years of therapy and I'm talking also about outside

Experience of therapy much more than the actual happenings in the sessions - it was also and more important, to do with her whole life outside therapy (at the time of her therapy).

Has integrated her therapy into her everyday life - is in therapy all the time because she is now her own therapist.

the sessions, I've taken into myself, and it's with me all the time, so I'm still living my therapy. I'm in therapy all the time. I've become my own therapist.

187. (But you cannot look at one specific situation in therapy itself?)

Well, it's impossible to isolate, to pull it out of context and put it in a little box and say, "Well, this is how I experienced my therapy" because it's fused with my whole life, it's a seed that continues to grow.

188. (So how would you describe your total experience of therapy?)

Well, looking back at it now, I feel that my total experience of psychotherapy was a combination of being in actual therapy, between actual sessions, you know, what was happening in my everyday life, and what I got out of therapy, that I am now what you see in front of you and what my therapy will mean to me as I meet new situations, but I

Experience of therapy fused with whole life so can't meaningfully isolate one situation out of context.

Feels that her total experience of therapy is a combination of being in actual therapy, experiences in everyday life at the time, what therapy has done for her and what it will do for her. These are all inter-related.

can't say that right now. So it's not one thing, like I could say to you, "It's happened, and this is what it was." What happened in therapy had to do with what happened outside and sort of vice-versa. And what happened in therapy has to do with what happens now in my life and with what will happen in the future.

Phase 5 - INITIAL DESCRIPTION A (Category A)

The client's experience of therapy in terms of the actual sessions and movement from the initial stages to the more meaningful stages of "genuine" therapy:

- a) Initially (+ the first year, in therapy), the client avoided confronting her life situation or problems of living because she found it too painful. At the time (in therapy), she found it traumatic and anxiety provoking to face herself, and she now feels she was inauthentic during that first year because she was not confronting herself.

At the time she was not fully aware of her avoiding of her problems, or even of the nature of her problems, but she now feels that "somewhere" she must have known that openness would mean confrontation with her life.

In therapy however, she avoided self-confrontation and tried to prevent the therapist from getting to her life problems with months of superficial and peripheral matters, crying and feeling helpless, experiencing feelings of nothingness and emptiness where her head felt like it was "clothed in a ball of cotton-wool", a state of inertia and censoring information/feelings from the therapist that she could not face herself. She also felt heavier after the sessions during these first few months.

But beneath the surface of vacuous feeling, she now feels that there was a great deal of tension because she actually felt worse (at the time) e.g. she developed physical symptoms because she was not confronting her life.

The client experienced initially, a state of confusion and pain as to the direction of the therapy, or what she was really getting from her therapy. She knew she had to do something about her life situation but didn't know what to do or how to do it. At the time she didn't realise what the therapist was doing for her, until much later when she began to develop courage to live her own life and became a person with an identity.

She never realised (at the time) that she could not be passive in the process of self-discovery and expected her therapist to give her answers and take responsibility for her life. She experienced this period like "waiting for magic to change her."

In spite of the initial trauma, pain and evasion of self-confrontation, she remained in therapy because she felt pressurised. Not only did she feel a need to do something about her life, but she also felt an expectation from others and a need to show them that she was trying. She wanted to show her therapist that she was making an attempt in return for his attitude of hope, determination and faith in her.

But she most often felt she wasn't growing, she didn't feel anything happening to her so she experienced a need to do and say "meaningful things" in the session but this was forced and purposeful.

Therapy was experienced as just another demand which she could not fulfil; this being a similar response to the everyday demands of her life. She felt apprehensive and threatened about going to her therapist because she regarded him as the symbol of change and she felt she wasn't changing.

There was a phase of termination out of her own choice but then resumption of therapy, again out of her own choice.

- b) Therapy became more meaningful and genuine (after + the first year), when she made her first really honest contact with herself and her therapist, i.e. she began to confront her life and admit previously denied feelings and problems of living to herself and her therapist. (This major breakthrough resulted from an insight between sessions).

The initial experience of greater self-honesty and openness was traumatic for her because it meant that she had to begin to live and "be" what she really was - she had to begin to face herself and take responsibility for

her life. This was not easy for her.

But the beginning of meaningful therapy when she became more and more aware of herself as a self-sufficient person who could live her life without external aids was experienced later as an initiation into a more authentic life-style. This however, only happened over a period of time because she often felt a reluctance to move on and a lack of courage to begin to live authentically as the person she was and to act on her insights.

The first experience of genuine aggression (in therapy), was experienced by Sara as a breakthrough signifying the beginnings of true self-expression and an acceptance of herself as a whole person who could live and express herself through her body. (An acceptance of body and self as one). She began to become more aware of her true feelings in therapy, she was more self-accepting and experienced a real desire to grow. She became more aware of integrating what she learned in therapy with her everyday life. Her therapy was no longer perceived as a demand because she felt she was there out of her own choice.

She became more open and honest with herself in the sessions and had a greater awareness of the meaningfulness that each session had for her. She also felt "lighter" after each session.

Therapy was more meaningful and genuine when she no longer expected her therapist to give her answers, but realised that she had her own answers and that the therapist could only help her if she was an active instead of a passive participant who was prepared to open and confront her life process.

So she began to allow her therapist to be "harder" with her and no longer felt a need to say "meaningful things" in therapy. Instead she felt she could just "be" there.

She reached a stage where she knew how her therapy would proceed. She knew that she would be the one to work out her own life and she began to gain more faith in her own self-healing capacity even though she was not always aware of the solutions to problems - but she now had more faith in herself.

She began to realise and become more aware of what in fact her therapist was "doing" in therapy, i.e. that he was helping her to be open and honest with herself.

INITIAL DESCRIPTION B (Category B)

The client's experience of insight; what it is and how it develops.

Sara experienced insight as the integration of greater self-awareness and self-understanding with her everyday existence. She feels that insight was the integration of a greater ability to "see into" herself with the experiencing of this increased understanding which for her meant a greater freedom in living her life.

This experience of insight, she feels, played a vital part in her overall development. In fact she feels that no significant change could take place until she developed insight, and lived those insights. More specifically, until she realised that she was not being responsible for her own life. The relationship with her therapist was crucial in bringing her to a point where she had an insight.

Sara experienced insights either in or between the sessions. She always came to an insight on her own but feels that it was particularly meaningful to her when she came to an insights on her own outside the therapy session.

Although an insight could develop suddenly in the actual session where through a "comment" from the therapist or a dream explication she suddenly

understood or learned a valuable lesson, she could also experience the insight as a process of gradually coming to some realisation, the full effects of which were only experienced as she went on living her life. This however, was partly because of her own idiosyncratic tendency to only allow herself to experience the growth after the sessions.

An insight, deeper understanding or greater self-awareness was not sufficient to bring about the process of change in her life but it was a step towards the movement of change. She feels there were two reasons for this: a) she may come to an insight but it still took time and greater courage to really live or experience that insight in her daily life and b) to begin to experience a greater freedom resulting from an insight she felt a need to relate it to her therapist (this was particularly with the insights which happened between the sessions). Although this took a lot of courage and she felt agitated, terrified and hesitant to admit the insight to her therapist because it meant that she had to now take responsibility for her own life, she would have to experience and live that insight, it nevertheless resulted in her becoming a more self-sufficient person. She feels that she was reluctant to admit it to the therapist because it was the last stage before the experiencing of the insight.

The insights did not necessarily free her from specific problems e.g. her psychosomatics. But they (the insights), made her more aware of the reasons for her psychosomatics so that she now knows that she is merely trying to avoid authentic relatedness with herself and the world when she "gets" psychosomatics. Having this increased awareness of herself, she now finds that if she does resort to her psychosomatics, she can do something about it, she can act on her insights.

INITIAL DESCRIPTION C (Category C)The client's experience of the therapist and the therapeutic relationship.

Sara feels that her therapist as a person, and the relationship between them was crucial in facilitating growth and development and she attributes the rediscovery of herself and the unfolding of her existence to her relationship with the therapist.

She experienced this relationship (particularly during the more meaningful stages of therapy) as co-operative whereby the therapist provided the framework within which she could explore and express herself. But that framework represented her own standards of authenticity and self-honesty. She could not remain a passive participant.

Sara experienced the relationship and the therapist's basic intention as stimulating or facilitating self-openness, to be able to confront her life honestly. This, she feels allowed her to explore herself and eventually become and accept herself as she is, having a faith in herself. So she didn't have to verbalize everything or open herself completely to her therapist. By enabling her to explore her life-situation in an holistic way, to look at herself as a whole person, not focusing on specific symptoms but enabling her to become open with herself, to ask herself questions about her own life, even that which she kept to herself eventually came right. She feels she had to open herself completely in those years of therapy not to the therapist but to herself.

She experienced the relationship as selfish because the focus was always on her. She feels it was very different to a social relationship because the therapist made no personal demands on her so she could feel free to verbalize her thoughts and feelings without fearing it would harm their relationship. The therapist's expectations of her, that she confront her

life openly and honestly and his implicit faith in her, were not experienced as demands but were assimilated as her expectations of herself - her conscience. In fact she feels that the therapist actually became her "conscience".

She feels that the therapist had the insight to see that the basic person she was, was already there in existence and she experienced her therapist as having "uncovered her with the shovel of therapy". She felt he always stayed far enough away for her to grow on her own. He never pushed her even though she now feels he knew she avoided confronting her life initially in therapy. But he always allowed her time to grow at her own pace, to discover her own answers, while accepting her struggle and initial avoidance of her life situation. She wasn't aware of what he was doing until much later when she became more in-touch with herself, more self-accepting.

She experienced the relationship in a non-specific way and cannot really isolate any specific techniques that the therapist used. She feels that it was basically a communication on a different level. There was nothing specific that the therapist did. He gave her courage to confront all possibilities of her life, not by telling her how to live her life or focusing on specific symptoms, but by his whole attitude towards her which she experienced as always flexible - he could be directive giving her clarification as he saw it when she needed directness and even his more directive attitude would result in valuable insights for her.

The therapist taught her to develop insight into herself and the world which she could then apply when encountering new life situations. This enabled her to grow all the time even between the sessions. But the therapist did not give her answers to her problems. Instead, she experienced the relationship as one where the therapist led her along her own life

path without giving explicit direction so she wasn't aware of his lead, only his reassuring presence.

His attitude, that she mattered as a person, that he really cared for her, that he was determined to help her, that he had faith in her own self-healing capacity and that he was always available to her, really meant a tremendous amount to her. In fact she assimilated these attitudes as her own feelings about herself. She experienced her therapist's attitudes as having given her stature and they were also one of the main reasons why she remained in therapy initially when she struggled with herself or felt confused as to where her therapy was going or what it was doing for her. The important thing is that she believed that his attitude was totally genuine, "even if it wasn't".

She experienced the therapist as having understood and accepted calmly all her feelings without judgement, shock, emotion, criticism, rejection or explaining them away. In fact, she feels that the therapist lived her feelings with her, felt their importance and made them important to her by exploding¹ them. This enabled her to feel free to express and explore, to examine, confront and come to terms with herself and her feelings. His total acceptance of her as she was, allowed her to grow and become more of what she was and for once she was not constantly rejecting or rationalising her feelings but could own them. In this way she gradually developed an identity which she could accept and like.

1. Exploded in this sense refers to the fact that the therapist enabled Sara to confront a particular issue in her life by highlighting it in therapy.

She experienced her therapist by his attitude, his active listening with patience and by the kind of person he was. These together with his genuine availability and complete acceptance enabled her to unfold and explore the meaning of her life, to build up her own moral code of living because she became more sure about who and what she was, she felt right about her feelings and she felt responsible for her own life which she discovered she could authentically live and master.

INITIAL DESCRIPTION D (Category D)

The client's experience of the value of her therapy in terms of how she presently experiences herself and her world.

Sara's present mode of experiencing herself and her world or the values by which she now lives her life can best be illuminated in the historical context of how she lived her life before therapy.

a) Before therapy, Sara felt she was nothing, a person without an identity and no self-esteem. She did not experience herself as a whole person living and relating herself to the world, but as split i.e. because she basically rejected herself and was frightened to express her core being in the world, she withdrew from her body which she felt represented her interaction with the world. So she was always on the periphery of life.

The "symptoms" that she developed i.e. her psychosomatics, she feels, was an inauthentic way of life but one that allowed her to maintain some sort of relatedness to the world because through them she could get sympathy or attention. But her inauthenticity also prevented her or protected her from opening herself up to herself and the world. However, while preventing full encounter with the world, they also gave her security - at least she could "be" something - a psychosomatic.

She experienced herself as a person who allowed and expected others to take control of and responsibility for her life. She felt alienated

even from herself - she could not express her core self even though she rejected that which she did show to the world i.e. her bodily image. She experienced herself as defenceless and helpless and even though she withdrew (psychologically) from the world, her body felt the pressure of interpersonal contact. Any contact was experienced by Sara as a literal intrusion into herself and she felt continually violated while unable to assert herself confidently. She feared that any form of confident self assertiveness would leave her open to rejection from others but she also had an incredible need to be liked by all people. She could not take rejection.

Although she experienced a huge need for personal privacy, she could not satisfy the need because she felt she had no rights of her own. She was not in fact fully in control of her life and experienced the minimum of responsibility for her life. She experienced herself as shy and submissive (a ragdoll) and lacked the courage and faith to confront herself and her life problems.

b) Sara's experience of the value of therapy is seen in terms of how she presently experiences herself and relates to the world. For Sara, the value of her experience of therapy is what she gained from therapy, its meaning for her. This means that for Sara the actual experience of the sessions, even the whole therapy period, was a trigger mechanism or springboard to a more authentic way of life. The value of her experience of therapy is experienced as having constituted a new qualitative enrichment of her whole life. The value of her therapy experience is her present mode of experiencing herself and her world and she sees this in the context of a continual process of development which increases in meaning with time and life experience. The qualitative values that she assimilated from therapy are not experienced as static outcomes or effects but the start to a life-long process of unfolding and living her life which alters as she gets older.

Sara now realises that her basic personhood was there in existence all the time but that she has developed the courage to become the person that she always was - she has become more of what she already was. She has rediscovered herself and will continue to discover herself. It was this getting to know herself that enabled her to relate more authentically to the world.

The primary values that she assimilated from therapy and by which she now lives her life, is that she can be what she is, that she can live her own life without justifying it to other people. She now takes upon herself that which is hers, she lives all the uncertainties and insecurities that go with life. She accepts that there will be obstacles in her life, there will be pain in her life. But she can now experience the fulness of life with the pain, the joy and the suffering. She can now confront all possibilities of her life, the joy and the suffering. She can experience suffering but not crumble under it; She lives with a faith in herself and a will to grow and become herself. This is not experienced as a giving in to pain but rather an authentic living through pain and suffering. So she now lives her life by being open with herself which she feels is not easy because she can no longer avoid her life problems but has to face them, wants to face them, and knows that she can face them.

She can only be what she is and live her life without justification because she can explore, evaluate and accept herself as she is. She now feels she is somebody, is more sure of herself, feels right about her feelings and owns her feelings. She is in control of her own life which has a direction and she also feels responsible for her life.

The process of getting to know herself and accepting herself gave her an identity which she could like. It is from this firm foundation that she can genuinely encounter herself and the world.

Being more self-assured and self-sufficient, a strong and vital person, she now experiences a new freedom in life, the freedom to be herself, to assert herself confidently, as the person she is with her own rights and expectations. So she can now live her tremendous need for personal privacy and if her personal space is violated she can defend it assertively. She can withdraw from the world at will when she needs to.

The experience of becoming a whole person, living and expressing herself through her body, means that she no longer rejects her body but experiences it as another mode of existence. So she can enjoy and react to personal advances but she also has the choice to withdraw. Self acceptance means that Sara no longer needs to be liked by all people so she can accept others as they are without being negatively effected by their possible rejection or disapproval of her. Personal advances are no longer threatening and body contact is no longer experienced as a literal intrusion or violation.

But genuine self-expression, self-acceptance and relating to the world from a firm foundation, does not guarantee Sara absolute success in all worldly situations because she can also be defeated. But she does have a realistic conception of herself and an eagerness and enthusiasm for life.

Becoming a whole person, living authentically without external aids (psychosomatics), she can now open and express herself, work through, examine and explore her life so she no longer needs to banish or rationalize her feelings away. She is no longer a ragdoll thrown around by the world but a vital person who experiences herself a master of her own life. She has insight, understanding, meaning and courage to live her own life.

INITIAL DESCRIPTION E (Category E)

The client's (more general) experience of the nature of her therapy and its meaning for her. Her evaluation of her therapy experience.

The client experiences her therapy as having been truly successful where both she and her therapist perceive a definite positive transformation. But the experience of success is not in the sense that therapy changed her. Rather, she experiences her successful therapy as having stimulated self-openness, as having taught her to be responsible for and help herself. Rather than having changed her, she experiences her successful therapy as having allowed her to become what she always was. She experienced her therapy as a learning experience and a discipline, where she learned not to avoid her life but to confront her existence openly, to be open to all the possibilities of her life, to live her own life.

Sara experienced her therapy as being somewhere where she was totally accepted, with someone with whom there existed a mutual faith - someone she knew understood and had faith in her to become what she was - someone with whom she could feel free to explicate the meaning of her existence without feeling it would harm their relationship - someone who was not merely an accepting listener because she experienced her therapist by what he was, not by what he did. She experienced therapy as being somewhere and with someone with whom she could rediscover her identity, explore, clarify, confront and come to terms with her life situation.

She feels that for her, therapy was a temporary withdrawal to a place without outside pressure where she was in battle with herself in the attempt to find herself, to build up her life and to express that previously unexpressed part of herself.

She experienced her therapy not as having given her specific answers to specific questions. Therapy did not teach her to overcome problems or to take her depression away. Her therapist did not tell her how to live her life - in fact she never even discussed some of her specific problems or "symptoms". Instead she feels her therapy was about her as a whole

person not as a bundle of specific problems or symptoms and by enabling her to explore her whole way of life, the more specific symptoms "came right" on their own. In the non-demanding, co-operative relationship of the therapeutic encounter, she was able to build up insight into herself and her world and learned to apply or live those insights when facing new life situations, so she grew all the time, in and between the sessions.

The vital part of her experience of therapy was its meaning for her not the specific by-products i.e. that she can now sleep at night or stand in bus queues. She feels that therapy gave her a rich new and deeper experience of life where she is now more aware of herself as a whole person, living more genuinely as the person she is, relating authentically to the world, living with and through her sadness and her joy.

She experienced a magical quality to her therapy with the therapist because she cannot really isolate what actually happened in the session or what specifically the therapist did, that gave her courage to live her own life. So she describes her therapy as a communication which was on a "different level."

Her experience of therapy did not end with the session, it merely began there and what is important for her was not what happened in therapy at the time but how she lived her life after the sessions. She feels she could only give isolated responses as to what actually happened in therapy but that would only be a portion of her experience of therapy. Her therapy stimulated self-openness and much of what she didn't verbalize to the therapist which she wasn't aware of at the time or voluntarily censored, only became apparent to her or unfolded after the sessions. So most of her growing took place outside the sessions and for her, therapy was merely a place which opened up her life so that she could live it.

But her experience of therapy and its meaning for her didn't end after two years of therapy. She feels that therapy does not end because the process of self-discovery and the unfolding of one's existence does not end. The outcome of therapy for her is not a static or fixed entity but a continual growing and developing through life. She feels that the outcome of therapy will only unfold in and through time. So she did not merely live her life in therapy at the time because her therapy dialogued with her life and her life dialogued with her therapy.

Her experience of therapy and its meaning for her is not merely what happened during those two years of therapy, but the way she presently lives her life and the way she will live her life in the future. What is important for her is not what actually happened in therapy but its residual nature which acts as a springboard for her whole life. Actual therapy was experienced merely as the foundation or groundwork for change the result of which cannot be specified because she did not experience her therapy as cause and effect but as an initiation into a whole way of life. What she experienced in therapy was merely the beginning of a gradual process of change, the nature of which was so subtle that she wasn't fully aware of it at the time. Her experience of therapy and what it meant to her is experienced by her as a process, a continual moving thing, gaining momentum as she goes on living her life, and assuming new meaning and value with time and as she encounters new situations in her life. In fact she feels she will only understand her experience of therapy and its meaning for her with time.

Her experience of therapy and its meaning for her was the start, the trigger mechanism to a whole new (qualitative) experience of life. As such she feels it cannot be isolated because it is a gradual unfolding of and getting to know herself and becoming what she authentically is. She has integrated her therapy into her everyday life and her experience of

therapy has fused with her whole life and has meaning for the rest of her life. She actually feels she is in therapy all the time.

So what she experienced in therapy and how she presently lives her life and how she will live her life in the future are inseparable. Her total experience of therapy is a combination of what she experienced and its meaning for her in the actual session, her unfolding experiencing of life between the sessions, how she presently lives her life and how she will live her life in the future.

For Sara, the experience of therapy was like receiving a magic stone which always increases in value with time.

Phase 6 - ESSENTIAL DESCRIPTION

The client's holistic and retrospective experience of psychotherapy.

The client's total and holistic experience of psychotherapy is a combination of experiences (a) in the actual therapy sessions where the therapist is encountered in a relationship which serves to stimulate self-openness in the client, (b) coming to insights, integrating insights and experiencing and living these insights which for the client means a greater understanding, awareness and an increased freedom in living her life, (c) unfolding of and living her life between the sessions as the session experiences become integrated into her everyday life, (d) the meaning of therapy for the client in terms of the way she presently experiences her life after continual therapy, and (e) the ever-increasing value of therapy in terms of how the client will experience her life in the future i.e. the "ongoingness" of her therapy experience.

Thus the client does not experience psychotherapy as an isolated event or series of events in her life. Therapy for the client does not end and has no specific result. The meaning of her therapy experience, which for the client is the most crucial part of her total experience of therapy, is not experienced as specific behaviours which she can now perform, but as a new qualitative enrichment of her whole life. This is because psychotherapy for the client is experienced as the medium through which she unfolds the meaning structures of her existence and gets to know herself, and from which she rediscovers herself learning to take on the life that is essentially hers, learning to confront all that which "speaks" to her in the world. This is a life-long process and psychotherapy is experienced by the client as an initiation into this process - a vital stimulating phase in her life's journey towards the discovery and experiencing of herself as a whole being, experiencing herself in and through her body, living and relating authentically to the world. Psychotherapy for the client does not end.

What is crucial for the client retrospectively is not what actually happens in the sessions, but the way she lives her life after the sessions, and therapy's residual nature which acts as a springboard for her whole life. She experiences the dialogic co-operative encounter of the therapeutic relationship as really the beginning of movement towards the process of change the nature of which is so subtle that the client is not fully aware of it at the time because it only gains momentum and is assimilated into her total life project as she goes on living her life. Therapy is therefore experienced by the client as having meaning for the rest of her life and increasing in meaning and value as she encounters new situations in her life. Therapy for the client is experienced as the trigger mechanism for a whole new life experience towards the process of growing and becoming what she already is. But the client only understands her experience of psychotherapy and its meaning for her as she gradually discovers herself, becomes what she is, and as her life unfolds through time and increasing world experience. Therapy for the client is not an event or place that changes a specific bundle of symptoms. Instead, the client experiences therapeutic change as a gradual process of becoming what she already was by learning to be open with herself.

The client experiences actual therapy as a withdrawal to a place without outside pressure, a place where she is in battle with herself and her life situation, a struggle with herself in the attempt to discover or rediscover her core being so that she can take on the life that is hers. But this struggle does not come to a halt at the end of the sessions.

Initially the client experiences the pain of self-confrontation and the confusion as to the direction of therapy. While there is a longing for growth, there is also a desperate fear of growth - the fear of unfamiliar freedom and openness of being and the desire to remain within the familiar but encapsulated security of her unhappiness or reduced world openness.

Thus the confusion as to what to do in therapy and how to do it and the avoidance or denial of those areas of her life that she cannot face. But at the time, the client is not fully aware of her avoidance of her life situation.

The client experiences her therapy as initially hoping to find something definite or permanent on which to depend. She refuses to take responsibility for her own life, not being fully aware of this at the time, and experiences a need for the therapist to provide answers. Instead the client begins to realise and experience that the answers lie within herself, that life is unpredictable and that she has to learn to live with the security of insecurity. Therapy is not experienced as providing answers or focusing on specific symptoms but as enabling the client to take responsibility for her own life, to face the inevitable joys and sufferings that go with life and to live with and through them.

In the struggle towards the development of courage to confront all possibilities of her existence, the relationship with the therapist is experienced by the client as crucial. Within the safe encounter of this relationship, the client experiences the therapist as providing the framework within which she can explore her life. But that framework represents her own standards of authenticity and self honesty. The client experiences her therapist as leading her along her own life path without giving explicit direction so she is not aware of his lead, only his reassuring presence. Thus the client discovers that the meaning of her life can only be revealed not explained. The therapist's listening to the client is not experienced as merely hearing the client but rather an active listening that reflects also the kind of person he is. The client experiences her therapist by what he is not what he does.

Through the relationship the client begins to experience a commitment to

her own struggle. But that commitment includes for the client, the commitment of the therapist towards that struggle. The client experiences this commitment in the form of attitudes conveyed from the therapist and not techniques. She experiences and feels the therapist's genuine but flexible attitudes of faith, total acceptance, respect and availability and feels that these attitudes enable her to develop courage to open herself to herself and to confront her life situation, to articulate those aspects of her life which she has been denying, to explore the landscape of her life, to develop, integrate and experience insight and to begin to come to terms with her life situation accepting the person that she is and experiencing the freedom that is hers. Psychotherapy is experienced by the client as an initiation into the process of unfolding and living her true potential and the actual sessions are the medium through which she learns to be open with herself - in order to live and experience an authentic existence. What happened in the actual sessions and its ever increasing meaning and value for her whole life cannot be meaningfully separated. For the client they are part of the same process.

THE POST-RESEARCH INTERVIEW

I include in the results some material from the post-research interview as it tends to shed important light on the validity, worth and meaningfulness of the data.

Firstly, regarding the research question; the subject affirmed that she understood my question and answered it to the best of her capability. She pointed out that the primary question; "how do you or did you experience therapy?" implied for her the other more specific questions i.e. "what did therapy mean to her?" and that she would have said something about her therapy's meaning for her even if I had not mentioned it. In other words, she confirmed that my primary question gave her the freedom and choice to decide what was important to her about her experiences of therapy, it was broad enough to incorporate her total experience of therapy which she could only relate to me from a retrospective point of view.

Secondly, on the interview itself; the subject reported that she re-lived in the interview the same feelings, the pain and the trauma of her actual therapy. To this extent she experienced the interview as meaningful and real. She described the interview as having helped her to "formulate thoughts and feelings that had been floating around like bubbles", to translate living experience into language. This she found emotionally taxing not only because it meant a re-experiencing of the more painful moments of therapy itself but also because of the inherent difficulty of transforming lived experience into language. Although she gave me her experience as best she could and found the interview a rewarding experience, she pointed out the barrier of language which she felt was slightly removed from lived experience. She said that her experience of therapy is not directed by anything but her experience. However, what she gave me was dictated to a certain extent by the language at her disposal. In spite of this she found the interview most conducive to exploring her experience.

Thirdly, regarding myself in the interview (how did she relate to me); the subject said that she didn't think that I was probing but helping her to probe. She found it easy to be open with me and said that I had not imposed any limitations on her relating her experience to me. She felt that I was "very much the typical psychologist" in that she found she could say anything to me and that I would not negate what she said or disapprove of her. She felt that I had the effect of "drawing things out of me" in that she felt she could "flow easily".

Fourthly regarding psychotherapy and the research interview; the subject felt they were most similar in that they both enabled her to express and explore her experience because in neither were there any barriers between her and the therapist/researcher and she felt she could open herself and talk freely without fearing it would affect the researcher/therapist; "there's that same quality about both of them."

CHAPTER V

DISCUSSION AND CONCLUSION

1. REFLECTIONS ON THE RESULTS - AN ATTEMPT TO HIGHLIGHT SOME IMPORTANT ASPECTS FROM THE INITIAL AND ESSENTIAL DESCRIPTIONS.
 - A. The client's experience of therapy as development.
 - B. The client's experience of therapy is non-specific.
 - C. The client does not experience therapy in terms of "process" or "outcome".
 - D. The client's experience of change.
 - E. The client's basic motivation for growth.
 - F. The move towards authenticity.
 - G. The therapist as a person is an essential part of the process of rediscovery in the client.
 - H. Therapy as an initiation into a new qualitative enrichment of life - a retrospective experience.
 - I. Dimensions or contexts that are essential to the phenomenon of the client's holistic experience of psychotherapy.
2. SOME IMPLICATIONS FOR PSYCHOTHERAPY.
3. COMMENT ON THE METHOD OF DATA EXPLICATION.
4. CONCLUSIONS.

1. REFLECTIONS ON THE RESULTS - AN ATTEMPT TO HIGHLIGHT SOME IMPORTANT ASPECTS FROM THE INITIAL AND ESSENTIAL DESCRIPTION.

The results of my study do not purport to generalise or universalise to all clients or the numerous varying forms of psychotherapy. Instead, the results reflect an empirical investigation of one individual's experience of psychotherapy and remain personalised and particularised to that individual. It could be however, that other clients, upon reading the essential description, may identify with personally relevant aspects of this description. Similarly, a therapist may be able to relate his own understanding to it, or, the data may suggest or clarify some aspect for the therapist.

This discussion is based on the thoughts and ideas which were generated by the results. They attempt to highlight and elaborate some important aspects of the data, but could also serve to stimulate further thought and research in this area.

A. The client's experience of therapy as development.

One of the major implications of the results is the suggestion that the client experiences psychotherapy in terms of a development, initiated in the years of actual therapy but continuing throughout the client's on-going life. The essential aspect of this development is that the client, through her therapy experiences, gradually learns to be open and honest with herself, becoming what she is, and living her own life. In this section I would like to draw out some of the various dimensions of development in the client's holistic experience of therapy as they arise in actual therapy and as they continue to increase in meaning and value throughout the life of the client. It is important to realise that everything that occurs in therapy is experienced by the client in terms of a continuum of development or as part of the process of cumulative therapy. One should also view these overlapping dimensions of development as mutually

dependent, thus, comprising the client's holistic developmental experience of therapy.

a) The client's experience of the actual sessions: The process of therapy i.e. the sessions, develops from an initial period, characterised by a reluctance and a lack of courage to confront her life situation, to the stage where the client finds her therapy more meaningful i.e. when there is greater degree of self-awareness and self-understanding. The client initially evades her therapy and experiences feelings of "nothingness". Only later in therapy does the client realise that beneath the surface of vacuous feeling (initially in therapy), there was a great deal of unacknowledged tension. Gradually her therapy develops to the point where the client is more aware of integrating her therapy experiences with her everyday life. Thus therapy becomes more meaningfully related to the client's whole life.

The client is not aware of the developing nature of her therapy during the initial trauma and evasion of self-confrontation but later realises that this initial phase was actually vital in the development of her therapy as a whole. Thus, the initial phase of therapy is confusing for the client because she does not experience movement or growth on any level. Therapy is experienced as alien and unrelated to her life and she does not understand the direction of therapy or the intentions of the therapist. She does not realise (at the time) that she is growing subtly and at her own pace.

As she begins to take on the life that is hers, assuming responsibility for her own existence, the direction of therapy and the therapist's intentions become clearer to her. Therapy assumes greater meaning and relevance to her whole life as she begins to rediscover herself. At the same time, what is learned by the client in therapy is assimilated and lived by her in everyday life. The client then realises the development

of actual therapy.

b) The client's experience of the relationship and the therapist: Basically, the therapist as a person, willing to give himself to the client, respecting and accepting her totally, and the client's receptivity and growth through the therapist as a person, constitutes the relationship in which, and through which, growth takes place. This relationship can be seen as developing from the initial phases of therapy, though the more meaningful phases of therapy and as having meaning and significance for the client even after the period of therapy.

Initially the client is not aware of the significance of the relationship or its therapeutic value. She expects the therapist to give her answers and to assume responsibility for her. But he frustrates this basic desire not to grow until the client reaches the point of greater independence and harmony with herself and the world. When the client begins to realise her own freedom, when she feels that the choice devolves upon herself to remain in therapy, when she begins to take a decisive orientation to her life, then she becomes more aware of her relationship with the therapist, of the therapist as a person and of his growth-facilitating "effect" on her.

Initially in therapy, the client is afraid of the therapist because she views him as the "symbol of change". She feels that he demands change of her which she believes she cannot fulfil. She is therefore apprehensive about going to the therapist and may often plan what she will talk about in the following session. At the same time she is frightened that he may reveal something about her life that she cannot face herself. She consequently develops various strategies to keep him away. Later however, the client allows the therapist to be more direct with her, in the sense that she no longer calculatingly relates an event to him or feels the need to say "meaningful things". She becomes able to confront that which

the therapist shows her about herself and she no longer perceives him as a threat. She begins to understand that the therapist is genuinely with her when his revelation of some painful area of her life causes the client much anxiety. But the relationship has developed to the stage where the client accepts that she is in therapy to grow and that even the therapist's more directive attitudes are facilitating her development. She begins to understand the implicit meaning of their relationship as its value increasingly becomes assimilated into her ongoing life. The client not only lives the therapeutic relationship in and between the sessions but continues living it after the period of actual therapy.

The client experiences the relationship, (particularly towards the more meaningful stages of therapy), as the essential growing ground for her to explore herself and her world. It provides the client with a "safe place" for honestly coming to terms with her life and teaches her that she is the master of her own life, that she is able to help herself. It is this that the client takes with her into her life after actual therapy. It is these realisations, (stimulated by the relationship), that become part of herself, developing as her life unfolds. Thus, the meaning that the relationship has for the client does not cease after therapy. It continues developing as an essential part of the client i.e. the therapist's attitudes towards her become part of her way of life. The therapist actually becomes the client's conscience. The client experiences the therapist as the symbol of change and the person who "uncovers her", enabling her to become what she is. This has significance for, and develops throughout, the life of the client.

c) The client's experience of the value of therapy or, the values by which she presently lives her life: The primary value by which the client now lives, is that she can experience her life without justifying it to

other people and that she has the potential to become what she is. This value of living does not emerge immediately in therapy but develops gradually through the therapeutic relationship and the integration of therapy to everyday life of the client. The values by which she now lives her life develop slowly as the client begins to become more sure of herself, believes that she is a person in her own right, and gains courage to confront her existence. The development of a greater degree of self-worth and self-esteem, the development of independence and responsibility these are some of the values of therapy by which the client now lives her life. But these values themselves gain meaning as the client becomes older. Thus, another dimension of development in actual therapy and throughout the life of the client is revealed.

d) The client's experience of insight: Insight, regarded by the client as crucial in her overall growth, develops as a result of the facilitative encounter of the relationship. For the client, an insight may develop gradually i.e. as a process of becoming aware, the full effects of which are only experienced as the client goes on living. It could also develop suddenly from a more directive comment from the therapist.

Another developmental aspect of insight is seen in the process of experiencing an insight in daily life. This does not occur automatically because the client first feels a need to relate her insight to the therapist. This takes time and requires a great deal of courage because it is the last step, as it were, before actually living the insight. However, this process does not itself precipitate the experiencing of insight, because it still takes time and greater courage for that insight to be fully integrated into her total way of life.

Yet a further developmental feature of the client's experience of insight, is that the client learns to reach her own insights and to act on these

throughout her life. That is, insights develop even after the period of continuous therapy.

Thus we see that the client's experience of therapy is characterised by a process of development operating in various dimensions. This development does not cease at the end of the period of therapy but is assimilated in terms of significance and meaning for the client and develops in significance and meaning even after continuous therapy.

B. The client's experience of therapy is non-specific.

A striking feature of the client's therapy experience is its non-specific nature. The client repeatedly points out that she cannot isolate specific events both in and after actual therapy.

As far as the therapeutic relationship is concerned, the client experiences the therapist in a non-specific way. She finds it difficult to pinpoint any specific "thing" that the therapist does that gives her the courage to confront her life. In fact, during the initial stages of evasion of self-confrontation, the client is totally unaware of the therapist's intentions. She experiences the therapist by his attitudes towards her and not by what he specifically does or says. This non-specific nature of the relationship is essentially a quality of the encounter.

From the client's perspective, there was nothing specific that she verbalised to the therapist. She didn't have to focus on isolated problem behaviours or symptoms. This is because therapy for the client was about her as a whole person and the primary goal of therapy was to teach the client to be open with herself. It was unimportant what she actually said to the therapist. By focussing on her qualitative way of life, even her more specific problems and those which she kept to herself were eventually sorted out.

The non-specific nature of the so-called "outcome" of therapy is another aspect that needs elucidation. Since therapy for the client does not teach her to overcome specific problems or take her depression away, the outcome of therapy is non-specific. The "result" of therapy is not experienced by the client as specific behaviours which she can now perform, but in terms of an initiation into a new qualitative enrichment of her life. The more specific "by-products" of therapy are not important for the client. What is important is a quality of experience that the client cannot meaningfully isolate.

Regarding the non-specific nature of the client's overall experience of therapy, the client feels that what is crucial for her retrospectively, is not so much the specific happenings in therapy but rather the integration of her therapy experiences into her everyday life. More than that, the residual nature of her therapy stimulates a life-long process of self-discovery and of authentic living.

C. The client does not experience her therapy in terms of "process" or "outcome".

The results suggest that the client does not experience psychotherapy in terms of process or outcome. The implication here is that one cannot view people either in terms of process or of outcome - as traditional research has done. While this may be a handy way of conceptualising psychotherapy, it is not however true of the client's actual experience of therapy.

The data indicates that the experience of the actual therapy sessions and the developing meaning and value of therapy (after continuous therapy) are inseparable. The "process" and the "outcome" of therapy for the client is experienced as an holistic process. Psychotherapy for the client is not an event but is rather a higher embodied construct which involves her total being and cannot be understood as part-processes. It has been the

critical flow of traditional psychotherapeutic research to impose the concepts of "process" and "outcome", whereas such convenient distinctions do not exist in the client's holistic experience.

Not only does the client experience "process" and "outcome" as inextricably intertwined, but she also feels that her therapy experience is more than the situation of therapy itself. It is not merely the "process" of therapy but the way the client lives her life between the sessions and the way she will live her life in the future. Moreover, what happens between the sessions is far more important than what happens during the sessions. We may thus speak of the "process" of therapy as relating to the total experience of the client while undergoing therapy i.e. in and between the sessions. Similarly, the "outcome" of therapy is not the end of therapy because the client takes her therapy into life. The "outcome" of therapy is essentially a part of the holistic experience of therapy, part of the process. It cannot be specified because the client is unable to predict what her therapy will mean to her in the future and because it is a qualitative experience.

D. The client's experience of change.

An interesting ramification of the results is that the client does not experience change in terms of specific behavioural and personality variables. Change for the client is not experienced in terms of new behaviours but as a more meaningful way of life. Change is not a process of becoming something else, but is rather an initiation whereby the client learns to become what she always was. It is a gradual process whereby the client initially looks for something tangible or tries to shed those parts of her that she cannot accept. Later however, she learns that she can only be what she is and that she has to learn to accept herself as she is.

This has important implications for the therapist: It is not his aim to change but it is his design to facilitate the process of becoming. In Sara's therapy, the therapist facilitates the process of becoming, by his constant and genuine availability and his flexible manner. He was always "there" when she needed him. He never negated or explained her problems of living away, but rather explored them, thus rendering them an important part of her life. This enabled her to confront and explore those areas of her life which she had been denying, and eventually take responsibility for her own life.

If we view the concept of therapeutic change in this way, then it means that the therapist should have a basic faith in everything that emerges in therapy and an implicit belief in the self-healing capacity of his client.

It appears therefore, that "change" in the client is essentially a qualitative process which cannot be conceived in linear terms. In any case, what right have we as researchers to cast our value judgements on what change should or should not take place?

E. The client's basic motivation for growth.

Even though the client experienced a "splitness" or an unrelatedness both to herself and to the world at the start of therapy, she believed that "somewhere" there did exist a core being that she wasn't able to fully express. Thus her basic motivation for growth was the fact that she had not given up completely. This implies that apparent crises in life are opportunities for growth.

Another feature concerning the client's motivation for change can be seen in her feeling of being pressurised; she herself wanted to change and felt an external demand on her to change. She also experienced the therapist as the "symbol of change", which threatened her initially, but which later formed part of the impetus to change. The client remained in therapy

even at the initial stage when she felt confused as to what to do (in therapy), and experienced the pain of self-confrontation. She persisted in spite of the initial trauma of therapy and she attributes this largely to the determination and faith of her therapist which was stronger than her will not to grow.

Thus we may say that her essential motivation for growth was already present but that the therapist stimulated this motivation.

F. The move towards authenticity.

Therapy initiates the movement towards authenticity whereby the client increasingly comes to live the life that is hers. Becoming an authentic person was one of the essential aims of the client's therapy. How does this process develop?

Initially the client resists confronting her life situation because she knows "somewhere" that openness would mean facing those areas of her life that she preferred at that stage to ignore. It took a great deal of time and courage to come to terms with the crutches with which she lived her life (psychosomatics and ragdoll image). Retrospectively, she feels that this was an inauthentic and dishonest mode of life. In phenomenological terms we may say that this reduced world-openness enables the client to remain within a known or familiar world even though it is not personally satisfying. At least she had the security of this encapsulated world. One can understand therefore, the ambivalence of the client when confronted with the prospect of greater freedom and authenticity in living her life. This is because more freedom implies a greater insecurity of living with the unknown in one's life. With an increased freedom in living the client becomes more open with herself, ceasing to avoid painful aspects of herself or previously unmanageable problems of living. She becomes more self-accepting and, following from this, more accepting of others. Thus,

she no longer avoids her life but authentically lives her life. Authenticity for the client means that she can express herself as the person that she is and can relate to her world - she can tolerate the inevitable problems of life, she can live through joys or suffering; and that she does not crumble under the pressures and vicissitudes of life. This is not a process of learning to cope with life but is a radical living of life where the client can confront all possibilities that present themselves to her.

This movement towards authenticity, (a life-long process), suggests that the values by which the client now lives her life cannot be seen as static or fixed entities.

- G. The therapist as a person is an essential part of the process of rediscovery in the client.

The results suggest that the therapist had an unbounded faith in the life of the client, that he not only believed in the client's capacity to come to terms with her own life but also communicated this belief to the client. His total commitment to her struggle showed the client that someone believed in her and accepted her without reservation. It was this that initiated the rediscovery of herself.

It appears from the data that the therapist had a tremendous capacity to allow the client to grow at her own pace - he waited until she was ready. In this respect, the client points out that even though her therapist knew she was evading her life problems, even though he knew what she should do, he never rushed her but instead allowed her to come to terms with her life in her own time.

Most important was that the client experiences the therapist as a person. What he is, is more important than what he does. Of course, the therapist may "use" various techniques; in fact the data reflects his use of the client-centred method of reflection. But the client does not experience

this as "the method of reflection". For the client, her therapist is not engaged in techniques. Indeed it seems that the therapist had assimilated the "reflection technique" into his very being, it was an essential part of him.

That the therapist had the patience to wait for the client and that he did not demand any information from her but allowed her to decide what to tell him and how to tell him, implies that he was the kind of person who could accept the possible frustration of not knowing all he could know about his client. He did not have a need to draw information out of the client but was satisfied that she would present parts of herself to him when she was ready to do so. Thus, the therapist enables the client to take responsibility for what is spoken about in therapy.

H. Therapy as an initiation into a new qualitative enrichment of life - a retrospective experience.

From our results, we observe a dichotomy between what the client experienced during the period of ongoing therapy and what she retrospectively understands about her experience. A few examples serve to illustrate this dichotomy: initially in therapy the client does not understand what the therapist is doing - only later does she realise that his presence is to stimulate self-openness; initially, she does not understand where her therapy is going - but later discovers that she herself sets the direction; at the time she does not realise that she is subtly changing - only later does she understand that even her initial confusion, pain and trauma constituted and facilitated the growth process; she was not aware while undergoing therapy that her experience of therapy would be an initiation - a means to an end and not an end in itself.

In other words, it's only retrospectively that the client is able to understand fully her experience of therapy as she lives it in the period of therapy. It is only after the termination of therapy that she realises

the ongoing nature of therapy. Thus, the view that therapy is an initiation into life could only have emerged retrospectively from a client who had already completed therapy.

I. Dimensions or contexts that are essential to the phenomenon of the client's holistic experience of therapy.

Having arrived at the results phenomenologically, I would like to suggest 4 major experiential dimensions of the client's experience of therapy.

- 1) The interpersonal context - which provides the framework or the impetus for the client to begin to open herself, explore her life situation and come to terms with it. The interpersonal relationship provides the context for the transformation experience. The following interrelated qualitative aspects characterise the inter-personal relationship:
 - a) There is a mutual willingness to engage in the relationship.
 - b) The non-specific nature of the relationship and the focus on the client as a whole being.
 - c) The relationship as a togetherness and aloneness; it is a co-operative endeavour but the client sets her own pace, proceeds at her own time and takes responsibility for herself. It is the client who dictates the direction of therapy, not the therapist. The aloneness can also be seen in the fact that the client does not relate everything to the therapist but keeps much to herself. Likewise, the therapist is alone in his own thoughts, living with the knowledge that he does not know all there is to know about the client, but constantly communicating his availability and presence.
- 2) The Dynamic change - refers to the change, movement or development within the client-therapist relationship. Included here are the following qualitative aspects:
 - a) The nature of change - how change comes about in the client? i.e. what happens when the client begins to take on the life that is hers.

- b) The change in the relationship between client and therapist.
- c) The non-specific feature of change.
- 3) The temporal dimension of the client's experience of therapy - refers to how change and understanding come about gradually over time. The following qualitative aspects here are:
 - a) The client's experience of therapy and its increasing meaning and value is not limited to the psychotherapy setting.
 - b) The client's therapy is an initiation into a life-long process of growing and getting to know herself.
 - c) As therapy becomes integrated into the total life project of the client, she gradually understands more about the nature of her experience - this is a life-time discovery. In other words, growth is a never-ending process and psychotherapy is merely an accelerating phase in this process.
 - d) The most important "changes" or increased understanding occur outside the session so that the experience of therapy for the client is much more than the actual session.
 - 4) Major aspects of the client's experience of being a changed person - the essential constituents of a new and qualitative enrichment of life.
 - a) There is an increased sense of presence.
 - b) An increased sense of personal meaningfulness.
 - c) An increased sense of self-world compatibility.
 - d) A greater freedom and openness of being.
 - e) An authentic living through all the possibilities that may present themselves.
 - f) An increased sense of responsibility and self-sufficiency.
 - g) An increased sense of self-acceptance.

2. SOME IMPLICATIONS FOR PSYCHOTHERAPY.

The client feels that therapy is the process of learning to be open with herself. This does not mean that she has to relate all her feelings to the therapist. It is precisely when the client begins to be open with herself, that even that which she keeps to herself is gradually sorted out. This is in direct contrast to Freudian psychoanalysis which argues that in order for the client to be "cured", he must relate all his feelings, desires, thoughts or fantasies to the therapist. In the present therapy the client often withheld information from the therapist that she could not face up to herself at the time. However, by exploring other areas of her life she eventually finds that the material which she originally and purposefully excluded, no longer presents a problem to her.

In the present therapy, therefore, it did not matter what the client specifically related to her therapist. The important point is that the client is accepted and respected regardless of the content of the dialogue. The therapist does not determine what is important because he realises that all the areas of her life are inter-related and so by exploring one area of her life, this tends to have a ripple effect on the other areas as well. Of course this does not imply that the therapist is inactive in the process. As we have seen, he enables the client to confront and explore the material she relates, by exploding or making it an important issue in her life. What is not verbalised is equivalent in importance to what is verbalised. The client does not have to articulate everything in order to come to terms with her life.

If therapy is experienced by the client as an initiation, this suggests that the therapist should realise and accept that he plays only a part in the client's total growth process. Moreover, what is crucial for the client is the integration of her therapy into her everyday life; she feels that most of her growing takes place outside therapy, between the sessions

and that therapy experience as such, does not end and has no specific result. This indicates that the therapist should not aim to perform cures or achieve specific results but should instead focus on where the client is at. This is based on the view that "if a client knows where he is at he also knows where he is going" (Kruger, 1977 Personal Communication).

Thus the suggestion here is that the therapist should realise that he only plays a part (albeit a crucial part) in the total life experience of the client. He should be able to accept this limitation to his role as helper which also implies that he cannot achieve specific and ultimate results, he cannot cure. The client "uses" the therapist in her personal journey; he is in fact a stop-over for the client.

The client does not have to verbalise all to the therapist. This implies that the therapist does not know all there is to know about the client. Nor does he understand all the subtle ways in which the client changes, which means that he cannot predict how the client may live her life in years to come. Thus, the therapist must accept the insecurity of his own limited knowledge about his client. The therapist's aim, as I understand it, is to enable the client to take responsibility for her life, to take responsibility both for what she does and what she does not articulate in therapy.

3. COMMENT ON THE METHOD OF DATA EXPLICATION

Even though I proceeded by various phases of explication in order to arrive at an "essential description", the method of working with qualitative data is certainly not mechanical. This means that the reader should not expect to trace the methodology in qualitative research as he would in quantitative research.

Implicit in working with qualitative experience is the intuition and personal understanding of the researcher. This is the foundation of a qualitative procedure and these factors are not reducible to mechanical steps. The researcher concerned with qualitative experience spends a great deal of time reading the protocol, trying to understand it, arriving at an essential description. The method, results and discussion are very much part of the personal touch of the researcher. Thus the reader should not expect to follow the procedures mechanically, as he would be able to follow a methodology which counts the number of eye blinks per second, or which records the frequency with which a rat turns his head in a conditioning experiment. (Method is subordinate to subject matter).

It is not possible to describe every minute aspect of the qualitative method of explication. This is not meant to imply however, that a qualitative methodology cannot be described. It merely states that qualitative methodology cannot be described in the same way as quantitative methodology and it cannot be followed mechanically. However, an outline of the procedure is crucial in order to demonstrate that the researcher has not jumped blindly from the original protocol to the essential description. Furthermore, if an independent researcher were to painstakingly follow the general guidelines of the methodology (in this thesis) while realising that the level of familiarity with the raw data is proportional to an understanding of the method of explication, he should arrive at similar results.

The cardinal rule as I see it, is that the qualitative method of explication is a human and not a mechanical process and as such it defies any rigid steps. Also, one should bear in mind that experience is non-linear so that the method by which one explicates non-linear experience cannot be clear-cut.

In his book Client-Centred Therapy (Rogers, 1951), Rogers outlines what he feels to be the client's experience of psychotherapy. He bases his discussion on reported experiences from his clients. My argument against Rogers is not that his understanding is incorrect but that he has not adequately demonstrated how he arrives at his understanding - even though I assume that Rogers implicitly relied on the phenomenological method. What he does do is to quote the original reported experience of the client and then to elaborate this experience, categorising it in his own terms. Rogers does not tell us how he arrives at his conclusions.

I am not suggesting that Rogers or any other researcher concerned with "experience" should be able to formalise his qualitative procedures exactly in a mechanical way. What I am suggesting, is that when we deal with human experience, we should:

- a) make explicit our original intuition,
- b) follow and describe as far as possible the qualitative procedure by which one arrives at the results,
- c) acknowledge in the first place that one is using a qualitative method and that by implication this method cannot be rigidly reduced to systematic steps.

4. CONCLUSIONS

In conclusion I would like to sum up the essential features of this study.

I pointed out in Chapter II that research in psychotherapy implies the scientific investigation of a specifically human process. The client who experiences therapy is a human being who cannot be meaningfully understood, either in therapy or in research, as a bundle of receptors or a complex natural object. If we want to understand the human being who is the client, then we must begin by exploring the experience of the client

because it is this experience that characterises him as a human being and it is at this quintessential level that the client actually lives his life. Thus, in the present study, I have attempted to explore and describe the experience of the client in the most fundamental and meaningful way - I have elucidated the client's experience qualitatively. It was only a qualitative understanding that enabled me to capture the specifically human process in psychotherapy.

Investigating the client's experience of therapy I have adopted the client's own perspective, because only the client herself could relate her experiences qualitatively and as she lives them. Qualitative experience can only be conceptualised through the "eyes" of the person who "does" the experiencing.

Thus the results reflect what is significant and meaningful for the client. This was achieved because the research method did not limit the potential data to responses of structured questionnaires or rating scales. In this way, I was able to describe how the client experiences her therapy and conclude that the qualitative experience of therapy cannot be measured if it is to be understood.

The results were validated intersubjectively by two independent judges. In addition, the client herself identified with the "essential description" (Phase 6) and confirmed that the research question, the interview and the investigator were conducive to the exploration and articulation of her experience. This is the phenomenological mode of validation and I can therefore conclude that the results are true of the subject's experience of therapy. (We should however, bear in mind the limitation of the qualitative method i.e. the fact that reflection can never fully express the living process of experience itself, or, that one's language structures are insufficient to express the immediacy of lived prereflective experience.

At best, one can describe the phenomenon as far as is possible.

The qualitative experience in this research could not have been rendered intelligible using quantitative methods. Traditional psychotherapeutic research, by employing strict measuring devices, has not been able to explicitate the human process of therapy. As long as traditional research in psychotherapy continues with its measurement fetish in order to satisfy so-called "objective" scientific criteria, so will the essential substance of psychotherapy remain unexposed. Research should free itself from the constraints of the natural scientific approach and methodology and should seek to confront the experience of therapy by using methods which do justice to these non-quantitative phenomena.

The gap between theory and research in psychotherapy, where the clinician theorises about qualitative experience and the researcher measures this experience has, I feel, resulted in a situation where "research has failed to make a deep impact on practise and technique". (Strupp and Bergin, 1969). Another feature of the present study is that it has attempted to bridge this gap. This is because I began by acknowledging that the client's (qualitative) experience of therapy is crucial to the mechanics of therapy, but I have also remained true to this qualitative experience using a qualitative method.

The holistic conception of the client's therapy experience offered here, could only have been gained from a retrospective angle. A client in the process of undergoing therapy finds it extremely anxiety provoking to explore her therapy experience. Furthermore, the results show that a client in therapy would not be able to understand that therapy is not an event in her life but is instead an initiation The present retrospective approach was also able to situate the traditional research conception of therapy as either "process" or "outcome" into the life

context of the client. This implied that the client does not experience therapy as "process" or "outcome" and that these "variables" serve to limit an holistic understanding of the client's therapy experience.

In addition, the suggestion was offered that psychotherapy for the client does not end and has no specific result. How then, can we attempt to explain this holistic experience in terms of specific outcome measures?

The nature of therapy's "effect" on the client's future life must be made clear. This thesis contends that therapy must of needs effect the future life of the client because the therapy situation itself is an initiation into a richer experience of life and that the client's therapy experience increases in meaning and value as the client encounters new situations in her life. I am convinced that effective therapy will help the client to face future problems. But, because the nature of these problems are unspecified and indeterminable,(as it is the case with experience), therapeutic "change" cannot be measured in terms of specific behavioural transformations - change cannot be quantified.

It appears from the results that the client's experience of actual therapy and the phenomenological research interview are essentially similar. In both, the aims are to change vague awareness into more conceptual everyday language and this is done by allowing the client/subject to explicate his own experience. If the client's experience of therapy is a matter of learning to express and describe what's going on in his life, then why can we not research this process? Why can we not research the very process that the client is engaged in? The answer, I feel, is that we can and should, but that only a qualitative method may be employed for this purpose.

In order to explore the client's therapy experience I had to adopt the clients own perspective. I thus bracketed all preconceptions about therapy which implied that an understanding of the client's personal experience preceded any theorizing about that experience. Taking the client's own perspective, I was able to conclude that the client does not experience the therapist by the "methods" he may use but rather in terms of the kind of person he is. I believe that by suspending theoretical beliefs, the researcher could find a difference between our theoretical structures concerning psychotherapy and the way the client actually experiences therapy. The implications here is that perhaps it is time to find out what really happens in therapy rather than what our theories purport is happening.

Aspects of my thesis may appear to be abstract or perhaps even vague. The crucial point to understand is this: the conception of psychotherapy offered here, together with the apparently vague terminology, reflects the intangibility of both human life and the experience of psychotherapy, which by nature defies precise natural scientific codification. I have not presented answers, but have attempted to highlight some crucial questions.

"What a piece of work is man! How noble in reason!
 how infinite in faculty! in form and moving, how
 express and admirable! in action, how like an angel!
 in apprehension, how like a god! the beauty of the
 world! the paragon of animals! And yet, to me, what's
 this quintessence of dust?"

(HAMLET)

We have the freedom to err, we are guilty in that we do not let our potential unfold. We must face our guilt, we must not be crushed by it. Face your guilt by opening yourself up to that which speaks to you in the world. Throw out the scripts and the scenario's, the programmes and the faith in the computer. Take upon yourself that which is yours, which is your tragedy, your comedy, your joy, your sadness, your hope, your suffering; your depressions, your ecstasy; take upon yourself that which constitutes your existence, that which presents itself to you, that unique unrepeatable series of events which is your relationship to the world, which is your life.

- Dreyer Kruger.

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* * * * *

PROTOCOL

DIRECT TRANSCRIPTION FROM TAPES

Mark : I'm interested in your own very personal experience of psychotherapy. How did you, or do you, experience psychotherapy? What was it like to be in therapy? What did psychotherapy mean to you? I would like you to describe these experiences of yours as far as you can and in the way that you want to. If you like, you may refer to specific situations in your therapy experience in order that we may try to get to your feelings about these situations. Focusing on specific events may be an easier way for us to explore your experiences because your experiences and feelings are obviously in relation to certain events or situations. But this is your personal account and I would like you to feel free to say anything you like. There is no time limit and I am not here to ask you specific or pointed questions. I am only interested in what you tell me, but I may from time to time ask you to clarify something that I do not quite understand. As I have already explained, my role here is to try and understand your experience of psychotherapy. I can only explore the material after the interview, if I have a pretty good understanding during the interview. And that is why I may ask you to explain something further, etc. O.K.?

Well, the first thing to establish is that you have been in psychotherapy and that you have something to say about your experiences or what you personally feel. This means that you got something out of your therapy. Can I assume this?

Sara : Ja, ah definitely, a hell of a stack. I really got a lot out of it. You know, I can't believe just how much I got out of it - it's almost like magic. You know, I mean, even now, when I'm hassled about something and I really feel as though I'm at the bottom of the pit of despair and I go to X (my therapist) and just have one session and its as though a curtain is drawn.

Mark : Really?

Sara : Ja, a new insight and my life seems so much more meaningful. I understand what's going on, or I have courage to go on. That's the main thing that X has given me : he's given me courage to live, because before, I didn't want to live.

Mark : Courage to live?

Sara : Ja, courage to face up to whatever life is, and not to want to run away from it all the time as I used to.

Mark : And even now, after your therapy, if you go back for only one session, you experience this feeling?

Sara : Ja.

Mark : O.K. What is this feeling, this experience?

Sara : Well, you know, often I go to X and I feel that I just can't go on; I don't know what's going on or, I don't have the courage to surmount whatever problem that I have at that time. And I go along to him and I say; you know, I know that I'm absolutely fucked in my head and I can't, I don't know what the hell to do, my ulcer has opened again, you know, all this jazz. And we chat about it; we analyze a dream I had that hassles me and I just walk out there and don't know why I was so hassled. It seems that it isn't such a big problem after all and I can surmount it.

Mark : You say that after a session it seems to you that it isn't a big problem after all.

Sara : Ja. It's not insurmountable. You know, I mean, like I have quite a lot of hassles with David's mother and people around me tend to hassle me quite a lot because I like being on my own and people intrude on my personal space all the time. And I go to X and I say, "What can I do?" He says, "You know you've got the right to be on your own. Tell people to fuck off out of your life." And then suddenly I think, Ja, why not? You know, I have a right as an individual to be by myself and I don't have to justify myself to other people or try and make them like me. You know, if they don't like me

then, so what?

Mark : Right, ja. And would you say that this experience, or this insight, formed part of your experience of therapy?

Sara : Ja, definitely. Well, I mean, therapy went through different stages for me. When I started going to X, I didn't want to have therapy because I didn't want him, I didn't want anybody, to know what was wrong with me because I didn't want it to be fixed up. I was quite happy. Well, no, I wasn't quite happy. I was desperately unhappy, but I knew that the whole hassle was with my relationship with Bobby and I wasn't prepared to admit that it had gone wrong and that we weren't suited and all that jazz. And I knew that if I told X the truth, he'd say, you know, "What the hell are you doing here? You should be doing something about the situation," and I didn't want that to happen. So, my therapy was incredibly traumatic for me. In fact, I got much worse and I had sort of physical symptoms, like I started an ulcer during therapy and I got quite bad asthma attacks, because I just didn't want him (the therapist) to find out what was going on. And then, once I got to the stage where I was prepared to admit that I had to face up to life, to what was going on, then therapy became hell of a meaningful to me.

Mark : Mmm, mmm, mmm.

Sara : And I often felt that he (the therapist) must have gone just about out of his mind sitting there for months and months on end, knowing that I wasn't responding, knowing that I didn't want to tell him what was going on. And he just took it very calmly and we talked about superficial things, about hassles around my life, instead of the central problem.

Mark : Mmm, mmm. You feel that he knew what was going on in your life but let you go on the way you wanted to go on.

Sara : Well, that's what I find so fantastic : is that he must have known just about from the first few sessions that I was desperately unhappy with Bobby and that our relationship was

up to absolute shit. And he never said anything to me, he never said, "You don't love Bobby." He just let me work that out for myself. He waited for me to find out the problem. You know, I mean, he could have easily said to me, "Look, the problem is that you don't love Bobby and that you must leave him." And I would have said, "Absolute shit. I do love Bobby. I'll never leave him."

Mark : You would probably have denied that?

Sara : Ja. So instead we went through months of saying that, "I'm unhappy; I don't want to live but I don't have the courage to commit suicide; I sleep all the time; I'm sick all the time; I'm frigid, I don't want Bobby to make love to me; I don't want to work; I'm unhappy. You know, the whole thing." And he just accepted it and he kept on saying, "Well, you know, maybe you need some change in your life?" And I used to think, you know, "What can I change about my life? Maybe I need a new job?" And then one day, I don't know how it happened. Actually, it was while he and Bobby went away and I had about two weeks by myself and I just sort of had this insight that the change I needed in my life was to get away from Bobby. And I went to X and I said, "I want to leave Bobby." And he just said, well you know, "Why do you want to leave Bobby?" And I broke down and that's when we made our first contact.

Mark : Your first contact?

Sara : It was the first time that I was being totally honest with him and with myself. I hadn't been really honest with myself at all.

Mark : You hadn't been honest with yourself at all?

Sara : Ja, for months and months. Ja, about for almost a year. Ja, a year.

Mark : Mmm, uhm.

Sara : I mean, for a year I went along sort of trying to find out what the hassle was, but not trying because I was scared.

Mark : Uha. For about a year you were being dishonest in this sense?

Sara : Ja, that's right.

Mark : So what did you experience during that time?

Sara : Our, we, you know, X tried several forms of therapies. Sort of typical Freudian therapy. You know, first of all we sat opposite each other and I used to talk to him and we used to discuss some of my dreams. But I always censored my dreams, 'cause I knew if I told him the whole dream, he would see immediately what the problem was. So I gave him, you know, sort of half the dream and we would talk about how much I hated gays; how much I felt that the sort of very radical scene that we were in wasn't quite the thing that I wanted. And he helped me, sort of, to realize that I had the right not to be radical if I didn't want to be and that I could be totally bourgeois if I wanted to be. But in that year I suppose I became much more neurotic in a sense because, uhm, I was, you know, because I was hiding, - showing so many more neurotic symptoms because I just wasn't living authentically at all.

Mark : Ja, ja.

Sara : So, during therapy I used to get very tense and scared. I cried all the time during therapy - it must have driven him insane - you know, I used to cry every time he said anything to me. I'd cry because it was a defense mechanism obviously, you know, so he couldn't be horrible to me, he couldn't say, "Christ woman, you know, do something about yourself." You know, I was just this helpless little female who was totally scared and nobody could be horrible to me....

Mark : Ja, uhm.

Sara : Not even my therapist. So, it was a very painful experience at the time. I was really in the depths of despair and I kept on thinking. You know, I didn't know what I was really getting out of therapy. There was like a big forest around me and I knew that somehow I had to get out of it but I didn't

know how, and I was prepared to sit there and sort of had the attitude that X had to pull me out of it. And once I realized that there was no-ways that he was going to do that for me, I had to do it, he was not a fairy with a magic wand who was going to say, "Ah, today you're better!"

Mark : So you didn't quite know where you were going. You were in a forest and you wanted X to do something for you - but you did seem to have been motivated yourself - would that be correct?

Sara : Ja. I didn't know where to go because basically I wasn't prepared to do the central thing which was to pick up the pieces and say that, "O.K. You know, my marriage is a failure and everything's a failure," because I refused to live my own life. You know, we had this thing, afterwards (X and me) we developed this sort of image of me as a ragdoll, because I had a dream once that I was a ragdoll, and everyone was throwing me around. We sort of decided that this was in fact what I am or was, you know, a ragdoll : I was allowing everyone else to live my life for me and I just didn't have the courage to say you know, "This is what I want. Fuck the rest. I'm doing what I want to do." So it was, you know, nothing could happen until I realized that.

Mark : Uhm.

Sara : You know, although when I had this thing of me being the ragdoll, I thought, well, now I've done everything and somehow life must come right for me and I still didn't have the courage to really live and really do the thing. And I had this dream. 'Cause, you know, I was sort of dominated by my parents a hell of a stack as well. I let them tell me what I must do all the time; I let Bobby tell me what I must do and I still expected X to tell me what I must do, instead of, sort of, doing it for myself and saying to myself, you know, "This is what you want to do."

Ever since I was a little kid I took, I sort of used being sick, psychosomatic illnesses, to protect myself from people so that they wouldn't make any demands on me. Like if I

didn't want to do something, I mean I never really wanted to do anything. It was always escaping, always a negative way of life - So if somebody said you know, "You must go to school," which I hated, I'd get sick so I wouldn't go to school. If I had to go and do something which I was scared of, I'd have asthma. So I've always escaped from doing anything. So it was the same with my therapy. I didn't want to face up to it so I just said, "Ah, I'm scared," and I cried and I got asthma and I had this helpless attitude.

Mark : What made you stay in therapy then?

Sara : Oh, I think that I felt a lot of pressure. I knew that I had to do something about the situation of course. I couldn't carry on the way it was and it (the therapy) was sort of keeping everybody quiet. Uhm, I was trying; I was going to therapy and so people couldn't say that I wasn't trying to change. Although at the time, I wasn't trying at all.

Mark : You were trying but you weren't trying at all?

Sara : As far as they (people) were concerned - "Look, I'm going to therapy. I'm having a hell of a time." I mean, therapy was quite heavy. You know, the whole little heavy thing - That's what people would say. I mean therapy was really heavy and yet at the same time I had this wall around me which nobody could get through. Well, I don't think that I consciously lied to myself and said, or, lied to anybody else and said; look, uhm. Well, I never thought I'm going to cheat them - they think that I'm going to therapy. You know to myself it was, I was in fact trying - although now, I mean, obviously you see your past in terms of your present. So now I see that was being a total fraud at that time. But at the time I didn't think consciously that I was being a fraud. I just literally didn't know what was going on and I just didn't know how to get out of it or what to do, because I hadn't got the necessary courage. I mean, I think it takes a hell of a stack of courage after living for 20 years in the sort of negative attitude of just avoidance - of avoiding certain things - and then, suddenly being able to say, "I

don't care if people don't like me because I'm like this or that," or, "I don't care if people are going to point a finger at me and say, 'Ah, you've made a mess of your marriage. Everybody told you not to get married. Everybody knew that it was going to be a failure and you said, "No, I want to marry him," and now you've married him and you've made a fuck up.'" So, especially with my parents, because they were hell of a much against me marrying Bobby, and I just didn't have the courage to say to anybody, "Look, I made a mistake," and I didn't have the courage to get into that in therapy. I would never have had the courage without X. Not that he ever said you know, "It doesn't matter what anybody thinks of you," or, well, he just, through therapy, gave me stature. He gave me the feeling that I do matter, that I'm somebody, that I'm not just a little weasel crawling on the floor which is how I saw myself.

Mark : He gave you these things?

Sara : Ja. You know, I don't really know how he did this. You know, I mean, that's why I think he's a brilliant therapist. All I can say is that he must be such a brilliant man to be able to sit there for a year, watching me struggling and knowing what to do. I mean he knew what I should do. But then he just sat back and said, "You know, you've got to find the solution for yourself." And at the same time slowly, by little sentences or little comments, building me up. You know, I can't really isolate any one thing he did. You know, I mean - he - there's no way that I can say that he said this or that to make me feel good. There was nothing specific about what he did. It was just his whole attitude towards me. It was the attitude that I mattered as a person. I remember not long ago, I was feeling totally down and I really felt that everybody was intruding in my life and that I didn't really have the right to say to all these people, you know, "Just get out of my life. I don't want you around." And he said to me, "You matter a lot to me and it matters that you are happy and that you do the right thing," and that meant so much to me because I knew he meant it. He didn't just say,

"Ah, you matter" so that I could just feel better and think, ah, somebody cares for me in the world. He was genuine. I mean he must have cared for me to have sat for a whole year at twice a week and while I wasn't even paying him anything. It wasn't like he was getting something out of it. It wasn't just a job to him. It was pure labour of love as far as I'm concerned. At least, that's the way that I see it. He was determined to help me and the fact that he could have wasted all those hours to help me really meant something to me. That, in itself, was quite an experience in my therapy.

Mark : How did that make you feel or how do you now feel about that?

Sara : Well, it showed me that somebody, whose opinion I valued greatly, uhm, cared that I was happy and didn't moan about the fact that I did things that were totally ridiculous and that I freaked people out all the time. He accepted me totally as I am.

Mark : Mmm, he accepted you.

Sara : Ja, I think that this is the main thing : is that the fact that I'd found somebody who accepted me that didn't want to change me. Well, the only way that he wanted to change me was for me to become my potential self, which is growth. But he accepted the basic me.

Mark : Are you saying this in retrospect now?

Sara : No. I think that another reason that I stayed in therapy, is that the fact that he was prepared to go on trying and that he had hope. You know, I mean, he could have said to me, "Look, let's stop this. You aren't prepared to grow. Let's just give it up." But he never gave up so I couldn't give up. You know I always felt that I was disappointing him and I didn't want to disappoint him and that's what made me grow. I sort of, it was sort of every time I went there, I wanted to give him something - not material - but something to show that I was trying, and it was so difficult, you know. I think that was sort of a fight against myself because I wanted to

very much change because of his attitude of hope for me and obviously his faith won because it was stronger than my will not to grow.

Mark : His faith?

Sara : You know, I wanted to return the investment that he'd put into me. His faith was certainly vital in my experience of therapy : his faith in me. The fact that he really did care. ~~I mean, if he'd just been a therapist who, I mean, I went to a psychiatrist before I went to X and this guy just put me off totally. --Uhm, I wouldn't ever have told him anything and I just didn't give a stuff if he didn't get anything out of me. He built incredible resistance up inside me by just his attitude, you know. --O.K., I had one session with him and that first session I suppose is incredibly important and he just wasn't interested in the way I really felt and X understood how I felt. He didn't reject the fact that I felt inadequate or he didn't say, "Ah, ridiculous! How can you feel inadequate? Look at you! You're an intelligent and reasonably good looking female. How can you not feel confident?" He accepted that I had ridiculous feelings of neurosis, that I thought people were intruding on my personal space and I didn't want them there, to be safe. He didn't say, "Ah, don't be ridiculous. They aren't." He felt the importance of the things that I felt were important. If I felt neurotic about something totally silly, he lived that neurosis with me. He understood it. So often, I feel that when I'm feeling particularly hassled about something, usually it's something very small and insignificant, people say, "Ah, don't be ridiculous, how can you let that worry you?" And he never had that attitude, not even slightly. Things were important to him. He never reduced anything that I felt. In fact, he would explode it rather, you know, make it bigger, so that we could look at it and explore it and through him making it an important part of my life. He made me feel that I could look at it and explore it and then come to terms with it. ~~But the other chap, the psychiatrist, that I went to, didn't even try to get to the root of the problem. --You know, I went to him and I said,~~~~

~~"I've got psychosomatic problems; I keep on having these terrible illnesses which are there you know, the symptoms are there, they're very real but I know that they're because of the way that I'm living and because of the way that I'm trying to escape from life, and something that's hassling me quite a stack is something about my husband and I can't come to terms with what he is,"~~ And the psychiatrist just said, "Ah, you know, your husband has some abnormality," and he didn't sort of, you know, he shocked me, I didn't want him to explain what he thought of my husband -- that wasn't the point. -- I wanted him to understand it, I didn't want him to condemn Bobby, I wanted him to try and help me to live with it. -- I wanted to come to terms with my life situation. -- At that stage I didn't want to leave Bobby, you know, I wanted to understand, to live and he just freaked me out (the psychiatrist) totally. If I felt like committing suicide before I went there you must imagine how I felt like afterwards -- I was totally broken. I felt, well, there's no hope for me, I must just die in a little hole somewhere. -- I didn't feel understood. And that's what I feel is the basic brilliance of X's ability, is that he has empathy you know - the fact that he never rejected me or rejected anything that I felt. He accepted everything that I, you know, I mean we used to joke about X, we used to say, I could say to him, "I've just murdered my mother," and he would say, "Mmm, Uhhmmm, and how did you murder her?" with no judgement at all. You know what I mean?

Mark : Ja, Mmmm.

Sara : You know, I mean, I used to tease him incredibly about it because he never showed any shock or emotion or anything - just this calm acceptance and all that. It was never: but you can't do that or you can't do this. You know, if we were interpreting a dream and I said, "Uhm, I think it means this or I feel this," he'd never say, "But you can't mean that because of this that and that." He'd say tactfully, "But what about so and so? How do you feel about it?" He allowed me to express myself, to explore myself, which I feel is very important. You know, for once I was not rejecting myself all

the time and saying, "But I can't feel this. I should be feeling this." He allowed me to feel and to explore all my feelings and to come to terms with my feelings and either reject or accept them for myself. He allowed me to build up a sort of moral code, not really a moral code but, you know, a code of living. He, you know, he helped me to build up life really, my life, the way I wanted to live it. You know, he allowed me to feel right about the things I wanted to feel.

Mark : Ja, uhm.

Sara : Well, at the time, during the first year, I never realized what he was doing for me until I'd had that insight that I wanted to leave Bobby and then suddenly I realized what he had been doing and what we'd been doing. It didn't dawn on me as he, little by little, pieced me together. But once it had happened, once I'd looked into the mirror and saw, you know, I had the courage to look in the mirror and see a person because I'd never seen myself as a person and once I had an identity, I realized that it was, thanks to him (the therapist), you know, I realized what he had been doing.

Mark : Uha, ja?

Sara : Well, obviously I also played a hell of a big part in it but you know, it was almost as though he took my hand and led me along, without me knowing that he was leading me. He was just walking next to me really, and without me knowing that he was dictating the path, my path, the path that was mine, that was right for me. You know, the way you walk with somebody down the road and they want to go to point A and you want to go to point B, but you follow them because you're enjoying talking to them.

Mark : You say that he was walking next to you, that he led the path?

Sara : Yes. I think that while I was in therapy, I realized that he had the wider vision, you know. He could see what was going on and I had trust in him that he would help me out of this forest that I was in. So, I was prepared to put all my

savings into that matter and to say, "O.K. I'm going to have this deal with you, I'll go along," but at the time, during the first year, I didn't realize that it needed a lot of work from my side as well. I was prepared to just be a sleeping partner, in a business sense, but you know, as I say, the basic trust in him was there to help me, but it was only once I realized that it needed more than me just sitting around and waiting for something to happen. After that year, therapy became incredibly meaningful to me and I realized, every session I went to, I realized what was happening to me, how much I was getting out of it. Every time I sort of walked out of his room I could, I felt lighter, whereas before I felt heavier. I wanted to cry, I wanted to sleep, sleep to get away from it, to get away from what was emerging in therapy. Whereas, once I'd started having genuine therapy with X, you know, I was accepting and growing and I wanted to grow and I got a hell of a stack out of it. You know, I sort of put into practice in my life what I'd learnt in therapy. Now all this took at least a year in therapy. But after that year when Bobby and X went away, and I had a fantastic time all by myself : my therapist and my husband were away, and I couldn't bear the thought of Bobby coming back and once I'd admitted to myself that I couldn't bear the thought of Bobby coming back into my life, I went to see my doctor because X was away and I said that I'd decided to leave Bobby and he said, "You crazy? Don't leave him." Well, he tried to talk me out of it while I was there, and he said, "Try, try, try again," and I walked home and I thought, no, I'm not trying again, this is what I want, I want to be on my own, to do the things that I can't do with Bobby because he suffocated me and then I went to X when he came back and told him that I wanted to leave Bobby and we talked about it and then I told Bobby and he said: "No. Well, let's try again." Well, actually, I didn't have the courage, then, to actually leave him and I felt awful, you know. I felt that he loved me and that we'd spent so much time together that it would be a waste. But then one day we were talking and he said, "Do you want to leave me?"

and I said, "Yes," and I left him the next day. Then I went to X and I had a few more sessions with him and I said that I don't think I needed him any more (the therapist) and that I'd done what I wanted to do : I'm happy and I don't need therapy any more. And he said, "Fine, but if you feel you want to come back, don't feel that the door is closed now." And then I met David and I was very happy but I still hadn't learned how to be myself really and then I decided to go back to him (the therapist) and then therapy was totally different. I don't know. We (me and my therapist) were more honest. At least, I was more honest with him. Then X could be hard on me because then I had come out of my own back to him.

Mark : You had gone to him on your own?

Sara : Ja, I hadn't been told to go to him - you know, because it was Bobby's idea for me to go to therapy. So I decided that, look I'm still making a bit of a fuck up in my life, I better go back and really fix things up, and I was in therapy for many more months and you know, it was fine and I've gone back to him a few times. But something sticks out in my mind here. I went back to X and I said, "I'm going to break up with David. I can't stand it. I've had enough and he is driving me insane," and it was the first time that I remember X really being hard on me. Well, not hard, but very straight and he said the only reason that I don't get on with David is because he doesn't do what I want him to do. I wanted to turn him into the ragdoll that I was. I wanted to have somebody to boss around and it just doesn't work because that's not really the kind of relationship that I want. And it suddenly made me realize that its so true that, I mean, that's why David and I are so incredibly happy now, because we allow each other to be ourselves and I'm not trying to force David to do the things that I want to do : I'm allowing him to be a person. And of course a significant experience of my therapy was that I learned to be a person. I learned to be my own person. And I think that the major thing that I want is that I've got to distance myself from people and that's the problem that Bobby and I had, that we were too close, that we were

suffocating each other and I can't be like that. I was trying to, uhm, trying to force David into my way of thinking.

Mark : You discovered that in therapy?

Sara : Ja, and then once I'd learned, I mean, I remember that session very well. Ja, after that session I went off on holiday and I decided that I was going to make a success of my relationship with David and I've worked hard at it. And X made me realize, he made me see David as an individual and made me see myself as an individual. He made me accept myself as a loner which I've always been and which I haven't accepted.

Mark : Mmm.

Sara : Can we stop for a while?

Mark : Sure.

[Break of about 15 minutes]

Sara : You know, I'm feeling quite spent. It's almost like reliving the whole thing again. It's quite tiring going through all these times of trauma. Actually, you do relive it to a certain extent.

Mark : The same feeling comes back when we talk about it?

Sara : Not in the same magnitude really, but I think that somewhere, in my unconscious if you like, I have this sort of trigger mechanism, which is still sort of like little scabs and which are still sensitive to probing.

Mark : Am I probing?

Sara : No, but I am. I'm going back and having a good hard look at myself and that's always quite painful, you know, having a good look at yourself.

Mark : Mmm, I see.

Sara : I think that's another thing about my experience of therapy and that is that it has made me look at myself and made me be

totally honest about myself. And a lot of people say that I'm incredibly cynical but I think that it's only because I don't really have any illusions about myself. I don't have any illusions about myself. I can't lie to myself which is difficult. It's hard to live with yourself if you can't lie to yourself any more.

Mark : Because you've got to face a lot?

Sara : Yes, and I feel that that's something that I shied away from in that first year of therapy, this facing up to pain, the hurting yourself. Because it is inflicting pain on yourself to be able to say, "You're a shit; you lied to yourself; you've been conning everybody; you've been using your body as a little shield." You know, I've just remembered that, that was another big, big insight, was that, ja, it was after that year, it was after I went back to X, I'm not very clear on the times and things like that

Mark : Just go ahead your own way. Say whatever you want to.

Sara : Well, I was still hassled by psychosomatics after that and I'd started living with David. And one day, uhm, it was almost a year later actually, and I went to X, I'd been back to X and then I came home and I felt awful and I realized that I had to admit to myself that I'd been using all this psychosomatics, that I've been a big fraud and that I've been play-acting all the time and that I'd been wanting people to feel sorry for me. And admitting that to myself was terrible, the worst thing was having to go to X and say, "I've got to admit to you and I've admitted to myself, but I've got to admit to you as well, that, you know, I've been a bad girl." That was one of the most traumatic things of my life but it was also one of the best things in my life. 'Cause that, well, I wouldn't say that its left me or fixed me totally free from psychosomatics, I will always have it, I think. It will always be there in some way, in emergencies I'll always use it, which sometimes could even be a good thing. But its really now, you know, whenever I get a cold or I get asthma or something, I say to myself, "You're not fooling me. (laughs) I know that you don't want

to go to this or you don't want to do that, you just fuck off cold or whatever it is." This I feel was the biggest thing in coming to terms with myself. I nearly died, I was so nervous to go to X, you know, I knew that I had to say to him as well 'cause it's no use just admitting it to myself 'cause I can just bury it again, but once I came out, once I said to X, "You know, I realize what I've been doing all this time, it was as though another door opened to me, because of course he was his usual calm self and he said to me, "Ja, if that's the way you feel." And I'd freed myself and it was fantastic afterwards. You know, it felt as if I was walking on cloud nine or eleven and it was absolutely, ah, it was such a big growth for me, such a big growth in my life.

Mark : This sticks out for you?

Sara : Mmm, yes. It was one of the major things that happened during therapy. And it was much more important than anything else that I'd done or realized because in fact, I did it all on my own because I realized that I had been psychosomatic and that I had been using it for devious reasons all that jazz, and admitting it myself first of all was a great shock, and then admitting it to X was something that took courage, it really took a lot of courage. I was so nervous for about two days before I knew I had to go and see X, I couldn't sleep and I was so agitated.

Mark : Uha.

Sara : And then I threatened to cry and I thought, "You know, you just want X not to be so hard on you when you tell him." I threatened myself with tears, you know.

Mark : Uha.

Sara : And I thought, "No, you've got to do this all on your own without any helping aids," and I got through it. I think it was really the most terrifying experience.

Mark : And you got there on your own?

Sara : Yes, well, before, you know, I was helped along in therapy by Bobby and by X. Ja, I was really helped by the whole world around me, because, you know, the climate wasn't right at the time. But the psychosomatic thing is, I think - because that is very central to my whole problem - you know, Bobby was just a symptom of my problem. Because my psychosomatics was a thing that enabled me to be a ragdoll, once I threw off my last crutch, you know, I had to stand on my own.

Mark : You threw off your last crutch?

Sara : Ja, and I felt incredible. But although you'd think that it would have left me sort of faltering and not sure, but it left me discovering a fantastic pair of healthy legs, you know - and thinking, "God, all this time I've been going around on crutches when I've got the best legs in the world to stand on," - which again, I think, that a vital part of my experience of therapy, is that, you know, the fact that, I suppose I had the legs to start off with but the fact that X made my legs stronger to stand on or showed me that I had legs. Well, you know, obviously I had the basic material to start off with in therapy. I couldn't have been such an absolute moron, useless person, that X didn't have basic raw material to work on. Obviously, there was a lot there. The fact is that X had the insight to see it beneath all that stuff that I'd used to cover it up, and the insight to see that I could throw off all my sick bed crutches and all that, and be myself without those aids. You know, when I went to X, I had no identity, I had I was nothing, I meant nothing, I had no self esteem, I didn't even have a picture of myself - and my body was sort of separated from my being.

Mark : What do you mean by that?

Sara : Well, uhm, I wasn't inside my body at all. I hated my body, I hated this thing that represented me and the fact I didn't want to be inside my body because it represented my marriage, my whole sickness sort of symptomatic thing. Uhm it represented me, the dominated child by my parents. But there, somewhere inside me, was a spirit which was me. I really

saw myself as two people - well, not two people, but two entities, two different sort of parts and the thing that the world saw, the thing that I interacted in the world with, was my body, but my spirit (let's call it my spirit or whatever it is), that part of me which wanted to be something different, which wanted to show itself in a totally different guise, just couldn't get out because it was being blocked by this body which had already offered preconceived ideas to people, you know.

Mark : Right, uhm, I'm not quite with you now.

Sara : O.K., well, you know, like the, the child dominated by the mother, the husband, the teacher.

Mark : That's how you experienced yourself?

Sara : Ja, and that's how the world saw me. But I didn't want to be like that, but I didn't have the courage to be something else, so I hated my body because my body represented what the world saw of me and what I presented to the world. So my spirit was in rebellion against all this and that's probably another reason for my psychosomatic problems. It was a sort of fighting against my situation. I experienced a kind of rebellion, you know. It was, and uhm therapy allowed me to throw off the scab (which is my life, my body) and for me to go back into a new body which I accepted, which wasn't psychosomatic or anything and which had a new bearing, which had, you know, as X said to me, is that he can't get over the difference (and I myself must admit that I also experience this), the difference between me now and the me that he met the first time I went to him. It's two different bodies or persons really. You know, I was sort of a grey little field-mouse. I was incredibly submissive and shy and yet inside this was an incredible amount of pent-up aggression and I feel that's one of the main things that worried X in the beginning, is that I showed no aggression at all. I remember the first time I really felt and showed aggression - it was after a few months in therapy and it was quite a break-through.

Mark : You feel it was a break-through when you experienced aggression for the first time in therapy?

Sara : Ja, because now I was starting to, you know, at least, allow this rebellious spirit inside me, to come through. And then I went through a period of incredible aggression. I felt an incredible amount of aggression. If anybody just looked at me, I just about really bit off their heads and then there came the time when I could throw off my crutches and the spirit could accept the body and live : the two could live together as one. Does it all sound crazy?

Mark : No, not at all. It's your own experience of psychotherapy.

Sara : Ja. But it's, uhm, really like two, mmm, a blurred image which comes into one. I was always a shadow of my body.

Mark : You feel that you were always a shadow of your body?

Sara : Ja, I was never really there. I was always watching. I was, you know, I just had no, I wasn't really aware of myself at all. And, uhm, you know, I didn't see my body as it is. I was always watching my life from a different angle. I wasn't, you know Berger in "Ways of Seeing" says, you know, that women tend to react in society in the way of seeing themselves like, well, you know, moving across a room for example. And I see me the way that you see me. I see the effect I'm having on people. But now it wasn't like that at all. It was just that uhm, I saw the world from a totally different angle, very much like a child in the corner who's excluded from all the, the party, and everyone else is eating cake and cool drinks and I sat in the corner wondering why I didn't enjoy cake and cool drink in any case even if somebody gave me some. And I was frightened to become part of this. Now, whereas my body was there taking part in the feast, I wasn't and I didn't want to be and I didn't want to be any part of it. But, it's so very difficult to explain. Well, let me see O.K., take my body as a person who was married to Bobby, the ragdoll, O.K.?

Mark : Ja.

Sara : Ja, say my body was the ragdoll. But inside the ragdoll or just beside the ragdoll, say, a shadow to the ragdoll, was the real me, the spirit of me. O.K.?

Mark : Uha, right.

Sara : And the real me could never enter into the body, the ragdoll, because the real me rejected the ragdoll image in any case. But it didn't have the strength to wipe the ragdoll off the face of the earth so to speak and say, "This is the real me." So, once I'd thrown off my crutches of psychosomatics and all that crap, I was able to use my body which was no longer a ragdoll, and my spirit, and I was able to accept the whole me because I no longer rejected my body as the symbol of everything that had gone wrong in my life.

Mark : Uha.

Sara : Once I had thrown off my crutches, I was no longer the ragdoll, the little mouse which was terrified and which burst into tears at the very thought of a harsh word, or who hid in corners and didn't want to be seen, who rejected the thought of being attractive. I mean symptoms of that area was the fact that I didn't ever wear any make-up. I hated wearing any nice clothes. I just sort of had something to cover my body, you know.

Mark : Uha.

Sara : I never felt that, I never asserted myself as an attractive person. When men looked at me, I felt that they were intruding on my personal space and that they had absolutely no right to do it and I would have hit them in the face if I had had any strength. That's how I felt. Whereas now, it's totally different. I accept my body. I accept myself and I accept that certain men would find me attractive and when they do make any suggestions to the fact that I'm attractive, I don't cower into a corner and think, "Hell." I might even say to them, you know, "Fuck off, you're being ridiculous," or, I will react to their attraction. So it's like having a totally different view of myself now. I appreciate myself and I'm

aware of my abilities, you know, I accept that when I need to I can use my body and appearances to do certain things. Whereas I never ever sort of did that before. You see, before, I rejected my body totally. I was so alienated from my body that I couldn't bear anything. You know, I didn't want any contact with my body. My mind wouldn't make any contact with my body. My body just became a shell, sexually as well. I mean I actually became totally frigid. I couldn't stand any entrance into my body like having an injection or even using a Tampax, you know. Anything like that I just couldn't stand. And I feel that was the peak of my rejection of my body. I had no feeling whatsoever of any kind, except the fact that I had an ulcer which was manifesting as a fight against myself. I accepted that I had an ulcer. In a way, it was a punishment for my body : it was another rejection of my body. It's very difficult to explain the total aberration from my body.

Mark : Mmm, I see.

Sara : The major experience for me was the fact that I could combine the two again and put them together and accept my body as a reasonable vehicle for existence. My body had become something like a bag of dirty linen that I was carrying around and I would gladly have got rid of it but I realized obviously through therapy that if I got rid of it, I was going to get rid of the thing that mattered to me which is me, because this body still had something that was potentially beautiful and I had to learn that my mind had to live within this body and once I accepted that I have to have a house for this mind and that this thing that I've got isn't such a bad thing at all. You know, because my body symbolized my interaction with the world, and I wasn't interacting with the world. Uhm, so by withdrawing from my body I was trying to cut off my interaction with the world. And once I got back into my body and I accepted my situation in the world, I could have a balanced sort of life again because I accepted that there were certain things that I have to do : I've got to talk to certain people that I don't like, I've got to go to dinner with people that I don't like, I've got to stand in bus queues,

I've got to get into lifts. But you know, a thing that I had and will always have is the thing that I've got to have this fantastically huge personal space. I get the moer-in when people come into my personal space. Actually, the thing is that it's not a physical thing. It's a very subtle thing. There are certain people who have the knack of getting into my personal space and I get like a little tiger and I become a total bitch. I usually warn people about it and when people don't take any notice of it, I have absolutely no sympathy for them. But, you see, so I still retained the right to distance myself from the world but then (before therapy), I didn't know how to distance myself from the world mentally so I was (my body was) going through this pressure of being in contact with people all the time. You know, now I can withdraw if I want to when somebody comes into my personal space, I say, "Fuck off," and I drive them off. That was significantly part of my experience of therapy. It was, uhm, I don't know how it came about. It was just that, I don't know. Somehow I learned that it's not so much my body, you know, that's why my sort of personal space isn't really a physical thing. Uhm, I don't know how to say this. Well, for example, there's a guy that lives in the house with me who insists on intruding on my personal space all the time and we fight like cat and dog because I've told him several times to just get out and he won't. Apart from the fact that he comes and sits next to me, very close next to me, he says things to me like that I'm attractive to him, that he wants to go to bed with me, etc. And it makes me, it's a very similar feeling to what I used to feel like when I was rejecting my body. Before therapy I withdrew out of my body and went all a-flutter and I became agitated with the result that I became a bitch because it was my defence mechanism. And in those days when I was so incredibly aggressive, I couldn't stand people to touch me or to come closer or to even look at me and slowly I learnt to make my personal space more logical, that in fact it isn't my body that's so important. I, I've learnt not to hate my body, you know. I am allowed my personal space.

Mark : Mmm, ja.

Sara : I mean, I've learnt not to see my body as the symbol of me, the thing that I rejected. I no longer reject me.

Mark : Uha.

Sara : Now I'm this thing that is overflowing out of my body, it's me. You see that's what I mean when I say that this personal space thing I have is not really a physical thing. You see when you make spiritual contact with me, like you make demands on me, I can withdraw from overflowing out of my body into that corner again.

Mark : You can still do that?

Sara : Ja. Before, my body was an empty shell and I was always in that little corner. I felt threatened when people touched my body or looked at my body because I thought that they were in fact coming into my body. You know what I mean?

Mark : Uha.

Sara : They, they were intruding literally into my body. I used to feel that people were coming into my body. And I think that that explains how I felt when I had an injection or something like that or being frigid.

Mark : Right, ja, ja.

Sara : I didn't want people to come into my life and I felt violated all the time. Now I don't feel violated, you know, I feel that I'm strong enough to protect myself because this thing that hides in the corner is no longer the cowering child or ragdoll. It's a very vital person who is aware of her capabilities, her potentialities. And because I'm aware of those potentialities, I can protect them, I've got a good fighting force. So, when you come into my personal space, I don't feel violated - I don't sit back and think, "Ah, my God, what's going to happen, this person is literally violating me." I now feel that, you know, "Take one step closer and I'm going to bop you on the nose, you know, cross this line and see what happens to you." This chap who lives

in my house makes incredible demands on me and I do still feel a little scared or even slightly panicky when I'm not in control of the situation. Let's say he comes and sits next to me and says, you know, that he loves me. I immediately say, you know, "Stop being ridiculous. I can't love you. Go away." And I feel a little threatened but I'm now aware of the fact that I can repulse the threat. I can be a hell of a bitch to him. And although it hurts to hurt people, I have to do it to protect myself and I accept that. Well, it's just, it's really, it doesn't make me cower; it just makes me a bitch you know - like before if someone had come to sit next to me and said, "Ah, I love you," I would probably get asthma or something or cried or said, "Please don't make these demands on me," and not have been able to repulse the onslaught. But don't get me wrong, I wouldn't have said these things. They would have come through in body language. Now I can say, "Just fuck off." (laughs).

Mark : Just like that?

Sara : Just like that. (laughs). Now this took a long time in therapy and you know, the super thing is that what I've learned and experienced in therapy, I've been able to carry across in my everyday life. So I've gone on growing all the time on my own. 'Cause X has given me the, a, sort of the basic rules. So every time I have a new situation, I've learnt to cope with situations. Because he (the therapist) didn't say to me, "Look if this happens, this is what you must do." He taught me to have insight into these situations and into myself. So I can relate to every new situation and cope with every new situation.

Mark : So you experience this kind of learning and insight?

Sara : Ja, well that's what this therapy is all about - is not helping people to overcome their problems - but helping them to have insight into themselves so that they can help themselves. And this was so with my therapy.

Mark : O.K. So how do you experience that?

Sara : Uhm, well, in everything, you know. Because I've learned to see myself as a whole person, because I've learned to get to know myself. I know what I am and I know what I want in life, so when a new situation arises, I know that because I know more about myself, I can now apply that to the situation. When people make demands on me like David's mother, well, before therapy, I used to get so hassled because I would feel that for example, she didn't like me and made demands on me, and I used to go into a little helplessness and I used to lie in a little ball and worry about it. Now I know that I, well, I know what I want to be, I know what I am so the fact that she doesn't like that person doesn't matter because she's not all that important. She's just got to opt out of my life and she's just got to accept it, and I've got to accept that she doesn't feature in my life.

Mark : Accept ?

Sara : Ja, I can now accept situations as they are and not be so affected by them. Look, I've learned that I'm a person with certain rights and certain expectations. I believe that I'm very sensitive, and I've got a very strict moral code. I want to be somebody who, well, let's put it this way, my interests in life are literature, developing a very sensitive aesthetic value system; I want to be surrounded by good things in life; I want to have an insight into who and what I am. Now some people would prefer it if I was a different sort of person to the way I am. Now, I've accepted that there is no way that I'm going to be what these people want me to be and I'm thinking of one particular person. I'm not going to be like she wants me to be and I've accepted that. I want to be the way I am. I want to be the me that emerged from therapy. And so, in this case I've had to make a choice : Do I want to be like this woman would like me to be, or do I want to be myself? And I've chosen to be myself and I'm not hassled about the fact. I'm not going to pretend. You know, before, I wanted very much to be accepted by all people and that's why I used my psychosomatics - because when I couldn't do what they wanted me to do, I had an excuse. And

they couldn't blame me because I was sick, you know.

Mark : Yes, I see.

Sara : Now, if I don't want to do what they want me to do, I'm doing it simply because I don't want to do it and because I've a right not to want to do it. And if they don't like me because I am the way I am, that's too bad, you know. There are people that like me and who matter in my life, and I like me, and that's the most important experience of my therapy. The fact that I reached the stage where I began to like me. But you know, I got all of what I've been saying out of therapy. Well, as I said, you know, X gave me an identity which I could like. Before, I didn't even have an identity, I was just this body walking along, which I rejected anyway. I didn't assert myself, I was never anybody because in case I was somebody that people didn't like. Now I'm somebody and if most people don't like it, that's their thing. There are going to be a hell of a stack of people that don't like me because I've got the courage to stand up and say, "I don't like what you're doing," or, "I don't approve of what you're doing," or, "I'm not prepared to fall in with your plans. I'm not prepared to compromise." It really took the shovel of therapy to unearth the basic me which X saw, but which was covered up by layers and layers of dirt. X saw that; he must have. I mean there's no ways he could have believed that I was just some stupid little grey mouse. You know, I don't think I've said much about how I feel or what I experienced during therapy, but I feel that the important thing about therapy or my experience of therapy is that it's sort of formed a residue in my mind and life, which acts as a springboard for my life. I don't think that I can sort of take therapy as little blotches in my life. It's as if, it's like during a session you plant a little seed and it only grows afterwards and the important thing is what comes out in your life while you're living it after the therapy session. You see, the thing is that I can't say, uhm, I felt this and that during my therapy session because, well, for example, insight isn't like you see in the comic books, a little light bulb idea, sort of thing, you know.

Mark : Uha. Can you explain this further?

Sara : It's something that's such a slow process, with me anyway, and I am only talking about me. You know, it sort of draws through the layers of my mind. I've got this sort of image idea of my mind, is that it contains several layers or sort of strata and it takes a long time for it to sink through or rise up from these strata or through these strata. I can, we have a session of 45 minutes and I talk and talk and talk and talk and it's through that talking that my life alters slightly, but it's so, it's not as if you drop a coin in and a flash-card comes out or something. It's something which is so subtle - and I think that's the value of lasting therapy - is the fact that it's so subtle that you don't even see all the shades of yourself changing. That's how I experienced therapy anyway. But you know, it must change slightly during therapy but it sort of gains momentum as you go on living for the rest of your life. So it's very difficult to say, "I felt this or that during therapy." The major thing that I did feel during therapy, was anxiety - because I found it anxiety provoking to look at myself and to be honest with myself - and then once I get over this feeling of anxiety and I walk out of the therapy room, I suddenly feel as though I've shed another article of my dirty linen bag, so my linen bag is a little lighter. My life's a little lighter. My experience of therapy does not end at the end of 45 minutes, a session. It really begins then, because I feel that now I've learned a lesson and now I'm going to apply it to my life. I used to think therapy was, you know, that I'd go in there and say, "X, I'm unhappy. I'm feeling depressed today," and he'd say, "Oh, you're feeling depressed because so and so is hassling you and if you go and do this, you will no longer be depressed." But it's not that at all. It's being able to see for myself why I'm depressed and the next time I'm depressed, being able to say, "Aha, I'm depressed because I'm not coping with this or that, and I'm trying to run away from it, I've got to face up to it and accept it, painful or not." Therapy didn't take my depression away. I feel it something you've got to learn to live with, is your depression and I realized this through

therapy. I mean the last time I went to X, I said to him, "My ulcer has come back; there's something wrong," and I learnt such a valuable lesson. X said that something I've got to learn is that there's going to be pain in my life and I've got to accept it and, I don't know - that fascinates me, is what is, what is it that happens when I'm sitting there with X and we discuss a problem? What is it that makes me suddenly have an insight and that insight will last me for the rest of my life? Well, I don't know. I think that is how subtle it is. It's just the ability to, to see into myself, to understand my situation. I don't know, can you say what is insight? You know what is insight? What is it when you suddenly dive into the next strata of your mind, and you say, "I understand." I don't think that I can analyse that at all. I don't think that it's possible to explain what happens in that sort of second. O.K., let's say I say to X, "I don't know what to do. If I go home I'm going to be upset by my folks again. If I don't go, I'm going to feel guilty." So X says, "You've got to learn too that there will be pain in your life." So suddenly, I can distance myself from the situation and I say, "I accept. I accept that I must have pain but I'm going to understand that pain. I'm going to go home because it's my duty, but I'm not going to get involved and although it will hurt me slightly, that's all part of living." Now before, I had a fear of going home, and I had a fear of experiencing the trauma of being at home and being involved and feeling like I'm drowning. Now suddenly, something happens there in therapy that doesn't make me afraid any more and you can't analyse that because there are no words. It's just a communication which is just on a different level. That's what makes me wonder about - that's why I say it's like magic with X. I go there feeling terrible, unable to cope with my life situation. We talk about it and something in his attitude makes me have the courage to go on. I don't know what it is. You see, my relationship with X, I know that he understands my little neuroses, my little fears, my anxieties and the fact that he doesn't discredit them - he allows them to be - so I can examine them. You see, whereas when I'm living, I'm trying

to banish them all the time. I'm trying to say, "Oh, you're being neurotic, pull yourself together." When I'm with X, he allows me to be, you know, just to be. So there's a greater volume of acceptability in that relationship. It's so difficult to explain. It's having, having somebody with whom you can confront your life, somebody who has faith in the fact that I will overcome, and somebody who understands my situation totally. So, uhm, I, I can open myself totally to that situation, sort of take stock of it. And I can say, "This is the situation. This is what I've got to fight the situation." It's really like in a battle you know, a general withdrawing and looking at the situation of the battle and saying that this, that, and that, is what I can do, and then going back into the battle again. It's having that, that little place where I can withdraw to quietly and take stock, where there are no pressures on me, absolutely no outside pressures.

Mark : A withdrawal into this place.

Sara : Yes, a place which is removed from pressure. When I'm with X, there are no demands whatsoever. He never makes a single demand on me. If I wish to opt out of the situation, if I wish to relinquish my responsibility from my own life, he's not going to say : you aren't being responsible for your life, you are not taking responsibility for your actions. He's just going to wait until I do take responsibility for my actions. So, I think that is the secret of our relationship - the fact that he doesn't make any demands on me, that he's almost like an echoing wall that I can throw things out at him, ideas, thoughts, and they'll bounce back at me, and I can sort of feel them, I can play with them. I suppose it's very much like prayer in a sense, you know, where you can just talk loudly to somebody whether it be God or your priest or your psychologist; it's more or less the same thing. It's just being somewhere where you can be totally accepted and where you can search through your ideas loudly and categorize them and sort them out. Well, you know, my therapy was really talking to someone who listened and accepted me. Well, probably more than just talking loudly to someone who just listens and

accepts me - well, this is difficult to say - I don't know if you can put it into words - well, it's just that I, a priest may listen to me when I talk to him but then I still may not be able to understand myself, you know, explore my depths the way I do with X. You see, X did not just listen and accept me - that wasn't all he did. Of course it was a big part, it was vital that he did listen and accept me - but you know, he had to be a particular kind of person - you know, just by the kind of person he is, something about him which is him, and the kind of attitude he had, that was what allowed me to look at myself, to explore my anxieties or fears, to sort of sort myself out and accept me. You know, he was just that kind of person, not just a machine listening and accepting.

Mark : Uha, yes.

Sara : In day to day living, I think we live too quickly. You know, we tend to bundle everything up and say, "This is a hassle," and you don't sit back and close your door and say; and why is this a hassle, and you don't have somebody who can ask you some pertinent questions about the hassle which maybe you haven't got the courage to ask yourself. And I think that's why, you know, I don't have to go back to X every time I have a hassle - because I've now learnt that I can analyse most of my own dreams. So when I'm hassled or when I have a dream that's troubling me, I close the door and I sit down and I write the dream out and I talk it over with myself and sometimes, it's horribly difficult to say to myself, "Well, this is what your dream means." So I've learnt to be my own therapist as well, because I've taken the cues from X. I think that's why my therapy has been truly successful, because I've learnt to stand on my own feet. I think that anybody will always need a helping hand at some stage. I mean I'll sometimes want to go to X to talk about something I really can't handle in my life or about myself. But that's how it is, I accept that. In that sense I mean I suppose therapy is never finished. But I can live and cope with my day to day living and that's what he's taught me to do. It was a learning experience with him. You know, I can't help

feeling that it's because of the life we lead - we've lost contact with ourselves and with the people around us. I mean, how many people can you really sit down with and say, "This really hassles me." You know, I think that I, I sort of got lost because I didn't have anything to relate to any more. I didn't have myself - I mean all my links were broken - my parents, God - and I was sort of very much like a sort of puppet without a string. And what I learned through therapy is that, in fact, I could become what I wanted to be, that I can do these things for myself, that I don't need some guy in the sky to pull strings for me. In therapy I found that I was responsible for myself and that I could change myself. This is part of what I learned, you know, I mean, responsibility.

Mark : Responsibility?

Sara : Ja, you see from therapy I learned that I have chosen to go on living, means that I must accept responsibility for that life, my life. The fact that I can't do things and have the consequences to pile up on my head and then get asthma or something and saying, "No, no, wait a bit, I don't accept responsibility for this kettle of fish." Now, I've got to admit you know, "I did that," so I've got to wipe up the shit as well. You know, a long time ago, I read a book by some guy called, ah, God I can't remember the name, anyhow, there was this curtain and people used to come and talk about their problems and they believed that there was this man with incredible power to really sort out your hassles. In fact, there was nobody behind the curtain, but it was just the fact people had the sort of time to sort of talk and get out of their systems whatever was hassling them and then at the same time to sort through these hassles - and I think that's very much what X is - a man who listens, somebody who has the patience just to be there for me to throw all my hassles out at, and to wait for me to see them. But it took a long time for me to begin to look at myself and be truthful, instead of waiting for a magic wand to come around and say, "You're better now!"

Mark : So it doesn't just happen?

Sara : No, really not. You know, a lot had to be broken down in me during therapy and I felt myself going deeper and cracking off the rough edges of myself.

Mark : So how did you experience your therapy?

Sara : Well, look, it was just having somebody who could help me to find myself and obviously that somebody can't be anybody. Somebody you know has faith in you and you have faith in them. It's not like having a friend. In fact, it's far superior to merely have a friend because - I think that's why it's important not to have social contact with your therapist which I did not have. Because you allow, I mean if X had had, if we had had outside social contact I would have been ashamed to say to him, say certain things to him, because as a friend I would then be disappointing our relationship. But as a therapist, I could say anything to him because he had no right to say, "But I'm your friend, how can you say that about me?" or, "So and so is our friend. How can you not like him?" So I experienced it as a relationship in a vacuum because there are no demands. If I want to not see that person (X) again, that's fine. If I don't like something or someone, it's not going to intrude on our relationship. If I want to kill my mother, he's not going to say, "Ah, but you know, your mother is such a good friend of mine, you can't possibly do that," or, "What will your father say?" In other words, X is always on my side. You see, faith, his faith, is not a demand. He doesn't say, "Look, I've got faith in you. You've got to help me now." It's never a spoken agreement between us. It was just a, the faith he has in me is something that I interpret. Maybe he hasn't got any faith in me, but I believe he does. You know what I mean?

Mark : Yes, uha.

Sara : And that's the important thing - that I believe it. It's not that he said it or that he - well, he's never even made any demands on me, not by his faith. I mean if he'd said to

me in the beginning, you know, "Now, I've got faith in you and if you don't pull yourself together, I'm going to be hurt," I would have said, "Fuck you." It's a fact that I had enough faith in our relationship. It's our relationship that matters to me, but at the same time our relationship makes no demands on me. If I don't want to see him for six months, I don't have to. But I know that if I do want to see him, he's there. And while I was in continuous therapy, he was always there.

Mark : He's there?

Sara : Ja, always. In therapy he's always there. You know, my therapy was a very selfish relationship. You know, I mean, the focus was on me the whole time. He had to listen to me, that was his part. But I was there to discover myself. You know, it wasn't a friendly social relationship because this was my problem, I was going to him about me. It's not like a friend you know, um, everything sort of revolved around me. You know, like his problems don't come into it. But you know, in the first year of our relationship, I used to feel that I'm not giving, not really fulfilling the real part of the agreement in our relationship; I'm not doing what I really want to do. So I used to feel that I had to give him a token of our relationship. It was sort of what I felt, that I'm not doing anything, I'm not growing but I want him to see that I'm trying, so today I'll tell him that I had a terrible dream last night. You know, it was sort of like making little sacrifices because I wasn't fulfilling the true contract. And later on there was no feeling of "I want to give him something." It was, I went there open, and if something came out of the therapy, it didn't matter, it just was. It was just, eh, I didn't feel any responsibility at all towards him or for my being there. I didn't feel that I've got to do something or say something terribly meaningful. If I didn't have anything meaningful to say, then I hadn't. You know, I could possibly go deeper. But you know, I, I could never say that this is how I experienced therapy or this is what it meant to me. There are just so many levels to it. I mean today I could see my therapy from this angle and it having meant

a hell of a stack to me and tomorrow I might see it from a totally different angle. I experience my past from a totally different angle. You know, my mind is so vast, my experience is so vast, my resources are so incredible that I think if I carry on talking about it for the rest of my life, I could never - I'm always going to sort of get something different out of it. There is so many different layers and different ways of seeing the truth about my experience of psychotherapy with X on different levels. When I'm in therapy it's like a seed being sown and I don't, I'm not aware of what, how much that seed grows, or what the potentialities of that seed is. One day when I'm 80, I'm going to find out that, in fact, the seed was a geranium. You know what I mean?

Mark : Aha.

Sara : It's not like - well, I could say to you now, this is what therapy meant to me, this is my experience of therapy. In ten years time I'm going to say, you know, that seed of therapy also enabled me to cope such a lot in these ten years. It's going to, I mean, it's an ever moving thing, therapy.

Mark : An ever moving thing?

Sara : Yes. Well, that's why I say it's so difficult to say, "This is what therapy meant and this is my experience of therapy," because at the time it's almost as though I was stunned, um, it all went in. But I, you can't sort of have a computer analysis of what's happening to your mind at that minute. I mean your mind is such a volatile sort of moving thing. I'm experiencing new things every day and there is no way that I can now say to you, "That's what I experienced at the time," because I do see my past in terms of my present - I mean there is no way that I can separate the two. And I see my therapy experiences in terms of my present and the way that I've learnt to cope with that present due to past experience. You can't separate the two. If you'd asked me straight after the session, "What did you experience?" I could possibly have said, "Absolutely nothing."

Mark : So you feel that therapy means different things to you as you encounter new situations, and that you can only see your therapy experiences in terms of new situations in the present. Is that it?

Sara : Yes, that's right. You see this is what I'm trying to say, is that because of the nature of my therapy, it isn't possible to say exactly how I experienced therapy or, "This is what it meant to me." Because it was a therapy which was like a gift to me, uhm, of say, a magic stone and I've got this magic stone and whatever I do for the rest of my life, it's going to colour whatever I do, and I can't realize the value of the stone, like, say, the day X gave me the stone and he said, "Look here, this is a magic stone and it's going to help you for the rest of your life," and I just looked at it and I felt, "Oh! A piece of rock. What the hell am I going to do with this rock?" And then tomorrow I have a hassle and the rock helps me and I think, "Gee, this is quite a precious rock." In ten years time the rock has increased in value by so much. So by the end of my life, it is absolutely, you know, I can't tell you the value of the rock because it's meant everything to my life. You see, I only understand all the things that therapy meant to me as I meet new situations in life. You see it is impossible to separate my past from my present because it's impossible to isolate. Well, I suppose if I was hypnotized and X said, "Tell me what you feel during therapy or a specified therapy session," I suppose I would be able to say, "I feel anxiety. I feel fear. I can't cope. I see light. Yes, I understand now. I can cope." You see, so I would be able to give you those factual experiences, but I think the importance of therapy is the fact that it is something that I've taken and I'm going to carry through the rest of my life and something whose value will increase as I get older.

Mark : So you can't give me your experience of therapy as it happened but as it is happening now and will happen. Is that it?

Sara : Yes. I'm saying that my therapy wasn't an open and shut case. It wasn't something that I say it meant ten jelly babies to

me, because of its nature it's meant to have meaning for the rest of my life.

Mark : Uha.

Sara : I can't say to you it helped me cope with my divorce, it helped me go to sleep when I wanted to sleep, I felt lighter after a few sessions, you know, that sort of thing, because in fact, what my therapy was, was an enrichment of my life and it was a deepening of my experience of life - those are by-products you know - that it's helped me to cope with sticky situations, but that isn't the important thing. Well, the thing about my experience of therapy is what is its meaning for me. You know, what it meant to me - that I got a new rich experience of life and that I now have insight, that I now live more genuinely. So how I experienced therapy then in the session isn't the important thing of my experience of therapy. My experience of therapy is its meaning for me I suppose. Do you know what I mean?

Mark : Uha.

Sara : You see, I experience my therapy in terms of development. I didn't experience it as putting a cake in the oven and getting out a beautiful fluffy chocolate cake you know.

Mark : Uha. Can you enlarge on this?

Sara : I experienced it as, you say that's what I mean - well, it wasn't, uhm, you see therapy is development and my experience of therapy is the beginning of a development which carries on through the rest of my life. So, what I started to experience, what I experienced there, was the start of something that I'm going to carry through the rest of my life. It was just the tip of the iceberg, but, you know, I mean it didn't stop there and that wouldn't be giving the whole story - it would be presuming what is still to come. Well, my experience of psychotherapy is that it breathed life into the ragdoll and what that now living doll is doing, is the sum of the experience that she had in therapy because that was just the

trigger mechanism for a whole new experience. I don't know whether you understand. Do you?

Mark : Yes, I think I do. You feel that your experience of therapy is not merely something that happened, but something that happens in the present and will happen in the future. You've also made the point that you can only look at your experience of therapy from where you are now, but you have also been able to say that while you were in therapy, you felt this, that and that, you know, how you felt while actually having therapy and I include the times between therapy as well. But you've said that those experiences in the past do not constitute your total experience of therapy. Is that it?

Sara : Yes, that's it. You see, I feel that those specific things are irrelevant because well - O.K., it's relevant for you to know how I felt during therapy. But I feel that the importance of my therapy was the, I mean what does it matter if I felt anxiety during therapy at a specific moment. The fact is, 'what did I gain from it?' and that is the significant aspect of my total experience of psychotherapy. I mean that's quite easy and you can do that with anybody. I mean now we can sit down and say, "Ah, we're going to register every feeling I had during therapy." But what does that show? I can't say you know, it's so difficult to say, "I felt this, that and that. I experienced this and this and this," because my experience now colours my experience then. O.K. so what is my experience of therapy - well, you see the bulk of my experience of therapy happened only once I left the therapy room. So what it's like to have therapy you can't really, I can't really gauge it while I'm actually in therapy. You can only give little isolated responses. So psychotherapy, what is it like to experience psychotherapy? I can say to you well, at the time it was nauseating; it's frightening; it made my stomach ulcer go inside out; it was painful. But that's just a part, a symptom of the growth that's taking place inside you which you can only really understand over a long period of time.

I don't stop experiencing psychotherapy when I leave that room - I only really start experiencing it once I leave the room.

[End of interview No. 1. Sara felt she had spoken enough for one session and the following interview took place the next day. At the start of the following interview, I gave a brief summary of the major points she had made the previous day. This was to get her into the experience again.]

Sara : You know, at the beginning of therapy I tried to hide from X what my problem actually was. This was during the first year.

Mark : Were you aware of what your problem was?

Sara : Well, at the time I wasn't really aware that I was hiding it from him or that I was, that I had to leave Bobby. I just didn't want to have the surface scratched open, a sort of a silent resistance, an unnamed resistance. So during the first year of therapy, the sessions were anxiety provoking.

Mark : Anxiety provoking?

Sara : Naturally because there was so much that I had to face up to that I didn't want to face up to - although I didn't say to myself, "I don't want to face up to such and such and such." There was just a sort of a stubbornness, but at the same time, I, I can't really explain it, well, a sort of a resistance, a sort of, not a conscious resistance. I suppose somewhere I knew that to speak openly and freely would mean facing up to all my problems, like the fact that my marriage was not working. But at the time I'm not sure that I was actually aware of that. You know, quite often I used to say to X, "I feel as if my head or everything is sort of clothed in a ball of cotton-wool, dough." You know, I used to feel that I was sort of wrapped up in a cloud of non-feeling. I felt absolutely nothing.

Mark : You felt nothing during that first year?

Sara : Yes As I said, I didn't feel any aggression. I didn't feel any love or tenderness I didn't feel any hate. I just felt totally dumb and it wasn't that I didn't want to live - that is too positive a statement. It was just that I, I happened to exist and I wasn't going to do anything about it. It was just a sort of state of inertia you know.

Mark : Uha, would you like to tell me more about it?

Sara : But there must have been a lot of anxiety at that stage because I did in fact begin an ulcer. The ulcer actually started while I was in therapy, during the first year of vacuous feeling. You see, consciously I felt nothing but under the surface of that numbness, there must have been an incredible amount of tension.

Mark : So things were happening while you were in your first year but you were not aware of them at the time?

Sara : Yes that's it, beneath the surface a lot was happening of course but I wasn't admitting it to myself. Because you know, although I cried a hell of a stack during those therapy sessions, they were just tears. It was just sort of a defence mechanism so that I wouldn't have to open myself up - well, possibly unconscious frustration.

Mark : This is how you now explain the tears you had in therapy in the first year?

Sara : Yes. Well, then I just used to cry without realizing what I've just said about myself and my tears. I didn't cry for anything that I consciously felt, like feeling threatened. Well, I suppose I did sometimes. Wait, let me think - you see, whenever we were discussing something that was getting close to my true feelings, I used to cry. So it was feelings of being scared, of being hurt, I suppose.

Mark : You experienced feelings of being scared of being hurt and you cried?

Sara : Ja But I don't think at the time I was consciously aware

that what I was discussing was coming closer to the truth. It was more a feeling of not knowingness.

Mark : So now on reflection, you can say what you experienced then?

Sara : Yes, that's right. You know, it was totally not-knowingness all the time. I never thought at the time, "Why am I crying?" I felt absolutely nothing. Now, the first time I really began to feel was when Bobby was away and X was away and I had a friend staying with me. And I really began to enjoy myself. I began to feel attraction towards other men which I hadn't felt before. And during that time when my husband and my therapist were away, I began to really feel, and after that I started doing things with myself, like going on diet, using make-up, laughing. And after that, in therapy I started to really become aware of feelings, my feelings, my true feelings. You know, before that, I remained in therapy because I was just too apathetic to say, "No, I'm not going to therapy any more because I don't want to change." I didn't care what happened to me. I was going to therapy because it was expected of me by Bobby and the world around, and, for that matter, X. I was supposed to be doing something about this state that I was in because it wasn't a good state to be in. You know, that in therapy, I used to feel slightly apprehensive about going to X, scared of him actually in the first year, because - I don't know why I was scared, but I felt a certain amount of threat coming from him. I never thought, "Why am I feeling threatened?" but I do remember feeling threatened. You see, I didn't quite know where I was in my life, and in therapy at that time, I didn't know where I was going. You see I realized that X was the symbol of the fact that I had to change, but I didn't know what or how, when or where, so he kind of threatened me. I felt that, you know, obviously him spending his time with me and all this jazz at that stage, meant that I was going there for therapy to change and I wasn't changing. I wasn't feeling anything happening inside me. I wasn't feeling anything taking place and I felt that I was to blame for that. You know, maybe I just didn't know how to change. Anyhow, the thing is that I didn't realize what was happening

to me at the time. You know, the threat that I felt was in the sense that I was once again being inadequate in therapy. At the time it was a sort of frightening black world that I was walking around in, totally lost. I felt totally lost and I didn't know where I was going or what I was doing. I literally didn't have the insight to know that certain things were needed.

Mark : Uha.

Sara : At that stage I cast both my husband and my therapist in the same roles : as people who expected things from me. They were like a front against me, that's how I saw it then. Therapy was just another demand. You know, that was a feature of my life, that, you know, people threatened me when they made demands on me - or when I felt demands, like, well, they were demanding things from me, like I should change - that's how I saw it then. As therapy went on, well you know, when they went away that time, I, you know, uhm, well that period was vital for me, a vital period of growth for me. I think I've said something about that. But the thing is that later therapy did become more meaningful to me because I could look at myself, you know, be more honest, and I was not threatened by X. He was not a threat any more because I was growing and wanting to grow, and aware of myself - you know I was admitting things to myself. I learned to see X as my therapist and I was there to grow. Therapy was not just another demand of my life because I chose to be there. Well, I became more in touch with my true feelings so I didn't see it as a demand.

Mark : So therapy was no longer just another demand of your life, and were no longer threatened by X because you were there by your own choice and you were growing and becoming in touch with yourself. Is that it?

Sara : Ja. You know then I began to liven up, even in my life too. I wasn't threatened so much when I felt people made demands on me. I mean I started to feel attraction for other men. I got more in touch with myself and later became more aware of, well, I learned to accept my body.

Mark : Uha.

Sara : I suddenly started thinking about when I went through my frigid period, I had a series of very sexual dreams, but I never told anybody about them, not even X. I don't think I would then even think about them myself. I just sort of blotted them out of my life totally. Later on I did talk to X about the dreams, but I never told him about the parts that I felt I couldn't handle, or that I felt threatened by. So, at that time I actually censored my dreams. Because if I had told him about a certain person who I would like to have gone to bed with in my dreams, it would obviously have meant that I'm feeling sexual feelings even if it was only in my dreams, and that I was being unfaithful to Bobby in my dream life, and I couldn't accept that.

Mark : You had sexual dreams about other men and you censored these from X?

Sara : Ja, I was sublimating my sexual feelings that I couldn't accept myself. I didn't want to admit it to myself. But after that year, you know later in therapy, I could fantasize freely about my sexual life and not feel guilt about it as I had before. Now when X came back, I went to him and I felt, uhm, you know, I can't really remember that time at all as far as my therapy goes. I remember telling X that I thought I should leave Bobby, but I didn't leave Bobby straight after that. We stayed together for about another month and during that month, I still went to therapy, but I don't remember anything about it, I don't remember anything about it. Anyhow, after this stage, I stopped going to therapy. That was soon after I left Bobby. And I didn't go for a few weeks. Ja, that's right, I went, I stopped going to X when I met David because I was very happy. I was madly in love and I felt that this was life and I'd found what I wanted. But then David and I started having hassles because I was trying to impose my will on him. And we were both being very stubborn and, you know David doesn't let me interfere with his life. If he wants to carry on doing something, then he goes on, even if

I feel that I need him now, he'll go on doing what he's doing. This freaked me out totally. I felt that he should be doing my bid, he should be running around me in circles as Bobby always did, so I went back to X. And then X pointed out to me that this was in fact where I'd done wrong. I can't stand a man to run in circles around me anyway and I wanted David to do this just so that I could destroy him and end up at the top of the rubbish heap again, but without anyone next to me. During that time I started, well it was just before I went on holiday - I went away for a month and I came back and carried on with therapy and that's when the very meaningful therapy really began. I came to terms then, with my psychosomatics and, well, this was only after I'd realized that I must live next to David and not on top of him. Well, I just started growing spontaneously, throwing off my crutches one by one, the ragdoll image, the psychosomatics. Before I'd always held up my illnesses as quite legitimate. You know, I never admitted them to myself or to X, I used them as my crutch. But now it's not like that - I understand my psychosomatics, I have insight into them - like if I have asthma or something I say to myself, "You know, what are you doing? You're not fooling me." The psychosomatic insight happened outside therapy on my own. I suddenly realized that I can't fool myself any more and that's when I had to go and tell X.

Mark : You had to go and tell him.

Sara : Yes, that I was a psychosomatic and that I was using my body as a crutch. I'd never told this to him before. And I then, well, that was the last dishonest thing, not dishonest in the sense that I was lying to him, but the fact that I wasn't being authentic, that I wasn't admitting to him that I was using my body as a form of getting sympathy, love and affection. You see this is why it's so difficult for me, I can't really remember the, the actual therapy - most of my growing has taken place either before or after the therapy session. During the session, I've really just discussed and consolidated with X. I have had insight during therapy but, again, I think that's my stubbornness, uhm, I sort of close

up during therapy to a certain extent and I only allow myself to experience the growth when I'm alone afterwards. I mean an important insight that I had during therapy was the ragdoll thing. That was through a dream and that took place quite naturally. You know, as the dream unfolded it became clear to me. But you know, insight isn't all there is. Then there is the living of that insight. I sort of experience the feeling of freedom. But I feel it as freedom because every time I got an insight, I felt as though my horizon widened, as though another door is opened. But insight was not all, as I say. I experienced or rather lived it. Because once I have an insight, I can always shut it up again and put it away and that was always possible for me to do. To a certain extent I think that during therapy, you see I'm - I don't - although I trust X completely, I still wouldn't open myself totally to him in the sense that I would just let him march across my personal space. I still have personal space as far as X is concerned as well. That's why I feel that most of my growth took place after the therapy session.

Mark : So although you trusted X, are you saying that you never quite opened yourself up to him completely?

Sara : No, I don't think so. You see I'm the kind of person who doesn't really open myself up completely to others - I have a big personal space as I've said. It's just the way I am.

Mark : Uha. Could you tell me more about that?

Sara : You see, I wouldn't open myself up completely because - well, you see it isn't always necessary to open myself up completely to X.

Mark : Why is that?

Sara : Just because I can't, it's a very private area. It was more the fact that X gave me the opportunity to ask myself questions. There's always that sort of level of mind which doesn't respond at that time, in the session. It's responding under the surface so that once I walk out and I'm on my way,

it sort of comes cascading over me. I'm not aware of many inner responses so they begin making sense afterwards. But through therapy I got a way of dealing even with those private things that I kept to myself. It really became something like a superego I suppose. You know somebody who although, well, say he asked me a question, it wasn't that he was asking me so that I must tell him - he was asking me so that I should tell myself, you know what I mean. He allowed me to sort out parts of myself that I kept to myself, so I didn't have to talk everything out.

Mark : Uha.

Sara : I know that he never expected me to, I didn't have to say certain things to him because it's not important if I say them or not. The fact that he asks me is just that he opens the way so that I can answer it to myself. It was, I felt, primarily, I was there to open myself up to myself, not to him. So even though at the time I was as honest as I could be with X, there was often that kind of inner response, that under the surface feeling, that I wasn't verbalizing - well, maybe I wasn't always aware of the full extent of my responses, you know, what was happening inside me at the time, but after the session it sort of comes over me and those parts which were responding under the surface and which I wasn't aware of in the session, began to be more clear. You know, that's what I said about the state of my mind - they sort of rise up through the different layers of my mind and then I begin to be more aware of them.

Mark : But do you now feel that there are certain expectations of you from X?

Sara : Ja, expectations of the fact that I must be honest with myself, that I must not be scared of opening myself up to myself. That's why I say it's very much like a superego thing now. It's become part of me. This expectation isn't X's expectation but it's, they're synonymous, his expectation and mine. He has become my conscience really. The moral code which we set up together has become my conscience. So therapy for me,

well, you know, I feel that I did have to open myself completely in those years of therapy, but I don't think that I have to open myself completely to my therapist. I have to open myself completely to myself, and the therapy has helped me to do that, because I know that in some way when I'm with X, our relationship allows me to become open to myself - it's stimulating activity. But you know, later in therapy I felt that it was going to someone for advice you know, well, sort of to be helped. But I know what I want. I know that I'm going to be the one to sort myself out. When I began to have meaningful therapy, I realized that the answers lay in me but that he gave that sort of helping hand to be honest with myself - to be, well, to confront myself. He gave me the courage to do that. Well, he wasn't going to do that for me. He wasn't going to, you know, put me right. I mean, I realized that I had to take responsibility for my own life. I was going there to help myself. Before, you know, I was, I expected X to give me all the answers and I didn't have, I didn't know, that I had to do the work, that I had to help myself. Now this was early in my therapy. You know, I just didn't know that I had all the answers. So now I realize that my therapy was like a discipline which taught me not to put things off or get asthma when I'm hassled or can't cope, but to face whatever it is and to know that I can face it. So later in therapy when I sat down, I was aware that I was doing myself a service. It's not because, well, being honest with myself or helping myself, something I do on my own with his help.

Mark : You seemed to have reached a stage in therapy where you knew why you're going to him. Well, even though you might not be quite sure what the problem is, you knew that you were going to be the one to work it all out, and you also seem to have known how the therapy was going to proceed. Is that it?

Sara : Ja, that's right. I mean I reached a stage where I knew he wasn't going to give me the answers, that I have to find them. You see the thing is that, he never made his own judgement of situations, I just believed that. Well, he might have made them, but they didn't come into our relationship, you know,

into our interaction. My experience of the situation is what we worked from, not his experience of the situation. He sort of supplied a framework for me to work within, but it was a co-operative thing. I mean, he was there and I could sort of work within that framework.

Mark : Uha.

Sara : Ja, you know, he's always there as, as the standard by which I handle my life. And that's in terms of my standard, but also in terms of authenticity and, you know, honesty with myself. But, you know, part of his brilliance is the fact that he always stayed far enough away for me to grow. I can't grow close up to something. I'm not a creeper. I've got to have lots of room.

Mark : Uha - he never stifled you.

Sara : Never. You know, I went to X originally because I was frigid - that was the problem that I took to him. And the thing is that we never discussed my frigidity. You know, we didn't sit there talking about the fact that I was frigid. But the thing is, that my sexual life has come right so I didn't have to really discuss it with him. You see, it wasn't my sexual life - that was, that wasn't the primary hassle. That would have come right on its own. I think he once said that to me : that it would come right on its own and it did. It was just a symptom of my diseased body, you know, of my whole life.

Mark : You never explicitly talked about your sex life, the fact that you were frigid, and it came right on its own, and you say it was merely a symptom....?

Sara : Ja, you see, my therapy was about me, the kind of person I am, my whole life, not about the little symptoms that I had. That's why I say it was just a symptom of a whole life, a whole way of life. And it came right when I really began to explore my whole life. Do you know what I mean?

Mark : Uha, ja.

Sara : And you see on the other hand I was shy to talk about sex to X. Even when it came right I never discussed my sexual life with him and, you know, it was a big, big problem in life. You know, it's also probably because of my upbringing where sex was taboo. But it came right together with my whole life. You know, what I feel is important about my experience of therapy. Like I said, well, what is important to me about my experience of psychotherapy is the fact that I've been able to integrate what I've learned in therapy into my life.

Mark : This is how you experienced your therapy, or this is what you feel is really important about your therapy?

Sara : Yes. But I know I haven't given you specific situations in my therapy all that much, but this is because my experience of therapy is sort of an on-going thing - not only what happened, well, those specifics. When I think about it now, my experience of therapy was much more than the actual situation in the therapy study. In fact, my experience of therapy was also what happened in my everyday life. You know, more of what I experienced during therapy happened outside the session in my life. Well, now I'm in therapy all the time really because my experience of therapy has become my whole life.

Mark : What do you mean?

Sara : Well, you know, what I learned and experienced in these years of therapy and I'm talking also about outside the sessions, I've taken into myself, and it's with me all the time, so I'm still living my therapy. I'm in therapy all the time. I've become my own therapist.

Mark : But you cannot look at one specific situation in theory itself?

Sara : Well, it's impossible to isolate, to pull it out of context and put it in a little box and say, "Well, this is how I experienced my therapy," because it's fused with my whole life, it's a seed that continues to grow.

Mark : So how would you describe your total experience of therapy?

Sara : Well, looking back at it now, I feel that my total experience of psychotherapy was a combination of being in actual therapy, between actual sessions, you know, what was happening in my everyday life, and what I got out of therapy, that I am now what you see in front of you and what my therapy will mean to me as I meet new situations, but I can't say that right now. So it's not one thing, like I could say to you, "It's happened, and this is what it was." What happened in therapy had to do with what happened outside and sort of vice-versa. And what happened in therapy has to do with what happens now in my life and with what will happen in the future.

Post-research interview

Mark : Do you feel that you have answered my question as it is there?
Could you please read it again.

Sara : (Reads it aloud). Yes well the three main questions are how did I or do I experience psychotherapy, what was it like to be in therapy, what did therapy mean to me. Well yes, I think I've told you a little about each but of course they were all part of the same thing. The first question how do I or did I experience psychotherapy incorporates the others.

Mark : Ja. the question allowed you to feel free to say anything you wanted to say, anything you felt was significant.

Sara : But the other 2 were more specific. But, you know I would have said something about them even if you hadn't asked me. As I said to you, my experience of therapy incorporates what it means to me.

Mark : Well of course the main issue as you realised was your own experience of therapy and that left you plenty of room to move and say anything you felt was significant. Just to clarify something, did you see my question how did you experience therapy and what did it mean to you as the same thing?

Sara : Well you see, I experienced my therapy as a development. What happened in therapy was merely the start of something that will increase in meaning as I go on living. So I can't separate the two, you know how I experienced it and its meaning for me. I mean if you had asked me how I experienced therapy I would also have told you what it meant for me. Because as I say what it means and meant to me is an essential part of my total experience. But if you'd asked me to confine my experience to only what happened in the actual session, then I would not have been able to give you my full experience of therapy. But you also asked me to say, to talk about specific situations in therapy so that I can get to my feelings about those situations. But the broad question how do I experience therapy still allowed me to say that the important part for me was what therapy meant to me not the specific situations in therapy.

- Mark : Ja I kind of anticipated that you would focus more on the actual sessions even though my question was entirely flexible.
- Sara : You would have liked me to tell you more about what happened in the actual session. This as I said was sort of difficult but it is also not what I feel is important about my experience - you know as I said that therapy for me is such an ongoing thing that I can't lift the actual situation out of my whole life. Being in therapy is so much more than what happens between me and X in the session. You know, I've said that I'm in therapy all the time, I was in therapy all the time even when I wasn't in the session. But do you feel that I haven't answered your question?
- Mark : Well I was open to anything you said, that was my primary concern. But I had thought that much of your experience of therapy would be seen in the actual therapeutic situation. Although I wanted your total experience of therapy. I anticipated that much of the material would come from the actual sessions or would be directly related to what actually happened. So you have really taught me a tremendous amount. I see now that your experience of therapy is so much more than the actual situation of therapy itself. You've told it very beautifully and I mean that. To give me your experience of therapy you had to give me everything right up to the present day and the future. You've shown me that therapy doesn't end.

How did you experience the interview itself? (Included here is N.M.U 43 of the raw data).

- Sara : I found it quite therapeutic in a sense, in the sense that I was taking stock again. It brought me back again and made me more critically aware of my experience of therapy. At the same time it was quite traumatic, it was emotionally taxing because I naturally found myself re-experiencing all the problems that I went through and you know it was nice because I was really bringing, I was formulating thoughts that had just been floating around like bubbles.
- Mark : What do you mean?

Sara : Well I'm a very sort of intuitive creature, I live intuitively, I don't formulate things all the time. I live by feeling and these sessions sort of gave me or made me formulate things about my therapy and about my life because I took a good stock again, you know feelings that I've had about therapy into words. Ja, its made me translate my feelings into language which is a good thing but it is also emotionally taxing.

Mark : Was it then very difficult to verbalise this experience of yours, to put your feelings into words?

Sara : Oh yes, it required quite a bit of energy. You know it doesn't come naturally because its not easy to put experience into words and I had to sort of give myself a push.

Mark : Its not easy and it doesn't come naturally.

Sara : Ja because language is quite a barrier you know, at least it is for me. You know an Afrikaans poet talks of a sort of swamp of emotion, not emotion but just feelings where you sort of move around and feel your way around and then every now and again you've got to sort of come to the surface and sort of look and translate it into terms which are understandable to your fellow-man. I found it quite difficult because I like living in that sort of almost womb-like existence, "die moer van die lewe". But even though I may not have formulated all these feelings into words, I feel them but the actual experience itself is the real thing. Its like the difference between art and music or painting and music.

Mark : What do you mean?

Sara : Well if you don't have a music score there, you're just listening to music, you sort of live it, you feel it, it vibrates inside you and you know it. But if you're looking at a painting, you're looking at some material object. And I think its sort of the difference between living in this world of feeling and the world of words and language which is another medium and its slightly removed from the actual experience itself, the experience that I live and feel. Language has a lot of limitations. I don't think that there is any way that I can really express the way I feel about my

experience of therapy or any other experience for that matter. You know there are certain limitations in terms of vocabulary.

Mark : But even if you had the vocabulary you speak of are you saying that it would still be difficult to put it into words?

Sara : Ja that's right. Because my language my, the way I relate my experience to you is dictated really by the language that I have and by the limits of language itself. Whereas the feelings that I have can never be dictated by anything else except me.

Mark : How was your experience of therapy as you gave it to me, coloured by this interview situation, by our relationship here? You know, what effect did I have on this situation or your recalling, reliving and relating your experience of therapy?

Sara : I think that it was quite easy for me with you because I felt that you didn't have any expectations or you didn't impose any norms on me and what I say. I could say anything to you and I never felt embarrassed by what I said. And I could try and express my feelings quite freely because I knew that you were not sitting there and thinking, ah stupid or ridiculous, which I would have felt with a lot of other people. So apart from the limitations that we've spoken about, the interview situation and yourself didn't get in my way at all in fact you helped me.

Mark : How do you feel about me or how did you feel about me in the interview?

Sara : Well I feel that you're very open, you know you're the typical psychologist. I feel I could say anything to you and I can say anything to you and you're going to keep a straight face. But its more than that really because I'm very sensitive and I would definitely have picked up any form of censure or disapproval on your behalf. You were very much like, well you had the effect of drawing things out of me, not that you were asking "come on tell me about it", its just that I felt I could

flow freely with you. You know I didn't feel that there was a barrier between us. I didn't have to try and impress you or say the right things and I had the feeling that you were genuinely interested in what I had to say.

Mark : Thanks for saying that. You've surely confirmed for me my belief that in order to undertake this kind of research both parties must be willing to be open with each other. From what you've said, the interview situation seemed to have been conducive to exploring your experience.

Sara : Well ja, I mean I wouldn't have been able to talk to just anyone.

Mark : Sara, what do you feel are the similarities or differences if any between our interview situation and psychotherapy?

Sara : Well you know it really is very similar you know in the sense that there's a lot of space for me to explore myself. I'm not aware of any barriers both in the interview we had and in my therapy experience with X - ja they are very similar now you come to mention it. Ja I don't feel bad if I can't express exactly how I feel - I don't think to myself "oh fuck, Mark will get cross with me". So I suppose there's that same quality about both of them.