

TOWARDS A  
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## ABSTRACT

This thesis aims to establish a model of psychotherapy that is based on experience, but which takes social structure into account. To do this it first sets up a theoretical model of psychotherapy. Thereafter the model is used to analyse four protocols as a way of examining its effectiveness. The analysis of the protocols provides the basis for coming to certain conclusions about the nature of psychotherapy. The theoretical phase first examines the area traditionally known as etiology, but here the approach is from a broadly existential perspective. Thus this section starts by proposing a view of human nature, and then it goes on to say how this nature comes to be disrupted. The influence of the broader social context upon human existence is also considered here. Secondly, there is an attempt to understand how psychotherapy works. Drawing on existential and cultural anthropological material, various themes of psychotherapy are examined, and these are then placed within their social context. Finally, the theoretical phase brings together the themes emerging from the two foregoing sections and integrates them into a single model of "etiology" and "cure". In the following chapter, the adequacy of this model is examined by using it to analyse four protocols written by subjects on their experience of therapy. In the final chapter various conclusions are drawn.

## CHAPTER 1: INTRODUCTION

This thesis is yet another contribution to the already vast body of literature on the subject of psychotherapy. It is, therefore, quite justifiable to ask why it is necessary to undertake this piece of work. The answer is that this thesis attempts to look at psychotherapy in an unconventional way. It is an attempt to blend the insights of existential-phenomenological psychology and critical theory in the hope that this approach provides a model of psychotherapy which is able to overcome some of the problems of conventional psychotherapy theory and research. Fully to answer the question of why another piece of research on psychotherapy could be necessary thus requires an examination of what the problems associated with traditional approaches to psychotherapy are.

There are two levels at which one can look at the problems of traditional approaches to psychotherapy. The first concerns the ground out of which these approaches emerge, the natural scientific method as applied to psychology. Secondly, and more specifically, one can look at the outworkings of this method in the particular area of psychotherapy.

### 1.1 General Problems of the Natural Scientific Approach to Psychology

Psychology came to be established at the time when natural scientific methodology was at its zenith. This approach to studying the human phenomenon thus seemed to be the most obvious choice of methodology. In this section the adequacy of this choice is questioned.

De Boer (1983) is concerned with establishing a critical psychology. For him, one of the important aspects of being critical is to examine the foundations on which the discipline is based. In doing this one can come to see that the natural scientific postulates that are taken for granted in the discipline are in fact only one way of looking at reality, and thus one can see that there is more to reality than is assumed by the postulates. De Boer's critical enquiry, then, addresses the question of what the postulates exclude. He points to four main areas of human existence that cannot be studied within a natural scientific framework.

The way people experience their lives cannot be accommodated within the natural scientific methodology as it is based on reductionism. It is necessary to reduce complex meanings to operationalised definitions in order to make them measurable. Thus experience generally, and more specifically the experience of meaningfulness, finds no place within the natural scientific approach.

Natural science is also based on causal explanation. When applied to psychology causality implies that certain behaviours will necessarily follow certain other stimuli. Quite obviously this approach then cannot take cognizance of the fact that in our existence we experience ourselves as spontaneous, morally autonomous, relatively free beings who are able to choose what to do.

For causal connections to be established, it is necessary for natural scientific psychology to establish the existence of external links between various events and behaviours. Thus the internal coherence of the person is lost and fragmented in the establishment of logically independent units of behaviour.

Why natural science is so keen to establish causal connections is because it can then posit various laws of nature. To posit humans as law-governed is to deny the uniqueness and individuality of each person's life. This approach leads to an overemphasis on normality, the statistical average, which in turn denigrates any deviance from the status quo.

These problems are the necessary consequence of using the natural scientific model as an approach to the study of human existence. Following De Boer, one can say that this approach is not inherently wrong. It does provide a valid way of studying those things that are causally operative. However, it must be accepted that, for the most part, this approach is inappropriate to the study of human existence in its wholeness and entirety. The problem is that Positivism ontologises these notions and claims them as the only reality. In doing this it rules out the possibility of any other approaches to the study of human life, and so limits the scope of the discipline of psychology. This means that all that psychology is able to study are those aspects of existence that are amenable to natural scientific study. Thus we can perhaps agree with Heather (1976) that "to call this collection of irrelevance, triviality and downright silliness a science is preposterous" (p.10).

When applied beyond the realm of academia this approach to psychology ceases to be merely trivial and assumes an insidious nature. The reification and operationalisation inherent in the method feed directly into the mechanised, technocratic world-view of industrial concerns which care little for the value of human life. The emphasis on normality can be used to engineer consent for an unjust status quo by denigrating any deviance from the prescribed values. The emphasis on logical independence tends to foster

the isolation of the individual, and this, along with the worship of normality, means that "phenomena more usefully seen as social problems are dismissed as evidence of individual maladjustment" (Heather, 1976, p.51).

Having considered the more general effects of natural scientific thought on psychology, it is possible now to consider the specific situation in psychotherapy research.

### 1.2 Problems in Psychotherapy Research

Pervading the voluminous literature on psychotherapy seems to be a sense that research in this field is in its infancy. Although Epstein and Vlok (1980) reassuringly conclude a paper on the outcome of various types of therapy by saying that "we can now say that psychotherapy does account for more of the change in treated patients than spontaneous remission or placebo effect" (p.112), they can offer no answers as to what the relevant variables are with regard to achieving this outcome. Similarly, Beutler (1983), in concluding his book on eclectic psychotherapy maintains that the question 'What is therapeutic about psychotherapy?' is still unanswered.

The directions for future research offered by Beutler point the way towards more detailed, careful research. Kiesler (1980), in a paper mapping the direction of psychotherapy research in the 1980's, more specifically suggests four areas to which attention must be given if the situation is to improve. There must be an integration of process and outcome variables; variables relating to the non-verbal behaviour of the therapist and the client must be examined; "the reciprocal nature of the evolving transactions between therapist and client" (p.82) must be analysed; and to make all this detailed study possible more specific and accurate measures of the many variables involved must be developed. Similarly, Leder (1980), in search of the non-specific variables that transcend particular theories, wants

to search for new paradigms, to develop more complex experimental designs, more relevant criteria and sensitive and reliable instruments, and to combine nomothetic and ideographic studies... (p.132)

Meltzhoff and Kornreich (1970), in closing off their huge study which brought together almost all of the research done on psychotherapy up to that point, come to a very similar conclusion, calling for more detailed collection of variables and factors in the search for a more complete understanding of what makes therapy work.



Thus it seems that the answer to the prolonged infancy of psychotherapy research, as proffered by most writers in the field, is to collect more and more data by means of the tried and tested methods of natural scientific psychology. Surely this approach is severely limited with regard to the complexity of therapy as it is experienced, and surely pressing on with this kind of research can lead only to a proliferation of the trivialities to which Heather refers?

Knuger (1983) maintains that the operationalisation and reductionism inherent in the traditional approach to psychotherapy research lead to the actual process of therapy being lost. The meanings of the interaction for both client and therapist get fragmented, and the fundamental wholeness of this experience can never be regained by any amount of data collection. As an example he shows how difficult it is for the objectifying attitude of natural science to capture the meaning of a smile within a particular therapy situation:

... the meaning of a smile of a therapist can only be clarified within the total context of the therapist as a person with a history in his relationship to a specific client, similarly a person with a history. (p.22)

The subsequent discussion points to the need for an approach that is based on an attempt to understand the therapy situation rather than explain it.

There is, however, a further problem. Even when one does look intensively at the particular meanings expressed within the therapeutic dialogue, as Labov and Fanschel (1981) have done, one finds that the conversation is guided by the theoretical orientation of the therapist. In addition, the theoretical orientation of the researcher will also colour the findings. Thus it is never possible to isolate purely non-specific variables, or to uncover a-theoretical meanings. What is rather needed, prior to any research being done, is the establishment of a theory that is able to account for the effectiveness of all forms of successful psychotherapy, and that is adequate to the experience of the client. Further, such a theory must not be subject to the ideological limitations of the natural scientific method.

Barton (1974), in conclusion of a phenomenological investigation of the therapeutic process, sees the central aspect of psychotherapy as being the meaning-transformation that is brought about by the theory which the therapist subscribes to, and which s/he directly or indirectly teaches to the client. On the basis of this he outlines the criteria for a genuinely comprehensive theory of therapy: (i) it must describe how the therapist is

able to act as a meaning transformer in the situation; (ii) it must show how this meaning-transformation becomes convincing to the therapist and the client; (iii) it must fully describe the involvement of both the therapist and the client; (iv) it must attempt to discover what the life-world meaning of the therapeutic situation is; and (v) it must be open to the consensual validation of both practitioners and clients. The full implications of these criteria will be discussed later, but it is sufficient at this stage to see that armed with such a theory, one will be able to undertake research that can consider the whole of the therapeutic experience.

The first chapter of this thesis is an attempt to outline such a theory. In the following chapter there is an attempt to ground this theory through an empirical investigation of the experience of psychotherapy. Before proceeding to these chapters, however, it is necessary to introduce the overall orientation of this project.

### 1.3 Overall Orientation

It was mentioned above that this thesis is an attempt to blend the insights of existential-phenomenological psychology and critical theory. By synthesising these two approaches it is hoped that a model of psychotherapy can be found which is both adequate to the experience of the client, and which also takes the social context into account. There follows a brief introduction to the way in which each of these will be used in this thesis.

#### 1.3.1 Existential-Phenomenological Psychology:

Perhaps the central insight of existential-phenomenology, contributed by Heidegger, is the notion that a person is Dasein, a Being-in-the-world. This implies that people live in a world which is their own particular world of meanings relative to their unique history and life direction. This insight provides a good starting point for a theory of psychotherapy which aims at taking the client's experience of therapy as its starting point.

Another important notion, also derived from Heidegger, is that human existence is projective, that a person's life is shaped by the future towards which they are moving. This implies that there are a range of possibilities available to people in the future, and that what these possibilities are will effect the way the person is living in the present. Such a view is a useful corrective to the natural scientific emphasis on norms and causality as it upholds the freedom of choice available to people.

The notion of a projective human existence is not, however, a crass humanistic exhortation for one to become what one wants. The freedom implicit in this view is never completely ungrounded as it is seen as emerging from a context which makes available certain possibilities and closes others off. Thus human existence is seen as being delicately poised between the future and the past, a paradoxical mixture of freedom and determinateness.

These core existential concepts will provide the basic understanding of human existence that will inform this study. Existential-phenomenology is, however, inadequate to the task of this thesis as outlined above as it has seldom turned its attention to questions of a more critical nature. Especially in the field of psychology, there has been very little attempt to use the insights of existentialism as a way of investigating the effects of social structure on the lives of individuals. How do oppressive social structures come to limit the possibilities of individuals? How are these structures maintained? How can one go about changing the support for them? These questions are all relevant to a theory of psychotherapy, and to provide a basis for answering them in this study, it is necessary to enlist the support of critical theory.

### 1.3.2 Critical Theory:

Critical theory was the fruit of the labours of the Frankfurt School to merge the ideas of Marx and Freud into a more coherent theory of societal processes. By addressing the individual as well as societal levels, they were better equipped than the orthodox Marxists to explain why, given the requisite economic conditions for revolution, none was forthcoming. The most recent proponent of this approach is Habermas. Although the scope of his work goes far beyond the concerns of the early Frankfurt School, extending most recently into the realm of linguistics and language philosophy, at the base of his work is an attempt to use psychoanalytic concepts to understand societal processes.

Habermas posits the notion of systematically distorted communication. According to him we are ideologically deceived, but we are so deceived that we do not even know that we are deceived. The only way to overcome this state of affairs is for us to employ methodical self-reflection, and the only science which can serve this emancipatory interest is psychoanalysis. All other science merely serves the interests of manipulative technology. Thus Habermas sees someone in an analyst-like



position as bringing enlightenment to oppressed people by revealing to them their true position in society. Habermas, therefore, uses the methods of psychoanalysis which Freud aimed at the individual by applying them to society in general as a critique of ideology.

Central to the Habermasian position is the concept of quasi-causality. Some aspects of existence become "ideologically frozen" (quoted in De Boer, 1983, p.69) through the operation of systematic distortions, and thus come to be seen as invariant laws. These apparant laws are quasi-causes, laws whose applicability can be overcome by enlightenment. This notion is derived from psychoanalytic methodology which Habermas sees as overcoming the drivenness of neurosis through the enlightenment offered by the analyst's interpretations.

There are, however, problems with this approach. Firstly, we can question whether Habermas is justified in his use of psychoanalysis as an analogy for societal processes. Doing this tends to limit the work of the critical endeavour to the societal level, thus rendering a critical psychotherapy impossible. Rather than seeing psychoanalysis as the model for critique of ideology, following De Boer (1983) one should see psychoanalysis and critique of ideology as parallel processes, and there should also be room in the project of critical psychology for less 'deep' and searching approaches of psychology, social psychology and sociology. Thus the critical endeavour would not follow a particular model as outlined by Habermas, but would rather attempt to pool the findings of all social sciences concerned with questioning the social structure within which they operate.

A second problem is that Habermas' anthropological assumptions are clumsy and limiting. His division of human existence into causal, quasi-causal, and free behaviours suggests that these realms are separable and independent, and it becomes difficult to explain interactions between them. If we use the Heideggerian notion of situated freedom as a basis from which to work, then this problem is eradicated. In addition, moving beyond the tri-partite division which Habermas envisages also allows the broadening of the critical endeavour beyond the realm of quasi-causality to the whole of the world of possibility.

On a more practical level, one can ask whether this approach would actually work as a means to liberation. Enlightenment is certainly necessary, but is it sufficient? The South African situation would tend to suggest that enlightenment in a situation of deeply entrenched inequality

brings little more than anger and resentment to the oppressed, and fear and desperation to the oppressors. This points to another failure of Habermas' theory: it fails to address the oppressors. Surely true liberation must also seek to overcome the prejudices of the dominant power group?

Thus, in this thesis critical theory will not be used in the specific sense intended by Habermas, but will rather be seen more generally as a concern with the ideological implications of the socio-political context. This discussion of Habermas has, however, raised many questions which this study will attempt to answer. These questions are basically of two kinds: firstly the discussion challenges psychotherapy to contribute its insights to the understanding of the broader societal processes in an attempt to bring about change in the structures that control people's lives; secondly it challenges current psychotherapeutic practice to take societal processes into account.

In conclusion of these introductory remarks, therefore, we can say that this study attempts to use the concepts and insights of critical theory to contextualise the understanding of human existence given by existential-phenomenological psychology. It is hoped that this will give rise to a model of psychotherapy that is an adequate description of the client's experience, but which will also allow questioning of the social structure within which the therapy takes place. If we consider again the question with which this introduction opened, "Why another study on psychotherapy?", we should perhaps now answer that this is an attempt to provide a view of psychotherapy which, although not claiming to be the whole truth, hopefully takes into account both the experience of the client, and also the social structure within which therapy must take place.

It now remains only to outline the structure of the remainder of this thesis. Chapter 2, the theoretical phase, aims to establish a model of psychotherapy that is based on experience, but which takes social structure into account. There are three main sections in this chapter. The first, 2.1, examines the area traditionally known as etiology, but here the approach is from a broadly existential perspective. Thus this section starts by proposing a view of human nature, and then it goes on to say how this nature comes to be disrupted. The influence of the broader social context upon human existence is considered here. In the second section, 2.2, there is an attempt to understand how psychotherapy works. Drawing on existential and cultural anthropological material, this section examines various themes of psychotherapy, and it then proceeds to place these themes within their social context. The third section, 2.3, brings together the findings from 2.1

and 2.2, integrating them into a single model of "etiology" and "cure". In the following chapter, Chapter 3, the adequacy of this model is examined by using it to analyse four protocols written by subjects on their experience of therapy. In the final chapter various conclusions are drawn and some suggestions are made.

## CHAPTER 2: THEORETICAL PHASE

In the introduction we have seen that before we can research the experience of psychotherapy, it is necessary to have a theory of therapy. Now the particular theory that a researcher adheres to is a reflection of his/her various ideological commitments. Thus any research is done within the constraints of a particular world-view. The problem is, though, that usually this choice of world-view is not made explicit, and the research is claimed to be the whole truth. This chapter, on the other hand, is an attempt to make explicit the theory that is guiding the research that is part of this thesis. The theory advanced here is also offered as another way of seeing the process of psychotherapy, a way that can be, hopefully, more fruitful in certain respects than traditional research into psychotherapy.

In keeping with the overall orientation as outlined in the introduction, this chapter will be an attempt to (i) arrive at an existential-phenomenological understanding of therapy, and then (ii) to place this understanding within its social context, examining the implications of this for psychotherapy. This chapter is divided into three main sections: in 2.1 there is an attempt to arrive at an understanding of how the phenomenon of 'psychopathology' comes to be; in 2.2 there is an examination of what psychotherapy is and should be; in 2.3 these two sections are brought together into a unified model of the process of etiology and therapy.

### 2.1 WHY THE DIFFERENT EXISTENCE?

Van den Berg (1974) describes psychopathology as a different existence: the patient lives in a different world to the rest of us, a world in which people are out to get one, and in which buildings lean threateningly over towards one. From examining the world of the patient, van den Berg comes to the conclusion that the basic theme in all psychopathology is loneliness. In attempting to answer why this might be so, he turns conventional notions of etiology around and asserts that the world of the patient is the way it is because the patient is lonely. An example of this kind of thinking is that neurosis tends to be correlated with poor relationships with the parents. For van den Berg this does not mean that poor parenting causes neurosis. On the contrary, for him it means that neurotics tend to see their parents as having been bad parents. Thus for him pathology is the way the person sees their world now, and that perception from the present situation includes the person's view of the past, as well as the future.



This is all very well, but it is not much help in answering the old question 'why?'. How is it that people come to see their world in such a different way? Surely if psychotherapy is to be at all effective it must have some account of how the person's world comes to be different? And surely in coming to such an understanding it is necessary to look at not only the formative experiences of that person's life, but also at the social structures that can seriously effect the way we live our lives? This section of the thesis is an attempt to provide an answer to these questions. However, before these questions can be satisfactorily answered we must have some view of what human existence is so that, bearing this view in mind, we can see how the world of the person comes to be formed. We will then consider the formative processes from an existential-phenomenological point of view, and finally this understanding will be placed within the social context by consideration of more socially oriented theories.

#### 2.1.1 What is Human Nature?

Tillich (1968) discusses the many attempts to define human nature. He sees two broad types. Firstly there are the deterministic attempts. These either see human nature as being determined by particular personal characteristics, or else by social forces. But, whatever the merits of using deterministic models for scientific study, we have seen, in the introduction, that the ontologising of these does an injustice to human experience. Since this study is largely concerned with experience, it is necessary to move away from any kind of determinism.

On the other hand there are those who would maintain that there can be no such thing as an essence to human existence. Tillich criticises these approaches too. There are three broad kinds of argument against there being any human essence. Firstly, the nominalists claim that we are all unique individuals, and that as such there can be no common or enduring essence. To uphold this view, however, the nominalist presupposes many universals which can in turn be seen as being ontological claims. The historical approach, which claims that all historical circumstances are different, and that the people living in those times will be different according to the socio-economic forces moulding them, also presupposes many universals which can be seen as being ontological. Even the existential view that the essence of human existence is its existence makes ontological claims. Thus it seems that it is impossible to get away from an ontological view of human nature. However, it is important that the view arrived at is not deterministic. So we are looking for a view of human

nature that points to some kind of essence, but which also allows of the freedom and infinite variety of experienced human existence.

In looking for such a view we can start with Heidegger's notion of Dasein. Human existence is, this term implies, a being-there, a being-in-the-world. By using this term, Heidegger emphasises that before anything else, we are in relation to the world in some way. This relationship is not a purely spatial one, like that of a table which is in a room. Rather this relationship is one of dwelling-in, of touching, of encountering. We do not merely 'bump into' our world, but we commune with it in a meaningful way. It is important to note that this relationship to the world cannot be chosen against; it is always there. What can be chosen is the way in which we use this relationship. For example, a biologist sees the world as 'environment'. To do this, s/he must first be in relation to the world in a very basic way which can subsequently be used as biological seeing. Thus the starting point in Heidegger is that we are, without choice, related to a world of things and others, a world which we can choose to relate to in different ways.

Heidegger goes on to give a discussion of what the structure is that is underlying this being-in-the-world. There are three elements to this structure. Firstly there is Befindlichkeit, or thrownness. This describes the idea that we are always thrown into some kind of world not of our choosing. Further it implies that we are attuned to this world in some kind of way. Without some way of seeing, without an attunement, we cannot see anything. Secondly there is Verstehen, or understanding. What this conveys is that our existence is always lived in terms of future possibilities, our lives are always lived beyond where we are now. It is these possibilities that draw us towards them, giving life its movement and freedom. Thirdly there is Rede, or discourse. Unless there is some kind of articulation of attunement, and unless the future possibilities are expressed in some way, these cannot be lived. Thus for Heidegger, Dasein is thrown possibility articulated in some way.

Referring to Heidegger's later discussion of Angst, Buber (1979) maintains that

Heidegger isolates from the wholeness of life the realm in which man is related to himself, since he absolutises the temporally conditioned situation of the radically solitary man, and wants to derive the essence of human existence from the experience of a nightmare (p.205).

Thus Buber criticises Heidegger for positing a closed system which does not allow of mutual dialogue as being essential. This criticism of Buber's seems to ignore the fact that the experience of Angst brings the person back to their essence and is not itself essential, and the essence which is regained is the being-in-the-world which is basically relatedness.

Tillich (1968) states the insights of Heidegger in a different way. For him, human nature is finite freedom, and this formulation takes account of the need for a basic structure, while at the same time allowing for the possibility of freedom.

Tillich defines freedom as "the reaction of a centered self to a stimulus in such a way that the centre, and not a part or a partial process within the whole, determines the reaction" (p.96). This implies that for him freedom is commensurate with wholeness in relating, that to be free one must be able to relate to the world in terms of all one's possibilities. There are two further aspects of freedom that Tillich discusses. Individuality is a consequence of freedom, as a multiplicity of possibilities can lead to unique, individual styles of doing things. Freedom also implies that people are dynamic, that they can change from the way that they are.

In man these two qualities of all life produce both the infinite variety of individual expressions, and the never-resting trend to go beyond the given toward something new - the essential human dissatisfaction (p.96).

Tillich defines finitude as the 'fate' of being within a particular context, the fact that we are never entirely free in choosing which of our potentialities we are going to live out, as there are always constraints on us. He sees there as being an uneasy relationship between these two aspects of existence. The promise of freedom constantly makes us try to go beyond the limits imposed by our finitude. This striving for freedom leads to estrangement from ourselves. This estrangement Tillich sees as being the necessary consequence of our essential finite freedom. However, estrangement is not itself essential, as Eastern religions would say. Rather, it can be overcome through a courageous acceptance of our finitude. This involves moving beyond self-centered striving to the position where one allows the world to form one, where one is deeply and intimately in relationship with the world of others and things. Thus in Tillich we see the same basic themes emerging as in the discussion of Heidegger: the unchosen, the free possibilities, and the need for relationship.

Ricoeur's reading of Freud also provides interesting insights into the nature of human existence. Ricoeur's (1974) starting point is to criticise the credulity of Husserl's phenomenology. He maintains that it is impossible to lay claim to the whole of consciousness. Rather, we must take seriously Freud's distrust of human consciousness. In his reading of Freud, Ricoeur discovers two different theories about human nature:

The reading of Freud, then, reveals two distinct realms of thought and thus two possible interpretations of Freud. One interpretation pertains to the technical, scientific level of abstract explanation, where phenomena are seen in the light of instinct and the various levels (economics) of explanation. Another reading, apparently opposed to the first, philosophises about the possible meaning of the phenomena, their all-encompassing intentionality (Koenig, 1981, p.119).

Ricoeur maintains that these views are in fact united: they exist together as a dialectic. This dialectic is a synthesis of the opposing forces of regression and progression, the forces of instinct and the forces of possibility. Thus, for Ricoeur, "Freud links a thematised archeology of the unconscious to an unthematized teleology of the process of becoming conscious" (Ricoeur, quoted in Koenig, p.136).

Ricoeur sees this linking of the regressive and the progressive as taking place through symbols, as symbols are able to express two apparently opposed movements simultaneously. This implies that existence is not a given, but that it must be created through the appropriation and creation of symbols that are able to express the opposing realms of experience. And, since experience is ever-changing and varied, he sees consciousness as a task, as "a movement which continually annihilates its starting point and can guarantee itself only at the end" (Ricoeur, 1974, p.113). Symbols are thus the means by which we form ourselves. These formative processes lead to self-reflection which is "the appropriation of our effort to exist and our desire to be" (Thompson, 1981, p.55).

So from Ricoeur we have gleaned that human nature consists of two apparently opposed forces. The first of these, the regressive, is relative to instinct, sexuality, the body etc. The second is relative to the possibilities towards which human existence moves. In addition we have seen that it is necessary for these two to be articulated through symbols. The structure that Ricoeur presents is very similar to those of Heidegger and Tillich. Pooling the findings from all three writers, we can say that human nature has two main components. The first can broadly be called finitude, and it



includes the limitations on human aspirations both because of the context within which those aspirations have to be realised, and because of the limitations which physicality presents. The second can be called freedom. This is the realm of the possible, the realm towards which human existence strives. Thirdly there is the realm of discourse. This is the means by which the two broad movements of human existence can be merged. Obviously different languages will be more or less able to express this, and this is why Ricoeur points to the symbols as the realm that can most easily express the essence of human existence. Symbols are highly developed and specialised forms of discourse which have evolved to express such complex phenomena.

Other writers have also pointed to this kind of structure underlying human nature. Thompson (1981) examines the implications of the later work of Wittgenstein for the social sciences. Wittgenstein maintains that there is no essence to language. What gives something meaning is its relatedness to other things. Thus, for example, there is no essential dog, but only a multiplicity of dogs which are more or less related to one another. This implies that there can be no fixed laws of language, but only general rules that speakers may or may not wish to follow in expressing their intentions. The implication of this is that if we wish to find something like an essence, if we wish fully to understand human existence, then we need to look at those aspects most basic to existence. To gain this kind of understanding, Wittgenstein suggests looking at such things as birth, death and sexuality. This kind of experience surely forms the ground of our relatedness, as it is things such as these which have to be expressed by humans in each and every age. So Thompson's reading of Wittgenstein also points to the finitude of existence, to the fact that existence is tied to a context, and that within that context there are various things that have to be expressed. Implicit in this view, though, is the freedom that we have to express our basic attributes in different ways.

Van den Berg also suggests this kind of structure in his work. He has called his overall project *Metabletics*, or the study of changes. On reading his books on the subject of the changes in human existence, it would seem that he is saying that there is no such thing as human nature. He gives many instances of dramatic shifts in way of life, in the perception of the human body, and in matter itself during the last millenium. A striking example of such a change is that before the time of Montaigne there was no such thing as adolescence. Thereafter, it has changed from being a

short and insignificant period to being the protracted and stormy series of events that it is today. However, it is important to note that his study of change is only possible on the basis of some kind of continuity. Giorgi (1968) makes this point clearly:

If each change represented a wholly different entity, then one could speak of differences, but not change. Similarly, one can speak of constancy or identity only on the basis of change or variation. Thus, there seems to be a dialectical relationship between change and constancy whereby discussion of one necessarily involves reference to the other in order to assess properly the meaning of either (p.6).

In fact Jacobs (1968), in a summary of the metabletic work of van den Berg, suggests that there are several basic structures of existence that van den Berg is concerned with. Jacobs maintains that metabletics studies the relationships between people and: others, society, their bodies, death, sexuality, childhood, parenting, time, space and God. So we can see the work of van den Berg as examining how these basic attributes of human existence have been given differing expression over the ages. Thus although he does emphasise the freedom of human existence, that is its possibilities for changing, he is, nevertheless, implicitly concerned with those things that are unchanging, that is, with our finitude.

By way of bringing this section to a close, and by way of introducing the next section, we can see the work of Boss (1979) as being an application of this way of understanding human existence within the realm of psychopathology. Rather than using the rigid diagnostic categories, which are based on superficial manifestations, he classifies pathology according to what he considers the basic aspects of human existence. Thus pathology is a disturbance of, or a failure to realise fully, these basic attributes. They are: body, space, time, attunement, and freedom. Similarly, van den Berg classifies pathology according to disturbances in the patient's view of the world, their body, others and time. Both of these phenomenological accounts of pathology start out from the most basic attributes, and see how these are or are not being lived out.

In conclusion of this section, then, we can say that human nature is articulated finite freedom. Finitude is both relative to the context into which we find ourselves thrown, and to our basic human attributes which we have to live out in some way within our context. Freedom consists of the many possibilities that we have for expression. For example there are many ways in which we can live out our sexuality. It is important to note,

however, that it must be lived in some way, even if that way is celibacy; sexuality cannot simply be ignored. This example, then, not only points to the freedom of possibilities available, and to the finitude of the fact that sexuality must be acknowledged, and also to the fact that society, as context, is a limit to our possibilities, but it also emphasises the need for some way of articulation. The celibate, unless part of some system that provides a coherent set of symbols with which to deal with sexuality, will undoubtedly experience difficulties in upholding a celibate life-style. Thus in conclusion we can say that finitude and freedom find their realisation and their unity in some kind of articulation which is in actuality a commitment to a particular path of expression.

### 2.1.2 How Does an Existence come to be Different?

Now that we have some idea as to what human nature is, we can start to see how it is possible for pathology to come about. In keeping with the overall orientation as outlined in the introduction, we need to move away from the causal, diagnostic accounts of the medical model which is based on the principles of natural science. This means that we should see "mental illness" as being different ways of living out the possibilities of human nature.

Boss (1979), mentioned at the end of the previous section, sees pathology not as some disease which we have, as the medical model would maintain, but rather as something which we do not have. For him, pathology is a curtailment of the possibilities that we have for relating. Thus, pathology can be seen as an overemphasis of our finitude with respect to particular aspects of our existence. The question remains, however, as to how these curtailments arise.

Boss approaches the area traditionally known as etiology from a motivational, not a causal, point of view. When trying to understand the problems which a patient is having, he asks which biographical events are motivating the person to act in the way they are. Thus the past, that is our experiences of our parents, our society and particular events, because of the impact which it had, continues to motivate us to live our lives in particular ways in the present.

Binswanger (1958) puts forward a similar notion. According to him we have to live out certain things (our finitude), and the way that we choose to do this is our history.

History is always thematic. The kind of themes which a person (or a people) is assigned by destiny or which he selects for 'elaboration', and the manner in which he varies them, are not only decisive for his history but are his history. (p.223)

Our history, because of the themes of which it is an elaboration, leads us to live in particular worlds, worlds which reflect the destiny and choices of our biography. Pathology arises, for Binswanger, when the themes that are elaborated lead to the establishment of conflicting worlds.

We can perhaps take this notion further by saying that pathology means having more than one world in which to dwell. If one has a split world, then to cope with this one must curtail the possibilities that are not common to both worlds. The case of Ellen West, described by Binswanger, shows a person whose worlds were so much in conflict that her entire existence had to be annihilated to avoid the torment of conflict. Laing (1967) spells out this desperation well:

...when [a] person comes to be regarded as schizophrenic, it seems to us that without exception the experience and behaviour that gets labelled schizophrenic is a special strategy that a person invents in order to live in an unliveable situation. In his life situation the person has come to feel that he is in an untenable position. He cannot make a move, or make no move, without being beset by contradictory and paradoxical pressures and demands, pushes and pulls, both internally, from himself, and externally, from those around him. He is, as it were, in a position of checkmate (p.95).

This phenomenon is not limited to the world of schizophrenia. In fact, van den Berg (1974) sees it as a part of twentieth century existence to live in multiplicity, repressing into unconsciousness those aspects of our existence that are in conflict. He sees this kind of existence as putting people of the twentieth century much closer to the possibility of pathology than people of earlier, more ordered eras.

The idea that we attempt to avoid the threat of conflict by denying certain of our possibilities is expressed clearly by Basescu (1962) who sees pathology as an adjustment that attempts to avoid threat by sacrificing wholeness:

...neurosis is very much an attempted adjustment, and therein lies its fault. Neurosis may be seen as the sum total of those aspects of an individual's life-style that are determined by the need to preserve the centre of his being in the face of threat. Whether it be by



means of symptoms, character patterns or defences, or psychotic distortions, every one of us sacrifices a greater or lesser part of his potential world of being in order at least to preserve the central identity of a self (p.151).

If we look closely at the information we have gathered so far, there seem to be two notions of etiology. Firstly there is what can be termed the motivational view. This maintains that various incidents and influences lead us to choose limited possibilities by persuading us that, broadly, it is painful to express more than these limited possibilities. Secondly there is the conflictual approach. This sees pathology as the result of a curtailing of possibilities to avoid the conflict of the worlds in which we dwell. The conflict is avoided by the person's denying the possibilities that are called out differently by the different worlds.

These two views can be brought together. Motivations are what lead us to form particular worlds in the first place. We all try to please our parents, to fulfill social expectations and to avoid situations which have been painful before. But in doing so we limit our possibilities. These limited possibilities can be seen as a particular world. Limited possibilities on their own are, however, not enough to lead to pathology. Pure ignorance of the possibilities excluded from our world is, relatively, bliss. It is only when this impoverished world is questioned that problems arise. A conflict can develop when we are called out to meet a world larger than the one which we have inhabited up till then. In such a situation we can no longer remain blissfully ignorant of the possibilities that are not part of our world. This is a relatively simple formulation. Things can become far more complex, as in the case of Ellen West. For her the conflict began very early. The motivators in her life led her to form two opposing worlds, each of which called to the possibilities that were meant to be absent from the other.

Thus far, then, we can say that a person is led to dwell in a certain world by the formative influences in their life. A conflict can arise when this person is then shown a world other than the world which they have come to regard as the only world. This other world might itself be one which the person is motivated to dwell in. There is a further step to be added onto this formulation. Once a conflict arises, the person then is motivated to further eliminate possibilities so as to avoid the conflict that has arisen. The conflict is by-passed by the person's denying those potentialities that are called out differently by the different sides of the conflict.

Van den Berg (1975; 1980) describes this process very well. The starting point is a neurotic demand which is made of a person. For him this is primarily societal, for example the taboo on sexuality for, particularly, the women of the victorian era. This demand can equally well be a neurotic demand from the person's parents, or it could also be derivative from an unpleasant experience. In any event, this demand places the person in a state of not knowing. The young victorian woman does not know about her sexuality at all: the neurotic demand of society that all sexuality be hidden means that she is never confronted by this reality, and so it is excluded from her world. This leads to the formation of the unconscious, an interpersonal realm of unexpressed potentialities.

Thus, for van den Berg, not knowing ultimately leads to isolation, and in extreme cases is pathological. All pathology is isolation, as it comes from an inability to communicate fully ones potentialities. The isolation only arises, however, when the person can no longer remain in a position of not knowing. Sooner or later there is bound to be something which breaks the societal taboo, and so indicates to the person that they are ignorant of some aspect of existence. Thus as long as the person can remain ignorant of their ignorance, then they are free from conflict. The conflict arises when the person is shown that they are in fact ignorant. Van den Berg gives the example of a young victorian woman approached by a roguish man of evil intent (he wanted to kiss her!). Suddenly confronted with her sexuality, the woman swoons in a desperate attempt to remain ignorant of her ignorance. A more pathological reaction might have been some hysterical paralysis, a very prevalent symptom in Freud's day.

The above discussion suggests the importance of living in an unrigid way. Rather than avoiding conflicts by repressing certain potentialities, we should express the fullness of potentialities available to us, and so be able to meet whatever calls us out by having a world that is large enough to cope with anything. Kraus (1982) brings this out in discussing manic-depressive psychosis. For him, depressive psychosis comes about when rigidified structures of personality are challenged. A person who dogmatically structures a rigid personality is storing up more and more possibilities for being called out beyond those structures. Thus, rather than construct a rigid personality,

... the individual has to carry out a dialectical movement between identity and non-identity. Understanding this, the so-called ego-achievements and strength are to be formulated anew as the ability to

carry out such a dialectical movement between identity and non-identity. A prescribed, persistent and stable structure would decrease this ability (p.202).

Turkle (1981), discussing French anti-psychiatry, points to this theme in the writings of Lacan, and of his followers De Leuze and Guattari. Lacan maintains that there is no such thing as an individual. For him, the notion of the isolated ego has developed as a result of, and in support of, capitalist values and interests. Rather than being well-defined subjectivities, we are decentered, existing as a multiplicity of social relations. De Leuze and Guattari take this further, maintaining that what we fondly call the self is no more than a collection of "desiring machines", relations of power and domination. As a consequence, they advocate schizophrenisation, a realistic facing up to our fragmented existence.

The above discussion seems to suggest that any finitude is bad, and leads to pathology, and that, therefore, freedom is what must be sought. Let us return, however, to our conceptualisation of human nature. On the basis of that, the simplistic notion that freedom is the only good comes under criticism. It fails to take two things into account. Firstly, it ignores the fact that freedom must always be lived within a context, and that it is tied to expressing certain basic human attributes. Secondly, it fails to note that freedom has to be articulated in some way.

Romanyshyn (1982) provides a way of including the findings of this section within the broader view of human nature outlined earlier. For him, psychological life is imaginative, this imagination being expressed through metaphors. This way of being he terms reflection. Now, there are two other ways of living that are not imaginative. These lead to unconsciousness in the interpersonal realm, that is, they eliminate the possibility for the expression of certain potentialities. These two ways are: firstly, literalised existence, in which the metaphors are stale and uncreative, preventing anything but the most conventional potentialities being expressed; and secondly, fantastic existence, in which the metaphors are not based on any reality at all, but rather make of the world whatever is desired. Both of these kinds of existence lead away from authentic encounter, that is, away from relationships that call on all the possibilities open to the participants, by providing inadequate metaphors to express these possibilities.

We can perhaps see schizophrenia as an extreme example of the latter. The apparent freedom of the schizophrenic, experienced as a loss of

boundaries, is, in fact, anything but freedom. Boss (1979) sees schizophrenia as the ultimate loss of freedom, as everything encroaches on the person and dominates them, controlling their thoughts and actions. This encroachment comes from a lack of any concrete metaphors with which to organise the many images and ideas. It seems, then, paradoxically, that total freedom leads to unfreedom, and that freedom can only be realised through the acceptance of limitations.

So, if we bring together the work of Kraus (1982) and Romanyshyn (1981), we can see that imaginative living entails not only challenging the rigid, but also structuring the chaotic. Imaginative living, therefore, involves balancing the apparently opposed notions of strength and flexibility. We must neither be "formulated, sprawling on a pin" (T.S. Eliot), nor must we try to be fantastically ideal.

This is to say that realising our freedom involves choosing some particular way of living, and being committed to that. As Basescu (1962) points out, "man chooses his destiny within the limits of his finiteness and the opportunities of his freedom, but choose he must" (p.156). Discussing this is, however, to pre-empt discussion of how therapy takes place. We can conclude, then, by saying that pathology, which is both motivated and concerned with conflicts, is as a result of a person's having developed a personality structure that is either too finite or too free, and which does not allow of a concrete realisation of either of these. Before moving on to discuss therapy, it is necessary to place this broadly existential view within some kind of social context.

### 2.1.3 The Social Context of Pathology

In the previous two sections we have come to some understanding of the relationship between human nature and pathology. This section is an attempt to place the understanding arrived at so far within a broader social context. The core question in this section is what the relationship between the individual and society is. This question is answered in three ways: (i) an attempt is made to find a view of this relationship which explains how it is possible for society to lead to pathology; (ii) this understanding is broadened by a more specific look at how social structure does lead to pathology, this section looking specifically at the relationship between oppression and mental illness; and (iii) an attempt is made to say why it is that the social structure is such that this occurs.



### 2.1.3.1 How is it possible for Social Structure to lead to Pathology?:

Wrong (1961), in an article which attempts to correct the oversocialised conception of human nature as espoused by sociology, starts by showing how the notion of internalisation fails to answer the Hobbesian question of how humans come to be tractable to social controls. For Wrong, the concept of internalisation denies the validity of the Hobbesian question which it sets out to answer.

In contrast he espouses a Freudian view which sees instinct teleologically, that is, as not being constant over cultures, but differing in its goals relative to different social structures. So, for Wrong humans are social, but never fully socialised. Socialisation is, then,

... the 'process of becoming human', of acquiring uniquely human attributes from interaction with others. All men are socialised in ... [this] sense, but this does not mean that they have been completely moulded by the particular norms and values of their culture. All cultures, as Freud contended, do violence to man's socialised bodily drives, but this in no sense means that men could possibly exist without culture or independently of society (p.192).

The implication of this is that society is necessary, but not sufficient, both logically, and in terms of what it allows us to express. Society is necessary as a context in which to express the aspects of existence which we are tied down to having to express, but it also limits the ways that are open to us for expressing these. The limiting by society is not causal, it is rather in the form of a motivation: by making particular avenues of expression painful or unacceptable, people are motivated not to act in those ways.

Ingleby (1981), in a similar vein, after showing how the causal accounts of positivism deny the fact that people respond to situations in an intentional way, examines Szasz's view of how society comes to affect people's lives:

Szasz is correct in his insistence that psychiatry is concerned with 'problems of living', not with the maintenance of some criterion of health lying outside morality and culture; but the conflicts which give rise to these 'problems of living' do not stem from a contradiction between the abstractions of 'individual' and 'society', but from the tensions between human demands and the particular social institutions (work, the family, education, 'politics') which are supposed to provide for them (p.44).

The need that Ingleby points to here, the need to get into the particularities of the situation being studied, suggests that a causal approach is not adequate to an understanding of how society affects individuals.

In searching for an adequate interpretative approach, Ingleby criticises the approach of Laing and Esterton. For them, Ingleby maintains, Schizophrenia arises within the family. Ingleby feels that this ignores the society which gives rise to the particular family structure. Ingleby goes on to say that even when Laing does consider social structure, he sees the schizophrenic response as being goal-directed. The problem here is that Laing's approach fails to say why this form of goal-directed action is so singularly ineffective, and it does not allow of the kind of systematic distortions that Habermas talks about. Ingleby maintains that we need to interpret the world of the schizophrenic with more than common sense, as the patient is largely unaware of the social pressures that have led them to where they are. Following Habermas, he proposes using a Freudian approach to elucidate the systematic distortions within which we live. This section, however, attempts, rather, to follow the existential understanding outlined in the previous section.

This takes us back to the view of van den Berg touched on earlier. For him, pathology is the attempt of a person to continue in a state of ignorance as to their true position, and as to the limitedness of their world. So, in van den Berg we can see the world of the patient as being systematically distorted by socialisation and other influences. This way of seeing the world then is defended against anything that tries to suggest that there is more to the world than appears. Neurosis can be seen as the attempt to escape from this kind of challenge, and psychosis is possibly the result of a sudden swamping of the person by all those things that they managed to avoid for a long time. In any event, this all implies that when a person is attempting to continue not-knowing, their world will be structured in such a way as to deny what it is that they are avoiding.

#### 2.1.3.2 How Social Structure leads to Pathology:

The above discussion seems to suggest that the possibility of pathology lies in the failure of the society to provide suitable avenues of expression for certain possibilities of human existence, which leads the person to form an impoverished sense of their freedom, and to dwell in an impoverished world which, if challenged, can lead the person to pathology. There is, however,

another approach to the question of how the individual is related to society. This is the view that sees the society as being much more direct in what it does to a person. Society not only limits possibilities, but it actually directly decides and/or damages the lives of individuals.

Cochrane (1983) attempts to bring these two ways of understanding together. He starts by discussing the view that society directly influences the lives of people. The key concept in his discussion here is stress, which he sees as being a person's perception of threat to their stability and security. Now, stress is the result of stressors, those things in a person's relationships, family background, environment and society which threaten stability. Quite obviously, the societal aspect is very important, especially for particular groups in particular societies: in Western capitalist society, the unemployed and the working class are subject to many social pressures because of the groups to which they belong. In traditional, male-dominated societies, women are subject to great pressure, especially married women. In South Africa black people are subject to all kinds of discrimination and legitimised violence that is clearly highly stressful, for example migrant labour, forced removals, police action etc. Thus society can be seen as being a major stressor in the lives of certain groups.

Cochrane goes on to maintain, however, that society does not merely put people under stress, but it also limits the ways that some people can cope with that stress, that is, it limits the possibilities open to some people, usually those whom it put under stress in the first place. It does this by limiting the facilities and resources for coping with stress. Cochrane develops a scale relating the type of coping response to the kind of groups for whom that response is available. The more the social structure limits the possibilities, the more the response is maladaptive.

At the top of the scale, he sees intrapsychic defence mechanisms, such as high self-esteem, which are used to counter the effects of stress, as being available mainly to men, those with a high social status, who are employed, and are part of the dominant political group.

Secondly, there are stress opposing experiences, positive experiences which can counter-balance the effects of stress. These are more available to men, to the educated, those in professional and managerial positions, and those who are wealthy.

Intimate personal relationships can also be a help in coping with stress. This is available to those who are married, and those who are middle-class.

Social support from informal helping networks, that is from friends, neighbours and relatives, can also help people to overcome stress. Women, those who are married, and those belonging to voluntary organisations such as churches, are those for whom this kind of avenue is most available.

The following coping strategies are not as socially acceptable as the ones discussed already, and so the people opting for these are thus in a worse position socially. 'Minor deviance' such as drinking, taking drugs and being violent, are ways of coping with stress used mainly by men from the lower class

The development of physical symptoms is a strategy used especially by women, or by those who are very poor, or are unemployed. Similarly, these same groups attempt to get classified as ill.

Parasuicide, that is the pretended attempt at suicide, is a form of coping used by women, those who are young (i.e. adolescent or young adults), the lower class, and those in unstable relationships.

Admission to a mental hospital is often the only option open to those who are very poor, who are isolated, not married, homeless or elderly. It is more likely that people falling into these groups are women. Hospitalisation serves several purposes. It is a distraction from the source of the stress. It legitimates not coping with the situation. It provides temporary relief from the pressure that the person is under, and it legitimates pharmaceutical relief from the tension, and so from the stress itself.

Cochrane's view is backed up by the study of Yarrow et al. (1973). In their study, they found that the meaning which mental illness had in a particular family was different depending on the resources which the family had for coping with the deviant person. This suggests that the ability to cope is dependent on the resources available to people in their particular social situation.

Thus far two broad themes have emerged from the discussion. Firstly, there is the need to interpret people's experience of the social structure in an acausal, interpretative way, such that the systematic distortions which people are subject to are revealed. Secondly, it appears that social structure is responsible for a good deal of pathology in that it places particular people under stress, and in that it limits the possibilities which those people have for coping with their stress. It is now necessary to bring these two strands together.



If we accept that stress is a threat to stability, and that, inter alia, social structure is a stressor, then we can suggest that the stress coping strategies, as outlined by Cochrane, are ways of attempting to avoid stress, or are ways of retaining not-knowing, in the words of van den Berg. If we are thinking in terms of avoiding stress, then it can seem better to be oppressed and not know about it, and so be stable; it can seem better to live in a rigid, limited world rather than face the uncertainties of freedom. Therefore, if people are avoiding the implications of their oppression, it is necessary for a psychotherapeutic approach to see through this avoidance, thereby helping them to be more free.

Looking at things in this way offers some understanding of why oppressed people so often seem to collude in their own oppression. Thus, for example, a woman in a dominating, oppressive marriage may rather choose to retain the status quo than plunge into the uncertainties that are necessitated if she questions her role and the structure of her marriage. This view also allows of the counter case where people are so badly oppressed that they experience perpetual uncertainty anyway. For such people, there is no real identity to hold onto, no rigidified structure to give a sense of identity, and so there is also no systematic distortion, no collusion with the system of oppression.

There is another aspect to this whole area. This is that which might broadly be called education. It is important to see to what extent the world which people come to dwell in is the construction of the social forces which they are subjected to. This is important as it can give further insight into the way in which the world of oppressed people is impoverished by social control.

Kiev (1973), in discussing racism in the United States, shows how domination of the formation of the person's world can be extremely oppressive, as it denies the person a voice for expressing protest, and it also leads a person not to see oppression where this is apparent to others.

Unequal access to opportunities within the social system at different stages may have different effects. A negro in a Northern town may not encounter discrimination until he enters the occupational system. This will have a different effect than early exposure to it, say in education; while the [long-term sufferer from discrimination] ... may acquire adaptive skills for dealing with discrimination, he may also incorporate negative stereotypes into his sense of identity, with all this implies in terms of suppression and repression of the drives towards self-realisation (p.424).

This implies that what a person sees as oppressive is itself dependent on the extent to which they have been oppressed and denied opportunities.

From the discussion thus far of the two sides of oppression, that is the tendency of society to be stressful for certain groups, and the fact that society limits the possibilities for coping with and for even percieving stress, we can say that the recipe for effective domination is as follows: (i) to control the education of the people to be oppressed from as early a stage as possible, thus entrenching negative self-perceptions and limiting aspirations; and (ii) using as little overt violence as possible to enforce this system. By doing this, people will come to live in an impoverished world, and the lack of violence will make it difficult to see any other broader world. This formulation sounds ominously like Skinner's *Walden II*, and in spite of all its dangers, such a situation is, at least, not likely to lead to too much pathology.

But what of pathogenic social structures? On the basis of the above discussion, let us consider when pathology is most likely to occur. The possibility of pathology, we have seen, is greatest when there is a conflict between the world that the person has been motivated to dwell in, and a world of larger possibility. Such a situation can arise when the extent of the control by the dominant group is slipping, and when there is a discrepancy between the aspirations of people, and the avenues open for their expression. It is in these kinds of situations that people are most likely to have their received notions of their place in society challenged, and so to experience a conflict of worlds.

This is not to say, however, that the challenging of societal structures is wrong. Rather, it implies that for therapy to take place fully, it is necessary for the person to fully meet the implications of their social position, however painful that may be. Thus part of therapy can be seen as challenging rigidified notions as to social role. But we can leave discussion of this for the following section (2.2).

We have spoken a great deal thus far about the influence which social structure exerts on people's lives. At this stage we need to get deeper into why this is so.

### 2.1.3.3 Why the social structures are the way they are:

The starting point in answering this question is the notion of interests. It is not hard to see how having a particular society in one way and not in another is to the benefit of some (usually those making all the decisions), and to the detriment of others. The maintenance of political power and socio-economic privilege for some involves depriving others in these areas.

We can take this notion further. Marris (1982) criticises the structuralist-Marxist view which sees society as dichotomised into the warring groups of the haves and the have-nots, the owners and the exploited workers. He sees this view as being outdated in modern western society. There are, rather, a series of "downward distributions of uncertainty". What he means by this is that certain groups within society gain security by rendering others more uncertain. For example, trade unions render the unemployed more uncertain. Reservation of particular jobs for men renders women less able to find jobs. Similarly, the powerful colour bar in the mining industry in South Africa gives the relatively unskilled white worker job-certainty by reducing the possibility for black workers. The prerogative of men to be the bread-winner, and the norm of women raising children and doing housework, gives men a greater sense of worth at the expense of the women's. In South Africa, the whites' uncertainty as to their place in the future of the country led to the creation of the 'homelands' as a way of gaining security by removing the threat from black demands for equality. Those relegated to the 'homelands' are thus exposed to the uncertainties of unemployment, inadequate housing, poverty, migrant labour, fragmented families and corrupt government, in the interests of the security of the threatened whites and the few who masquerade as leaders in the 'homelands'.

We can relate this understanding of Marris to the understanding of human nature which we arrived at earlier (2.1.1). Any dominant groups, those who try to achieve security at the expense of others, can be seen as trying to enlarge their own freedom by encroaching on others' freedom and in so doing enlarging the finitude of those in less powerful groups. And, bringing in the discussion of the earlier part of this section, we can say that the way that this set-up gets entrenched is by the dominant group limiting the possibilities of the oppressed, particularly with respect to self-understanding and socio-political aspirations. By doing this, however, the dominant group eliminates the possibility for the oppressed people to express their dissatisfaction with the system as it is, and so increases the possibility of

uncreative ways of coping with the stress which they subject people to. Some of these possibilities for uncreative response to the oppressive situation are various forms of pathology. Another might be disorganised, violent protesting.

In conclusion of this section, we can attempt to place this contextualised understanding of pathology within the existential view outlined earlier (2.1.2). We can say that social structure, in the interests of some, forces others into having a particular world. The people in this situation are likely not to complain so long as they are not able to see any other world. If their oppression is so gross as to be very evident, or if then the total control of the way which people see their world is lost by the dominant group, or if it is pointed out that possibilities not consistent with the world of the oppressed should in fact be authentic possibilities for the oppressed, then pathology can come about, as the person is precipitated into a state of knowing that they do not know, and they then have to attempt to enlarge their horizons. The problem is that for particular groups within society, there are limited possibilities for enlarging possibilities available, and so the way of dealing with the situation becomes one of merely coping, of attempting to avoid the threat, often in a self-destructive way.

#### 2.1.4 Conclusion

Now, in conclusion of this overall section (2.1), which set out to discover how it is that some people come to live a different existence, we can say the following. The precondition for pathology is that a person is dwelling in a world of limited possibility. This world is limited because of motivations arising from the influence of parents, traumatic events, the social structure and the educational system.

Pathology only really begins, however, when a person starts to find out that their world is limited. Until that time, they are able to maintain a consistent, unambiguous world. When this clear, but limited, world starts to be challenged, people tend to try and avoid having to change the world in which they are secure. This attempted avoidance can be seen as being the manifestation of pathology.

Pathology can also arise in the situation where a person wishes to enlarge their world, but is prevented from doing so by the social and other constraints within which they live. This kind of pathology should perhaps more correctly be called protest.



Seeing things in this way does not ignore the social influence on people's well-being, but on the other hand it does not over-socialise their experience. It also does not heroise all pathology as being the result of oppressive social structures, while it still leaves this as a possibility. Therefore this way of seeing pathology brings together the societal and existential aspects of the very human phenomenon of different existence.

## 2.2 WHAT IS PSYCHOTHERAPY?

In the previous section, two important themes emerged relative to the 'etiology' of pathology. Firstly it seemed that the precondition for pathology is a limitation of possibilities through various incidents and influences which motivate the person to limit the scope of their world. Secondly the discussion suggested that the beginning of a realisation of this limitation can lead to avoidance (when the person does not want to change) or frustration (when the person wants to change, but is unable to do so because of constraints).

There are various implications for therapy that can be drawn from these broad themes. In general, we can say that therapy should aim at making possibilities available to people by helping them to move out into a less limited world. More specifically, we can say that therapy should provide a way of working through the motivations that led the person to have a limited world, by encouraging the expression of those things which have been denied by the motivations of the past and showing how the fear of that expression is no longer appropriate. Therapy should also aim to provide new, more appropriate ways of articulating possibilities, and should encourage people to examine creative ways of overcoming imposed finitudes. Where there are no available alternatives, therapy should be engaged in actively changing the system that is so severely limiting the possibilities of people.

This section (2.2) attempts to say how and why various approaches to therapy are successful when viewed in terms of the framework outlined above. In doing this, it draws mainly on existential contributions to the understanding of therapy, and deepens this discussion by examining ritual and symbols. A key question which emerges from the discussion is with regard to interpretation: if it is at all therapeutic, how are we to understand its efficacy? This question is discussed within the broader context of the discussion of the therapeutic value of symbols and ritual. Once an understanding of therapy has been gleaned from these sources, the findings are complemented by a brief discussion of the societal influences on the course of psychotherapy.

### 2.2.1 Existential Approaches to Psychotherapy

In an essay examining whether psychoanalysis is technical or not, Ricoeur (1974) raises many interesting points about what psychotherapy is. We shall, therefore, use this essay as a starting point for the discussion, and will go on to elaborate on this by drawing on other writers.

In that psychoanalysis attempts to reverse the dreamwork and the processes that lead a person to develop a neurotic world, it is technical. It tries to do to the person the opposite of what happens in symptom formation. But, it is also non-technical, or anti-technical, in that it is opposed to the domination of human consciousness, it wants consciousness and awareness as the end product. To achieve this, psychoanalysis works within language, attempting to reconstruct meanings lost through the life experiences of the patient. This is clearly not the natural scientific, technical process of observing and manipulating variables, but is rather a technique aimed at freeing the person from drivenness and the possibility of manipulation and domination.

Thus the techniques of psychoanalysis aim at achieving consciousness. This happens to a large degree through the transference that occurs in the therapy. The therapist responds to the patient unlike the average person. The analyst is "objective", and challenges the neurotic patterns that the person has built up over the years. This is the technique, and it aims not at manipulating, but rather at dethroning the narcissistic ego by bringing the patient's determinateness to light. The analyst reveals to the patient the poverty of the self-image which they have, bringing to light hidden desires and motives.

So, the challenge of the analyst to the patient opens the way for a reappraisal of the way in which the patient's "dark" side is used. The therapy opens up new ways of using this determinateness. This means, then, that the awareness of determinateness is actually an invitation to freedom; it is a chance for new possibilities.

Ricoeur goes on to say that, when used freely, desire, and the "dark side" generally, are no longer used to the detriment of others, because the freedom is based on resignation, on giving up the desire for omnipotence and instead enduring the imperfections of existence. Thus Ricoeur says that:

... psychoanalysis would like to be, like Spinoza's

Ethics, a re-education of desire. It is this re-education which it posits as the prior condition for all human reform, whether intellectual, political or social (p.194).

From this essay, four structurally related themes emerge:

- (i) In therapy the therapist challenges the patient's narcissistic, limited world;
- (ii) The therapist and patient work through the motivations that led to the limited world;
- (iii) This brings an awareness of the determinateness and finitude of existence, and a sense of the inevitability of imperfection; and
- (iv) The patient is then able to re-direct the determinateness and finitude in more creative ways, thereby freeing others too. Let us now look at each of these in more depth.

#### 2.2.1.1 The Challenge of the Therapist:

Neurosis, Basescu (1962) maintains, leads to a person seeing others as objects to be manipulated. These objectivised others usually respond to the neurotic by either ignoring them, giving in to their neurotic demands, or by being hostile. All of these responses serve to justify the neurotic's distrust of the world, which distrust led the person to objectify the others in the first place. Thus the neurotic is involved in a vicious circle. When the neurotic comes to therapy, the therapist does not respond in the same way as the 'normal' person does. The therapist tries to take the best of each of the 'normal' responses, while attempting to get away from the worst aspects. What emerges from this is that the therapist does participate in the world of the neurotic, is accepting, but is also critical. Basescu calls this being "fully present", which he says

... means to be subjectively real, consistent in the feeling and expressing of one's emotions, focussed on the here and now, and open to the possibilities of current experience. Such a state of presence makes it impossible for the therapist to be treated as an object, and the patient must contend with this fact (p.155).

Johnson (1971) brings out similar ideas. For him, the first aim in psychotherapy is to destroy all the socialisations of the person, since he sees socialisation as estrangement from potential. To overcome socialisation, he tries to "engage the client in an existential crisis that will precipitate an intrapsychic metamorphosis" (p.8). He is, however, not just critical. The active encounter, which is so important for him, must be paralleled by trust: "The failure to trust underlies all psychotherapeutic

failure" (p.32). To establish trust he enters into the world of the client, making himself available to that person. This reaching out to the client is achieved by disclosing about the relationship and about his own feelings for the client, as a way of giving himself for the client.

Van den Berg (1980) also has an important contribution to make here. He sees repression as being a not-knowing which is operative on the interpersonal level. The therapist, therefore, has to become the unconscious of the patient in an attempt to overcome this not-knowing. The therapist does this by gradually confronting the patient with those things which are absent from their world. The therapist, through the strength of the relationship that is established, is, unlike the people and influences of the past which were negative motivators, able to invite the patient "to talk himself into the knowing of the therapist" (p.45). In this sense, the therapist helps the patient to overcome loneliness, the basic state of pathology, which is the result of not-knowing.

From this discussion, it appears that the therapist has the difficult job of challenging, while at the same time trying to relate warmly, supportively and trustingly. Perhaps this is not as difficult as might initially seem. If the therapist responds caringly, this will already be challenging many preconceptions about how people relate. Fully to care, however, means not just going along with the neurotic's world. The therapist has to take a stand and be critical. What is important is that therapist makes it clear that s/he is critical of the neurosis and is still accepting of the person who extends far beyond the narrow self-image of the neurotic.

#### 2.2.1.2 Working through the Limiting Motivations:

The challenge which the therapy issues to the neurotic adjustment of the client, and the warmth of the relationship, brings the client to work through the motivations of the past which led them to establishing the world which they arrive at the therapy with. It is in this area that psychoanalysis has its particular genius. It takes the person deep into their past, and, according to Habermas (1976), provides a general narrative framework within which the person can tell the story of their life, seeing the points along the way where particular influences were operative. The therapy, by bringing the past into focus, questions the relevance of the neurotic adjustments for the present.

Basescu (1962) also expresses this notion. The therapist issues a challenge to the client by not responding in the 'average' way, but rather in a more real way.



If the patient chooses to contend with the therapist's realness he must be committed to change, in a sense willing to take a chance by participating in a new and unfamiliar world. He then again experiences the failure of his neurotic adjustment, but this time with a difference, namely, it occurs within the therapeutic relationship .... His attempt to construct his world with the therapist in the pattern of the past fails, and he experiences the feelings of despair which characterise the loss of one's world (p.156).

This leads us into the next stage.

#### 2.2.1.3 The Despair of Facing Finitude:

For Johnson (1974), the encounter which destroys the socialised limitations of the client, opens the person to the inevitability of suffering and imperfection. The client can no longer pretend that the world is perfect and that they are immortal.

The clients I consider cured do not rejoice. They do not boast of 'balanced liberation'. They know their painful struggle with existence has just begun. They now realise they bear a greater anxiety and guilt than before they began psychotherapy. Yet these ills are not pathological. They are a reaction to the obsolete epoch of socialisation by authority. Those ills were destroyed as God the father was killed in psychotherapy. The sickness with which they are now afflicted is inherent in the human condition at this stage of evolution. It is not a reaction to the past, but a demand of the present in the hope of a future (p.8).

The facing of despair, however, requires the client to make a choice, to direct their potentialities to life nonetheless.

This view of life has strong overtones of the Fugard (1980) play Boesman and Lena. In the final lines, Lena, after what must have been the worst night of her existence, during which her husband beats and abuses her, and kills an old man with whom she was attempting to share some human warmth, somehow manages to declare that "there's daylight left in me" (p.293), and continue the struggle that is her life.

This kind of view, of the inevitability of suffering, seems, however, to be opposed to any critical endeavour. If we merely accept with resignation our lot, then anyone can put upon us what they will. How are we to bring together the critical thrust and the notion of resignation?

We can start by considering the possible audience of a play like Boesman and Lena. Certainly it is not addressed to people like the

characters Boesman and Lena, but rather to those who are specifically not like them. It is surely meant for those who have an inflated idea of their own freedom, and inflict that on others, thereby rendering them like Boesman and Lena. It seems that the play is a call to the too free to consider their finitude and face the inevitability of their imperfection.

Now, Ricoeur's notion of the narcissistic ego needing to be dethroned fits in well here. Too much freedom is really a kind of narcissism. But we find something curious. We started by seeing the challenge of therapy as a challenge to limited possibilities. Now we are talking about a challenge to too much freedom. The way of making sense of this is to see that in striving to be more free, we actually limit our own possibilities, and those of others. We might increase our freedom in some areas, but this also increases our finitude in other aspects.

If this is so, then the resignation which Ricoeur talks of is not a capitulation before authority, but rather an in-tuneness with one's authentic finitude and freedom. It means accepting one's own finitude, and working towards possibilities emergent from that, possibly in opposition to those who would have one's finitude other than it is in its authenticity.

Marcel (1962) describes this kind of in-tuneness as hope. Hope is not a crude optimism, which he maintains is an unshared belief aiming at a particular set of rigid possibilities, but is rather shared, and based on an openness to the genuine possibilities within a situation. This means that one must genuinely face the worst:

The truth is that there can strictly speaking be no hope except when temptation to despair exists. Hope is the act by which this temptation is actively or victoriously overcome (p.36).

Thus hope involves an acceptance of fate, but also a non-acceptance. Fate does not determine us, it challenges us to move beyond the immaturity of the "ego which needs educating and controlling" (p.39), to greater possibilities, possibilities which we may have been taught do not exist.

This view has implications for therapy. To help someone to grow through this stage, Marcel maintains, requires a patient confidence in the person's ability to grow. This means that one must neither be weak and complacent, nor intrusive and manipulative. The relationship must be one of involvement and acceptance, but must also be critical and challenging. This underscores what we have found in the previous sections. The following section examines how a person comes to hope and to see new possibilities.

#### 2.2.1.4 Finding New Creative Possibilities:

Barton (1974) examines in great depth the therapies of Freud, Jung and Rogers. On the basis of his study, he concludes that the therapy provides a world of new meanings and possibilities for the client. The client enters the world which the therapist creates, and is cajoled into remoulding their life in terms of the possibilities which the therapist's world opens up.

The fact that the therapist has a way to help - an orientation or approach that is more or less convincing to, and liveable by, both therapist and patient - is therefore essential to the therapeutic process (p.237).

Often this world-forming and cajoling takes place without the therapist being aware that this is happening. The therapist thinks that s/he is merely doing therapy, employing particular methods and techniques. The example of systematic desensitisation, given by Barton, is a case in point. The behaviour modifier sees the session as a special way of pairing stimuli and responses, so as to cause a change in the behaviour of the patient. However, the method of imagining progressively more scary phobia-producing situations, while in a state of relaxation, can be seen as making possible a world in which one does not have to be afraid of, for example, open spaces. The systematic desensitisation makes possible a world of broader possibilities.

Frankl (1973) is one of the few therapists who is aware of doing this in therapy. He sees himself as helping patients to adopt more creative attitudes towards their situation, and so to find meaning in their lives. He gives the example of a man who was grieving at the loss of his wife, seeing his own life as now being without meaning. Frankl suggested to this man that he had in fact saved his wife from suffering. This enabled the man to see his life as having a meaning: he was in a way sacrificed for his wife. In general, Frankl seems to invite people to give to life what they can, rather than expecting to receive:

... man should not ask what he may expect from life, but should rather understand that life expects something from him. It may also be put this way: in the last resort, man should not ask 'what is the meaning of my life?', but should realise that he himself is being questioned. Life is putting its problems to him, and it is up to him to respond to these questions by being responsible; he can only answer to life by answering for his life (p.13).

The idea being expressed here, that therapy is a world which invites the creation of new meaning, is one which draws together the previous three

themes as well. The world created by the therapist, to the extent that it is not impoverished, is a challenge to the person dwelling in a limited world. In that the therapist is accepting, the world that s/he creates should be a non-judgemental, warm dwelling place. In that the world offered by the therapist teaches the patient to see the world in a certain way and to pay attention to certain life-themes, it provides a way of working through and reconstructing the past. Also, in that the world of the therapist is a challenging one, and in that it questions the life history of the person, it leads to a facing of emptiness and despair, which can then be redirected through the creative possibilities which are opened up.

At this stage, however, we cannot answer very clearly how it is that the world of therapy brings about this transformation of meaning. As a starting point, we can examine the related areas of ritual, symbols and interpretation.

### 2.2.2 Ritual, Symbols and Interpretation.

At this stage we have a rough outline of what psychotherapy is. We have seen that there are four related themes, and that these themes can be summed up as being a world of new possibilities that brings a person to letting go of their old, limited world, and accepting the hope which the new world of therapy offers as a way out of despair. This section is an attempt to deepen this understanding.

The ritual process can in many ways be seen as paralleling the process of psychotherapy. It is, therefore, to ritual that we turn first. From the discussion of ritual, it emerges that symbols are a central aspect in the transformation of meaning. Symbols are thus the next topic. The discussion of the therapeutic value of symbols leads into an examination of the role of interpretation in psychotherapy.

#### 2.2.2.1 The Ritual Process:

Ritual is interesting in the study of psychotherapy as it can be seen as fulfilling a similar societal function. Ritual is a source of renewal for individuals, in enabling them to live through certain life changes which would otherwise be very traumatic. What is interesting, however, from the point of view of a more critical, or socially aware psychotherapy, is that ritual is not only aimed at the individual, but also at the broader community, as a source of renewal. Thus the discussion of ritual here can accomplish two things: firstly it can deepen our understanding of the



process of psychotherapy, and secondly it can provide a way of seeing how to integrate individual and societal renewal.

Drawing on van Gennep's (1908) analysis of rites of passage, Turner (1978) describes the three stages of the ritual process. The first stage, that of separation, "detaches the ritual subjects from their old place in society" (p.249). There is a severance of all ties with one's old status and roles, this being symbolised, for example, in the burning of one's old garments. There is a lot of death imagery associated with this stage, this representing the death of the old self.

The second stage is that of liminality, an in-between stage of isolation from 'normal' society. In Xhosa initiation rites, this otherness is symbolised by the wearing of white clay on the face and body. White, in Xhosa culture, is a symbol for things and people who are alien to the everyday world.

The liminal stage is often accompanied by the development of communitas, a kind of negative mirroring of social structure, if there are several ritual subjects. In this stage, all values are reversed, and social protest is vehemently expressed. It is this expression of protest that leads Turner to say that this stage "is the fons et origo of all structures, and at the same time their critique" (p.249). For Turner, the ritual process is a recognition by society that its structures need renewal by protest, thus it provides the avenue of liminality for the expression of this protest.

In the liminal stage there is also a great emphasis on the spiritual, and liminal people are seen as being in contact with powerful forces of renewal. This spiritual power counterbalances the relative secular powerlessness experienced by ritual subjects who exist in a kind of vacuum, having neither their old role nor their new one. The spiritual emphasis is accompanied by a great deal of symbolic material, and the subjects are immersed in a wealth of mythic and archetypal imagery.

The third stage is a stage of reintegration. The person is brought back into the social structure, but now in a new role and status, having new outward symbols of this change, for example new garments. Thus what the third stage does for the ritual subjects is that it "installs them, inwardly transformed, and outwardly changed, in a new place in society" (p.249).

Joseph Campbell (1956), working on the interpretation of myths, found the same structure as that posited by Turner. Myths are, for Campbell, a kind of ritual, bringing both individual and societal renewal through the figure of the hero, who



has been able to battle past his personal and local historical limitations to the generally valid, normally human. Such a one's visions ... come from the primary springs of human life .... Hence they are eloquent, not of the present, disintegrating society and psyche, but of the unquenched source through which society is re-born. The hero died as modern man, but as eternal man ... has been re-born (Campbell, quoted in Priebe, 1976, p. 102).

The story in the myth takes the listeners through the process of death and re-birth followed by the hero.

This structure, of separation, liminality and reintegration is very prevalent in literature. It is very clear in Joseph Conrad's novel Heart of Darkness. Marlow, the narrator, decides to give up being a sea-sailor for a while, and goes to Belgium to find a job as the captain of a steam boat on the Congo river. He experiences his successful job interview as an initiation into darkness, a darkness which, at the symbolic level, is the darkness of the human heart:

... I am not used to such ceremonies, and there was something ominous in the atmosphere. It was just as though I had been let into some conspiracy ... (p.15)

This initiation takes place in Brussels, described as the "sepulchral city" (p.14). Thus the initiation of Marlow into the darkness is a separation from what he is used to, and it is associated with death imagery.

Marlow then travels to the Congo, and begins his journey up the Congo river to the heart of darkness, where he meets Mr Kurtz, the epitome of European civility and humanitarianism who has turned into an almost demonic force of evil. The journey is liminal. It seems to take place in a strange twilight world of archetypal imagery:

Going up that river was like travelling back to the earliest beginnings of the world, when vegetation rioted on the earth and the big trees were kings. An empty stream, a great silence, an impenetrable forest (p.48).

After meeting with, and facing up to the horror of Kurtz, of the heart of darkness, Marlow attempts to return to the society which he left behind, but finds that it is unable to bear the truth of the horror. In a sense, Marlow remains liminal, uneasily telling his story, much like the Ancient Mariner, in an attempt to become reintegrated. It seems, though, that society is not too keen to hear the dissenting voice of Marlow who has seen the depth of the darkness that the human heart, and more especially the colonial, ivory-seeking, so-called humanitarian, heart, is capable of.

Laing (1967) also points to this structure of death (separation), journey back (liminality), and re-birth (reintegration), only he sees it in the schizophrenic process. He quotes Bateson (1961) as saying, in an interview with Laing in which he (Bateson) described his own experience of schizophrenia:

Once begun, a schizophrenic episode would appear to have as definite a course as an initiation ceremony - a death and re-birth - into which the novice may have been precipitated by his family life or adventitious circumstances... (p.97).

Laing sees four stages in the schizophrenic experience. Firstly there is a breakdown of the barrier between the inner and the outer, there is a movement into the inner world, a very different world to the world of everyday experience:

The process of entering into the other world from this world, and returning to this world from the other world, is as natural as death and giving birth or being born. But in our present world, that is both so terrified and unconscious of the other world, it is not surprising that when 'reality', the fabric of the world, bursts, and a person enters the other world, he is completely lost and terrified, and meets only incomprehension in others (p.103).

The second stage is an initial defence against the other world, but this is overcome, and is experienced as a death of the self. After this death, there is a time of going back in time, of making contact with the archetypal roots of human experience. Finally there is a return, a re-birth, a reintegration into the 'normal' world. For Laing, what is needed in dealing with schizophrenia is

... an initiation ceremonial through which the person will be guided with full societal encouragement and sanction into the inner space and time, by people who have been there and back again (p.106).

John Perry (1984) in fact attempted something very similar to what Laing is suggesting here. He found that there is a definite process to acute schizophrenia, and that this is halted by medication. He set up a place where people, supported and assisted by volunteers who had been through the schizophrenic experience, could work through this process. He found that within about forty days (a good mythical number!) the person was through the schizophrenic episode, and that thereafter the person was able to undergo conventional psychotherapy.

There is the implication in Laing's work that the way society is presently structured makes it very difficult for schizophrenics to be reintegrated into

the society. The necessary ceremonial is lacking, but this is itself the expression of a deeper malaise in society. Society has rigidified into a certain pattern, and this set-up does not like to be challenged. Schizophrenia is a kind of challenge to the status quo, and as such it is hushed up by medication, hospitalisation and labelling as a sickness.

In this discussion we have seen that rituals have a very definite structure, and further we have seen that this structure is also present in myths, literature and the schizophrenic experience. If we now compare the structure of ritual with the structure of psychotherapy arrived at in the previous section, we can see that there are great similarities. Therapy challenges the old ways of a person's existence, and separates them from this, bringing about a kind of death of the old self. In this way therapy isolates the person, and brings them before themselves in an existential vacuum where the experience of despair is reached. Finally, therapy invites and offers new ways of relating and of expressing potentialities.

Having seen this parallell, we can now go on to find out what it is about all of these things, ritual, myth, literature and therapy, that is able to bring about the transformation which is suggested by their common structure.

#### 2.2.2.2 Symbols:

For Turner (1978), the transformative power of ritual is located in the symbols which guide and constitute the ritual process. Especially in the liminal phase, there is a rich variety of symbols available to subjects for expressing the conflicting ideas and emotions which they are experiencing during their transformation. These symbols have two poles, the ideological and the sensory. The former expresses the current jural and moral values of the society. The latter expresses gross emotions, and is related to physicality and universality.

The unity of these two poles in one symbolic object gives the dominant symbol its transforming power. For it brings the ethical, jural norms of society into close contact with strong emotional stimuli .... Norms and values become saturated with emotion, while gross and basic emotions become ennobled through contact with societal values (p.247).

This idea of symbols uniting opposites is an idea which emerges very clearly from the work of Jung. For him, symbols allow a person to bring together the opposite sides of their personality. The persona, that part of ourselves

which we like to think that we are, is balanced by the shadow, those aspects which we try to conceal and deny. In pathology, the shadow comes and overwhelms the person. It is the work of therapy to find a symbol which allows the person to live comfortably, expressing both sides of their personality. Once this uniting symbol has been found, it performs the transcendent function, that is, it brings about a dynamic interaction between the conscious and unconscious aspects of existence, thereby eliminating the possibility of any one-sidedness in personality structure.

This Jungian view is remarkably close to Ricoeur's reading of Freud. Ricoeur sees Freud as dealing with two essentially opposite forces, which can only be brought together through the work of symbols. The psychoanalytic sessions provide the patients with symbols which simultaneously express the regressive (the bodily, the "dark", the aggressive, instinctual etc.) and the progressive (the spiritual, the teleological, the rational etc.). By this means patients become aware of their lower nature, of their irrationality, and come to see their id as what it is, and so learn to live without needing to repress the dark side.

Ricoeur does not fall into the trap that Habermas (1976) does. Habermas, who quite rightly sees the work of psychoanalysis as the re-symbolising of lost aspects of existence, sees instinct as only being a drive when repressed. Habermas sees instinct as being in actuality thwarted potentiality, and maintains that only as such can instinct acquire the form of a drive. Through re-symbolisation, the process of bringing the instinct into language, a drive comes to be more teleological, a conscious movement towards realisation of a particular potentiality.

The problem with this view is that it tends to negate the crucial insight of psychoanalysis that humans are not the masters of their own fate, that we are not, even potentially, pure consciousness. On the contrary, Ricoeur maintains, we are essentially the mixture of regressive and progressive forces. The best that we can hope for, then, is to be aware of our regression at the same time as our progression, and to see the two as an essential part of each other. Ricoeur takes this to be the meaning of Freud's controversial statement "Where id was, let ego be!".

For Ricoeur, the symbols operate through the interpretation of the analyst. The analyst provides a set of symbols whereby the patient can re-symbolise their existence. The Jungian therapist can also be seen as doing this. In interpreting the life of the patient as a set of symbols (archetypes, persona,



shadow, anima etc.), the analyst provides a way for the patient to see their life. Better to understand this, we need to examine the question of interpretation: What is interpretation, and how does it transform people's lives?

### 2.2.2.3 Interpretation:

Barton describes the "ideal interpretation" as

... one which the patient is so close to grasping that it comes to him as a sudden shock of recognition; it makes real, rational and affective sense at the same moment. The patient can see that it connects whole realms of experience and feeling which he had hitherto regarded as more or less separate and distinct. The interpretation not only makes sense, but rings true to the patient's experience (p.34)

One can see this as some kind of almost mystical-magical happening, brought about by barely-understood processes, the kind of thing which Freud's followers surely dream of! On the other hand, we can see this as a very well-timed and expertly carried out presentation of a particular symbol to a person. Seen in the latter way, much of the mystification and lore of psychoanalysis falls away. What, then, is interpretation?

We can begin to answer this by looking at the work of Burney (1984). In discussing sandplay, one of the techniques he uses in psychotherapy, he maintains that if a person has made a model in the sand, using some of the many figurines that he makes available to them, then an interpretation is unnecessary, except, perhaps, as a way of saying "I am with you" to the person. For him, the interpretation is unnecessary as the person has already done the work of expressing various thoughts and feelings by means of the model.

If we look at what is happening here, then the apparent contradiction between Barton, who is ecstatic about the possibilities of interpretation, and Burney, who sees it merely as a useful adjunct, can be resolved. Burney, in sandplay, presents his clients with a sand-box, and invites them to choose figurines, with which to people the model, from a vast collection of 4000 which he has collected from all over the world. Surely by doing this Burney is offering his clients a wealth of symbols, and a plastic medium within which to work with these. Under these circumstances it is not surprising that people are able to symbolise all manner of things which are worrying them, and it is also not surprising that interpretation is

unnecessary, as the patient has, in effect, in the act of choosing and modelling already done the work which occurs in interpretation, namely re-symbolisation.

In Barton's ideal interpretation there is a similar process occurring, but in this case there is not a vast range of figures to choose from. The analyst offers the patient the particular symbol which is the core of the interpretation, and, if it is ideal, this symbolises the very conflict which the patient is working on at that time. Thus the main difference is that whereas Burney merely has to be supportive in a general way, provide the symbols in the form of the figurines, and encourage the patient to use this as a method of expression, the psychoanalyst has to be much more accurate in that s/he has to be very much in tune with what it is that the person is working on.

So what we find here is that therapy takes place by means of symbols, whether the concrete physical symbols of sandplay, or the abstract verbal ones of psychoanalytic interpretation. This is something borne out by Murray (1975) when he points to the importance of language in psychotherapy. The symbols and metaphors of language enable the client to see their world in a different way. This re-metaphorising of existence does not even have to take place purely through verbal language, but can also occur through the body language of a person, for example in the way they walk. Getting people to see their way of metaphorising their existence is the first step in therapy, and then there follows the attempt to encourage the person to change the metaphor.

Now interpretation, or indeed therapy, is not an aseptic process of changing symbols. It is important that this takes place within a relationship. As Burney says, it is important for him to tell the client that he is there and is supportive, and that he is providing a safe place within which the re-symbolisation can take place. Without this space, there is not the possibility of taking the risk of seeing the world other than the way that it seems. Basescu (1962) expresses this well:

... interpretations, even if they are incorrect, as a good many probably are, can be reassuring by alleviating guilt and anxiety, and by offering hope for the future. No matter what the specific content of the interpretation, the therapist is in effect telling the patient not to judge himself too harshly. He is saying that the patient's personality has been influenced by his experiences with others, and that he has been acted on by forces beyond his control. Furthermore, in realising

that the present has developed out of the past, the patient can experience himself in the time dimension, and anticipate a future in which he can realise some of his aspirations (p.152).

We can perhaps close off this discussion of interpretation by reference to Heidegger. For him, interpretation is a teleological way of seeing, a way of seeing based on the notion of existence being a project, a working towards possibilities. Thus, for Heidegger interpretation is a way of looking at possibilities. It is important to note that these possibilities are always thrown possibilities, they only exist in relation to the person's facticity, that is, their bodiliness, their past and their context. Thus, interpretation connects the past with possibilities in the future. We can see language (or symbols) as the way in which these two aspects of existence are realised in the present, as it is language (in the broadest sense) which allows us to relate to others and to the world.

In conclusion, then, we can say that the ritual process parallels the process of psychotherapy, and that these both are effective in transforming the lives of people in that they present powerful symbols which allow the people to connect up otherwise separate aspects of existence. The work of interpretation, and of psychotherapy, is the work of using symbols to open possibilities consistent with a person's past, something which people have to be encouraged to do within the security of the therapeutic relationship. One important difference between the process of ritual, and that of psychotherapy, is that the former allows of the expression of protest against the status quo, and it directs this protest in creative ways for the renewal of society. The following section is an attempt to place the process of psychotherapy in a social context so as to see how it is possible for it to contribute not only to individual, but also to societal healing.

### 2.2.3 The Social Context of Psychotherapy

When we attempt to place the process of psychotherapy within the broader social context, there are two ways of approaching this. The first is to see how the process of psychotherapy can be enhanced by taking societal concerns into account. We might term this the practice of psychotherapy as liberation. The second approach is to see how the insights of psychotherapy can be used within broader movements working for social change.

#### 2.2.3.1 A Psychotherapy of Liberation:

A first consideration in attempting to set up a psychotherapy of liberation is the availability of current therapy. At present very few people are able to avail themselves of therapy, this being limited to the wealthy who can afford the prices charged by private practitioners, and to those who are in hospitals. Many others can benefit, though. So we must try to see how therapy can be made more available.

Two possible ways of doing this might be: (i) through groups, established through informal networks such as churches, the Women's Movement, community organisations etc., these groups being co-ordinated, but not necessarily run, by a psychotherapist; (ii) within therapeutic communities, that is by groups of people living together for the purposes of their own growth as well as that of the broader community in which they are situated. Basically what is needed is a sharing of professional skills through the therapist seeing his/her role as trainer, rather than as healer (however, there should always be recourse to a therapist for those who are very disturbed, or who need specific direction with particular problems). If a therapist starts to see his/her role in this way, the job of the therapist will become more of an attempt to see how best, given the particular context, to facilitate the process of psychotherapy.

Let us now consider how a psychotherapy of liberation would use the structure of therapy which we have arrived at thus far.

The starting point in therapy, as we have seen, is a challenge to rigidified structures of existence. In a sense, the person who comes to therapy has already been challenged to a certain extent, otherwise they would be happy in their ignorance. The need for therapy suggests an uncertainty underneath the certainty which is actually a neurotic avoidance of the challenge. Thus it is the aim of therapy to focus the impact of the



challenge, and to bring it into full awareness, encouraging the person to face this rather than avoid it. If we are talking of a liberation psychotherapy, this means that the therapist must bring to light the person's attempt to hang onto rigidified social roles, and their desire to fulfill societal expectations. Thus therapy must further challenge the vague unease that brought the person into therapy in the first place. Obviously this must take place within a warm and encouraging environment. To be challenging in this way, therapy will involve looking at the person's attitudes to, and feelings about, sex roles, people of other races and classes, and, at a deeper level, it will try to question the person's belief in taken-for-granted capitalist values such as ownership and autonomy.

Marcel (1962) provides an interesting existential rationale for the questioning of the capitalist ethic. He contrasts the creativity of Being, with the rigidity of Having. In the former "having as such is transcended and etherealised within the creative act: the duality of possessor and possessed is lost in a living reality " (p.180). Having, on the other hand, involves an alienation of part of the self. In attempting to own something, we lose the part of ourselves that is used to hold onto the possession, as this part is no longer free for a variety of possibilities. Marcel sees fanaticism and ideologism as being extreme forms of this alienation. In both cases there is tyrannisation in order to hold onto a belief. The creative person, that is, the person who attempts to be rather than have, on the other hand,

... is continually on guard against this fossilising of his thought. He lives in a continual state of creativity, and the whole of his thought is continually being called into question from one minute to the next (p.181).

Living in this way means that autonomy is impossible, as autonomy is at base a failure to enter into the whole, to be available to others.

Now the above seems to be mainly addressed to the oppressors. The oppressed, however, also need to be challenged. Often the resistances of the oppressed are even greater than those of the oppressors, as the oppressed are avoiding not only the loss of an identity, albeit an impoverished one, that is implied by taking the challenge seriously, but they are also defending against the fact that giving in to the challenge means accepting that one really is being taken for a ride. No-one likes to admit that they are a loser. So therapy must also aim to challenge the rigidities of the oppressed, helping them to see how they have come to be in the

losing position through no fault of their own. This, however, brings us to the stage of working through.

The first thing to note here is that, from the above, it seems very important to establish with the person in therapy the way in which they have been determined by society and other forces. This removal of responsibility can help the person to move beyond the limitations that they find themselves in, no longer feeling that they have to defend these rigidities. This is a very long and involved process, and it is possibly in doing this that most of the time in therapy is spent. As this stage is so involved, because it needs a consideration of all the influences that have brought the person to where they are, it cannot ever be a simple one-off event. There is, rather, a dialectical movement between a challenge and the working through relative to that particular aspect of existence. Thus there is a continual deepening and broadening of the challenge and the way in which it is worked through.

Russell (1974) discusses the stages in the dialectic of women's liberation (she takes these stages from Reuther). This model is an example of the need for moving to deeper levels of challenge and working through, and it also corresponds with the structure of therapy as outlined earlier. Thus the first two stages discussed by Russell will be used as an exemplification of the challenge/working through dialectic, and then the next two stages will be examined as giving pointers for the last two stages in the structure of psychotherapy.

The first stage that Russell discusses is that of the Happy Slave. Here a woman is content to live in the expected role of mother, secretary, servant or sex symbol. Russell maintains that these women are so content as to be fearful and defensive when faced with other views on the subject of sex roles. These women see "'women's lib' as a threat" (p.118). To me this suggests that such women are not as happy as might seem to be the case. The defensiveness suggests a dissatisfaction and uneasiness with the expected roles, but this wariness is being avoided in the attempt to remain blissfully in bondage. In any event, if a person has come to therapy, it is likely that they are not happy with themselves in general, and a large part of this might be an unhappiness with the role expectations that they are attempting to live up to.

The next stage is termed "emulating the oppressor":

In this stage a person focusses attention away from her or his own group in order to devote all the energy possible to excellence of performance in order to 'get ahead' (p.119).

This, however, is really "liberation based on self-hatred", and is to say that all people should be like the "respected white, western male" (p.119). It is important to challenge this too, bringing people to see their own potentialities and to face their particular facticity.

These two stages, which in themselves include many different levels of challenge, bring us to the next stage in the structure of psychotherapy. For Russell this is the stage of rage, and it seems to correspond well with the stage of isolation and despair in therapy.

In this stage there is anger and despair at the impossibility of change. This despair is often destructive, and Russell likens the rage experienced by women to the rage expressed in ghetto riots. In women,

... the rage is acted out in violent outbursts, anguished crying, or frightened withdrawal as they see the world into which they have been enculturated crumbling about them (p.119).

At this stage the psychotherapeutic involvement must take the form of support and care. It is important, however, that this is not a tranquilising kind of support. It must be a support that does not take the person out of their hell through a pseudo-togetherness, a false community spirit that is merely a different kind of rigidity. If we are thinking about groups (e.g. women's groups), the group must be tolerant enough to allow the individuals within the group to work through the issues at stake in their particular ways. There can be no pat answers to despair. This means that the support that is given must take the person out of their hell by providing a variety of possibilities that the person can choose amongst. This brings us to the final stage in the process of psychotherapy, and in the dialectic of liberation.

In the final stage, the group or the therapist provides open-ended possibilities that can help to foster a new awareness of identity and an ability to act. In this stage, there is a discovery of a sense of community, and an opening of possibilities out of a re-owned past. This all sounds very pleasant, but what does it actually mean?

It seems to imply that there is a need for some community involvement in particular activities, yet these activities must not be at all rigid. This

seems to suggest the need for, on the one hand, some definite ideological commitment, as these activities cannot be directionless, and on the other hand, the flexibility to allow the person to choose the depth of their involvement. To bring this about, it is important that the ideological commitment of the therapist or the group be made explicit, and that it be made clear that the person is free to choose whether or not to be a part of this. We can extend this to cover the overall practice of psychotherapy by saying that it is necessary for the therapist to take a stand, and that further it is extremely important for the therapist to make explicit what his/her stand is. As Barton (1974) points out, all therapy is done within an ideological framework, it is just that the usual therapist

... cannot understand himself as transformer, selector, emphasiser, indoctrinator of ideology, teacher of theory, convinced expressive articulator of a view of reality, life and values ... (p.245).

By making this explicit, the person is left free to choose, and so is not moved from one kind of rigidity into another.

It now remains for us to see how psychotherapy can be involved in working for a more just and democratic society.

#### 2.2.3.2 Psychotherapy and the Struggle for Liberation:

The question which this section attempts to answer is that regarding how psychotherapy can become involved in changing the structures of society. The way outlined above is the first and most obvious way that this can be done. By liberating enough individuals, psychotherapy might manage to make a dent in the overall structures. The problem with this is that this is in a way preaching to the converted, or at least to the almost-converted. As we noted above, only those who are experiencing some unhappiness with their role and the expectations of society, even if they are trying to avoid this unhappiness, are likely to find their way into therapy. This leaves, then, the many who really are blissfully ignorant, all those who manage to live unquestioningly in the position of being oppressed, or worse, all those who occupy an oppressive position with firm conviction. How are we to reach these people?

The first idea that comes to mind is that what is necessary is large-scale challenging of rigidified ideas about social structure and roles, this challenge being aimed at both oppressors and oppressed. Quite apart from the practical problems associated with implementing this kind of idea, we



can hypothesise, on the basis of our understanding of the structure of psychotherapy, that this will only bring about an avoidance in some or other guise. The challenge will be largely resisted, and unless this resistance reaches pathological proportions, it will never be overcome. Even if such a challenge is able to meet with any success among the oppressed, it will meet with very little success among the oppressors, that is assuming that they ever get to hear it in what is quite likely to be a country numbed by propaganda and censorship. Let us consider each of these kinds of challenge, that aimed at the oppressed and that aiming to 'convert' the oppressors.

If we consider the challenge to the oppressed, assuming that this does not fall on deaf ears, we have seen that it is not enough merely to challenge people's rigidities, but that there need to be organised programmes of action with which people can choose to become involved. Without this, a possible result of the gaining of awareness (by which Habermas sets so much store) is merely anger and frustration. With regard to the nature of the involvements which should be available for people to choose, we can return to Marris (1982) who maintains that if a programme is to be successful, it must attempt to: (i) involve as many groups of disaffected people as possible; and (ii) centre on a particular localised issue, and not be too sweepingly idealistic and future orientated. A South African example of this was the uniting of all kinds of groups to oppose the elections for the new tricameral parliament.

If we consider the challenge to the oppressors, the situation is far more complex. The task of overcoming prejudice is very difficult in that the more vehemently it is pursued, the less likely it is to succeed, since militant opposition serves to justify the holding on which underlies injustice. On the other hand, non-militancy often allows the perpetration of violence and injustice, and is exploited because it can be merely weakness or an acquiescence with the status quo. This implies that one is not challenging a rationally held belief, but one that is complex and difficult to approach. Yinger and Simpson (1973) point to some of the complexities in this situation:

Education and re-education must be guided by the fact that prejudice is frequently 'used' by the person; it is functional (not necessarily effective, be it noted). It will be 'unlearned' only when entanglements with the total personality are loosened by the nature of the learning situation, by the reduction of tension and the elimination of any threats to one's ego. At the very

least, when one gives up a prejudice one admits an error - and most of us are reluctant to do this (p.130).

The answer to the question of how to approach the prejudiced person is one which can perhaps never be found, especially in a country like South Africa where prejudice is the dominant world-view (Yinger and Simpson write mainly about the situation in the USA where the dominant world-view is at least tokenly opposed to prejudice; this means that most of their techniques for reducing prejudice are largely irrelevant to the South African situation). It seems that the answer lies in being challenging without being threatening, in being non-threatening without being weak. This is possibly the meaning of Gandhian non-violent resistance. The problem, though, as Gandhi and the Congress Party found out, is that this kind of action requires a great deal of discipline, organisation and sacrifice, and this is too much to expect in a situation of severe oppression. People who are justifiably angry and who have already been deprived of many possibilities are not likely to want to sacrifice the little that they do have. However, these ideals should guide any programmes of action that are devised, the amount of sacrifice needed from supporters being kept to a minimum. In addition, when materials, aimed at the upholders of the status quo, are being devised, there should be an attempt to take the insecurity of the oppressor into account, possibly by emphasising the positive possibilities of change rather than harping on the negative effects of rigidity.

Thus far we have seen how psychotherapeutic insights can be useful in attempting to challenge rigid and impoverished world-views. This, however, is not enough. In looking at Ricoeur we see that there needs to be a re-symbolisation if therapy is to take place. So we can say that political action is inadequate if it is only challenging. It also needs to channel people in a particular direction. The new potentialities which the challenge awakens have to be given a means for expression.

With regard to the challenging of the oppressed, this principle can be seen at work negatively in recent events in South Africa. The Government's way of dealing with the growing questioning of, and protest against, its policies seems to be one of denying the re-symbolisation of awakened potentialities. Police violence on the one hand, and the arrest and harassment of opposition leaders on the other hand, combine to foster disorganised and violent protest. Thus by preventing the re-symbolisation of the potentialities of many people by making constructive opposition impossible, the government is attempting to pass off the specific demands of its opponents as mere mob violence, thereby justifying its increased repression.

If we consider the position of the oppressors, however, this resort to increased repression is understandable, as the current protest is a very direct challenge to what the government see as being the only possible solution to the problems which South Africa is facing. The current wave of protest can be seen as backing up the overall idea that the tricameral parliament, community councils and homelands are not an adequate solution to the demands of the majority of South Africans. In saying this, the protest is taking from the oppressors their only symbolisation of the future, and hence can be expected to be met with extreme measures. The obvious thing here, in terms of the themes of therapy that we have considered, is for the opposition to make possible a future for the oppressors in its view of the future. Thus the protest and challenging must not only re-symbolise the future for the oppressed, but also for the oppressive minority.

At this stage we have an understanding of the four themes which make up the structure of therapy, and we have seen how this structure is related to the structure of ritual, the importance of symbols in both being the crucial point. We have, further, attempted to contextualise this understanding by considering how psychotherapy can take social structure into account, and how psychotherapeutic insights can be used in the process of changing society. It is now necessary to bring together the findings of the two main sections of this chapter (2.1 and 2.2) by combining them into a model of the processes of pathology and therapy.

### 2.3 A MODEL OF PSYCHOTHERAPY

When one reads something like Binswanger's (1958) deep and involved case history of Ellen West, any attempts to outline a theory of 'pathogenesis' and a theory of therapy seem superficial and futile. The whole of Ellen West's life seemed to be a build-up towards her eventual suicide, and it would seem that any attempts to capture the experiences of her life, or anyone's for that matter, are bound to fail.

We must remember, though, that this model is not an attempt to say exactly how a person's life will be, and how their psychotherapy will be. It is, rather, an extrapolation from the understanding of human nature which was outlined at the beginning of this chapter. It will be remembered that the criteria employed in coming to that understanding were as follows: (i) the view of human nature could not be a deterministic one, as it needed to include the possibility of free choice; (ii) it did, however, need to be ontological, that is, concerned with the most basic aspects of human existence. This model of pathogenesis and therapy also attempts to fulfill these criteria. Thus, what it attempts to do is to provide an ontological structure within which the many variations and possibilities of individuals and their particular psychotherapies can be expressed and understood.

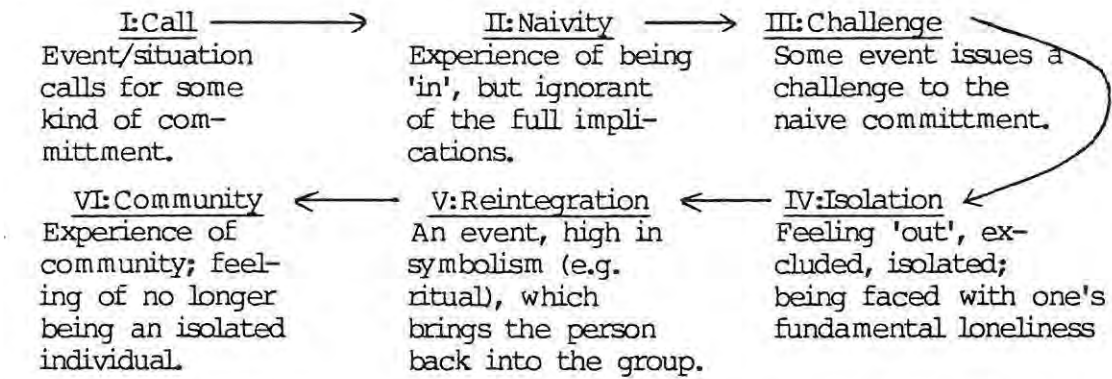
In addition to those sources discussed in 2.1 and 2.2, there are three other sources which have been important in setting up this model.

The first of these is my own (de Lisle, 1983) research on the experience of community. The findings of this research, which were dialogued with literature on this subject, including works on ritual and symbolism, led me to develop a six stage model which expressed the structure of the experience of community. Mindful of van den Berg's (1974) suggestion that pathology is loneliness, it struck me that the experience of community, of being in relationship to others more fully, is, possibly, one of the main things which therapy should, and does, aim for (in fact Russell [1974] has the experience of community as an important part of the fourth stage of her dialectic of liberation). In addition, it struck me that this model could provide a useful way of summarising the various themes that have emerged thus far in this study.

The structure of the experience of community involves an alternation between events, on the one hand, and the experiences which correspond with those events. It appears that certain kinds of events provide the context for certain kinds of experiences. The stages are as follows:



Table (i): The Structure of the Experience of Community



If we consider what we have found thus far, we can see that the area of 'etiology' accords roughly with the first three stages, and that therapy is equivalent to stages III to VI.

Expressing etiology in these terms, we can say that many events and influences motivate us to form a naive world view, a world view which excludes many possibilities. The context in which we are brought up is a world which calls us only to realise our potentialities to a limited extent. Thus, through the motivations which we follow, we are committed to an impoverished world. This limited world is bound to be challenged at some stage, at which point there is the possibility of a therapeutic gain if we face the devastation of losing our naive world view. The problems arise, however, when one attempts to avoid the implications of the challenge by various means, for example neurotic symptoms. This avoidance is a powerful aspect of the experience of therapy, so that it is necessary to include it as another possible stage after stage III.

If we express therapy in terms of this structure, we can see the therapist as refining and focussing the challenge which the person is attempting to avoid, and also as encouraging the person to go on and face the isolation. Resistance can, therefore, be seen as being an attempt by the patient to avoid being faced by the therapist with the challenge of stage III, and we can see the first part of the work of therapy as being the attempt to bring the person back from avoidance to facing the challenge. By helping the person to face and let go of their limited world, the therapist plunges the person into a time of feeling out of relationship with the world, as the person at this stage has no world. The next task of the therapist is, then, to provide the symbols which will help the person to become re-integrated into the community, to come back into relationship to the world. To do this, the therapist must provide concrete projects which the person can get involved in.

What is important in using this model as a way of understanding the overall process of psychotherapy, is that etiology and the specific approach of the therapy are brought within the same model. There is no longer the givenness of the various diagnostic labels. Rather, people are seen as being their history with all the unique events that motivate them to be where they are. This model also emphasises that there is a process that must be worked through. It suggests that one must face up to a certain amount of suffering for growth to be possible. While this view does not glorify suffering, it is opposed to those kinds of therapy which use drugs or behavior modification to make resistances more effective.

The next important source is Rank (discussed in Coan, 1977). A central theme in Rank's work is the tension between security and creativity. This tension is expressed symbolically by the opposed images of the womb and of birth. For Rank, it is essential to live in terms of creativity, which involves separation and requires a continual death and re-birth of the personality structure. On the basis of this understanding, Rank says that there are three types of personality. There are those who are normal. These people keep close to the average, are dependent, and do not break with the current norms and values. There are also those who are neurotic. These people are seeking independence, but have nothing with which to replace the norms of the current system that they have rejected. The third kind he calls creative. These people have undergone a re-birth into a new life-style, and are able to exist independently of the current norms.

These three personality types can be seen as different stages of growth, and they correspond to the stages of my model of the experience of community. In the model, there are three event/experience pairs. The first of these pairs can be summed up as being normal, the second pair as neurotic, and the third as creative.

The third important source is Heidegger. Heidegger's overall project in Being and Time is to find the meaning of Being. To do this, he looks at what the Being of Dasein, of human existence, is. His insights here are of great value for psychology. Heidegger starts by analysing the everyday Dasein, the Dasein which is part of Das Man, the average. This averageness Heidegger terms fallenness, and he sees the fallen existence of Dasein as being lost in the world, as living the possibilities that are chosen for it by the crowd. This average existence numbs the person by absolving them from the existential guilt of not living all possibilities. This kind of existence is basically selfish as it is not concerned with authentic, caring

relating to the world. But, as Heidegger notes, the tranquilising effect that the crowd has on Dasein is not entirely successful. Sooner or later the fallenness becomes apparent. When it does, Dasein can attempt to avoid this by a deeper immersion in the ways of the crowd or through a flight from the implications of this reality, but eventually there has to be some coming to terms with authenticity.

This reckoning happens through the experience of Angst. In this experience, the person is thrown back on themselves, and is forced to face both their finitude, and the cavernously great freedom which beckons them. In this experience there is a feeling of unheimlichkeit, an uneasiness, a feeling of no longer being at home in the world. This uneasiness is in contrast to the anaesthetised sensibilities of the fallen existence of the crowd. This uneasiness is the realisation that the dwelling-in, which is Dasein's usual way of being in the world, is severely limited, and that there is a whole strange world which appears to be incomprehensible.

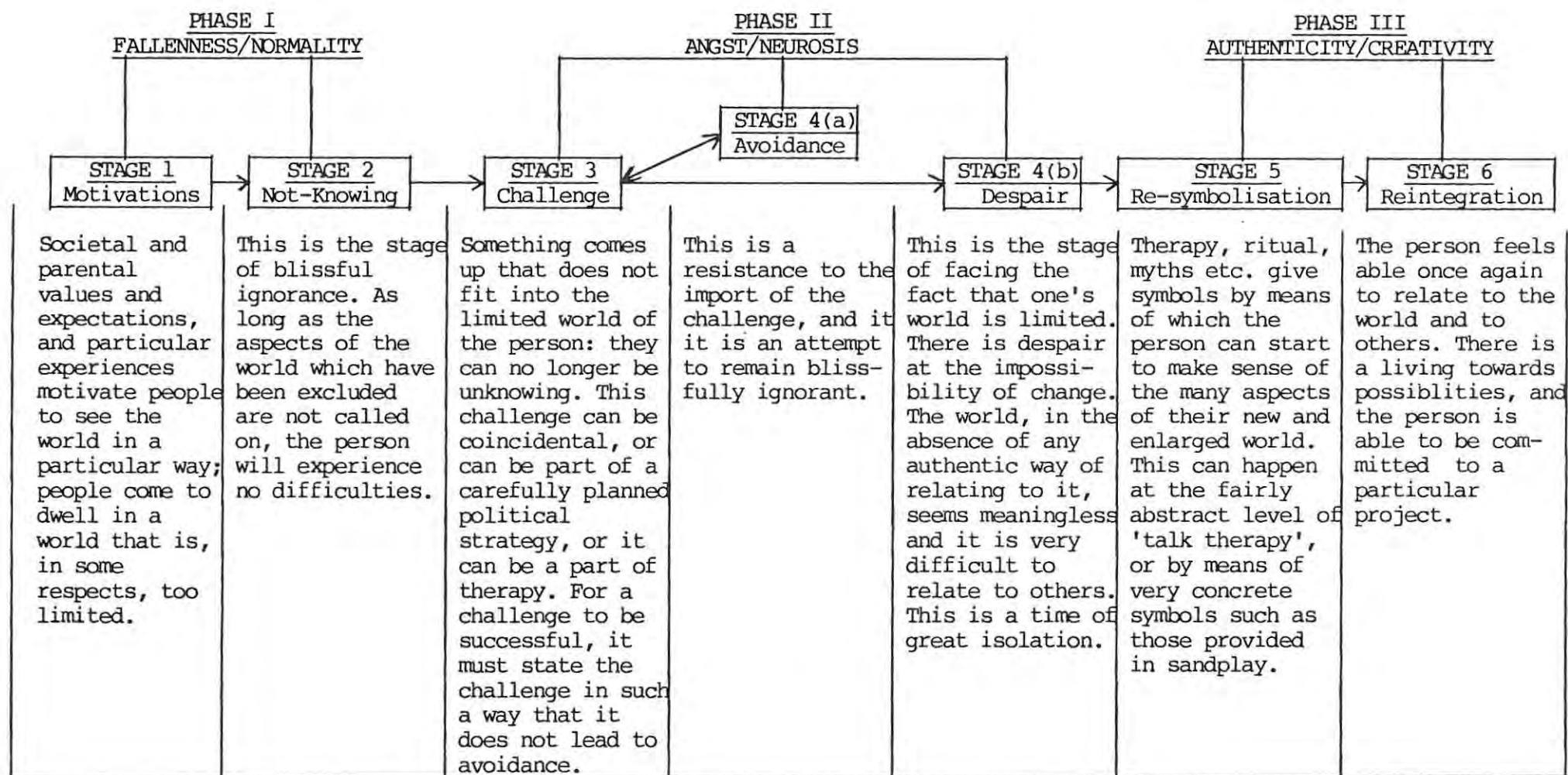
The facing of Angst opens the way for projecting a new way of being in the world. The person begins to live in terms of authentic possibilities. This does not mean that a person must try to live all their possibilities, but rather that they must choose the ones which they live, and must not merely follow what is dictated by the crowd. The facing of Angst allows the reappropriation of those possibilities which are closest to what each person in essence is. There is, therefore, a sense in which the facing of Angst, and the subsequent commitment to a chosen direction, is a kind of return to what is most oneself. T.S. Eliot expresses this idea in the closing section of Four Quartets:

We shall not cease from exploration  
And the end of all our exploring  
Will be to arrive where we started  
And know the place for the first time.

So, Heidegger provides three key terms for understanding the processes of etiology and psychotherapy: Fallenness, which corresponds to Rank's normality; Angst, which corresponds to neurosis; and Authenticity, which corresponds to creativity.

We are now ready to integrate the findings of the previous sections (2.1 and 2.2) into the model which has been outlined above. Table (ii) below provides a summary of the argument thus far.

Table (ii)

THE STRUCTURE OF PSYCHOTHERAPY



## Conclusion

To conclude this section we can examine how the theory outlined above has met up with the criteria which Barton (1974) maintains a theory of therapy should be able to fulfill if it is to be comprehensive, and see how it has attempted to be aware of social structure.

We have seen that the transformation of meaning that is central to any therapy takes place through the use of symbols. The therapist provides the client with the symbols that are able to express the different sides of conflicts that seem unresolvable, and that are able to bring into communication lost aspects of the person's possible existence. We have seen that this is convincing to the therapist as in as much as the symbols that the therapist provides for the client form part of the world that the therapist him/herself dwells in. This world-view can become convincing to the client if the symbols which it presents are expressive of their present situation. Thus we can say that both the client and the therapist are involved in a common search for symbols, chosen from within a set that expresses the world-view of the therapist, and that these symbols must be able to express the present life-experience of the client. Thus both are very deeply involved in the therapy. For this search for symbols to be successful, the relationship between the therapist and client must be such that the rigidities of the client are challenged, but it must also be able to support and encourage the client. Thus the discussion in this chapter is able to answer the first three criteria which Barton sets out.

In addition, there has been an attempt to make this theory cognizant of the social structure within which therapy operates. We have seen that social structure is very important in guiding the development of the worlds which people live in, and we have noted further that therapy can be employed both in overcoming the limitations arising from this oppression, on the individual and community levels, and that therapy can be directed at those who uphold oppressive structures.

Barton's fourth and fifth criteria need to be investigated by empirical research. To this end, the following chapter is an attempt to use the model arrived at in this chapter to understand descriptions of the experience of therapy given by people who were in therapy. This will hopefully bring the theory into contact with the life-world meaning of therapy, and it will provide a way of giving some empirical justification for the theory outlined above.

### CHAPTER 3: EMPIRICAL RESEARCH PHASE

The previous chapter ended by proposing a theory of psychotherapy that takes into account the whole life of the client. It was maintained that this model fulfills the criteria outlined by Barton (1974), except in that this model still needs to be experientially grounded by research into the meaning of therapy in a client's life. At this stage in this thesis, therefore, it is necessary to provide an empirical justification for the model outlined in the previous chapter. There are many considerations which it is important to take account of in undertaking empirical research into the experience of psychotherapy, and these will be considered first in this chapter. Thereafter the method of analysis employed in this study will be described, and then the findings will be presented.

#### 3.1 Considerations

The basis on which this project is founded means that attention must be given to some considerations. On the one hand there are those broad considerations which are relative to the fundamental tenets on which this entire thesis is based, and on the other hand there are the considerations of a more practical and specific nature which arise from these broad considerations.

##### 3.1.1 Broad considerations:

This chapter is attempting to provide a justification for the model arrived at in the previous section. Now, ideally we would want to find empirical validation for the theory arrived at above. To do this would require the research and the theorising to take place independently. The researcher would then show that the empirical "facts" and the theory are in actuality the same, thereby obtaining objective "proof" for the theory. However, to try to achieve this kind of "objectivity" in the human sciences, especially when one is looking for the meaning of a particular phenomenon, is surely naive. Any attempt to research human phenomena must be based on some fairly extensive preconceptions. Thus it would seem that a far more reasonable approach would be to make those preconceptions explicit, rather than pretend that they do not exist.

What this research attempts, then, is to show that the model outlined in chapter 2 is a possible method for understanding the experiences of clients in therapy. Thus it will not be claimed that this is the only way that the data can be understood, or that this is the most correct way of

understanding the protocols, but only that this is one way of understanding which makes it possible to see the experiences described by the subjects in terms of the ideas outlined in the previous two chapters. Therefore, in general terms, this research is guided by a concern for experiential accuracy, and by an attempt to make it possible to take social structure into account.

Let us now consider the specific outworkings of these considerations.

### 3.1.2 Specific considerations:

Knuger (1983) points to the need for a researcher of therapy to be a third person outside of the therapeutic relationship. This is necessary so as to overcome the particular biases of both the therapist and the client. Since a guiding principle of this project is the attempt to understand the experiential meaning of therapy in the client's life, the third person's role is defined as being that of the analyst of protocols written by the clients themselves about their experiences of therapy. Doing this has two advantages. Firstly, it means that the starting point for the research is the lived experience of the client, and, secondly, it means that the research is not based on the researcher's clinical understanding, which understanding is based more on therapeutic technique than on understanding and meaning. (It should be noted here that my training in psychology has not been a training towards the practicalities of doing therapy).

There are, however, problems associated with this approach. How is one to approach subjects? At what stage in their therapy is it appropriate and possible to do research? Eppel (1980) overcame these problems by doing his research in a retrospective way. This, he maintains, is less harmful to the clients, as they have by this stage already worked through the issues at stake. In addition, it is more accurate, as it gives a more holistic view, a view which is not caught up in the specific details of each session, but which is rather indicative of the overall meaning of the therapy. Finally, he also found that this was the only way in which therapists would agree to let him speak to their clients. If the clients were still in therapy, the therapists were rather defensive about the therapy. Eppel sums up by saying:

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 (p.191).

Thus retrospective data is more able to give insight into the overall meaning of therapy in a client's life.

These considerations have implications for the choice of subjects. Not only must the subjects be fairly articulate in recounting their experiences of therapy, but they must, in the first place, be prepared to do so. This means that they must feel "finished" as far as their therapy is concerned.

For my first three subjects, I have used protocols given in a book by Beutler (1983). He uses these protocols to back up his theory of eclectic psychotherapy. Beutler asked his subjects

to describe a little of their own history as it applied to their seeking treatment, and to detail as much as possible the things they found helpful, ineffective, or even harmful in the course of their treatment. Each patient was selected because he or she had received a variety of treatments varying in effectiveness (p.156).

Using these subjects has the advantage of not necessitating any more of the inevitable self-exposure and possible pain involved in writing a protocol of this kind. There is also the added interest of the possibility of dialogue with the view arrived at by Beutler. The problem with these subjects, however, is that there can be no interaction with these people. There is no way in which I can "check" my interpretation with the clients themselves. I have, therefore, a fourth subject whom I approached myself. For this subject the method of analysis is far more searching, as it involves not only the analysis of his protocol, but also a follow-up session in which the proposed analysis is subjected to the scrutiny of the client. This follow-up also allows the client a chance to amplify on the things expressed in the protocol.

At this stage we are able to consider the specific method of protocol analysis.

### 3.1.3 The method of protocol analysis:

The method employed in analysing the protocols is a derivative of the method developed by researchers at Duquesne University. A good example of the Duquesne method of research is that of De Koning (1979) on the phenomenon of suspicion. In contrast to the Duquesne method, however, the approach in this study does not attempt to be atheoretical. The Duquesne School tries to "let the data speak for itself", but as I pointed out above, this is a rather tall order, and it inevitably relies on some kind of pre-



understanding. More specifically, we can see this pre-understanding at work in at least two of the stages of protocol analysis as propounded by the Duquesne School. Firstly, by transforming the "natural" meaning unit into what it means, the researcher is making an interpretation of the data. Secondly, in grouping what are considered similar themes, the researcher is once again involved in making an interpretative judgement. Thus the Duquesne method is not a purely descriptive approach, but requires interpretation.

Where the present method differs from the Duquesne approach is in the fact that this method makes these interpretative jumps in terms of the model outlined above. The particular method followed is very similar, except that the meaning units are understood and grouped in terms of the model outlined in chapter 2. The particular method is thus as follows:

- (i) Read over the entire protocol to get a sense of the whole;
- (ii) Divide this into meaning units;
- (iii) Place each meaning unit into one (or more) of the seven stages of the structure of psychotherapy; and
- (iv) Integrate the meaning units of each of the seven stages into a description of the meaning of that stage for the client, and then express the entire experience in these terms, noting the relationships between the various stages.

By working in this way this research, although starting from the client's experience, cannot accurately be described as phenomenological, as the attempt to let the data itself suggest the structure of the phenomenon under investigation has been abandoned. However, it must be remembered that the aim of this empirical research is not to discover the structure of therapy, but rather to show that the structure arrived at in chapter 2 is a possible way of understanding psychotherapy. Therefore this phenomenologically-inspired method is adequate for the purposes of this study.

The findings arrived at by this method are given below.

### 3.2 Findings

In this section the structure of psychotherapy for each of the subjects is given. For the first three subjects there is also a brief discussion of the relationship between Beutler's (1983) conclusions and those arrived at by my method. The protocols themselves, divided into numbered meaning units, are given in the appendix.

#### 3.2.1 SUBJECT 1: LYNNE: Grouping of meaning units according to the model.

##### Phase I: Normality (Motivations/ Not-Knowing)

A first point to note here is that we know very little about Lynne's early years. We do see, however, that her first twenty years are lived very much in terms of a social expectations, and she sees herself as being little more than her social role. She seems to define herself in terms of the superficial societal notions of success (e.g. "beauty contest winner"), and this overidentification with her role we can assume led her to develop a very limited sense of self (meaning unit 1).

##### Phase II: Neurosis

##### Stage 3: Challenge:

Lynne describes the "emotional upheaval" she experienced at a time when there were many coinciding stressors in her life. The death of a much loved grandparent, separation from her boy-friend, the problems in her parents' marriage, and a change of her town of residence all happened at the same time (4). It seems that the extent of these was so great that the world in which she was happily dwelling up till this time was seriously questioned, and it was no longer able to support her superficial notions of identity. In addition, her parents were unable at this time to support her in the way which she wanted (17,18).

Her symptoms provide a clear symbolisation of this. Lynne experiences fear, tension, and weakness in the face of a world that seems far larger than the one which she was used to. There is a feeling of lack of support, graphically expressed in her felling of having "rubbery knees" (2,4).

In retrospect, however, she acknowledges that challenge is necessary if one is to continue growing (35).

#### Stage 4(a): Avoidance

In a sense, however, the symptoms that Lynne showed also express an attempt to avoid the implications of the challenge that her 'normal' world received. The symptoms make it impossible for her to move out into the world at all, and so her world becomes even more reduced, and can no longer be challenged by the things that are excluded by her early motivations (2,3,4). The symptoms even make it impossible for her to seek help (3,20,23). One could say, therefore, that her agoraphobia is her inability to be in the larger world which she is challenged to meet.

The first therapists that she consulted did not help her to face the challenge that she was avoiding. By prescribing tranquilisers these therapists merely increased her ability to avoid the challenge. The drugs numbed her sensitivity to the call of the world (5,8,9). We can perhaps say that, to the extent that at the time of writing Lynne still needed hypnotism and a bottle of tranquilisers to feel in control (36), she had not yet fully learned to face the world.

#### Stage 4(b): Despair

Finally, the drugs could help her no longer. This led her to stop taking them, and to face the full impact of her 'illness', giving the symptoms free rein (10). Her symptoms at this stage express a deep despair at the situation which she finds herself in. She is very much afraid of the world, and this fear is exactly what makes it impossible for her to find any way out of the situation. Not only does she feel that others do not understand her (20,23), and that they do not really care (7,19), but there is a deeper sense in which she does not understand herself. It seems as if her fear of the world, and her perplexity about herself, are parallel themes (4,7,9,11,19,20); one could even say that the vastness of the threatening world calls out to a self that she does not know, and so leaves her fearful and perplexed.

In such a world any failure to care is likely to be deeply felt, and her first therapists served to justify her distrust of the world by their lack of care (7,11,19).

Lynne's parents' proposed divorce seems to have been experienced by her as the loss of the last support that she had, and so she could even contemplate suicide (22).

The despair experienced by Lynne is clearly expressed in her symptoms. Her depression and anxiety express both the impossibility of change, and the fear that makes that change impossible.

### Phase III: Creativity

We have seen the first two worlds in which Lynne dwelt. The first, superficial and societally constituted, gave way to the agoraphobic world of incapacity, lack of understanding and inability to find help. The third world is the world of creativity, of overcoming the neurotic world expressed through the agoraphobia. How was it possible for this change to take place?

#### Stage 5: Re-symbolisation

Perhaps the most important aspect of Lynne's recovery was her decision to get well (12). Her sense of responsibility for herself (6), and her desire to get well (24) provided the basis for all the other aspects of resymbolisation, as these, ultimately, amount to a decision to avoid a larger world no longer.

Lynne worked out much of her 'cure' herself. By setting up rules, goals, tasks etc. she provided herself with specific, easily-achieved avenues of expression by which she could start reaching out to the world. These formed the basis for her seeing the world as an approachable place (12,31,37,41). By performing these tasks, she managed to gain a sense of physical mastery (6,15,16,28). This helped her to overcome the idea that the world was beyond her control. Getting a job also helped her in this way, and it brought her back into relationship with others (21).

Writing a journal and poetry gave her a way of working with her emotional life. It provided her with a way of expressing and symbolising her feelings (13,39).

Lynne describes rapport as being of central importance to her (20,33,42,44). This came from her friend through most of her experience of agoraphobia, and later it came also from her final therapist, Larry. This rapport led her to a sense of self-acceptance way beyond the narrow role-based view of her identity that characterised her first twenty years (1,27). At the time of writing the protocol, she is able to laugh at herself in a way that suggests a security in her new identity (14).

Hypnosis she describes as also having been very important to her growth. Now that she can hypnotise herself, she is able to be out in the threatening



world, and yet be relaxed (26). Thus, the hypnotism has made possible a larger world for her. She does, however, retain the possibility of avoiding this larger world by carrying a bottle of tranquilisers with her: these could help her to avoid a crisis situation (36).

Lynne has also found that talking to herself allows her to express more sides of herself than she would otherwise take account of (38). In a similar vein, her therapist encourages her to experiment with different possibilities of how to be in a particular situation. This enlarges the possibilities for expression that she has available (29,30).

All of the above, as well as research and study by her and her therapist, have enabled her to start to understand herself (6,20,32,34). She can now feel that there is a pattern to her life, and she can reach out and embrace all of herself (35). This process of resymbolisation has not all been easy and successful. It has also been painful, and sometimes unsuccessful (25). However, Lynne now realises that there is a need not to rigidify, and she acknowledges that she has to keep on challenging herself (35,46).

#### Stage 6: Reintegration

As a result of her experiences Lynne now has a sense of accomplishment: she feels that her identity has been achieved by her (even though with help), rather than received from her social role (1). She is now able to come to an honest awareness of who she is, and is able to look at herself in terms of the kinds of relationship which she is engaged in (1). In contrast to the apparent extravert identity which she had for her first twenty years (1), she now describes herself as being "a quiet, home-body type" (43).

#### Dialogue with Beutler

Beutler's commentary on Lynne's protocol reflects a very different approach to the one which has been followed above. He points to a core conflict in her life, discusses her coping style, and shows how the techniques used in therapy catered for the needs of this particular case.

The core conflictual theme which Beutler points to is the conflict between approach and avoidance. On the one hand there is her dependence on others for support, and yet she is afraid to approach too close in case she is let down. Although there is a fair degree of overlap between this view and that arrived at in the above analysis, it does seem that Beutler's

perception of the core conflict does not penetrate the motive for the avoidance sufficiently. Although he does say that she is fearful of the world because she has learned that it can let her down, this does not seem to be sufficient motivation for her to cut off all contact with the world. This radical avoidance makes more sense if we see it as being the only possible way of holding onto a tenuous identity which is being challenged.

Beutler also describes her characteristic coping style as externalising, and not very high in reactance. This means that she tends to regard her problems as being problems in the world, and that she tends to accept what she is told. These categories help Beutler in choosing therapy techniques. The problem with these categories, however, is that there is little attempt to try to understand why Lynne might be like this. In fact, these ways of seeing people tend to accept that the person 'just is' like this or that, and then there is no challenging of the person to move beyond these ways of living.

We can perhaps say that Lynne tends to externalise problems because that is where her identity lies, in the social roles and expectations that she has been brought up to strive after. This is also why she has low reactance: she has to be what society tells her to be. Given these two aspects of Lynne's life, it is not surprising that it is the world that challenges her to enlarge her sense of identity, as this is where she has looked up to this time for her sense of identity. It is also not surprising that this brings about a crisis in Lynne, and forces her to reduce her world to a size that no longer challenges her sense of identity.

Beutler's discussion of the techniques used in Lynne's therapy is very interesting. It is a very technical discussion, and this technical interest forms a very closed system. There is no attempt to relate the techniques used to Lynne's experiences. The techniques are merely described as causing certain changes. This discussion only makes sense in terms of the theories of Cognitive Behaviorism, and therefore does not ever say what any of these techniques may have meant to Lynne. A short quote illustrates this approach:

Hypnotic induction combined suggestions for self-image enhancement with systematic desensitisation procedures designed to facilitate anxiety reduction. In this case, the initial concern was with symptom reduction and then with perceptual change (Beutler, 1983, p.171).

### 3.2.2 SUBJECT 2: BILL: Grouping of meaning units according to the model.

#### Phase I: Normality

##### Stage 1: Motivations

Once again, as with Lynne, we do not know very much about Bill's background. He describes himself as coming from the Deep South, and this connotes a conservative, rigid kind of upbringing (3). In contrast to the connotations of the deep south, we see that he had parents who were unlike the socially accepted roles for married couples: his mother was dominant, and his father passive (4). We cannot really say what motivations may have arisen within this context, but we can piece together the kind of world which Bill came to live in.

##### Stage 2: Not-knowing

It seems that the world in which Bill grew up did not offer him very much sense of self-worth. This led him to see only limited possibilities in the world (19,20). He also grew up to see himself as "ugly and uninteresting" (6), and boring (16,24). It also seems that he was only able to see the world in very intellectual terms, he seeing it as something to be mastered intellectually (37). Thus we can say that the world in which Bill grew up was such that he grew up ignorant of his own worth, unable to relate to the world in any other way than by intellectual mastery. This kind of world excluded any possibility of entering into worthwhile interpersonal relationships.

#### Phase II: Neurosis

##### Stage 3: Challenges

This very limited and gloomy world seems to have been challenged very particularly when Bill went to college. This anxiety at the new world presented by college is seen in his "suicide attempts" before going into therapy (15). Although going to college seems to have been a crisis for Bill, there is a sense in which his whole life has been a challenge of the world which he was brought up to see. His extremes of mood can be seen as an expression of his need to live in a world that is more than intellectual (7). In addition the un-normal gender-roles of his parents would have been most likely challenged by those of his peers' parents' relationships.

After fending off the challenge posed by the world of college, Bill faced an even more crippling challenge later in his life. The two areas of his life from which he seemed to be drawing a sense of self-worth collapsed within a short space of time. His business went bankrupt, and he and his wife gave up struggling to make their marriage work (9-12). This led him to see himself as a total failure, unable to relate to his wife, and unable to master the business world (38). We can see these two events as removing the last remaining supports from what was already a limited identity. This makes his depression and very low sense of self-worth understandable (19,20).

The challenges mentioned above can be seen as negative challenges, and one can suggest that possibly these challenges had the impact that they did because of the limited resources which Bill had for dealing with these situations.

There are, however, also positive challenges in Bill's story. The last two therapists whom Bill saw challenged him, but in a less damaging and threatening way. The gentle man (31), by not being too firm, was trusted by Bill, and so was gradually able to start pointing to contradictions in Bill's life (39), inviting him to explore other directions for living his life (36). The "challenging and responsive woman", possibly because she was a woman (40), and also because she was unlike other therapists in that she treated Bill as a peer (44,49), was able to challenge him to "deeper and deeper insights" (42), helping him to uncover areas of his life that he had hidden up till then (42,45).

It is interesting to note that, for the challenge to be successful, the therapist had to first be within the world of the client to a certain extent before it was possible to introduce challenges. We can, further, possibly see the two therapists (the gentle man, and the challenging woman) as being partly representative of his parents. This similarity to Bill's parents gave these therapist's a way into Bill's world. Once trusted and accepted, they could begin to challenge that world.

#### Stage 4(a): Avoidance

There are many ways in which Bill tried to avoid the various challenges facing him. His withdrawal and isolation (5) seem to be an attempt to avoid the challenge that friends and the broader world inevitably posed to him. Bill's adventurousness and wandering he himself sees as being a kind



of escape (8), an avoidance of the challenge of others. His extremes of mood can be seen as both an attempt to escape (through his 'manic' stages), and also as a realisation of the ultimate impossibility of this desire to escape (in his 'depressive' stages).

We can see a further avoidance as being prescribed by the psychiatrist who, when faced with Bill and his wife's crumbling marriage, could only offer tranquilisers and suggest that she fulfill the stereotyped sex-role of a good wife (25).

Bill's need for intellectual mastery can be seen as a further avoidance of the core issues of his life that needed facing (37,49). By making an intellectual game of the challenges to his identity (43), Bill was able to keep them within the scope of his limited world.

We can also see an avoidance in his worry about changing therapists from the gentle man to the woman (40). His worry is possibly an expression of his wish not to be challenged any further than he had been up till then. This view is supported by the fact that the therapy with the new therapist "drifted" for a while as Bill avoided facing certain issues (41).

#### Stage 4(b): Despair

Bill's symptoms (depression, suicidal thoughts, suicide attempt [7,15,19], and his own boredom [16]) show him to be in a world of little or no hope, a world of limited choice and possibility (19,20). This sense of despair arises in the situation where his adolescent, limited world is questioned by his going to college (18), and later when the only remaining sources of meaning for him (his work and his marriage) both collapsed (12,28).

But there is also a less dramatic way in which Bill is despairing. In general he realises that his life is limited in the choices available, and that his self-concept is inadequate (20). The depth of his despair is, perhaps, realised when he takes stock of his life, and symbolises it as a "gigantic mass of tangled rope" needing some kind of untangling, while he has a "feeling of near hopelessness" at the impossibility of the task. For Bill change seems to be impossible.

The therapy which Bill experienced as being effective can also be seen as adding to the despair. The therapists pointed to the contradictions in his life (39) and brought to light painful experiences (43), thereby helping him to see the extent to which he had limited his existence.

### Phase III: Creativity

#### Stage 5: Re-symbolisation

In the depths of his despair, Bill took an honest look at himself, and symbolised his life as a tangled rope that needed to be untangled. This symbolisation was the start of his recovery, as it marks the beginning of his finding some kind of pattern in his life. As part of this re-symbolisation we can perhaps include his time of being a middle-aged hippie, as well as his second marriage. All of these seem to be expressions of a desire to move out of limited world, which attitude is necessary for him to be able to use what his therapists have to offer.

It seems that it was important to Bill that the gentle therapist could offer him "a path" which he could follow (25), something which he feels he lacked up till then (23,34,51). Apart from this, most of the effective action of therapy seems to have been the offering of insights, by both therapists, which insights challenged and encouraged him to accept more and more of himself (34,35). It seems that these therapists achieved this by first gaining his confidence (38), and then gradually exploring more and more of what was missing from his world.

As a result of this encouragement to move out from the rigidities of his life, Bill was able to become far more confident and self-accepting (38,47). In the end he came to realise that the therapy could not put right all the wrongs of his life, and that, in any event, there was a pattern to his life in spite of the apparent chaos, and that that is what he uniquely is. He symbolises this final understanding by saying that his life is like macrame; it is inextricably knotted, but is nevertheless formed in a pattern, and can be seen as being beautiful (48).

His relationship with these last two therapists was in marked contrast with that which he had with his previous therapists. He sees his early therapists as having been unsuccessful because they were bored (16,18,24), condescending (49), uncaringly detached (50), unable to give him a clear direction or an understanding of himself (23,25,34,51), and he feels that they merely gave him platitudes (21,26) or "mumbo-jumbo" (52).

## Stage 6: Reintegration

The experiences which accompanied Bill's re-symbolisation of his life are very different to those which he experienced in his life before the successful therapy. He now is no longer extreme, but tries to be balanced in his approach (14,46). Bill is also far more confident now (38,46,47), and is much more self-accepting, even of his weaknesses (48). His life is no longer hemmed in by desperation, but is open now to other possibilities (46). This all manifests itself in an improvement in his relationships with his wife and children, and also with his friends and acquaintances. He even finds that he is able once again to involve himself in business successfully. Thus we can see that Bill, through his therapy, was able to reintegrate himself into his society once again through developing a world of broader scope and possibility.

### Dialogue with Beutler

Beutler diagnoses Bill as being highly reactant, and also highly externalising, but sees Bill as also internalising many of his problems. The core conflict with which Bill is coping is the conflict between separation and nurturance. Although this formulation may be an adequate formulation of how Bill stands towards the world, it is not very helpful in allowing us to see how the world is for him, and how his world came to be like that.

Beutler's diagnosis of Bill, as with his understanding of Lynne, relies on a notion of people as merely being reactant or not, and externalising or not. From looking at what therapy meant to both of these people, we can see that the situation is far more complex than this. They developed certain ways of seeing the world because there were certain motivations which led them to see the world that way. Thus, fully to understand the therapy of these people, it is necessary to move beyond mere ascription of labels, to seeing how their world is meaningful. Beutler's failure to capture the meaning of therapy for Bill is shown clearly in the following quote in which he sums up Bill's therapy

In short, the therapeutic process was one of reducing external behaviours through behavioural and perceptual control procedures and then developing emotional awareness through reflection, reframing, and belief validation. The concentration of activities was initially directed at current patterns in which ambivalent internal drives were in evidence (e.g. his marriage) and later progressed to explorations of transference-parental links (p.181).

### 3.2.3 SUBJECT 3: JANET: Grouping of meaning units according to the model.

#### Phase I: Normality

##### Stage 1: Motivations

Unlike the two previous subjects, Janet gives a good deal of information about her background. The world in which she grew up seems to have been a rather austere one. Her father was a minister/teacher (1) and inflicted an extremely dominating presence on the home (6). Her mother fulfilled the complementary side of this stereotype, being a very submissive person (11). Her mother had to resort to manipulation to get what she wanted or to have any say at all (11). The austerity was largely brought about by two kinds of impoverishment in Janet's home. Firstly, it was as if the family were financially impoverished, even though they were comfortably off, as her parents were not at all free with their money (3). Secondly, the family was not expressive of emotions in any way (9). These two kinds of impoverishment led her to see her parents as not giving her enough support (59), and she found that the only way she could gain support was through being ill (19). Thus it seems that she grew up in a world where she was very aware of her dependence, emotionally and financially, on her parents, but in which she also felt inadequately provided for (19,21). Possibly because she grew up almost as an only child (2), she was not able to see any other way of relating.

Because her parents did not provide sufficiently for her emotional and financial needs, Janet grew up unable to feel 'in' with her peers, and so she tended to be solitary (4). This isolation was heightened by her father's emphasis on rationality (5). In trying to please her father, and so win his love, she tried to be very rational and sensible (10). Her apparent failure to please her father only made her re-double her efforts, and this great emphasis on the intellectual took her further away from her peers, on whom she looked down snobbishly (4).

##### Stage 2: Not-knowing

As we have seen above, Janet grew up in a world devoid of freely given support, a world in which there was no warmth of emotion, and also no generosity. The world in which she dwelt led her to know nothing other than "snobbishness" (4), being "smart" (5), unemotional (9) and dispassionately rational (8). In such a world, manipulation is the only way of getting what



one needs (7,12,19). Thus Janet grew up not knowing what real relationships involve, unaware of her parents attempts to care for her (59,68).

## Phase II: Neurosis

### Stage 3: Challenges

The apparent stability of this world of Janet's became increasingly questioned by the extreme exploitation to which she was subjected after the start of her mother's illness. The situations that arose led her to harbour so much anger (15) that the ways which were available to her in her world for dealing with this were quite inadequate to the task. Possibly because of her mother's being an invalid, that is someone who must be treated very gently and carefully, she could not even try to use her mounting anger in any way against her mother, so she turned it in on herself, and started to develop anxiety attacks (17), and depression (16).

These symptoms are an expression of the Catch-22 situation in which she found herself (67). Increasingly she came to find not only that she did have emotions, but also that these emotions were not acceptable (her anger at her parents). On the other hand, she was still in need of her parents support, emotional and financial (19,21). Janet's symptoms expressed her anxiety about her emotions, and also her inability to change the situation.

The challenge which Janet's world received, as outlined above, can be seen as the core of her problems. However, there are many subsequent challenges that she experienced, some of them negative and others positive.

Her experiences with her first therapist are an instance of a negative challenge. The results of the personality test that this psychiatrist presented to Janet undermined the last remaining supports of her tenuous identity, thereby taking from her the little self-confidence that she had. Although it was possibly necessary for her to confront the issues that the test brought to light, it seems that at this stage she was too insecure to be able to risk letting go of those aspects of herself, and the test certainly was not the best possible way of gradually working towards a confrontation of the issues at stake (43).

Janet's successful therapy can be seen as being a positive challenge. The dreams, within the context of Gestalt therapy, confronted her with feelings and thoughts with which she then had to come to terms (57,62).

Transactional Analysis (TA) challenged her to review and redirect her ways of relating to others (66-71). The Bioenergetics challenged her to change her bodily way of being (73). In general, we can see that as soon as her therapist stopped 'pushing' her, she felt that the therapy ceased to be useful (74).

Finally, we can say that when Janet was raped, this situation was a very extreme kind of challenge, as it subjected her to feelings of fear, helplessness, anxiety and rage, all of which combined to leave her once again experiencing self-doubt. It is interesting to note, however, that whereas the initial challenges that she faced were too much for her to cope with, she was able to deal with this challenge, even given its extreme nature, in a very creative way by drawing on the resources which she had developed in the interim.

#### Stage 4(a): Avoidance

Initially Janet attempted to avoid the implications of the challenges to her world. Her depression and anxiety not only expressed the untenability of her situation, but they also made her unable to confront her parents: these symptoms blinded her to her great anger (16). In addition, her embarrassment at having these symptoms made her even less likely to confront the situation (17,18). This avoidance is quite understandable, however, as we have seen that she was unable to be independent of her parents, even though she would have liked to be (19,21). Much later she came to see this conflict as being quite basic to her life (66,67), and was able to face it and work with it creatively.

In talking to her minister Janet once again avoided the issue by "previewing" whatever she said, thereby making sure that nothing would get back to her father (22).

In marrying at the age of 19, Janet seemed to be trying to resolve the situation in which she was trapped. In marriage, she had an acceptable way of leaving the home, that is, without having to say that she wanted to leave, and also she ensured that she would be supported and cared for by a husband who could provide for her emotional and financial needs (23). This attempt at resolution was still an avoidance, as she tried to move beyond the situation without confronting the core issue, her anger at her parents. As it turned out, the marriage was not able to provide the support which she required of it, and so, after divorcing her husband after a year's marriage, she was left without any support at all.

Janet's insistence on remaining independent after her divorce reflects a further avoidance (29,71). In striving to be independent she was still trying to avoid the confrontation with her parents. Her anxiety and depression at this time (30) seem to express her failure to move beyond the past. Her excessive drinking also seems to have been an attempt to avoid the issues at stake: by numbing her, the alcohol made it possible for her to forget these issues (32,38). Her series of brief physical relationships (34), which she saw as being a compromise of herself (34), seem, nonetheless, to have been the only way that she could find some kind of support (36).

There is also a lot of avoidance in her first therapy. At this stage, she experienced a deep distrust of therapy, and she feared any change that it could bring. This fear and avoidance of change is expressed as a fear of "going crazy" (39,42,60). Avoiding change at this stage was, possibly, necessary to a certain extent otherwise she might have committed suicide, so deep was her depression and so limited her resources for dealing with her situation (40). The psychiatrist did not seem to be at all encouraging of change. On the contrary, he prescribed a hypnotic sedative (43) which stopped Janet from having or remembering dreams (44). By cutting off her dreams, the drug was eliminating one possible source of challenge and renewal that was not too threatening (57-62). In general, this initial therapy was boring, and presented no solutions, and did not help her to achieve any kind of self-understanding (45,51). She feels that in leaving this therapy, she was not avoiding issues, as there was no challenge for her to avoid (43).

There is one further instance of avoidance in Janet's protocol. After some time in her successful therapy, she began to get close to the leader of the therapy group. As a result of this, the therapist no longer challenged her as much, and also this situation meant that she no longer saw herself as equal with the group, something which prevented her from working with her "snobbishness" (74).

It is interesting to note that having worked through the fundamental issues in her life, Janet was able to face the implications of her being raped and not attempt to avoid the working through. By joining a group, and by actively trying to work things through with her husband and others, she was able to use the situation in a creative way, not merely denying it (77-81,85).

#### Stage 4(b): Despair

There is much despair in Janet's story. There is her initial despair at ever being able to leave the parental situation in which she found herself, which despair was expressed through her anxiety and depression (16,17). There is also her deeper despair when her attempt to resolve the situation through marriage failed (19), and she experienced herself as having no support at all (24). This despair is expressed through the deep depression which she experienced for two years (28). The depression incapacitated her, and this meant that she was unable to hold a job and was very isolated (31,32); this in turn led her to live a kind of life that only increased her sense of failure by making her feel guilty and worthless (33). There is also despair in her first therapy. The psychiatrist seemed to threaten her so much that the change that was necessary seemed impossible to her (39).

After being raped, Janet once again experienced the despair of extreme self-doubt (81). However, this time she was able to overcome the despair fairly soon.

#### Phase III: Creativity

##### Stage 5: Re-symbolisation

Perhaps the most important thing for Janet in re-symbolising her world was the realisation that she could survive (47), that ultimately it was up to her to provide the support for herself. Having realised this, she was in a position to make use of the avenues which her husband-to-be could open for her through the therapy centre he was attending. By trying to get into therapy at the centre, she was already starting to see some hope beyond the despair (48,49). Another necessary part of her therapy was her stopping all medication. The drugs which she had been taking had prevented her from facing things (50). A further important aspect of her growth at this time was her husband's constant encouragement and challenges. All of these facilitated a change of the world in which Janet was living. Her change in world at this time is dramatically shown in her changing her job and also returning to school (52).

In her time at the therapy centre Janet encountered three kinds of therapy. The first, Gestalt, she considers to have been the most useful and important (56). The Gestalt concepts were like the "handles on a lifeboat" to her, as they provided her with a way of understanding what was happening in her life. She describes the language of Gestalt as being like "a language spoken



by 'strangers in a strange land'. A land that both frightened and fascinated" her (56).

A lot of the work which Janet did in therapy seems to have been done with dreams. Gestalt therapy firstly helped her to accept her dreams, and then it also helped her, through the dream analysis, to accept and own parts of herself that had been denied up to that time. The dreams lured her "forward in an exploration that was seldom what I expected, often unpleasant, but never unsatisfying" (57). The dreams seemed to her to link the present with the past, showing her how her current conflicts had emerged from her past (58). The work with dreams also encouraged her not to hold onto herself, but rather to sacrifice her limited self so as to move into a world in which feelings could be expressed and conflicts worked through. Thus Gestalt therapy work with dreams helped Janet to develop a broader sense of self (60,61).

The groupwork of the Gestalt approach also helped her in that it convinced her that her hidden feelings were not too shameful to express (62). Through the groups she was able to move beyond the many "oughts" which had governed and limited her life, and was able to be more spontaneous (63). In general, the Gestalt therapy helped her to accept the child in her (65).

The second approach which she met up with was Transactional Analysis. Whereas the Gestalt therapy helped her to accept feelings, TA helped her to express these feelings more creatively and appropriately. TA provided Janet with a way of reviewing and changing her relationships with others (64), and particularly her relationship with her father (65-71). The TA model allowed her to see her relationship with her parents in a new light. She came to see that her parents had supported her and cared for her, but that the problem had come in the communicating of that care. It had been communicated in such a way that she was unable to see it (68). This new way of seeing the relationship made for a dramatic change in her way of relating to them.

The third kind of therapy which Janet used was Bioenergetics. This encouraged her to be more expressive bodily, especially with respect to anger, and it helped her to have confidence in her appearance. The breathing techniques enabled her to feel 'centred', stable and at peace. However, all of the benefits of Bioenergetics, and of TA, presupposed the changes that were possible through Gestalt therapy (75).

Following her rape, Janet was once again able to accept herself and was able to cope with what had happened to her (84), even being able to see it in a positive light (85), by the support of her fellow-workers, who helped her to regain her self-esteem (86), and by being a member of a group within which she could express all the deep feelings which she was experiencing (85).

#### Stage 6: Reintegration

Janet's reintegration is seen in various things. Firstly, she is able, finally, to identify her feelings, trust them and express them in appropriate ways which still allow her to express her point of view (75). Secondly, her ability to cope is seen in her moving towns without undue worry (76). It is also seen in her commitment to a creative relationship with her husband (76). The fact that she was able to work through the implications of her rape also shows her ability to face and work through issues in a way which she was not able to before her therapy.

A very good conclusion to this discussion of Janet's protocol is a quote from the protocol itself:

Looking back over the time I have spent in therapy, the best analogy I can think of to describe my experiences is that of a chick trying to break out of his egg. I reached the point where my "egg" was cramped instead of cozy, stifling instead of secure. My therapists gave me the tools to break the shell, the encouragement to look around in my brand new, scary, enormous world, and the often-repeated statement that I had done it myself.

I did a lot of chirping and ran around exploring my new environment. After a while, however, I made the inevitable and discouraging discovery that all I had been "born" into was a larger "egg". And the whole process of change started over again. I was anxious, tried to shore up my defences, convincing myself that what I had found in my new way of living was really all there was, all I needed. But the feeling that there was more persisted, and the frustration and curiosity in me built to the point where I looked for new tools and chipped away at my new "shell". I don't know how many times I went through this during my years of therapy, but I am finally at the point of accepting the limits of the "egg" I live in, and the changes have become modifications instead of "breaking out" experiences (88-95).

Dialogue with Beutler

If we consider Beutler's discussion of Janet's protocol we see similar problems to his discussions of the two previous subjects. Although he points to a core conflict of separation versus attachment, he never attempts to see how this developed, and how it is a way of living out the situation in which Janet found herself. Beutler seems at most to suggest that Janet's conflict was a learned habit that was exerting some kind of causal influence on her life. This attitude is seen in his reference to responses. He never attempts to see how Janet is acting within certain circumstances and in terms of the resources available to her, but rather sees her as determined by the environment in which she lives.

In addition one can trace an almost judgemental attitude in Beutler's discussion. This attitude is that which does not take Janet's world seriously, and which enlists technological mystification in the place of real understanding. The following quote from Beutler illustrates this point:

... the effort to stay distant from her parents, coupled with her obvious longings suggest that her avoidance was an apparent counterphobic response to ungratified attachment and dependency needs (p.197).

In this quote there is no attempt to understand the world which makes Janet adopt the coping strategies which she does, and in the place of an understanding, there is merely an almost tautologous naming of the obvious components of Janet's core conflict. The discussion of the process of therapy continues in a similar vein:

... therapist directed emotional escalation and awareness procedures seem to have been satisfactorily followed by a cognitive and perceptual change methodology in the form of Transactional Analysis (p.201).

This shows a failure to understand the meaning of the therapy for the client. The discussion does not attempt to relate the therapy method used to the client's experience of the therapy, but rather looks at the therapy in terms of a cognitive behavioural model which leaves no place for experience.

This concludes the discussion of the protocols given in Beutler's book. The following subject is a subject whom I approached for a protocol. Under each heading my initial analysis is given, followed by amplification given by the subject in the follow-up interview.

### 3.2.4 SUBJECT 4: DENIS: Grouping of meaning units according to the model

#### Phase I: Normality

##### Stage 1: Motivations

In his early life, Denis was taught very specific ways of expressing emotions (11). He was taught that there are "right" and "wrong" ways of expressing oneself (13). His life experiences were such that he was strongly motivated to live out these particular injunctions. In the follow-up he described how he actively built up a shell during his early years. This began, he said, when he was 5½ years old. His parents were quarrelling, and his mother decided to leave. He remembers clinging onto her, pleading with her not to leave. She, preoccupied, could not hear this plea. From then on he increasingly cut himself off from the world in which he was living. Later problems with his father only furthered this initial retreat into his shell. Before this particular incident, he felt that "the world was fine".

##### Stage 2: Not-Knowing

Because of the kind of experiences which Denis was denied, he grew up not knowing the full richness of life. He was, consequently, before entering therapy, very unflexible bodily (this is evidenced in his inability to type [5]), and was unable to cry because of the physical pain that this entailed (7). What emotion he did express was stilted and not genuine (9,11). He describes himself as being "tight, uncertain, stiff, constricted - the robot man" (15). In the follow-up he expressed this by saying that in order to shut off to his mother, he also shut off many other things, important aspects of his life.

#### Phase II: Neurosis

##### Stage 3: Challenges

It seems that increasingly the adequacy of this rigid lifestyle for meeting the fullness of life was challenged by life happenings themselves. It seems that more and more Denis was unable to meet life in this inflexible way. An example of this would be his wanting and needing to cry, but being unable to do so (7). These challenges seem to have come up gradually, and it seems that Denis experienced a growing sense of dissatisfaction with this world.

In the follow-up, Denis described how this dissatisfaction came to a head when he was faced with the necessity of changing if he was to be able to



practise in his chosen profession, and if he was to be able to take part in life at all. This crisis can be seen as the culmination of the gradual challenging that had been going on up to this time.

#### Stage 4(a): Avoidance

In the same way that the challenges to Denis were gradual, so too was his avoidance of these. This meant that his avoidance was more an unawareness of the fullness of life and a reluctance to consider changes (i.e. rigidity) (5,7,9,11). It seems that eventually, however, he came to realise that the life he was living was an avoidance of his full potentialities, and he came to see that his life was "a death within with a painted shell outside" (22).

#### Stage 4(b): Despair

This fraud of a life could now no longer satisfy him, and he then moved into a time of despair during which he realised the extent of his emptiness. He describes his life at this stage as being "a black hole of endless night with no stars by which I could chart my way out" (22). In the follow-up it transpired that this time of despair was the time when, having realised the extent to which his life was limited, and having decided that he had to change if he was to be able to continue living, he feared that there was no way in which he could make the necessary changes in his life. Paradoxically, however, it seems that this despair opened the way for a very creative therapy.

### Phase III: Creativity

#### Stage 5: Re-symbolisation

The therapy that Denis received enabled him to see himself in a new way, a way that enabled him to be who he was "before things went wrong" (18). The changes that took place were very gradual (1), but he felt all the time that he was returning to a way of living which he had lost (4,18). More particularly, the therapy helped him to see emotions as acceptable, and also as many-sided. He was thus able to live his life in a much more free and flexible way (12). Although he sees therapy as being an ongoing task (14,19,23), Denis sees that his therapy provided him with the possibility of living his life in a different way to the way in which he was living prior to therapy (16,17,19). The therapy provided him with a base from which to start exploring new ways of living (25).

In the follow-up, Denis pointed to the relationship with the therapist as being the central means by which therapy was successful. The security of the relationship allowed him to risk expressing what he had previously considered unsafe to express, and it allowed him to go back, with the therapist's support, to examine the motivations that led him to narrow down his world so much.

#### Stage 6: Reintegration

Following his therapy, Denis is able to be involved with his world in a new and exciting way. In fact, he maintains that others have probably noticed the changes in him more than he has himself (2). This points to the fact that Denis is now much more in relationship with his world than before. This is also seen in his new-found zest for living (21,23,24). More specifically, he is much more flexible bodily (6), is able to cry more freely (8), and is able to be open and flexible in the expression of emotions (9). He is now able "to risk, to dare to reach out, to be me - in the faith that even though the outcome is not guaranteed, it will work out" (20).

#### CHAPTER 4: DISCUSSION

The overall aim of the empirical phase of this thesis was to examine the adequacy of the model arrived at in chapter 2. From the analysis of the protocols, it would appear that this framework is sufficient for analysing clients' retrospective experience of therapy. The model provided a useful way of grouping and understanding the meanings expressed by the subjects, a way which Subject 4, in the follow-up interview, said was an adequate rendering of his experience.

Although this empirical research started out with a particular model as the means of analysis, and as such could not accurately be termed "phenomenological", there is a high degree of phenomenological accuracy to the findings. If we compare these findings to those of Eppel (1980), who used a "pure" phenomenological research method, it transpires that there are many commonalities.

Eppel describes therapy as an invitation into a life-long process of re-owning possibilities. This process begins with the pain and confusion of self-confrontation. There is a fear of new freedoms, and a desire for some kind of definiteness. Gradually there comes the realisation that there can be no real fixity, and that there is a need to continually work to keep oneself open to possibilities. The therapist is experienced by the client, according to Eppel, as opening ways for the client to realise possibilities. The therapist does not force choices, but rather leads the client to making choices by providing a warm and supportive relationship.

What Eppel describes seems to correspond to stages 4(a), 4(b), 5 and 6 of my model. The client moves from attempted avoidance, to confrontation and despair, to re-symbolisation and reintegration through the therapeutic relationship. Eppel never discusses the aspect of why the client is in therapy at all, but implicit in his essential description is the idea that certain of the client's possibilities for relating to the world have become limited. In order to demonstrate further the phenomenological accuracy of my model, let us consider in more detail the points of intersection of these two descriptions.

Stage 4(a) as we have seen is the stage of the client's attempting to avoid the challenges which a world of unlimited possibilities poses to a limited world-view, and 4(b) is the stage of despair at the realisation of this limitedness. Eppel describes similar experiences which his subject had, this

description seeming to capture the client's transition from avoidance to despair.

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 (pp.191-192).

The avoidance is also seen in the refusal of the client to take responsibility for her own life. She initially hopes that the therapy can give her something definite on which to base her life, but gradually comes to realise that "the answers lie within herself, that life is unpredictable and that she has to learn to live with the security of insecurity" (p.192).

The stage of re-symbolisation, stage 5, is the stage whereby the client is enabled to discover a way of living which is more inclusive of possibilities. Eppel describes therapy as "the medium through which [the client] unfolds the meaning structures of her existence and gets to know herself" (p.190). Eppel also points to the importance of the relationship between therapist and client as the means by which this takes place.

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 (p.192).

Thus the relationship with the therapist not only gives support, but it also suggests some directions in which the client can start to move.

The final stage, that of reintegration, corresponds to what Eppel describes as the client "learning to confront all that 'speaks' to her in the world" (p.190). He goes on to say that this is

... 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 her world (p.190).



Thus we can say that this approach is adequate for accurately representing the experiences of clients in therapy. This covers the first aim of this study, namely to present a model of therapy that is based on the experience of clients in therapy.

The aim of this particular chapter is mainly to clarify the relationship of this phenomenologically accurate, but largely non-political data to the more overtly political intentions of critical psychology. This is an attempt to show how the model can also be shown to take the social context into account, and thus relates to the second broad aim of the thesis as a whole. However, it is necessary first to consider some interesting points that emerged in the analysis of the protocols.

#### 4.1 Some Interesting points:

This research raises several interesting points that give some insights into the practice of psychotherapy.

A first point to note is that there seems to be a need for some kind of decision by the client before re-symbolisation and reintegration can take place successfully. The protocol given by Bill is a good example of this. Before his therapy could finally be successful, Bill had to realise that he had failed in trying to live his life according to a particular pattern, and that it needed considerable re-working if he was ever to be happy. This implies that re-symbolisation can only take place if the client in some sense realises a need for a change, and is prepared to go through the pain and suffering entailed in making that change. This seems to suggest that the therapist can only: (i) provide a secure relationship within which the client can face the challenges; (ii) re-state the challenges in a way which might make them seem less threatening to the client; both of these approaches by the therapist would facilitate the client's making a decision; or (iii) if the client has already come to a decision, then the therapist can offer a way of living that opens up previously closed-off possibilities.

If we see therapy in this way, then it means that the role of the therapist is that of facilitator rather than healer. The responsibility for the change is the client's, only the means by which that change takes place being provided by the therapist. So we can see therapy, then, as the providing of ways by which people wishing to re-organise their lives can symbolise and live out those changes.

This realisation that the burden of therapy is not the therapist's allows us to see "spontaneous remission" as a less damning phenomenon than Eysenck

and others opposed to the therapeutic endeavour would hold it to be. Spontaneous remission is merely what happens when people, having decided to change their lives, have available to them other ways than therapy by which they can themselves re-symbolise their lives. Thus spontaneous remission, rather than showing that therapy is useless and unnecessary, shows that therapy is one way amongst many in which people are able to re-symbolise their lives, and so reintegrate themselves more successfully into their society.

The implication of this is that therapy is not some causally operative process which either does or does not work. Further, it implies that there can never be a single "right" way of doing therapy. Rather, the implication is that therapy can take place by a number of ways, and that the relative effectiveness of these will always depend on the particular client who is seeking therapy, and on the way in which the client's life engages with that of the therapist.

This raises another interesting point. It might be argued that the protocols used here do not reflect the client's self-understanding so much as that which the therapist foisted on the unsuspecting client. In other words, it might be argued that the protocols are merely first person case histories, as biased as the therapist's view of what was happening in the client's life. This argument can be answered by referring to a point made above. If it is accepted that therapy is ultimately the client's responsibility, and if it is accepted that the therapist facilitates change by offering a new way for the client to see him/herself, then it can be seen that it is inevitable that the therapist's jargon will "contaminate" the client's self-understanding. This is, then, not something to be avoided, as this is the very stuff of therapy. This is the point that Barton (1974) is making when he says that

The fact that the therapist has a way to help - an orientation that is more or less convincing to, and liveable by, both therapist and patient - is therefore essential to the therapeutic process (p.237).

So what is important is to understand how the therapist's understanding is able to help the client come to a new self-understanding and self-expression.

A further interesting observation that emerges from the analysis of the protocols is that the process of therapy is not a straightforward one. Although the broad themes represented by the seven stages of the model were found to be roughly sequential, this sequence takes place on many

different levels at the same time. This is because the therapist tries to deal with more than one aspect of the client's life at any one time, and the different aspects are differently developed. Thus while one aspect (probably that for which the client seeks treatment) is being re-symbolised, another might only be at the point of being challenged. Since human existence is an integrated whole, it might be more accurate to suggest that the re-symbolisation of one aspect might in fact necessitate a challenge to another aspect. This would explain the feeling, cogently expressed by a friend, that "you go into therapy for one problem, and then discover that you've got a whole lot more!".

An example of this differential development can be seen in Lynne's protocol. It seems that although she has overcome much of her avoidance of the world, facing the consequent despair and then re-symbolising her life, she is still ill at ease with the whole area of intimacy and sexuality. She is very reticent about her relationship with her "very good friend", and is, presumably, also somewhat reticent in the relationship itself. This avoidance could be challenged in further therapy, and she could be encouraged to face the emergent issues, thereby allowing a re-symbolisation of this aspect of her existence as well.

There is another aspect of the model that the protocols show to be very complex. This is the relationship between the challenges, avoidance and despair. For some it seems that the therapy helps the client to overcome avoidance by re-stating the challenges in a more acceptable way. The despair then follows this. For others it seems that the therapy only starts when the clients have reached a stage of despair on their own and have overcome their avoidance already. What is important to note here is that the model does not prescribe when therapy should take place. Thus, therapy can start at almost any stage, as long as the therapist bears in mind what it is that the client needs at each stage. So, if the client is still avoiding the issues, then therapy needs to explore the challenges and show the client that these challenges are not as devastating as is imagined. If the client is despairing, then the therapy needs to provide the client with a concrete way of living that opens up new possibilities.

In general, we can say that the points that this research raises cast doubt on the traditional therapist-centered way of seeing therapy, and show the importance of looking at the meaning of therapy to the client. This research points to the importance of the therapist adopting the role of facilitator, rather than healer. The therapist facilitates a re-symbolisation

by representing new ways in which clients can live their lives. This re-symbolisation takes place sequentially according to the structure of therapy given in the model above, but different aspects of a client's existence might be at different stages of the model.

It is now possible to consider these findings in relation to the critical emphasis outlined above.

#### 4.2 The Relationship between "Pure" and Critical Therapy:

The question now arises of how these findings can support a critical psychotherapy. The subjects used in this study seemed to emerge from therapy largely uncritical of their social context. Although Lynne (subject 1) was able to question her overly socialised self-concept, and although Janet (subject 3) was able to move away from rigid gender-roles, these can hardly be seen as major political triumphs. For Denis (subject 4), nothing of a political nature was raised by therapy, and on the negative side, we can perhaps even see Bill's therapy as merely enabling him to give up being a hippie so that he can once more take part effectively in supporting a fundamentally exploitative capitalist system. How do these findings, then, support a model for a critical psychotherapy?

A first point to note in this regard is that all therapy is in some way political. This can be demonstrated fairly easily. Even by trying to be neutral by keeping to "pure psychotherapy", one is implicitly supporting the status quo. Bishop Desmond Tutu (1985) points to a similar phenomenon. His critics claim that he mixes religion and politics. To this he replies that, were he to start supporting government policy, he would cease to be accused of making this mix. His implication here is that religion and politics are already inextricably mixed. In a similar way, therapy and politics are also inevitably linked. Halleck (1971), addressing psychiatrists, expresses this idea clearly:

There is a strange and unfortunate tendency among psychiatrists to believe that professional activities designed to change the status quo are political, and activities tending to strengthen the status quo are medical or neutral. This kind of thinking is illogical. By reinforcing the position of those who hold power, the psychiatrist is committing a political act whether he intends it or not (p.36).

Halleck goes on to criticise the views of Wertham, Laing and Szasz who, he says, only talk about the politically harmful effects of unsolicited



psychotherapy. He maintains that all psychotherapy, even voluntary therapy, or particularly voluntary therapy, can be politically damaging. For Halleck, psychotherapy starts with the therapist taking some stand, whether that stand is the so-called "neutral" one, or a more politicised one.

Thus, what Halleck maintains is that all psychotherapy is political, whether it knows it or not. What this means is that the therapist must make his/her political stand clear from the start of therapy. This allows the client to choose whether or not to follow the path offered by the therapist. Without making his/her values explicit, the therapist is open to being criticised for being an indoctrinator of his/her clients.

There is a problem with this notion of the client choosing whether or not to go along with the therapist's values. People in a desperate state will, possibly, go along with anything that is offered them. Is it fair, then, to place the onus of avoiding indoctrination on the client? This argument can be countered by maintaining that, although this approach might be unfair, it is, however, still better than pretending objectivity while actually upholding a certain set of values. The problem with "objectivity" is that it attempts to justify being judgemental by reference to the "truth". A view which, on the other hand, takes a specific stand, is less judgemental, as it based on the notion that there is no one correct answer to any problem. At least a therapist who takes a stand has considered the implications of what is happening in the therapy. In any event, what is certain is that there can never be a value-free psychotherapy. The best compromise, therefore, seems to be to make the values being upheld explicit.

What does this mean in practice? It means that as part of therapy the therapist will challenge the socio-political rigidities of the client. This might involve questioning sexist or racist prejudices, or alternatively it could entail the challenging of people to move beyond the limited and negative self-concepts imposed on them by sexist or racist societies. This socio-political challenging will, however, be in addition to the challenging of other rigidities which occurs in conventional psychotherapy, and, as with conventional therapy, this challenging will be geared to the particular life-situation of the client.

If we return now to the question which prompted this discussion, namely that of how the findings are able to support a model for a critical psychotherapy, we can say that these findings are supportive in a negative way. By applying the model to the protocols, we can point to the failure

of the various therapies described in the protocols to address the question of the clients' relationships to their social context. Thus we can say that the findings do point to the political nature of psychotherapy in that they point to the implicit support given by the various therapists for the status quo.

This discussion leads to the conclusion that if a model of therapy is to be accurate, then it cannot have liberation as a necessary component. From the data we can see that therapy does not necessarily liberate in a socio-political way, or in any specific way, for that matter. Rather, a model of therapy must hold out liberation as a possibility that either is or is not realised with respect to various aspects of a client's life. Thus, for therapy to liberate in a socio-political way, there needs to be an explicit working towards that goal by the therapist and the client.

De Boer (1983) expresses this idea when he criticises Habermas for ontologising liberation in his discussion of Psychoanalysis. For Habermas, all psychoanalytic therapy is necessarily liberating, as it gives the patient autonomy and the freedom to choose. Saying this, however, assumes that total emancipation is possible, that one can be quite free of any point of view. It also assumes that this goal of autonomy is sufficient in itself as a basis for ethical decisions. As De Boer points out, however, Psychoanalysis cannot hope to be value-free, and it cannot generate its own set of values. Quite clearly there can be both good and bad forms of autonomy. Therefore, De Boer maintains, it is necessary for the individual therapist to adopt a point of view. In formulating a point of view, De Boer continues,

... all we can do is trust in the dowsing-rod of conscience, which is at the same time an antenna for utopia and a metaphysical desire. Conscience, unfortunately, all too often is viewed as a moral yardstick for bourgeois morality. But, as conscience it is really shared knowledge; it is the most passive and therefore the most original capacity of man, the most receptive one and therefore the most creative one. There the Good is "seen", where our self-evidence and calculations generally don't expect to find it, or where they hide it ideologically (p.180).

The implication of this is that being critical involves approaching the client in a spirit of openness. It involves working with the client in terms of the possibilities that s/he could realise if it were not for certain blocks to growth. What this study has tried to show is that an important source of blocks to growth is the social context in which people find themselves. Thus it is at this point that the two streams of thought underlying this

study, namely Existential-Phenomenology, and Critical Theory, come together. Being critical involves adopting the attitude of existential-phenomenology, what De Boer calls con-science, and being fully open to the client's possibilities, as existential-phenomenology would have it, involves taking the social context into account.

In conclusion, then, we can say that this study has formulated a model of psychotherapy which both preserves the existential-phenomenological attempt to view the client in terms of his/her possibilities, and also makes possible the taking of a critical stand with respect to the power of the socio-political context in influencing how a client's possibilities are lived out. Thus this study has provided a general framework within which a phenomenologically-based critical psychotherapy is possible. The ultimate value of this model can only be ascertained through its application and implementation by therapists and clients, and by their contribution to subsequent research.

APPENDIX: PROTOCOLS IN FULL

Subject 1: Lynne

(1) My name is Lynne Ellen, Stanley, and I was born 31 years ago. In the first 20 years of my life, I was a Brownie, a Girl Scout, and a sorority member. I was a beauty contest winner, an honor roll student, and a campus officer. I am a daughter, a sister, a lover, and a friend. I am tall, selfish, slender, happy, generous, sad, and agoraphobic.

(2) Agoraphobia is a fear of travelling any distance from the safety of home and a fear of crowded places. That is the definition, but that does not describe what being agoraphobic is.

At my worst, I had trouble getting up the courage to walk out the door of my house. I can remember when a walk to the corner (about eight houses from mine) was an ordeal, and a walk around the block was not only impossible but unthinkable. Just thinking about those feats produces tension, tears, shaking, knots in my stomach. In the doing, I experience all those things plus rubbery legs and a feeling that I can't breathe. Rather than subject my body and my mind to all those feelings, I prefer to stay home.

I have not traveled more than 20 miles from my home in the past ten years. The last football game I attended in a stadium was over five years ago. The last time I rode in an elevator was three ago. The last time I was downtown (eight miles and 20 minutes by freeway) was nine years ago. The last time I flew in a plane was 12 years ago, and the last time I rode in a bus was over 13 years ago. You name it, I haven't done it in the last ten years.

(3) I read once that by admitting you had an emotional problem you had licked 50% of the problem. If that is the case, I have been 50% cured from the very first. Admitting I had a problem was relatively easy in comparison to getting help for my particular affliction.

My problem is not unique. I understand that it is quite common. I have read that there are two million agoraphobics in the United States alone and many more world-wide. The reason no one knows about us is that we stay home - we're afraid to go out. We are ashamed and embarrassed about our problem because it is so difficult to explain and to understand.



(4) In my senior year of college, I experienced an emotional upheaval which left me ten pounds lighter, continually tearful, and fearful of travelling any distance at all. I know now that what I had was a severe anxiety attack, coming several months after my grandmother died, my boyfriend entered the Army, my parent's marriage collapsed, and my family transferred to another city. I didn't know then what an anxiety attack was, and it scared me.

(5) Neither my parents nor I had any idea what had happened, but we agreed that I was ill. The family physician diagnosed my trouble as mononucleosis and prescribed bed rest and Librium. I felt that there was something else wrong, but he never said anything about an emotional problem.

None of the medical doctors I have seen have been impressed with my mental state. Each doctor had one diagnosis for why I was afraid of everything. I was tested for sugar diabetes, hypoglycemia, thyroid imbalance, smallpox, heart irregularities, inner-ear imbalances, polio. When the test results came back and there was nothing physically wrong with me, then the physician dismissed me. Of the seven physicians I have seen, only one referred me to a psychiatrist. I received diagnoses like: "You worry too much." "It's a phase you're going through." "Everyone has to do things they don't like to do." Who was I to question a DOCTOR? I was only 21 years old, just out of college.

I would take a new prescription for tranquilizers or sedatives and be sent on my way. I seemed to be the only one who thought that a 21-year-old woman who needed to take four Valium a day to function was a little strange.

(6) It was several years before I realized that I know my own body and mind better than anyone else, that it is my business to be an informed patient and to question and to try to understand why a particular treatment or test is being used.

(7) After two years of coping with fear of everything, I contacted a psychiatrist myself. I think I looked in the yellow pages of the phone book. Unfortunately, the man I chose turned out to be weirder than I thought I was. In his waiting room, he had a group of humanoid figures in purple, orange, white, yellow, and blue. These figures were grouped in a circle staring down at an egg in the center of the circle. That should have given me a clue of some kind.

The decoration of any room reflects the personality of its owner. (If you could see my living room right now, you would probably laugh.) This psychiatrist's waiting room was paneled in dark wood and not well lit. My mind was also dark and not well illuminated. Was his mind also? And who were those egg figures? I couldn't identify with them. Could I identify with the man who allowed them in his waiting room?

The only session with the "egg-figures psychiatrist" I remember was about my handwriting which is very large. I understood him to say that I might change my personality and thus my life if I could make my handwriting smaller. I sure tried for a week and all I got was a cramp in my hand and no great changes in my life. Meanwhile, I trudged five flights of stairs once a week to his office because I was afraid to ride the elevator. I don't know if I told him that or not, but I did tell his receptionist, a chubby, bespeckled, grandmotherly sort who did me more good than he did. She served me warmth and affection. She seemed to care. I never felt he did.

The doctor and I never achieved anything resembling rapport and I decided for the money, I could do without him and his egg people. I still didn't know what was wrong with me.

(8) In the course of consulting for a very bad cold, I told him I had developed a fear of rain and was very depressed.

"Oh!" Dr. M. exclaimed, my ex-wife was just like you!"

Anyway, he gave me a prescription for Sinequan and told me it took the place of electro-shock therapy. His verbal prescription was to make no big decisions for the next two weeks. Within two weeks, I had put on ten pounds, stopped shaking as much as I had been, gave up my apartment and moved back home with my mother.

(9) Within the year, I felt that I needed some professional counselling again, and Dr M. recommended Dr T, a calm, soft-spoken psychiatrist.

I talked to Dr. T. and he listened for one hour a week for a whole year. He prescribed tranquilizers which I took religiously. I remember telling him that I understood how the thing was supposed to work: I talked, he listened, and somewhere in there I was to come to some conclusions about myself and my life and with new understanding make the necessary changes. However, I didn't seem to be doing that; none of what I was saying and feeling was making much sense to me; no pattern was apparent to me. I felt I needed

some guidance, a more directional approach. I do remember his response, but nothing changed.

(10) I was not getting better or even different. I was getting worse. The tranquilizers - Librium, Valium, Sinequan - which had enabled me to function enough to teach school for four years, to live by myself in an apartment for a year, and to attempt something of a social life were no longer effective. Eventually, the five mg. of Valium that I was taking four times a day did nothing but dissolve me into tears. So, Dr. T. changed my tranquilizers to Mellaril.

I took a pill in the morning and fainted. I took a pill after lunch and fainted. I called the pharmacist who suggested that I not take any more and call my doctor. Dr. T. suggested that instead of continuing with the Mellaril I should start taking eight Valium a day. I was in a very poor mental and physical condition, but I had enough presence of mind to say, "Dr. T, I am 24 years old. If I have to take eight tranquilizers a day to function, then I won't function!"

I stopped taking any medication, and I stopped going. I took a leave of absence from my teaching position and took to bed where I remained for several weeks, afraid to leave it to do more than go to the bathroom. At night, I couldn't sleep and would cry until the early hours of the mornings when I fell asleep through sheer exhaustion. In the mornings when I opened my eyes, my whole body would tense, my stomach would contract. Tears formed in my eyes and I would lie there afraid, pulling the covers over my head. I lived in fear this way for the better part of two months.

(11) I talked to Dr. T. on the phone once more during this time - I couldn't travel to his office now. He said that I had quit my job so that I wouldn't have any money to pay him so that I wouldn't be able to see him any more and then I wouldn't have to talk about sex. That may or may not have been the case with my subconscious, but sex was the furthest thing from my mind. And I still didn't know what was wrong with me.

(12) One morning, although I still woke up tense and afraid, I decided I did not want to spend the rest of my life in my nightown in my bed in my room in my mother's house. I knew that even if I were afraid to go out of the house, I ought to be able to do something in the house. So that morning I made myself some rules. I moved my television out of my bedroom and into the den. I told myself that I could watch as much

television (the plug-in drug) as I wanted but not in my bedroom where I would be tempted to stay in bed. I told myself that I would get up every morning, wash my face, brush my teeth, get dressed, and eat breakfast. Those were simple enough rules, and I had some activities to occupy my mind the first moments of the day. Whatever else happened during the day, I had accomplished those few tasks, and that made me feel good.

As time passed, I created other rules for myself and began to set small goals. Some were more difficult than others for me to achieve, but I kept trying. I tried to read something inspiring or uplifting every day which led me to some fine books.

(13) I tried to keep a journal of my feelings and thoughts which led to my writing some poetry which I had never done before. (14) I still amuse my friends and relatives with my verse.

(15) I also figured that if I couldn't quite get my emotions in shape, I could get my body in shape. I started doing four simple exercises every evening before I went to bed. I began to sleep better and I began to look better and to develop some stamina. Once I felt better physically, I volunteered to keep the house clean and cook the evening meals for Mother and me.

(16) Once I began to feel comfortable in the house, I set my sights and goals outside the house. A small task was the beginning: walk to the corner of the street and back. I took it literally and figuratively in small steps. Not only did I make it to the corner, but working at it the same way, I made it round the block!

My dearest friend gave me a bicycle for Christmas and I rode it every day. I mean, I rode it every day in all kinds of weather - sun, rain, and once even in sleet! I rode it over the neighbourhood and worked towards and accomplished a bicycle trip to the store.

Then, I found the courage to drive my car again and told myself that I would drive to a store every day and get out and go inside. I didn't have to buy anything; I just had to make myself go inside and I did.

The hardest continuous thing I did was go grocery shopping. I chose a small grocery store and I elected to go on Thursdays. Every Thursday, I would wake up with tears in my eyes, knowing that this was the day I made the trip to the grocery store. I would pace around the house and cry, trying to get up the courage to go out the door, get in the car, and drive



down the street to the store. I would not give up on myself and eventually I would make the move out the door and into the car. I would cry all the way to the store. Once inside, I would stop crying, but while I was shopping, I would get scared and want to rush out of the store and race home. I never did, though. I just kept telling myself to keep shopping, slowly and steadily. I was always very pleased with myself when I returned home with the groceries, and I was always exhausted. I went through the same routine many, many weeks before I started taking grocery shopping as a matter of course.

(17) Families sometimes do not understand an emotional illness and mine is no exception. (18) My parent's marriage was falling apart when I arrived home from college in the throes of emotional trauma, and I was overlooked. If either of my folks had taken me in tow and found the help I needed then, I wouldn't be writing all of this now. I am bitter about the lack of support from them, but as my mother so often told me, they did what they thought was best at the time.

(19) Mother, at least put me in touch with her lawyer who in addition to handling messy divorce cases and working with alcoholics, did psychological counselling. It was a strange arrangement from the beginning.

Because I was relatively homebound, Dr. (of what I don't know) G. said he would come out to the house. He came by or called on an irregular basis. I never knew when to expect him. More often than not, he would arrive in the middle of the day when I was alone, on his way to some place else, or he would call me at 10:30 at night to talk to me. He loaded me down with mimeographed sheets listing his rules for living and told me to read and study them. He refused to set any fees for his counselling.

I so desperately wanted help that I went along with this unorthodox method of treatment. I figured that my strange affliction required strange treatment. It made me uneasy for him to arrive without prior notice when I was alone, and it made me uneasy when he hugged me before he left. He encouraged me to lean on him, to trust him. He explained that because he wasn't charging me for his services, he couldn't come out on a regular basis and I couldn't get in touch with him. I thought I needed to see someone more regularly, and I was getting suspicious of his treatment methods, which I told him. He was surprised at my suspicions and suggested that I was reading something into his good intentions that wasn't there. I went along with the arrangement for a while longer, but as badly as I wanted

and needed help, I was uncomfortable in his presence. I eventually decided that he was interested in more than the state of my mental health, and I put an end to his visits. I still did not know what was wrong with me.

After Dr. G, I sought help through the Jewish Family Service, a United Fund Agency. The Service at first refused to allow me the privilege of their counselling service because I was not Jewish. When I told the voice on the phone that my father's mother was Jewish (true), I was informed that the board would meet and determine whether that Jewish relationship would suffice or not. It seems that it did because they did take me on.

At the Jewish Family Service, I met with a social worker once a week. The charge for the service was determined by my income. I think I paid \$8.00 a session. J., the social worker, was younger than I and was a very kind, caring person. The meetings were good practice for us both: he was just making practical application of recent schooling and I was beginning to learn more about myself. When I became afraid to travel to his office, he politely explained that part of the cure was coming to get it. Never mind the fact that fear of travelling from my home was a chronic problem for me. So, I quit going to see him. I never heard from him again. I still didn't know what was wrong with me.

(21) I had been at home, unempolyed, for the better part of the year when a friend offered me a job at a neighborhood swimming pool working in the concession stand for \$1.00 an hour. With a B.A. in English, some graduate hours in English Grammar, and four years of teaching experience, I was overqualified and improperly trained for the job, but I had to start somewhere. By the end of the summer, I had been promoted to assistant manager of the pool and received a raise in salary to \$1.25 an hour! That little job gave me courage to enter the working world again.

Another friend offered me a position as a leasing agent at an apartment property near my home. That was six years ago, and I am now the construction coordinator for the conversion of the property from rental units to condominiums.

Getting back to work was one of the best things that happened to me. Having a job gave me the opportunity to be with people every day instead of brooding alone at home over my problems. The salary I receive at work tells me that what I do is valuable and worthwhile and thus, I reason, so am I. It gives me the courage and makes me feel more "normal".

(22) After my first year of employment, I was entitled to a week's vacation which I elected to spend at home (where else?). A well-meaning friend who knew I wouldn't be travelling to Tahiti loaned me some books to occupy my time. By the time I finished reading them, I was so depressed I didn't know what to do. That week my father called me and told me he was going to file for divorce from my mother. I was ready to kill myself.

(23) My good friend suggested that instead of killing myself I should sit down and make a list of all the places I thought I might be able to get some help and call them. So, I dried my eyes and did just that.

One of the places I called was the Mental Health Authority. I had seen advertisements on television and I thought they might be able to refer me to someone or to treat me themselves. I find what I am about to relate is comical now, but at the time it was a very frustrating experience. I had already determined that not traveling was my biggest problem and that in order to get help I had to travel. It was a "Catch 22" situation. If I could travel to get help then I wouldn't need to get help. As I explained it to various people I spoke with by phone at the Mental Health Authority, "If I could come to you, I wouldn't need to come to you." I felt like some kind of nut saying that, but then I figured they were used to dealing with nuts. Wrong. I called expecting someone to say they had heard of a problem similar to mine and that if they couldn't help me, then they might refer me to someone who could. When someone finally did talk to me, she said she was sorry but there was no way I could be helped by them unless I could get get there (which, may I remind you is my problem). Nothing else. No referral.

Another place I called on my list of places to get help was Baylor College of Medicine, Psychology Department. The man whom I spoke with on the phone was very kind, not at all shocked or surprised by what I told him about myself. He said he would see what he could do and someone would return my call.

That was on Friday. On Monday, Larry E. Beutler, Ph.D. called me. I understand from him that I became a note on a bulletin board which intrigued him.

I had to accept certain conditions before he would take me on as a patient. He requested that we meet somewhere other than my home (my sister had an apartment nearby and agreed to let me use it every Monday at 6.00

p.m.); I had to have someone else present - not in the same room during our meetings, but at the same abode (this was to protect both of us, and my good friend agreed to spend an hour of his time each week that way); and he had to charge me a little bit more than his regular fee to make up for traveling time and expenses.

(24) As I waited for Larry to arrive for the first meeting, I was telling myself that I wanted to get well, that I wanted to cooperate, only please (powers that be?) don't let him have a mustache and a goatee. Guess what. Oh well... That was almost five years ago. (25) In those five years, I have had my greatest successes and my greatest failures. Neither were achieved easily; I had to work hard at both.

My progress has been rather irregular. Some things Larry and I try work, and others don't (just exactly like life - isn't that strange?) (26) One of the most successful techniques for me is hypnosis. It is a state of total relaxation and, as Larry has told me, I cannot have a relaxed body and a tensed mind at the same time. For me, hypnosis is better than any tranquilizer or sedative I have ever taken because I feel I can control it. Larry made a tape for me and thus I was able to practice hypnosis at home as well as at our meetings until I was able to hypnotize myself.

I use hypnosis to give myself a break from the tension which I also create myself. In combination with other techniques, I have used hypnosis to travel outside my territory more comfortably, to be the maid of honor in my sister's wedding, to have surgery several times, to cope with ordinary situations which I perceive as threatening (i.e., a thunderstorm) and with extraordinary situations such as two large fires (really!) where I work.

In some ways, hypnosis is a retreat for me. I just relax and let feelings wash over me while I float along. I can function fine but in a relaxed state. The magic of it appeals to me. It is not a cure-all for me, because if it were my problem would be solved. It is one of the many tools or aids Larry has introduced to help me cope with being agoraphobic. (27) When we first started meeting, I was an absolutely miserable being. Larry started right there, working to help me accept myself as I was right then and moving forward from there.

(28) Another tool I have found helpful is physical exercise. It gives me a sense of control, of power (those two statements are really something coming from someone who managed to graduate from high school without



setting a sneaker in a gym class - and that took some fancy footwork on my part - and who took folk dancing to meet college physical education requirements). Starting with the four simple exercises and the bicycling I did when I was homebound, I have enlarged my repertoire to become an avid walker, on-again-off-again jogger, tennis player, and swimmer. I have even taken ballet and exercise classes. None of these activities (except swimming) were especially enjoyable at first. Now, I look forward to even jogging. Somehow stretching and straining and loosening my body does the same for my mind (is exercise a form of hypnosis). Larry recently prescribed that I start jogging or solo dancing again at least three times a week. I have, and it does make a difference in my general mental attitude. It's doing something.

(29) Obviously, being able to talk and consult with Larry is a help to me. He provides me with an opportunity to try out different points of view, different emotions, different approaches to my problem. (30) I look upon Larry in several different ways. He is a mental therapist who helps to exercise my injured emotions in the same way a physical therapist exercises an injured body. He is a consultant to whom I can bring my questions and comments. He is a resource person who can suggest books or tapes or observations on agoraphobia. (31) He is a teacher who assigns me lessons. (32) He is a student who, with me, is learning about me. (33) Most important he is a friend who accepts me as I am. He neither approves nor disapproves of me; he just lets me be.

(34) Reading and studying about agoraphobia and general psychology are yet other tools I use. I feel that even when I am not making physical progress (enlarging my territory), I am making mental progress by reading and studying about coping.

(35) Some people collect stamps or matchbook covers or coins. I have become a collector of information on agoraphobia. Each piece of information helps me to understand my illness and myself a bit more. Collecting and reading the information is one way of coping with it. I then must face it, accept it. In some ways, agoraphobia is easy to ignore. I have reached the point where I can pretend I am not agoraphobic. I have a job which I have held for six years, I now live in my own apartment, I shop in the stores in the area and have everything else delivered. I could let that be my life, and sometimes I do. But if I continue to read about agoraphobia, to talk about it, study it, and think about it, then I am facing it. In fact, I have developed an interest in my illness. My tendency is to

shrink from it. Instead I am attempting to embrace it mentally, and sporadically I embrace it physically by putting myself in situations which create anxiety for me. A lot of times, something I have read inspires me to try once again.

(36) Two other aids I employ are Valium and a notecard. I have a bottle of Valium in my purse and carry it wherever I go. It is like a lot of ex-smokers I know who still carry an unopened package with them to remind them that they can have a cigarette any time they want one. The prescription for Valium is over two years old (my physician assures me they are still good). I think that if I get in a situation that I think is unbearable, I can always take a Valium and, if worse came to worse, I could take them all. You know, I have been through some rocky times but never have taken a one. I know I would never take one and yet they are there if I want one.

(37) The note card has ten rules for coping with panic typed on it which I found in my reading. I kept it in my billfold and pull it out and read it when the going gets rough for me. Reading those rules is like some kind of signal for me to relax, to let the feelings come without fighting them or running away. I recently had to have some minor surgery done in my doctor's office, and I was in the midst of a full-blown panic attack over it. Plus, I had to wait over two hours before he could see me. I wanted to run away, but instead I pulled out that card and kept reading it over. I even carried it into the examining room and kept it clutched in my sweaty palms during the entire procedure. I know that I got myself through that and that the card is not magic, but it helped.

(38) Another thing to do for myself is talk to myself. I use this tool in several ways. Larry first suggested that I sit in front of a mirror and debate a question with myself, taking as many sides of the question as I could. He also suggested that I tape-record some of these encounters. Listening to these tapes is a revelation. At first, I was extremely self-conscious about it. Then I began to feel more at ease with the various aspects of my personality that emerged.

I then began to realize that I talk to myself quite often. For example, when I say "RUN!" then I say to myself, "Why don't you wait five more minutes?" Myself says, "Okay, but I am leaving in five minutes. "I have stayed literally hours that way. I also say things like, "Lynne, there are nine million Chinese who don't give a damn about what is happening to you,

so why should you?" And, "A hundred years from now this won't make any difference, so just cool it". And, "An hour from now this will all be over so stick it out". And, "Think how good you will feel about yourself if you do this and how badly you will feel about yourself if you run away".

(39) Writing about agoraphobia or writing about a specific problem I am having is helpful. It is a distillation process. My emotions are sometimes so distorted that I cannot determine, for example, why I am angry or at whom. By sitting down at my typewriter, which becomes rather an automatic writer for me, I can distill my jumbled feelings to the pure emotion and then deal with it.

(40) Most of the hindrances to my progress have been inside me. I am both my curse and my salvation. I hear Larry's observations of me as criticism. Or I hear those observations as a command to change, and I become very frustrated when I don't change.

(41) I have a problem with motivation. If going places and doing things were reward enough in themselves then I would probably try harder to get there. I think I am distinctly not self-motivated. I require an outside incentive. I am working on that though.

(42) I have difficulty making decisions. I constantly second guess myself. I want some direction from outside, some reassurance that I am doing well. I wasted a lot of time with therapists and counselors I didn't like - the egg psychiatrist, Dr.G. - simply because I thought whether I like them or not as people didn't matter. But it does. I like Larry as a person.

I tend to unrealistically divide my life into two parts: my life and my meetings with Larry. My meetings with Larry are just as much a part of my life and just as real as anything else. In real life, I spend time with people I like. So it stands to reason that therapy would be much better and more productive if it were done between two people who liked each other.

I also feel that Larry cares about me. Some of the other therapists were kind of impersonal. Whether this is true or not, I feel that if I all of a sudden stopped going to see Larry, that he would call me and encourage me to come back and try again. I say that, whether it is true or not doesn't matter because that's the way I feel. There have been times when I took a break for a month or cancelled appointments on a regular basis, and yet I have always returned. As I said earlier, the others made no attempt to

find out why I really quit going to the sessions or to encourage me, ever so gently, to return.

Rapport was an overused word among educators when I was a teacher, and I hesitate to use it even once more. But that is what Larry and I have achieved because of the kinds of people we are and through many hours of both joyful and heart-wrenching work.

(43) I want to define agoraphobia again in the way I tell others in conversation about me. I am basically a quiet, home-body type. I enjoy being alone, and I amuse myself fairly well. I am better on a one-to-one basis with people than I am with a crowd. Agoraphobia is a distortion of that. It is an emotional distortion or dysfunction. It is like looking in one of those funny mirrors at the fair and seeing yourself all fat and wavy. You are still basically there, but what you see is distorted. If you met me at work or in a situation where I felt comfortable, you would never believe that all the foregoing is true about me. But it is. As my dad always says, "That's part of my charm."

(44) I have mentioned earlier that a very good friend gave me a bicycle for Christmas, and a very good friend hired me as an employee at a swimming pool, and a very good friend suggested I make a list of places to get help instead of killing myself, and a very good friend gave up an hour of his time a week to sit by himself while I met with Larry. That very good friend has stood by me through the past ten years. He has taken me on drives, he has held my hand, he has rejoiced with me. I am fortunate to have such a friend.

I talk about what I accomplished, and I have come a long way from where I started. No one else could have done it except me; but like the people who accept the Academy Award, I have not done it alone. I may win the award for the leading role, but the supporting cast - Larry, my friend, co-workers, my family - deserve awards, too. I am living proof that you are not alone, and there is someone out there who can help you if you just look hard and long enough.

I am not cured. I have more hard work ahead of me. But, then doesn't everyone? "Lynne Stanley, THIS IS YOUR LIFE!"



Subject 2: Bill

(1) I am 45, male. Divorced, remarried, 6 children - 2 hers and 4 mine. (2) My experiences in therapy bridge more than half of my life. The first when I was 18 in college, and the last terminated a few months ago.

I have been asked to write about the "therapeutic experience" and its influence on my life. It's a difficult assignment, and I find it difficult to begin. Do you want to know about all of my therapists? Hell, I don't remember much about most of them! How many? Nine - more or less. Were there any mileposts? Not until recently.

(3) I feel that a brief history is in order, and I will keep it brief. Deep south background. (4) Dominant mother, passive and often distant father (no homosexuality is not my problem though I have had two post-adolescent experiences, and I have wondered and occasionally worried about it over the years). (5) Withdrawn and isolated childhood, few friends, sense of alienation, exceptionally "bright". (6) Considered myself ugly and uninteresting as far back as I can remember. Was told by mother that I was just that through adolescence. (7) Erratic, given to extremes of mood (manic-depressive?). (8) Became adventurous early in life to escape. Took off for Alaska to fly bush in early 20's (after B.A.). Wandered about the world some. (9) Married the first time at 27. (10) Wrote. Worked. (11) Went back to school for Ph.D. Made it through. (12) Went into business where I had lots of highs and lows. Big house. Lousy marriage. Divorce. Bankruptcy. (13) Middle aged hippy. Love. Marriage. (14) Where I am now is a successful businessman again, but determined to stay reasonably sane and maintain a sense of proportion and balance in the world in which I live.

(15) What has therapy done for, to with against me during this time? As I said, the first time was in college. I knew I was fucked-up, but not sure why. I made a few "suicide attempts" (16) (in quotes because I knew even at the time that they were phony). Thus, therapy. A kindly old man who sat quietly, read some of my poetry, said little, and was, I suspect, as bored as was I. (17) His contribution to my life was, at best, that I didn't pretend suicide anymore - but I thought about it a lot - a hell of a lot - and talked about it occasionally when I was in deep depressions. (18) That man was the sort, though, who gives therapy a bad name (to me, at least). I really wanted to work at it, but he was bored, boring, and plain disinterested. I gave up.

(19) The next experience was a few years into a crazy marriage that managed to limp along for more than 14 years. (20) Many of my peers have admired me during my life, and in many instances envied me. I could never understand why. I decided to give therapy another shot. Why did I always feel so badly about myself? Why were all my choices so limited, and all bad (depression?)? Why could I never do anything right? Why couldn't I be a "success" and maintain? What the hell, maybe a shrink could help me find the way. No, that's not what I wanted. Maybe a therapist could show me the way. I checked around and chose one. (21) What a bummer. A one visit trip. A mental crook. I walked out before the session was finished and didn't go back. I'd heard those platitudes and the shit from Sunday School on. "If you do the right things everything will be O.K."

(22) Meanwhile the marriage went through ups and downs and I went along for the ride. It was poorly put together vehicle in the best of circumstances, and riding on the roller coaster was too much for the lousy construction to stand. It really started falling apart. We finally agreed on something. "Let's try marriage conseling." (23) Another inept therapist. But I think he really wanted to help. The problem with him, in retrospect, was that he let his two crazy patients control the therapy. He couldn't or wouldn't offer any direction, and was obviously overwhelmed by the complex and deepseated hostilities, hurts and irrationalities. Two people babbling at each other. He gave up after a couple of months and suggested an "excpetionally good " psychiatrist.

(24) We went together for a few sessions, then separately. Interesting bit - I guess we were both really boring because the quack literally slept through most of our sessions. Complete, on occasion, with snoring. He was totally unresponsive to our problems, and our stumbling attempts to make some sense of the mess we were in. (25) Prescribed antidepressants for her and suggested she accept her "proper role" as a wife and mother. Basically ignored me.

(26) By now determined, I tried another psychiatrist. She gave up. Actually he wasn't bad. A cross between Norman Vincent Peale, Buddah, and KierKeggard. At least he responded. More pat answers. "You aren't listening to her." Shit, man I want someone to listen to me! What about where I am? But it sounded authentic, and we got another paste job on the creaky old marriage machine. (27) I got little or nothing for me.

(28) Finally the marriage collapsed. Divorce and bankruptcy within six months of each other. She got the kids, though I wanted them desperately. About as total a failure as anyone could be. Soon back into therapy.

(29) And it couldn't have been better.

This is an experience that really helped, and the contrast between it and what had happened before was like the proverbial difference between day and night. It took time (1½ years). It wasn't a bed of roses, but it worked.

(30) Actually this experience consisted of working with two separate therapists. (31) The first was one of the most gentle men I have ever met. (32) And the other a considerate, challenging, and responsive woman.

(33) Prior to beginning this journey I spent a lot of time thinking about what I wanted to accomplish, where I thought I was, and where I wanted to be. I had evolved an image which seemed to best describe how I saw my life, and an extension of that image which described where I wanted to go. My life and situation at the time appeared to me to be a gigantic mass of tangled rope - all sizes, colors, lengths, and materials. Each piece of this rope represents a single facet of my personality, environment and experience. There were thousands. I defined my problems as a feeling of near hopelessness in trying to untangle the rope and make some sense of things. I felt that in order to do this one needed to be able to take each length of rope and be able to trace it from beginning to end. I couldn't do this, and the result, in my mind at the time, was that I was stymied and basically immobilized. What I thought I wanted (no, really wanted) was to separate the labyrinth and lay all of the pieces neatly in rows, side by side, then connect them into a "practical" useful, continuous, single rope, albeit varied and irregular.

(34) The gentle man worked patiently with me, moving through a variety of exercises which we worked out, session after session. He listened, and he responded. He asked questions and listened to my responses. He suggested exercise and helped me begin to gain some insights into me. If he had a major, identifiable fault it was in letting me control too often, to go off on apparently meaningless flights which pretended to have a destination, but were, in reality, ways in which I was avoiding dealing with some basic problems. Such a small fault when I consider that he gained my respect and my attention and guided me into an even greater determination to work things out.

(35) There were, in all of our sessions, no great moments of insight. (36) But there were many small steps which he helped me to see as such. He helped me find a path through a sometimes chaotic, always transitional period of my life. (37) I think now, again in retrospect, that he was perhaps less than satisfied with his dealings with me. In fact, it was for me as perfect a beginning as I can imagine. I needed that and would probably have responded very badly to a firmer approach. I suspect that I would have viewed a more controlling person as another combatant whom I had to outwit. Someone else to whom I had to prove my intellectual superiority while I continued to come apart inside. (38) He gained my confidence and helped me to become more confident. (39) He worked skillfully, remembering what had gone on in previous sessions, referring to my obviously contradictory feelings, and moving slowly along.

(40) When, after a few months of therapy, he told me he would be leaving the city but would line me up with another therapist I had mixed emotions. In a way I felt a sense of desertion, but it was not strong. I knew that I wanted to go on, but was worried about the possible new therapist (after so many negative experiences, I had to believe that the norm was about third grade level). When I received word that my new therapist was to be a woman, my internal responses were mixed. On the one hand I was, an am, a firm, adamant supporter of female equality, but on the other I questioned how a woman could possibly deal with my problems - male's problems. Would she be prejudiced by my frequent resort to profanity? Could I discuss sexual feelings, fantasies and problems that a man faces in business (as though a woman in business or a profession doesn't have all of the same problems - in spades!)?

(41) The first session was an airing of these feelings and the decision to give it a try. Used to the soft, gentle moving around that had been the pattern till now, we continued along that way for a few sessions. Much of these initial meetings was a recapitulation of what had happened before. But it didn't seem to be working. I remember well the pivotal session - primarily bullshit. We both chatted amiably about irrelevant matters, then I got up to leave and said something like, "I enjoyed the visit." I wasn't looking forward to going back again, but I knew that I had work to do. Evidently we were both aware of the drifting because in our next meeting we addressed the problem. From that time on I made, with her help, the most significant strides toward mental health in my life. We worked together for almost a year after that.



(42) She became more and more confident and challenged me to deeper and deeper levels of insight - often with the opening of long ignored sores and hurts which had been festering well below the surface. (43) She took control and let me know that she knew when I was playing a game (often when even I was not aware of it). (44) She contradicted many of my concepts of the stereotypical therapist. She talked a lot. She related experiences. She treated me as a peer. (45) She helped me dig into areas of myself that were not pleasant.

(46) More and more during these months I had a greater sense of well being - of being well. So many things were happening. My relationship with my new wife was getting better and better. My sense of balance and perspective with the children was improving. I was making enormous strides in my comeback from bankruptcy. I was examining my relationships with friends and acquaintances. I was developing a feeling of confidence, I could see alternatives and make decisions.

(47) Then one day in a session during which I was feeling particularly good I said something that I had, to the best of my recollection, never even dared think before. I said something like, "I really am doing a great job in this new project!?" She picked up on it and pointed it out. My usual mode of thought and expression was quite different. When things were going badly I would feel and say, "I really fucked that up", but when I was doing well it was, "It worked itself out" never, "I worked it out". Now I had felt it and said it! That was one of the most significant days of my life. I should have marked the date and proclaimed it a personal holiday.

From that point, I was on the road to termination - though I didn't think of it in those terms.

(48) There were many other matters to deal with, and we began to work on a support system for this new self-concept. Later I began to talk about termination. I was ready to try my new wings (to be trite), but there was still the nagging doubts about my ability to make it without the weekly feeding.

The last session was short. I cried, but it was a healthy cry and one of thanks. I told her about the knotted rope image, but now I knew that I could never lay the various ropes out side by side, nor would I want to. The ropes are knotted and tangled because that's the way my life and relationships have developed, and like macrame, the whole can be viewed as

a design - pleasing to some and forbidding and hopeless to others. I expect that I will be in therapy again from time to time. I will use it when I feel the need for it. I have four basic observations in rereading this.

1. (49) Too many therapists, in my experience, assume a condescending attitude which establishes yet another barrier for the patient. Little or no work can be done until I have proved my intellectual equality at least (and usual superiority), and by that time the whole experience has been strained beyond recovery.

2. (50) When I sought therapeutic help I was in pain - a pain much deeper and inexplicable than mere physical hurting (though it often manifest itself in physical hurting). Too often in my experience the therapist either didn't care or confused the maintenance of objectivity with aloof detachment. Maybe therapists need more training in "chairside" manner.

3. (51) It would have been most helpful if, somewhere along the way, someone had offered me a diagnosis - had said, "You know, one of the symptoms of depression is the feeling that you have no alternatives, or that all of your alternatives are negative". That would have provided me some basis for emotional and intellectual thought and, perhaps, action.

4. (52) I often had the feeling that a lot of the mystical double-talk mumbo-jumbo that so many therapists blabber was just a cover-up for a gross lack of competency. The therapist was just stumbling around trying to find his way at the expense of my time and effort. I still believe this to have been the case. I am not certain that I have done my assigned task in this. If so, and if it's helpful to another person, so much the better. If not, at least it has been helpful to me.

Subject 3: Janet

(1) I grew up in the home of a minister/teacher, (2) the youngest of three children. My brother is eleven and my sister seven years older than I, so by the age of twelve, I was the only child at home. (3) My parents were married in 1933, and their whole approach to life was molded by the Great Depression. Even after they were fairly comfortable financially, their attitudes toward material possessions remained, "use it up, wear it out, make do, or do without. (4) This was very difficult for me to accept, particularly in high school when I felt that having clothes like my classmates would make me more readily accepted as part of the group. (5) I gained recognition by being "smart", and that wasn't very satisfying.

(6) My father was the absolute authority in our home. A court from which there was no appeal. (7) My choice was to accept the situation as it was or try to manipulate it to get what I wanted. (8) I learned very early that in order to even get heard during a disagreement with my father I had to be able to present my side of the argument logically, rationally, intellectually, and without visible emotion. (9) Feelings were never discussed, never verbalized, and never a factor in reaching a decision. I learned to regard anger as cold silence in my father and as tears in my mother. "Getting upset" put me in a one-down position, and I did everything I could to avoid that. (10) It was impossible for me to please my father and very easy for me to disappoint him. In his effort to make me constantly strive to do my best, he made me feel as though nothing I did was good enough.

(11) My mother was the model of submissive wife who would never confront my father directly, but usually managed to get what she wanted by behind-the-scenes manipulation. (12) I learned to be devious from her, and I learned to lie and manipulate with a guileless expression. (13) When I was thirteen, my mother began having periods of illness. It wasn't until I was sixteen that my parents told me she was going through menopause, and it wasn't until she had a hysterectomy when I was eighteen, that they finally told me the details and just how ill she had been. So for five years I took care of both my mother and father without really knowing why. (14) My mother is not a person who handles illness gracefully, and my father did not lower his expectations as to housekeeping even though I had the demands of school which my mother did not have while she kept house. Since she did not feel badly all of the time, I was constantly having to step into the middle of a chore and finish it. More difficult than the work was

not being able to choose when I would do it. She would start the laundry and not be able to finish it, and I would be faced with cooking dinner and finishing the laundry when I got home from school. It made no difference if I had a test or project due the next day. The thing that annoyed me the most was not getting credit for all the cleaning, shopping and cooking, and then my mother would come out at the last moment to play hostess. I was expected to fade into the background, keep everything running smoothly, anticipate the needs of both my mother and the guests, so that no one would realize that my mother was not doing anything. (15) All of my anger and resentment became focused on my mother. (16) Since I had no experience or model for expressing my anger and thereby getting rid of it, I turned it on myself and became more and more depressed.

(17) By the time I was 18 I was having severe anxiety attacks, although at the time I didn't know what was happening to me. It seemed that for no reason I would occasionally be overwhelmed with stomach cramps, a cold sweat, and uncontrollable shaking. This never happened around my parents, and since I was embarrassed and scared, (18) I never talked to anyone about it.

(19) Almost without exception, the only times I got the emotional support I needed from my parents were when I was ill. This was quite reinforcing, and it took many years after I had left my parents' home for me to acknowledge my behaviour pattern of "getting sick" when I needed emotional support - (20) and even longer to develop other ways of getting what I needed. (21) One of the hardest discriminations for me to make was seeing that the need for financial support was different from the need for emotional support.

(22) While I was in high school, I spent a lot of time talking to a minister about the problems I was having with my parents, but I never got over my fear that something I said would get back to my father. This perpetuated my habit of previewing everything in my mind before actually saying or doing it.

(23) I married at 19, and the marriage was a disaster from the beginning. It took a year for me to decide that no matter what price I had to pay for the failure of my marriage, I could no longer maintain it, and I filed for divorce.

(24) The price was high. I had cut myself off from almost all support, both emotional and financial. (25) Part of my feelings came out of my own



shame at the failure I was and the mess I had made of my life. (26) Another part of my feelings was a reflection of my parents' attitudes and obvious disappointment. Divorce was not an acceptable alternative in solving problems, and since I was unable to talk to my parents about what I had been going through, they saw no reason why I had not been able to work things out. (27) One of the turning points in my relationship with my parents was when my first husband died following surgery for a brain tumor. This provided my parents with a reason, and therefore they could begin to believe what I had told them about his irrational behavior and violence. (28) But that was after two years of ever deepening depression.

(29) The only thing I was sure of immediately after my divorce was that I was not going to go back to living with my parents. (30) My anxiety and depression nearly paralyzed me. (31) I was unable to hold a job. (32) and there was no one I felt I could turn to for help. (33) I began drinking heavily (34) and went through several brief, physical relationships that didn't help but (35) also increased my feelings of guilt and worthlessness. (36) I was dependent on anybody who could pay for something I needed and constantly (37) compromised myself in order to survive. I found out it was a lot easier to get someone to buy me a drink than a sandwich; (38) the liquor numbed my feelings and gave me an excuse for my behavior.

(39) During this time I started seeing a psychiatrist. I didn't trust the idea of psychiatry. As miserable as I was, I feared that change would destroy the things in me which I valued. I saw no hope for gaining anything and did not believe I could survive if I lost anything else. (40) The psychiatrist was a patient man. At the beginning of my treatment, my father was paying him. My father became quite provoked when the doctor told him that I had a "neurotic guilt complex" and stopped paying him. I only learned of this several months later when I discovered that the doctor had been seeing me without charge. The doctor expressed enough interest in me that I kept going back every week, and having that one expectation (all I had to do was show up) that I could meet, kept me from committing suicide. (41) In spite of the fact that I was later quite angry at other things he did in the course of my treatment, I had to admit that staying alive was a positive gain.

(42) About a year after starting with this doctor, he asked me to take a personality test for him. When the results came back, we went over them together. He asked me to explain every "key" question the computer had pulled out. Although he tried to make me feel that the test was biased

and not accurate, the results were so negative and so official-looking that it further undermined my self-confidence and reconfirmed my fear of "going crazy". (43) The other thing that he did that was damaging to me was to prescribe a hypnotic sedative when I complained of having nightmares. He continued to approve refills of the prescription long after I stopped seeing him, and I became quite dependent on the drug. (44) Although I wasn't able to verbalise it at the time, I felt that my dreams were terribly "bad" if he put me on medicine that either kept me from dreaming or kept me from remembering what I dreamed. (45) I don't recall anything dramatic about leaving treatment with him. I think I just got bored and quit going. Since I didn't resolve any problems or come to any better understanding of myself during the two years I saw him, I can say with some assurance that I didn't leave therapy to avoid dealing with specific issues. (46) I was nearly as depressed at the end of two years as I had been at the beginning, (47) but I had figured out that I could survive.

(48) About a year after I stopped seeing the psychiatrist, I started dating my present husband. (49) He was in therapy at a clinic that later became a community mental health centre. I read every book he had by modern psychologists and psychiatrists - Lowen, Laing, Harris, Bach, Goodman, Jung, Perls, May - and three months later I applied at the centre. I was still depressed, but I believed that there was a way out of my morass.

(50) The first thing I did after I got into treatment at the clinic was to get off all the medication I had been taking. (51) I would have been depressed without the medication, but it added to the problem and prevented me from finding any solution.

(52) I also changed jobs and went back to school - made changes faster than I could consolidate them. (53) My husband was "ahead" of me in therapy and gave me constant support and encouragement. I don't think I could have continued treatment during the hard times if it hadn't been for his understanding and willingness to tolerate me "trying my wings." (54) However, since he had been through what I was facing, there were times when it seemed like I was "in therapy" every day instead of once a week.

(55) I learned about three different kinds of therapeutic techniques over the five years I was in treatment at the centre. All of them helped me to some extent. (56) The first one I was introduced to, and the one that had the most profound effect on me, was Gestalt Therapy.

It took me a long time and a lot of practice to get much out of "talking to chairs", but some aspects of Gestalt Therapy had immediate, beneficial results. The catch words of Gestalt were like handles on a lifeboat to me. Concepts like "here and now" and "what do you feel?" and "flow with it" were like a foreign language to me - a language spoken by "strangers in a strange land". A land that both frightened and fascinated me. It is said that when a person is totally immersed in a foreign language that one of the signs is beginning to think and dream in that language. (57) As it turned out, "dreaming in Gestalt" was the most singularly important thing that happened to me in my therapy experience.

I had always had a vibrant dream life, and, for the first time, I was able to accept my dreams as an existential statement - they were no longer shameful or frightening or morbid, but a treasure map leading me to the riches of my Self. Sometimes the clues were obscure, but they were always there, luring me forward in an exploration that was seldom what I expected, often unpleasant, but never unsatisfying.

(58) The dreams I worked on in the group always brought me a greater understanding of where I was at the moment, and most of them related to how I had gotten there. (59) In one dream I was escaping from a building along air conditioning ducts that were at an angle and I kept slipping, almost falling off. My therapist had me pretend to be the ducts and then talk to them. Finally, in frustration, I said, "You aren't supporting me like you should." At that moment in time, my feelings related to my expectations of my husband which I didn't feel he was meeting. That was enough for me to know then. Later the same dream gave me insight into the kind of support I needed, and my fear of losing what I needed to survive.

(60) For years I had seen myself as a fragmented person and had been terrified to let go of the scraps of "sanity" that I thought I had. Slowly the Biblical injunction that one must die to be born again had meaning. I had to let go of my sanity - if only for a few brief moments - to find the parts of me that I had lost. I had to learn that every thought and feeling I had were mine - to accept them, then to own them, and finally to rejoice in having them. (61) My dreams led me unerringly into one conflict after another. Little by little I worked through ambiguous feelings about my parents, conflicting expectations of my husband, restraints I had placed on myself. (62) My terrors lost their power when exposed to my group-friends. I found that nothing is as shameful in the telling as in the hiding.

(63) As I played the roles and parts of my dreams, I learned to accept my feelings without judging them. I was so full of "shoulds" and "oughts" - parental injunctions and judgements - that I almost couldn't function for worrying. My husband used to complain that I wasn't spontaneous - but how could I be spontaneous if I had to figure out what I ought to do in every situation? I had to learn that my feelings were just feelings; that anger couldn't kill. Knowing how I felt truly gave me control over my actions, whereas not knowing left me at the mercy of overwhelming emotions.

(64) During my first year in therapy, my therapist also introduced me to Transactional Analysis (TA). The biggest advantage to TA is an easily understood language. It is clear what Berne (1961) and Harris (1967) meant by Parent-Adult-Child terminology. While Gestalt therapy opened upon my "child" feelings - both the o.k. kid and the not-o.k. kid - TA taught me how to express those feelings in an adult mode. Understanding the basic TA definitions let me look at my relationships with other people and to figure out what they were doing and how I was reacting that got us at cross-purposes.

I was having a lot of difficulty getting along with one of my bosses at this time. I decided to put our interactions into a TA framework. I realised that we both bounced back and forth between our parent and not-o.k. kid ego states, and did so in perfect counterpoint. One day I went to his office determined that no matter what he said or did, I was going to "stay in my adult". The results were fantastic. Within a week all the relationships within the office were smooth and mellow, and this boss and I developed a friendship that went well beyond a good working relationship. I also learned a lesson that has served me well in every job I've had since then.

(65) After this major success, I decided to put all I had learned about trusting my feelings and acting out of an adult position into relating to my father. The first disagreement we had after I had determined that I did not have to react to him as a not-o.k. kid was nearly a disaster. The strain left me physically exhausted. I maintained my position, however, and every small indication that our relationship was changing for the better encouraged me to pursue it a little further. Along the way I had some insights into my feelings about my father that helped me when I doubted that changing our relationship was worth the effort. Once when I had anticipated a conflict (which never materialised) and had been working on it



in group one evening, I wasn't getting very far talking to my father in the empty chair, when my therapist sat down in the chair holding a folded mat in front of him. (66) He told me to "hit my father". I really fought with my avoidance (67) and finally struck the mat. I was gritting my teeth, punching at the mat, when tears started running down my cheeks, and I realised that while I was hitting the mat away from me with the right hand, I was pulling it towards me with my left hand. My anger and my longing were inseparable.

(68) Years later, after working to develop an open and adult relationship with my father, all of my defences dissolved, and I crawled into his lap like a helpless two-year-old and, crying, told him that my husband and I had separated. I had doubted his love; I had hated him for the way he made me be to please him; but as he rocked me and comforted me, I knew I could never doubt his intentions, and I cried for all the years of our ignorance.

(69) We still have disagreements, and situations come up that trigger old bitter feelings in me, but I usually am aware of what is happening and can let the feelings pass without acting on them. It has been hard for me to accept my father as he is. My expectations of who he should be cloud our relationship, and I don't know if I'll ever resolve that conflict.

(70) When my husband and I reconciled, my parents were the first to know and share our joy. They had changed over the years too, and were able to accept us both for the people we were. I feel quite close to both of my parents now, and writing this has been difficult for me. (71) It is unpleasant for me to go back in my thoughts and feelings to the anger and bitterness of my childhood. It makes me uncomfortable to realise that after all these years and all the changes, I still act out of my need to be different from them.

(72) I changed from a male to a female therapist, still at the clinic, and both the one I left and the one I went to were experimenting with "bioenergetic" techniques. I have strongly mixed feelings about this method of therapy. (73) The good things I got from it are easy to see. It helped me to use my body to express my feelings - particularly anger, which was very difficult for me. I became aware of my body and gained a great deal of confidence about my appearance. The breathing exercises and relaxation techniques led me to a feeling that is difficult to describe, of being centered within myself. I don't think, however, that any of this would have

been possible without the years of Gestalt work that preceded. My "being in my head" was my weakness, but it was also my strength, and affective expression without cognitive understanding is useless to me. If I had not come to a complete acceptance of the Gestalt position that feelings are just feelings and are not good or bad, I would have never allowed myself to express my anger, fear, and sorrow in a bioenergetic setting.

(74) I think one of the dangers that a therapist should avoid is becoming too closely involved with his patients in a social way. And I think this is more likely to happen to the more dedicated and sensitive therapist. I was particularly close to my first therapist - he had dinner with my husband and me almost every week after group. I was flattered by his attention, and I honestly think he found us to be interesting people. We were both excited about therapy and read the same books he did. And we looked up to him as a guide and mentor. The closeness of our social relationship, however, grew to the point that he "eased up" on me in groups and didn't really push me when a shove would have been beneficial. He came to trust my insights into other people, and I moved into the role of sort of "junior" therapist in my group. This caused two major problems - one because I became more interested in looking at other people than at myself which significantly slowed down my progress in dealing with my own problems, and, two, it set me apart from the group in a way that was not helpful since one of my biggest problems was in relating to other people as an equal.

(75) For the most part my years at the clinic were good for me. I learned to identify my feelings and trust what I felt. I learned to express my feelings in a way that was both acceptable and got me what I needed. (76) When my husband and I moved to a larger city for the opportunities it offered in jobs and schooling, we were fairly well able to make it on our own. We still missed having someone to talk to and the community of friends we had developed, but our relationship was such that we could work out our differences and function in our new location.

(77) Then one morning I left the house to walk to the bus stop as I did every morning to go to work, and a man ran up behind me, attacked me, and raped me in our neighbor's front yard. No one word can describe the experience, although devastating probably comes closest. (78) When I was asked if I wanted to join a therapy group of other women who had been raped, I accepted. (79) I had known the feelings of fear and helplessness, but never with such intensity. And for the first time in my life, I've had to learn to live with my blinding rage.

(80) The greatest insight for me relating to this experience is the discovery that there are many ways of being "raped". Every experience I have had of being used against my will, although there were not the sexual implications, had the same affective components. The fear I felt was a magnification of every time I had been afraid. My feelings of anxiety and anger opened old wounds that I thought had healed. (81) I questioned my my entire way of living, trying to figure out why this had happened to me. So, added to my terror were tormenting feelings of self-doubt.

(82) It has been six months now since I was attacked, and it is still very difficult to write about it. (83) Particularly when I am alone in the house, the fear and anxiety swell up in my chest and I get up and pace the floor trying to release some of the tension. (84) I have worked through most of my doubts about myself and have arrived at some convictions about how I believe I would act if I am ever threatened in that way again. (85) I take great comfort from knowing that even this horrible experience has not been without positive side effects. My husband and I have become much closer. Our surviving this extreme disruption in our lives by sharing our feelings about what happened and the ways in which we reacted to it has deepened our understanding and commitment. (86) My co-workers have been very understanding and supportive, which has been important to me in rebuilding my sense of self-esteem. (87) And the therapy group has been very good for me. I have come to appreciate how much strength is generated in a group of people who are willing to relate on the most intimate level. I am aware that it is very important to me to have a group of people to whom I can relate in this way. I know that it doesn't have to be a large group, and I know that it doesn't have to be a "therapy" group, but I hope I never again underestimate my need for friends with whom I can share both my joy and my sorrow and fear.

(88) Looking back over the time I have spent in therapy, the best analogy I can think of to describe my experiences is that of a chick trying to break out of his egg. (89) I reached the point where my "egg" was cramped instead of cozy, stifling instead of secure. (90) My therapists gave me the tools to break the shell, (91) the encouragement to look around in my brand new, scary, enormous world, (92) and the often-repeated statement that I had done it myself.

(93) I did a lot of chirping and ran around exploring my new environment. After a while, however, I made the inevitable and discouraging discovery that all I had been "born" into was a larger "egg". (94) And the whole

process of change started over again. I was anxious, tried to shore up my defences, convincing myself that what I had found in my new way of living was really all there was, all I needed. But the feeling that there was more persisted, and the frustration and curiosity in me built to the point where I looked for new tools and chipped away at my new "shell". I don't know how many times I went through this during my years of therapy, but I am finally at the point of accepting the limits of the "egg" I live in, and the changes have become modifications instead of "breaking out" experiences

(95) I was 20 years old when I first saw a psychiatrist, and now I'm 31. I feel like I've been a long time on the road of self-exploration. The differences in the way I feel now and how I felt a few years ago, is that I no longer want the road to end. I hope that I continue to grow in self-awareness, self-contentment, and self-esteem.



Subject 4: Denis

(1) Contrary to what I initially imagined, psychotherapy did not change my life in any dramatic fashion. I certainly did not suddenly become a new or different person, not to myself at any rate. (2) Perhaps others noticed changes in me, and although they never verbalised it, I could sense that in the way they sometimes related to me that they did not view me in the same light as before.

(3) When I say that I did not change while in therapy that is not strictly correct. In a way I did change to something that I already knew, that I was somehow already familiar with and almost as if I was continuing something that I had left off experiencing a long time ago. This feeling of familiarity with something that was within me felt correct, guiding and as how things should be. (4) With this experience came a sense of solidness within and which somehow allowed me to be more relaxed, flexible, fluid and open. Gradually over time I felt this loosening up, physically and emotionally. (5) For example, for years I had been trying to learn how to type but found that because my fingers were so rigid my speed was slower than a snail's. (6) A year after starting therapy I again attempted to learn and now find that typing is easy and I can maintain a speed, with all fingers, as fast as my wife who spent R70-00 to learn the same thing. (7) Also, I found it difficult to cry previously. Crying for me was difficult, not because I did not want to, was shy or embarrassed, but because it in fact was quite painful; I literally had to squeeze the tears out - it was as if something tight around me was holding the tears back - it was an effort to cry. (8) With time in therapy there was a gradual loosening up and one day I was able to report to my therapist that on the way home from the previous session the tears freely flowed when I was thinking about something sad.

(9) And furthermore, in the expression of my feelings there has also been a change from rigidity (10) to an openness or flexibility. (11) Previously I found it difficult to express any emotion with any genuineness at all - any emotion was more what I had learned to express in this or that situation. (12) As psychotherapy proceeded I found myself expressing genuine emotion more often, but it was usually all one-sided, just one pure emotion of quite fierce intensity, but now towards the end I find that for the same object I can express two emotions, or three, depending on the situation, and they can be conflicting. (13) The beauty of all this is that I don't have to be thinking of or about the feeling, "what is this", "should I be feeling this",

"is it right", "am I feeling enough?" These questions seem to come up less and less frequently as time goes on and I seem to have more and more time to experience the emotions than I had before without continually worrying about them.

(14) But it is not as good as I have described all the time - often I feel the way I used to before therapy, (15) tight, uncertain, stiff, constricted - the robot man - (16) sometimes I feel between the two, sort of half and half. (17) But I now know that I can be the other, the solid, sure, loose and open way as well, (18) which is what I was somewhere way back before things went wrong for me. (19) I now know that only time and living will increasingly bring me back to that distant way of existence, and that is my faith - that possibility is there - I have experienced it, in therapy first and outside thereafter. (20) And if you ask, how has psychotherapy affected my life - well, all I have described up to now is your answer - but most of all - it has allowed me to risk, to dare, to reach out, to be me -in the faith that even though the outcome is not guaranteed it will work out, somehow I will find an answer (21) - and that has led me to again feel alive, experience living, given a reality to my existence, (22) which up to prior entering therapy was increasingly becoming a fraud, an empty existence, a black hole of endless night with no stars by which I could chart my way out - in reality - a death within with a painted shell outside. (23) In a nutshell, psychotherapy has put the life back into my living, and the living back into my life, and it goes forward imperfectly - and that is fine.

(24) That I have been able to write this, realise and conceptualise this, with some vigour and joy as you probably sense as you read the script, is testimony to how psychotherapy has affected my life. (25) Furthermore, it has given me a base from which to start - the rest is up to me.

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