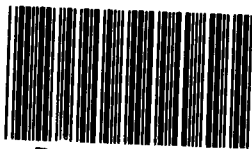


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**QUALITATIVE RESEARCH APPROACHES TO
PSYCHOTHERAPY PROCESS**



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**QUALITATIVE RESEARCH
APPROACHES TO
PSYCHOTHERAPY PROCESS**

Edited by
Christopher R. Stones

HSRC
Pretoria
1996

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"Man is the means by which the earth as well as the universe is revealed as meaning."

Rolf von Eckartsberg — *On experiential methodology*

"Man questions the world and the world responds according to the nature of the question."

Stefan Strasser — *Phenomenology and the Human Sciences*



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EDITOR'S PREFACE

The eight papers in this text represent a diverse range of specialist interests and have been selected to demonstrate the applicability of a qualitative approach to interpretation in the process of psychotherapy. Each of the papers was subjected to peer review by a select committee of acknowledged experts in the field and scrutinized by a separate review process undertaken by the Centre for Science Development.

The volume is introduced with a paper by Christopher Stones that explores the changeable nature of self-identity, especially when moderated through critical life experiences. In particular, the paper examines the notion that reality, much like a story, can be lived and retold from different perspectives. This paper argues that, to a large extent, our lives are lived according to a story, and just as a scriptwriter can change the reactions of the hero and the themes within a tale, so too can the disclosure of our lives to others change our own lived story.

Dreyer Kruger bases his paper on fundamental philosophical issues rather than on the practice of psychotherapy and, in delineating a Heideggerian perspective, he points to the implications of language for psychotherapy. Kruger asserts that psychology must continually return to its foundations in order to remain true to its subject matter, particularly when technology and positivist thinking are rampant within contemporary culture. His concern is that technocratic psychology is not necessarily "a reflection of the way we think, but rather [is a statement about] the unquestioning assumptions that we make in our everyday life and which deeply affect our thinking about psychology and ... the practice of psychotherapy". Kruger's paper deals with philosophical formulations developed after Heidegger's publication of *Being and Time* and its close philosophical relationship to poetry. He argues that language is not just an instrument of communication but facilitates images and words so

that language itself is able to reveal the world in a way that would not be possible if language were simply an instrument of information or communication.

Zelda Knight, in her paper that deals with the body as a mode of participation in the unconscious, explores the notion of so-called past-life experiences in psychotherapy. She argues that by adopting a phenomenological and transpersonal approach to past-life experiences, it is possible to understand them as an emerging dialogue with the unconscious, and that since human existence is incarnate it is through bodily experiences that unconscious dynamics can be directly examined. The paper also argues that clients undergo a process of healing by reliving these experiences through the body.

Kevin Kelly's paper explores a feature of interpretation that has been largely neglected in the development of qualitative psychological perspectives. Specifically, Kelly's paper explores the capacity of various patients to work constructively with interpretations. He argues that there is a similarity between the developmental achievement of the capacity to play and the psychotherapeutic achievement of the capacity to work constructively with interpretive themes. Kelly makes use of Donald Winnicott's theoretical framework to develop the connection between play and interpretation.

Graham Lindegger's paper deals with chronic illness and uses General Systems Theory as an overarching theoretical framework. Lindegger argues vigorously that appropriate and effective research into health psychology should concern itself with the existential implications of chronic illness. Lindegger's paper points to the limitations of traditional quantitative research in this area and shows how the use of phenomenological approaches together with ethnomethodology can help to understand better the "biographical dynamics" of chronic illness. This paper emphasizes that a qualitative approach takes into account "the larger network of relationships that define the context within which various aspects of chronic illness take on a particular meaning".

Mark Welman explores the contribution that a Jungian-based psychology makes to the understanding of that most fundamental event confronting all existence: our own death. In particular, Welman examines the method of archetypal amplification and its relevance for the social sciences and especially for thanatology. By facilitating a methodical return to primordial experience, it enables a "meaningful recovery of death in an age of rational scepticism".

David Edwards' paper aims to provide a grounded understanding of unusual client experiences in deep regressive bodywork therapy and thus to contribute to the advancement of psychological knowledge through the case study method. Edwards' paper deals with the recovery of repressed spiritual heritage, and four hermeneutic lenses from the current literature are used to reveal the deeper dimensions of the client's past-life experiences.

The final chapter, by Assie Gildenhuis, explores the difficulties that arise in group psychotherapeutic training situations when attempting to delineate the personal meaning of an experience for a group member while simultaneously ensuring that the experiential focus "floats evenly between both the individual's awareness and the revelation of the group". This chapter aims to determine the implicit and explicit contributions of an applied group therapy context to the training of clinical psychologists and psychotherapists.

It is hoped that this text will prove useful both for reference purposes and for the day-to-day sensible practice of a psychology grounded in a meaning-giving social, cultural and personal milieu.

Christopher R. Stones
Grahamstown
November 1996

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**LIVED STORIES AND CHANGED
SELF-IDENTITY**

Christopher R. Stones

"Well?" said Rabbit.

"Yes," said Owl, looking Wise and Thoughtful. "I see what you mean. Undoubtedly."

"Well?"

"Exactly," said Owl. "Precisely." And he added, after a little thought, "If you had not come to me, I should have come to you."

"Why?" asked Rabbit.

"For that very reason," said Owl, hoping that something helpful would happen soon.

(A.A. Milne, 1926 — *The House at Pooh Corner*)

Telling each other it is possible
From firesides where we sip tea
Suddenly we are launched.

...

And we are beyond, somewhere else
(Rosalind Brackenbury, 1987)

I want to listen to the stories of other people —
I want to hear their lives.
(Aspirant psychotherapist, 1991)

In what has now become a classic in the genre of children's tales,¹ we are told that Rip Van Winkle² had been away from his home village for what appeared to him to be a relatively short period but that, soon after returning, he realized that there was something grossly amiss with his recollection of how things had been and how things were — that there had been a fundamental change in the nature of his relationship to the world. If we attend closely to the tale and, in particular, to the latter part of Rip's life, we discover that whatever his experience, it was only through his relationship with others that his own life experience became clarified and, to that extent, meaningful. Let us recall the moment when Rip Van Winkle, as an old man with a twenty-year "amnesia", enters his village and becomes increasingly aware that he is no longer "at home" in this social environment, and that many of his ideas are somewhat antiquated and tend not to match those of the villagers around him. Ordinarily, such a person would be said to be suffering from dementia or, depending upon the extent of loss of contact with reality, some form of psychiatric disturbance. However, as the story informs us, Rip Van Winkle was far from senile and neither was he psychotic. In fact, the more he spoke about his experience and thus articulated his personal history, the more integrated into this particular community he became.

If one pays further attention to Rip's story it becomes clear that, as the months and years passed, his stories expanded thematically as

-
- 1 I am greatly indebted to my son (young as he was then) and his creative mother for re-introducing me, many years ago, to the world of fairy tales and enchantment.
 - 2 A person with utterly antiquated ideas or information [hero of a tale (by W. Irving, 1820), who slept for 20 years]. (*Concise Oxford Dictionary*)

The story tells of a gentle and good-natured man in the distant past who lived in a small rural North American village. He was a thoroughly gregarious fellow but his wife saw his behaviour as procrastination. To avoid marital conflict, Rip spent as much time as possible exploring the nearby Catskill mountains where, on one fateful occasion, he met eight oddly-dressed strangers. Having been enticed to partake of an alcoholic beverage, he fell into a deep sleep from which he awoke 20 years later. Confused, but still certain of his identity, Rip returned to his village only to discover that his relationship with the villagers had changed irrevocably.

they became increasingly refined and as his self-identity changed from that of village oddity to confident local hero. It was Rip's ability to participate with those around him through the telling of this critical experience that enabled him to maintain an identity, albeit a changed one. In this regard, Bruner (1987) cogently notes that "we become the autobiographical narratives by which we 'tell about' our lives" (p. 15).

Since stories can be told (and heard) from various perspectives, different individuals can tell (and hear) the same story in different ways — but that is the entire point! To a large extent, our lives are lived according to a story, and just as a scriptwriter can change the reactions of the hero and the themes within a tale, so too can the disclosure of our lives change our own lived story.

What kind of story are we in? Is it the story of an adventure, a journey, a voyage of discovery? Or is it something simpler like the story of a child playing by the sea? (Dunne, 1973, p. 1)

Over and above the story we inherit through the culture into which we are born and which "burns its heroes and archetypes deeply into one's psyche" (Novak, 1978, p. 49), personal historical narratives are also possible since our psychological lives are the stories — emerging from images of family, self, time, heroism, ambition, fulfilment and so forth — that we tell ourselves and others (Giorgi, 1970; Heidegger, 1962; Linschoten, 1968).

In this regard, Benjamin Lee Whorf (1956) and Edward Sapir's intriguing but controversial notion regarding the influence of language on the way in which people understand and experience their world is worthy of mention. In its extreme form, the Sapir-Whorf hypothesis, as it became known, proposes that language prestructures cognitions in such a fundamental way that it determines the speaker's perceptual and experiential horizons. An alternative explanation, however, is that language merely *reflects* an individual's thinking processes, which are themselves determined by

the environmental, social and cultural contexts in which the person lives (Cairns & Cairns, 1976).

Regardless of the eventual outcome, the debate confirms the intimate relationship between language and experience (Murray, 1975; Sarbin, 1986) so that in this sense, at least, psychotherapy empowers the individual since it provides a set of language tools enabling the individual to account for and describe particular problems in living.

The projective hypothesis argues that inner psychic conflicts, needs and pressures are projected onto the person's environment. When asked to draw a person, for instance, the fundamental form or figure is derived from some global perception since the ability to draw a generic person implies that we utilize our impressions that transcend those pertaining to any given individual. In this way, projective drawings reveal unconscious dynamics (Machover, 1978). Similarly, stories told about an ink blot or an ambiguous pictorial scene draw heavily upon the inner world of the teller, and it is widely acknowledged that therapeutic progress usually entails a parallel shift in the themes of dreams as well as, for instance, changes in the nature of the projective material.

The question, of course, arises regarding whether it is possible to form a new identity by telling a novel story or possibly the same story but with a different emphasis. This possibility is especially pertinent given that such a large aspect of what happens within psychotherapeutic space is the telling of — and the listening to — a series of stories that are, according to psychodynamic theory, given shape through such processes as resistance, transference, counter-transference, supportive listening and interpretation. The paranoid, for instance, may live a story quite different from that of a depressive or obsessive psychoneurotic while the severely emotionally traumatized individual who suffers from psychogenic amnesia is an instance where the failure to recall a specific series of life events

substantially changes the life narrative. The aim of psychotherapy is to unlock these memories while at the same time enabling the individuals to deal meaningfully with the reality of their situation and personal histories. In this regard, Steele (1982, p. 372) argues that, since "life cannot be relived but can be retold", the reality of our lives is, to a large extent, inextricably linked with the stories we tell ourselves and others about our own life history. Romanyshyn (1982) asserts that the life story is not a document of factual events but rather a reconstruction based largely upon circumstances so that each of us has more than one story and the stories themselves may change as our personal history changes.

One may be oblivious to one's own story or quite aware of it. One may be, as it were, the author or the reader: creating it, shaping it, or, on the other hand, looking back afterward on what has been happening (Novak, 1978, p. 48).

On moving from a known and understood environment into another less familiar one we tend to find ourselves enacting a story, and it is only as the initial apprehension is gradually resolved that our story is able to be told — and thus understood — more clearly as we come to grips with what can be termed a critical life event. Yalom (1980), referring to this phenomenon, has the following to say:

Defamiliarization occurs when meanings are wrenched from objects, symbols disintegrate, and one is torn from one's moorings of "at-homeness" ... In these moments of deep existential anguish one's relationship to the world is profoundly shaken (p. 358).

A striking example of the impact a brief encounter can have is Bertrand Russell's (1975, p. 146) description of his meeting with Joseph Conrad in 1913:

At our very first meeting, we talked with continually increasing intimacy. We seemed to sink through layer after

layer of what was superficial, till gradually both reached the central fire. It was an experience unlike any other that I have known. We looked into each other's eyes, half appalled and half intoxicated to find ourselves together in such a region. The emotion was as intense as passionate love, and at the same time all-embracing, I came away bewildered, and hardly able to find my way among ordinary affairs (cited in Yalom, 1980, pp. 396-397).

Russell reports that although he spent only a few hours with Conrad he was never the same again and that something of that particular moment — revealed through the sharing of life stories — remained with him throughout his life, playing an instrumental role in shaping his attitudes toward a range of sociopolitical issues, minor personal misfortunes and subsequent human relationships. As Dunne (1973) eloquently puts it,

There is some profound link, it seems, between the story of a man's life and the story of his world (p. 50).

Psychotherapy, in its various forms, has accumulated masses of data regarding critical existential shifts in a person's sense of identity and associated life story (Alapack, 1975; Dieckmann, 1971; Standal & Corsini, 1959), and Rollo May (1969), for example, writes that such transformations in identity "are revealed only when the human being can break down the customary pretenses, hypocrisies, and defenses behind which we all hide in 'normal' social discourse" (p. 19).

In conclusion, it seems that the telling of a life story is its creation. One lives a story that is narrated without necessarily speaking, that unfolds by lived action, and that even through concealment is being told while, at the same time, bringing into existence the teller of the story. Accordingly, the following sorts of questions arise:

Are all stories equally valid?

What can make a story invalid or, alternatively, having been told, is it possible for that story thereafter to be falsified?

Does a "mad" person have a story?

How is a "mad" story to be understood and, if it can be understood, is it still possible to claim that the teller of the story is necessarily "mad"?

How can the telling of a "mad" story affect the teller?

Is there, for instance, a fundamental difference between the story told by a "mad" person and a "mad" story told by a "normal" person?

Since the asking of questions is relatively simple compared to the complexity entailed in any attempt to provide appropriate answers, especially since the answers themselves may develop into further life stories *ad infinitum*, attempts to respond to these questions are not made since the answers are bound to be limited by virtue of their inherent prematurity.

Martin Heidegger, in his work *Being and Time* (1962), argues that phenomena which can be understood descriptively nevertheless still have to be elaborated further through the hermeneutic process since interpretation provides a greater discernment in that we all have some pre-articulated comprehension of Being that is ontologically fundamental and that has prior status to all other understandings. The task of hermeneutics is to elaborate this initial understanding which is inseparable from the language we use. Furthermore, meaning does not simply consist of language but refers back to the world, i.e. meanings only come to language through its embeddedness. Of course, as Kruger (1988) argues, "there is a logical paradox here because we must grasp the whole before we can grasp the parts and we have to understand the parts in order to understand the whole" (p. 10). In other words, although our understanding is advanced by virtue of what we already know, we must also take into account some form of intuition — a kind of conceptual leap based on pre-understanding. This is perhaps most eloquently conveyed by Washington Irving (1976, p. 25) in his concluding remarks about Rip Van Winkle.

He told his story to every stranger that came to the village, although some smiled to themselves as though they didn't believe him. Just the same, no-one was anxious to venture onto the Catskill mountains after dark ...

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A HEIDEGGERIAN PERSPECTIVE: LANGUAGE AND ITS IMPLICATIONS FOR PSYCHOTHERAPY

Dreyer Kruger

This chapter concentrates on basic issues rather than on practices of psychotherapy or psychological research. It is clear to me that psychology must continually strive to rediscover its philosophical foundations in order to remain true to its subject matter in a period in which technology and positivist thinking in psychology are still rampant. These foundations are not necessarily a reflection of the way we think, but rather the unquestioning assumptions that we make in our everyday life and which deeply affect our thinking about psychology and certainly affect the practice of psychotherapy. I could point to one or two metaphysical assumptions that we make without really considering the extent to which they are true. For instance, Aristotle's Law of the Excluded Middle, which says that something must either be "A" or "non-A"; it cannot be both. What almost automatically goes with this is that we believe in the stability and consistency of entities, i.e. that an entity does not change. While these assumptions are easily maintained in classical physics, they are no longer taken for granted to the same extent in modern physics and they are very difficult, if not impossible, to maintain in modern psychology. In fact, I think the attempt to attain such stability in modern psychology is responsible for many of the problems of the

science. In psychology, a measuring instrument is regarded as reliable if repeated administration renders the same score. But this principle opposes the very stuff of being human in our time, namely our changeability. Moreover, we can never characterize the human being with a brief formula as we can in the case of a non-living entity.

One of the problems of the use of language in psychotherapy is that, as in the logical and rational natural scientific tradition, we try to find words that have an unequivocal meaning. The Aristotelian principle of non-contradiction implies that we like to have terms that can be used to designate a certain state of affairs under all circumstances and nothing else.

This assumption, it should be stressed, is restrictive for psychology because the ambiguity of human existence is reflected in the multiplicity of meanings that a single word can have and the fact that psychological life cannot be described in unequivocal terms. Various nuances of meaning and metaphors have often to be used to describe psychological life in such a way that they actually reveal more of the truth than is possible by the use of rational, logical language and definitive statements. The philosophy of Martin Heidegger served as a strong impetus for the founding of the Daseinsanalytic Movement by Ludwig Binswanger and the later formulations of Medard Boss. However, to the best of my knowledge, neither Medard Boss (1979) nor Gion Condrau (1973, 1989) have gone beyond the basic conceptions of language set out in *Being and Time* (1927). This chapter will therefore largely concern itself with formulations that were developed after the publication of *Being and Time*.

My main concern is to discuss Heidegger's studies of language after his famous "turning" (*Die Kehre*). In this regard, I shall give an exposition of Heidegger's close relationship to poetry, his assertion that things are called into presence by language and that without the word we lose what is signified. Furthermore, it is important to look

at Heidegger's dislodgement of the subject from the central position assigned to it by modern metaphysics (but *not* postmodern thinking) and thus to understand how it is possible to argue that it is language itself that speaks.

In considering this position in relation to psychotherapy, it becomes clear that it does not contain anything in particular about how to do psychotherapy, but rather it illuminates what we are already doing. For example, if the client does not understand our words, the way we intend him/her to, this does not necessarily mean that he/she has distorted our words, but rather that the client heard the language that we were using rather than hearing us. The question of agency has to be rethought.

The Heideggerian perspective helps us also to understand better the perspective of Carl Rogers (1961) on congruence. Congruence may, *inter alia*, mean the words that come to one, or it may mean obeying the whispering impulse to be silent rather than consciously trying to make rational deductions. Last, but not least, it helps us to rethink the relationship between word and reality. It is not true that language embraces the whole of reality, but for Heidegger the word calls a segment of reality into presence. A new discovery slips from our grasp if it cannot be "languageed". A new word, a new metaphor, brings a new reality into the life of the client.

Heidegger's quest for being is, however, inseparable from his other great project concerning the quest for truth as revealing (*Aletheia* or *Entbergung*). During the course of this quest, he continually undermined subjectivism and anthropocentrism and, throughout his career, he had attacked (or perhaps we should now call it deconstructed) Western metaphysics. His turn to language should be seen in conjunction with these questions and also with his shift from using *Dasein* as the preferred mode to Being and his attempts to grapple with Being and Truth in a more direct fashion.

One gets a general flavour of Heidegger's thinking on language in his statement below, which I have freely translated from the original German:

The human being speaks: We speak when we are awake and when we are asleep. We are continually speaking even when we do not let a single word be heard, but are only listening or reading; in fact, even when we are neither listening nor reading, but instead, pursuing a task or enjoying a leisurely time. We are continually talking in one way or another. We speak because speaking is natural for us. It does not, in the first place, arise from a specific act of will. One sees — the human being is naturally endowed with language. It is, however, a valid doctrine that the human being is, in contradistinction to the plant and the animal, the living being capable of speech (Heidegger, 1979, p. 11).

At the very beginning of one of his essays in the volume *On the Way to Language* (1971), Heidegger desubjectifies the question of language, that is, he takes it out of its usual dualistic frame of reference by referring to the words of the gods and to the play of Sophocles on *Antigone*, in which she says that who is sending her the messages is not important. Rather, it is that there is some directing need that ever and ever arises, but no one has looked for the place from which it radiates.

If we think of the everyday experience of language, we regard it as something — as we say in Afrikaans — *vanselfsprekend*. In other words, to speak a language is something that we do unquestioningly. Obviously this is good enough for everyday use, but is it good enough for those of us who have to use language as our main access to understanding the human being?

Poetic words like those uttered by *Antigone*, Heidegger (1979, p. 220) says, are an enigma. He also asks whether we dare think about it

and suggests that we allow ourselves to think of this enigma as presented in a poem entitled *Das Wort* by Stefan George.

Das Wort

*Wonder von ferne oder traum
Bracht ich an meines landes saum
Und harrte bis die grave norn
Den namen fand in ihrem born —
Drauf konnt ichs greifen dicht und stark
Nun blucht und glanz es durch die mark ...
Einst langt ich an nach guter fahrt
Mit einem kleinod reich und zart
Sie suchte lang und gab mir kund:
"So schlaft hier nichts auf tiefem grund"
Worauf es meiner hand entrann
Und nie mein land den schatz gewann ...
So lernt ich traurig den verzicht:
Kein ding sei wo das wort gebricht.*

Words

*Wonder or dream from distant land
I carried to my country's strand
And waited till the twilight Norn
And found the name within her bourne —
Then I could grasp it close and strong
It blooms and shines now the front along ...
Once I returned from happy sail
I had a prize so rich and frail
She sought for long and tidings told:
"No like of this these depths unfold."
And straight it vanished from my hand,
The treasure never graced my land ...*

*So I renounced and sadly see:
Where words break off no thing may be.*
(Translated by Peter Hertz)

In the first four strophes, it transpires that the wonders he discovers in a distant land or in a dream can be grasped and can bloom and shine when a name has been found for them. There are things that can exist but to bring them to light, to make them an intersubjective, shareable reality, they have to be named. What, however, comes to pass when a word cannot be found? Let us look at the last line of the poem:

"Where words break off no thing may be."

Heidegger (1979) says that one is tempted to turn the final line into a statement where we substitute the word "is" for the phrase "may be". This would mean that where the word is missing, there is no thing. As we shall see later on, it is a little more subtle than that. Heidegger (1971, p. 141) then asks the questions "What are the words, that they have such power?" and also "What are the things, that they need words in order to be?"

In the introduction to the three lectures on the essence of language, Heidegger makes it clear that he wants us to ponder and to clarify our relationship to language. This does not mean that we have to collect information about language or conduct experiments with it, i.e. build metalinguistics, which to him means turning the language into an effective instrument of information. Rather, he wants to concentrate on the peculiarity of language, that we live in it and are fully at home in it, and to bring language itself to speak. He appeals in the first place to the poets whom, he believes, have a privileged relationship to language.

However, *Norn* (the Goddess of Fate) gives to the poet a gift — the word for that which he has brought in. It is worthy of note that the Goddess of Fate and not the poet himself had to find the word. The poet sees that the word is something that comes to one rather

than something to be worked out rationally by a thinking subject. Humanness is seen as an open space in which things-that-are, the words and, perhaps, being itself, can appear. By means of the name, the poet is able to hold onto that which has been found. In the last three verses, a problematic situation arises and the whole trend is radically reversed. A prize is brought forward, but no name can be found.

It can be argued that up till now what has been named are things (existents in the sense of the "things-that-are" in German: *die Seiende*). But we may suspect that the prize is not a "thing-that-is". Yet, it is called a prize and when the word is not found, the prize vanishes. Through this we can see that the word affords us not only a naming grasp of the thing that is present, but rather it is that which first grants presence to the thing.

Let us look again at the last two lines:

"So I renounced and sadly see:
Where words break off no thing may be."

The word "renounce" is very important here. The poet here renounces his former understanding concerning the relation between the word and the thing. The phrase "may be" must also be understood as being in the imperative mood and we must resist the temptation to substitute the word "is" for the phrase "may be". The poet feels himself commanded that the word is that which holds and preserves the thing as thing in its being. The phrase "sadly renounces" signifies also the mood of "let-be-ness" to that which has been withdrawn but which may come back, and here we recognize Heidegger as the philosopher of a "destitute time" (*Denker in durftiger Zeit*).

It can also be suggested that the prize for which a word cannot be found may, in fact, be language itself. But the word is not used here in the sense of something that may be regarded as some sort of thing. The word is no thing. If we seek among the things, we won't

find it. In fact, we can say (Biemel, 1973, p. 134) that the word is not when the word "is" is reserved for the realm of the "things-that-are" and we cannot say of the word that it is but only that it gives, but what it gives is Being (*Sein*) rather than the "things-that-are".

The other point that I should like to stress is that not only does language itself speak, language is not merely an instrument for the expression of inner feelings or communication, but rather that language is a medium in which our humanness lives. The understanding that words not only articulate what a thing is, but also call a thing into presence is clearly brought out in Heidegger's (1953; 1979, p. 17) discussion of Georg Trakl's poem *Ein Winterabend*. In this regard, Heidegger takes up the attitude that we cannot understand language by studying it as if it is the product of something else. We cannot, in other words, understand language in the usual way by trying to study its characteristics and by trying to find what is common to various phenomena related to language. It is here that he says that we must make language speak for itself. Of course, this statement is totally obscure if we think in a linear fashion, but it becomes clearer if we think in the sort of way T. S. Eliot (1963) does in one of his poems (*Little Gidding*) where he writes:

*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.*

This is as clear a statement of the hermeneutic circle as we can possibly find. Heidegger feels that language speaks in its purest form in the work of the poet and hence he uses the poems by Trakl as he used the poem by George to show that language speaks. Above all, he shows how the reality of the world is called into presence by the word.

It is not only in German poetry that poets thematize the word as such. N. P. van Wyk Louw has done it, for instance, in *Die Beiteltjie*.

The poet here starts with a simple instrument which he is able to prepare to a degree of sharpness and clearness with which he is satisfied. However, when he uses it, he finds that it totally slips from his control; thus the power of the word is dramatically illustrated.

Die Beiteljie

*Ek kry 'n klein klein beiteljie,
ek tik hom en hy klink;
toe slyp ek en ek slyp hom
totdat hy klink en blink.*

*Ek sit 'n klippie op 'n rots:
— mens moet jou vergewis:
'n beitel moet kan klip breek
as hy 'n beitel is —*

*ek slaat hom met my beiteljie
en die was sterk genoeg:
daar spring die klippie stukkend
so skoon soos langs 'n voeg:*

*toe, onder my tien vingers bars
die grys rots middeldeur
en langs my voete voel ek
die sagte aarde skeur,*

*die donker naat loop deur my land
en kloof hom wortel toe —
so moet 'n beitel slaan
wat beitel is, of hoe?*

*Dan, met twee goue afgronde
val die planeet aan twee
en oor die kranse, kokend,
verdwyn die vlak groen see*

*en op die dag sien ek die nag
daar anderkant gaan oop
met 'n bars wat van my beitel af
dwarsdeur die sterre loop.*

The Small Chisel

*I TAKE a chisel, very small,
I tap it and it rings;
I sharpen it and sharpen it
until it shines and sings.*

*I place a stone upon a rock:
— for surely it's well known
a chisel that is genuine
should easily break a stone —*

*I hit it with my chisel hard
and, strong enough its point,
the stone is cleanly split in two
as though along a joint:*

*then under my ten fingers bursts
the grey rock suddenly;
I feel the soft earth at my feet
dividing under me;*

*the dark rift runs right through my land,
cleft to the roots, like that!
a chisel surely should do this
if it is real, or what?*

*The planet then, in cliffs of gold,
the two halves falling free,
is split, and, boiling, o'er the cliffs
plunges the flat green sea*

*and with that sight I see the night
beyond split open too
with a crack that from my chisel runs
the furthest stars right through.*

(Translated by C. J. D. Harvey)

It is clear that Louw, realizing that language is not just an instrument, allows the images and the words to come. He finds that language itself can speak through him and thus the world is revealed

to us in a way that would not have been possible if we saw language as merely an instrument of information or communication.

I should like to end this paper by briefly indicating what I think we, as psychotherapists and psychologists, can learn from Heidegger's work on language.

In the first place, we can stress that we are in language rather than that it is in us. We further learn from Heidegger that we must not place so much emphasis on who is doing the speaking, but that language itself speaks. In other words, if we let ourselves go — if we fully immerse ourselves in what is being spoken and what remains unspoken in our discourses with our clients — then it may be possible for us to achieve a high level of revelation by not trying to rationally work out the interpretation but rather by allowing it to happen. In a previous publication (Kruger, 1988) I have given examples of this in the work of South African therapists where the interpretation happened rather than being thought out. An example of this is the following (p. 184):

The interpretation just happened. I had not planned to give one and neither had I considered that an adequate/appropriate interpretation could be given at this stage in her therapy. When the interpretation "happened", it felt right — just as if it were the missing pieces of a jigsaw puzzle. At the time (and perhaps even in retrospect), I was not certain why I had made this interpretation *at that time* (original emphasis).

I also understand that some psychoanalysts differentiate between deliberative and mutative interpretations. This means that some interpretations are thought out while others represent something that one mulls over and just allows to happen.

Furthermore, we must not think of language as purely instrumental, a mere means of expression, or purely an instrument of communication. All these statements are true and language can be used in that way, but that is not all it is. I refer here to the poet

Holderlin who says: "*Voll Verdienst aber dichterisch wohnt der Mensch auf dieser Erde*" (Full of merit but poetically man dwells on this earth).

This brings me to the next point. Heidegger, when trying to understand language, turns to the poets. Shouldn't we ourselves do so? Many of us, in fact, do read the poets and the great novelists or go back to Shakespeare. It reminds me of the problem I had in an article I submitted for publication in an Afrikaans book. It was turned down (after initially being accepted) because of, as it was phrased, my "... use of philosophical and poetic language".

Another instance of language itself speaking is to be found in the dream. The dream is not something that we as agents *make*. Rather, it is something that comes to us. It is a way in which the world is present to us and it is not limited to conscious experience.

It was also a dream¹ which made me realize how important it is to remain fully open to the words that the client speaks. The dreamer is a 21-year-old married male:

I am about three or four years old. Very young. And I am in my mother's bedroom. I am very curious and I want to know what is in her dresser. So I started scratching in the bottom drawer. And then I want to see what is in the top drawer but it is too high up so I stand on the bottom drawer to reach up.

I saw this as essentially a dream of a young man trying to grapple with the father-mother-child triangle. In retrospect, I realize that I should have listened more completely to the words because he did not speak of his *parents'* bedroom but of *mother's* bedroom and mother's dresser. Rather than thinking in terms of an Oedipal struggle, he seemed in this dream to regain entry into his mother's world and we noted especially his preoccupation with her clothes.

¹ I owe this dream excerpt to Charles Malcolm, formerly Senior Clinical Psychologist at Tara, The H. Moross Centre, and a Doctoral student (in psychotherapy) at Rhodes University at the time.

This came to me, however, only after Charles Malcolm told me that the man was actually a cross-dresser.

Another facet of Heidegger's turning (*Kehre*) insofar as it affects psychotherapy came to my attention when the present chapter was nearing completion. When Heidegger made the move to language he also moved away from the view of man as a "thrown project" (*geworfener Entwurf*) to the idea of the human being as "sent" (*geschickt*) into the *Ek-sistenz* of *Dasein* by Being itself (Muller-Locher, 1991, pp. 57-58). While Medard Boss (1979) has given us a very clear exposition of human existentials showing how man lives in relation to his world and fellow man, he has underemphasized man's relation to himself. Muller-Locher (p. 58) cites a case of psychosomatic disorder in which it is exactly this relation to self that is deeply disturbed. He also points out (p. 73) that at the final stage of his thinking, Heidegger had come to equate language with the *Ereignis* (which can be translated as a self-disclosing bringing-to-pass or as "being-brought-to-light"). This notion requires us to think of human bodiliness as a verb rather than as a noun, a "bodying forth" rather than *the* body. This means that a "bodying forth" always refers to a principle of speech. On the other hand, there is a sense in which we are kept in custody or imprisoned (*Verhaftetsein*) in our bodies. At the same time, we are able to reflect on and to see our bodies as objects. By this same token it is difficult, perhaps impossible, to "see through", i.e. adequately "language" (let us say) a peptic ulcer condition, and therefore it constitutes a certain complex opposition to language, not in terms of the primacy of either the natural scientific approach to the body or language but rather as a relational space (*Verhaltnisspielraum*) of a complex oppositionality. Heidegger sees in this a precondition for the possibility of psychosomatic disorder.

The Daseinsanalytic approach as developed by Medard Boss sees hysteria and psychosomatic disorders such as peptic ulcer as two extremes of a communicative continuum from hysteria through

anorexia and obesity to peptic ulcer. In hysteria, especially in the *arc-de-cerle* (which is not much seen nowadays), the bodily communications are clearest, while in the others it becomes progressively less clear by being increasingly "internalized" so that it is mostly impossible to "read" a peptic ulcer.

Muller-Locher, however, tries to see to what extent the "internal psychosomatics" (using as an example, a case of ulcerative colitis) can be brought into language.

This brings us back to Heidegger's reading of George's poem where it seemed that the word that could not be found was thought to refer to Being itself rather than to a "thing-that-is". Perhaps then, seen as a problem of the relation with self, a person suffering from a psychosomatic disorder is trying to communicate something "unsayable" in his own vocabulary to himself. However, we have seen that Being is that for which the word cannot be found.

Throughout his long career, Heidegger did not, to my knowledge, make a definite statement about Being. In fact, to ask what Being is, is to ask what "is" is. There is no "whatness" (*quiditas*) about it.

Medard Boss, who collaborated with Heidegger for many years, told me in 1987 that the nearest he could come to Being as such was to think of it as "dawning" (*aufgehen*). In my view, this means that one should not think of it as the dawn, nor think of it as a rising sun but verbally of dawning as such, for example in the sense of "it dawned on me". Perhaps this can help us in our therapies, especially with psychosomatic clients. Let us not look for anything definite (e.g. traumas or relationships as such) but rather for self-disclosing acts. Instead of denotative language, we may get further with allusive, connotative, divergent or metaphoric language.

In conclusion I should like to mention briefly a client, diagnosed with "yuppie flu" whose doctor referred him to me because she felt that he could benefit from psychotherapy. I do not know whether

yuppie flu is generally recognized as psychosomatic by modern medicine. I have heard it said that some doctors are not convinced that there is such a disease. However, as a phenomenologist, I assume that whatever form suffering (*pathos*) takes, one's whole existence is always involved and not just segments of it called body, psyche, spirit, etc.

What was striking about this person was that he clearly told me in the first session that he was trying his best to become a different person, i.e. to become someone that he was not. He said that, in any case, he did not know who he was, and that he had been an outsider since childhood. He had recently converted to a fundamentalist Christian belief after he found himself in a group of "committed" Christians. Although he did not go through a conversion experience, he nevertheless thought that these beliefs were true.

One could, of course, see this as a bad case of *Verfallentheit*, which it was, but this did not do justice to the violence he did himself. At the time that the yuppie flu was first diagnosed he had committed himself to carrying a heavy burden. In addition to demanding university study, he was taking an advanced Bible course and, at the same time, teaching an introductory Bible course to newcomers. He was also in charge of a Bible study group. Later, he took on the directorship of a religious play (which he had written before the illness had been diagnosed), and this involved not only a terrific amount of endeavour but also conflict with an authoritarian pastor.

It seemed like a fateful irony — or even poetic justice — that this person had to develop "yuppie flu". To me (but this was not clear to him), it was a message that he was violating himself. Although his relationships with others were disturbed, these disturbances were clearly not the primary factor. From what he reported to me, it was more likely that his fellow members saw "through" him, saw that he was not really one of them. Therapy with him would, in my view, only help once he was able to penetrate more deeply into the

significance of his malady, namely to approximate in his own words or images what it was saying. Above all, he would have to see how he was violating himself and how much he needed to discover his true self.

In conclusion, I hope to have shown that the use of language in psychotherapy — as in any other human relationship — is more than simply the use of logical, coherent communication. Rather, it is that we live in and through language, and that we have our being in language. A failure to recognize this is a failure to engage fully in the therapeutic relationship.

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**THE BODY AS OUR MODE OF
PARTICIPATION IN THE UNCONSCIOUS:
A PHENOMENOLOGICAL AND
TRANSPERSONAL APPROACH TO
SO-CALLED PAST-LIFE EXPERIENCES
IN PSYCHOTHERAPY**

Zelda Knight

One of the central areas of investigation covered by transpersonal psychology is that of non-ordinary states of consciousness. These non-ordinary states can be induced through hypnosis, hallucinogenic drugs (such as LSD), active imagination and suggestion, as well as through sensory deprivation. Alternatively, they can emerge spontaneously in specific contexts such as meditation and trance-dancing as well as in certain forms of "experiential psychotherapy". This latter context refers to the use of non-verbal therapeutic techniques such as breathwork, bodywork, psychodrama, guided imagery and art or clay therapy that facilitate the outward expression of unconscious material.

Several acknowledged theorists in this area argue that the varied and unusual experiences, referred to as "transpersonal experiences", that emerge through these non-ordinary states of consciousness are healthy and potentially valuable for human development (Boucoulas, 1980; Grof, 1988, 1990; Grof & Grof, 1990; Valle, 1989).

It has been suggested that transpersonal experiences reflect the levels of reality denied by Western mechanistic science but which are recognized by various ancient cultures and by some of the traditional Eastern mystical religious systems such as Hinduism, Buddhism and Taoism (Wilber, 1979, 1983). Within this framework, an acknowledged common transpersonal experience in the psychotherapy context is the experience of so-called "past life" (Fiore, 1980; Grof, 1988).

Past-life images and experiences in psychotherapy are believed to occur in a "specific state of consciousness" (Van Beekum & Lammers, 1990). Their essential experiential characteristic is a convinced sense of remembering something that happened once before — in a different historical context and lifetime. Subjects participating in such experiences seem to maintain a sense of ego and personal identity, and yet report being convinced that they have experienced what appears to be a previous lifetime (Grof, 1988).

Three of the more common explanations of such experiences are that past-life experiences in psychotherapy are memories of a previous lifetime (the notion of reincarnation), the result of fantasy or so-called cryptamnesia, or that they are material from the collective unconscious.

The framework of this chapter is to approach the past-life images and stories *as if* they are an actual memory and not a fantasy so that another kind of "truth" is revealed — "that which *is real* for the client" (Woolger, 1987). It does not matter whether these images are memory (real or false) or fantasy. What matters is that the past-life *stories* are treated as a product of a living trauma that is in need of healing, and often catharsis.

DEFINITION OF PAST-LIFE EXPERIENCES

So-called past-life experience or past-life memory has been the focus of intensive research for the past thirty years. In recent years,

the work of leading transpersonal psychologists and psychotherapists such as Bragdon (1990), Grof (1988), Lucas (1993), Schlotterbeck (1987), Weiss (1988) and Woolger (1987), has led to a greater sophistication of the understanding of past-life regression. In the increasingly voluminous research on this subject, there is now a widely accepted position that the human psyche has the potential for a deeply healing movement towards optimal psychological health and wholeness, and that non-ordinary states of consciousness are quite readily accessible to most people in diverse cultures (Moody & Perry, 1990; Ten Dam, 1990).

Grof (1988, p. 87) describes the experiences of past-life regression as:

... usually dramatic and associated with an intense emotional charge of a negative or positive quality. Their essential experiential characteristic is a convinced sense of remembering something that happened once before to the same entity, to the same unit of consciousness. The subjects participating in these dramatic sequences maintain a sense of individuality and personal identity, but experience themselves in another form, at another place and time, and in another context.

Grof (1988, p. 139) points out that past-life work in therapy elicits "the holotropic mode of consciousness", or non-ordinary state of consciousness, that involves "the experience of oneself as a potentially unlimited field of consciousness that has access to all aspects of reality without the mediation of the senses". These experiences, it is claimed, cannot be understood or accommodated by the Western scientific worldview, with its model of reality based on linear time, duality and three-dimensional space. The growing interest in this phenomenon "urges the construction of theoretical concepts about a subject that has long been scientifically taboo" (Van Beekum & Lammers, 1990, p. 47).

Many therapists and researchers now regard past-life work as having a central role in the process of psychotherapy, and acknowledge its power as a healing tool as well as a channel for personality transformation (Bache, 1990; Lucas, 1993; Knight, 1993, 1995a, 1995b; Oppenheim, 1990).

Woolger (1987, p. 15) states, "I have come to regard this technique as one of the most concentrated and powerful tools available to psychotherapy, short of psychedelic drugs". Grof (1988, p. 87) points out that:

Past incarnation phenomena are extremely common in deep experiential psychotherapy and have great therapeutic potential. A therapist who does not allow experiences of this kind to develop in his clients or discourages them when they are spontaneously happening is giving up a powerful mechanism of healing and personality transformation.

THE PHENOMENOLOGY OF PAST-LIFE EXPERIENCE

Phenomenology seeks to understand, as much as possible, the events of human existence in a way that is free of the presuppositions of our cultural heritage, especially philosophical dualism and technologism. The discipline of phenomenology seeks to "explicate the essence, structure or form of both human experience and human behaviour" (Valle and King, 1978, p. 7). In this context, we are reminded of Edmund Husserl's (1970) statement that phenomenology is an approach that allows us to contact phenomena as we actually live and experience them. Husserl (1970) asserted that we should allow a phenomenon to "speak for itself". Such an approach is "characterised by the attitude of openness to whatever is significant for the proper understanding of the phenomena" (De Koning, 1979, p. 122). With this approach to experience, past-life experiences reported in therapy can — and should be allowed to — speak for themselves, without having to be

clothed in socially acceptable explanations that, for instance, the experience is a fantasy, or simply a metaphor for a current life situation or, more fundamentally, material from the racial or ancestral collective unconscious. Equally so, it should not be viewed as evidence to support or reject the notion of reincarnation.

Within the framework of phenomenology, if we are to understand any experience we need not feel coerced to interpret it; it is sufficient as it stands without any interference or intrusion. The major focus of Husserl's (1970) attention was not on the world-as-interpreted and thus created by scientific theory. Rather, his concern was:

Fundamentally with the uninterpreted world of everyday experience, that is, with the world as given in direct and immediate experience. Husserl's focus was on *phenomena* — pure phenomena, independent of and prior to any interpretation, scientific or otherwise. This realm of naive experience is then, not of the external environment of the natural sciences but rather of life-world. This is the world as lived by the person and not the external entity separate from or independent of him (Valle and King, 1978, p. 9).

Past-life experiences can be seen as part of the "life-world" of individuals. The dramatic and often powerful transformative effects of past-life phenomena for individuals, like any other experience in therapy, should be acknowledged, recognized and accepted, without premature interpretation by an external observer such as, for instance, the therapist. Within this perspective, the past-life stories are treated as a product of a living trauma that is in need of healing. The trauma is brought into consciousness and allowed to be expressed:

Absolute respect for the psychic reality of the experience is necessary so that this other life or story can be reconstituted and re-lived. The stance of the therapeutic '*as if*' provides an attitude of unconditional concern and is the basis for the successful release and expression of the story in all its

confusion, pain, or fragmentation. And whatever embroidering, distortion or unconscious reworking may have occurred, each client's story needs nevertheless to be heard totally without judgement or without interpretation. (Woolger, 1987, p. 320)

A typical past-life session may involve the experiential reliving of the past-life scenes, both physically and emotionally. It appears that past-life experiences grasp the "shadow" aspect (as described by Jung) of the human psyche. There seems to exist a state of consciousness that is reached at a certain point in reliving past-life memories, in which the emotional and physical experiences of "victim" and "victimizer" appear to merge and to become a dynamic constellation for the resolution of the "complex" (as described by Jung) through "self" and "other" forgiveness (Fiore, 1980; Grof, 1988; Grof and Grof, 1989, 1990; Knight, 1991, Schlotterbeck, 1987; Woolger, 1987).

Woolger (in Lucas, 1993, p. 109) states:

I always insist that the past-life story be experienced fully in the body, not from the viewpoint of a detached observer. There will often be quite intense bodily convulsions and contortions that are part of the somatic process of spontaneous release — sweating, hot and cold flushes, cramping, temporary paralysis, sharp pains and other sensations, such as numbness, trembling, shaking or tingling. I tell my patients that this is the release of blocked energy associated with an old trauma. The trauma at a physical level may be from birth, a past life, or a surgical operation in this life, and often all three. Whatever it is, the body is encouraged to express and let go of the shock and trauma It has been the repeated and consistent finding that such release at a somatic as well as emotional level is absolutely critical to the full healing process.

Dethlefsen (1984) maintains that there are two types of healing: the healing of symptoms, which takes place in the abreaction and

catharsis, and a spiritual type of healing that requires additional cognitive and emotional intervention. Dethlefsen (1984) argues that the transformational power of past-life work in the matter of symptoms does not depend on any specific type of intervention but is inherent in the process itself. The practice of recovering and living out repressed and forgotten ("past-life") incidents is frequently applied in behaviour therapy under the procedure known as "systematic desensitization".

Dethlefsen (in Lucas, 1993, p. 109) further states:

Treatment of symptoms must be differentiated from true healing. Symptom release is about withdrawing projections. Once a projection can find its true place in the past, the projection is released and the symptom disappears. Such release of symptoms leads to a feeling of well-being. However, for true healing to occur ... we need to go deeper.

It seems "transformation" must deal with the integration of the experience of the past life — the whole experience — on all levels: the physical, mental, emotional and spiritual, otherwise it is useless to do past-life work for it will not lead to healing. In the words of Lucas (1993, p. 135):

Insights recovered in the regression process demand an adequate working through if their messages and the lessons they contain are to contribute to inner growth. They need to be probed at length for the range of their meaning and implications.

Concurring with this assertion, Woolger (1987, p. 84) comments:

When a past life memory is evoked or occurs spontaneously in therapy, I do not see it as an end in itself but simply as a means that may further the emotional catharsis, self-understanding, and healing, that are, in my estimation, the true goals of psychotherapy.

THE PHENOMENOLOGICAL VIEW OF THE UNCONSCIOUS

Phenomenologists view the unconscious in ways that situate it as a mode of "being-in-the-world". "The unconscious is not an encapsulated locality but is a kind of world relationship" (Brooke, 1991, p. 124). Existence is viewed as "being-in-a-shared-world", that is, engaging with others, the dialogue of which is dynamic, reciprocal and informative. The unconscious is seen as a part of the lived world, and not set aside. Boss (1963) defined our conscious and unconscious existence as "world openness" — we are sometimes open to one thing, sometimes to another. He suggested the term "unconscious" should not be used in the sense of inner psychic locality. We are always concerned with "immediate experience". At one moment we are open to one experience, at another moment to another.

Brooke (1986), discussing Merleau-Ponty's view of the unconscious, speaks of the relationship between the therapist and client, and describes the unconscious as the "latent, anonymous ground" of the individual's interpersonal relationships. Brooke (1986, p. 128) stressed that the unconscious is "constituted between people, between the seer and seen, as the forgotten bodily ground of the person's relationship with the world". The therapist can therefore help clients to come to know, or to perceive latencies in, their embodied existence. Brooke also points to Merleau-Ponty's notion of the body as being prereflective in that we sometimes live our bodies without being aware of that fact in our perception. In our encounters with others in a shared world we live immediately, pre-reflectively, and in an "opaque" way. When we reflect, we appropriate the experience, and the latency becomes known. The unconscious is therefore situated within the structure of "being-in-the-world" and, as such, it refers to the ambiguities and latencies that are embodied in acts of perception.

Browne (1990, p. 21) in a paper *The Unexperienced Experience* contends that "when something happens to us, we do not experience all of it at once. Experiencing is a process which takes place over time. It involves neurophysiological and somatic work on the part of the person to whom the experience happens". I suggest that the body, through the past-life experience, can be viewed as a vehicle in which the "unexperienced" unconscious can be "experienced", i.e. made conscious. In other words, the body contains the unconsciousness of the client, and this is where it can also be revealed. Perhaps, *through the body* we can participate in the unconscious.

Romanyshyn (1982, p. 93) described unconsciousness as "an absence of reflection". He likened our engagement with the other and the world to seeing and understanding our reflections in a mirror. "I see myself through the other and I understand the other through myself Self and other are mutually reflexive. They are realities of reflection" (p. 63). When that reflection is absent we are unconscious. Unconsciousness is therefore situated in the world between us, not in some deep layer of the psyche.

Phenomenologists acknowledge that existence is "being-in-the-world" and, moreover, that there is no existence without the environment. Merleau-Ponty (1963) advocated that man must therefore accept and recognize *the body as constitutive for existence*. We cannot be in the world, respond to the world, grow in and through the world except through the body. Phenomenologists accept that the body is an integral aspect of existence and relationship to the world.

It is only existing in bodily form that I can be in the world. Through the body I perceive the things and persons that make up the world. Through the body I am able to act upon them and, conversely, they are able to act on me. (MacQuarrie, 1973, p. 93)

MacQuarrie (1973, p. 95) is of the further opinion that:

... the body is our mode of participation in the world. It is both the focus from which we look out on the world and organise it according to our concerns and interests, it is also the centre on which the world reflects back, so to speak, so that each of us is a kind of microcosm, a world in miniature.

The phenomenology of the body covers a number of aspects and levels of philosophical understanding. Moss (1978), in particular, discusses several of these. He believes that man and his world are never separate but in constant dialogue with each other. Furthermore, that our body takes an active role in shaping our world, and yet it is also actively passive as the world bends and shapes it. For existential-phenomenological psychology, there is "a world for each embodied organism" (Moss, 1978, p. 86), implying that the world is formed by our bodily attitude and activity. The body acts, responds, lives and experiences itself in the world in an integrated intimate relationship.

Existential-phenomenological understanding of the body makes a distinction between the body as subject and as object. In this regard, Moss (1978, p. 77) remarks that the body

is at the same time the only thing that is always with me, and the only thing I encounter in the world before me. My body is also ... something I *live* and only secondarily know. I act through it, exist through it, perceive the world and others through it, without explicitly reflecting on the body.

In Woolger's (1987, p. 99) own words:

I have learnt that every chronic physical symptom, particularly those that resist conventional treatment, e.g. back pain, premature ejaculation, asthma — buried in the symptom is an older story of disaster, deprivation or violent death. Back pains produce images of stabbing, beating, crushing, being broken, burdens; premature ejaculation evokes memories of

shame, humiliation, sexual torment; asthma brings with it fears of drowning, asphyxiation, death from smothering, and so on.

Woolger (1987) argues that emotional issues central to the past-life stories may become embedded in the particular part of the body that was wounded in the past-life story so that unresolved emotional distresses become unconsciously identified with bodily traumas. Consequently, asserts Woolger, we may each develop propensities to act according to certain patterns established in the past, a phenomenon referred to by Woolger as a "past-life complex". Woolger is thus proposing that not only do we inherit psychic material, but that, in addition, we inherit *physical* predispositions to illnesses, weaknesses and accidents that are also very specifically transmitted. If this is so, it can be argued that such inherited predispositions may be expressed through the past life story that manifests at the bodily level.

Woolger's (1987) view appears not to be divorced from other earlier research conclusions. Wilhelm Reich, for instance, who was one of the first pioneers to propose that organic disease was a direct reflection of the emotional state of the patient, held the view that if emotional problems could be worked with therapeutically, the body would ultimately begin to heal itself. Concurring with Reich that emotional trauma imprints itself on muscular structures of the body, Woolger (1987, p. 167) states:

A surprising number of physical complaints do indeed have a past life story behind them which, when re-enacted cathartically, can lead to substantial relief and often quite rapid recovery.

In this respect, Grof (1988) states that it is possible to gain entry into a past-life scene through the accentuation of a physical symptom. For example, if the complaint is a headache, it can be intensified by assuming a certain focused posture of the head and perhaps making a grimace or tensing the head and face muscles.

It is therefore suggested that some individuals (re)learn that their bodies are their mode of participation *in the unconscious*. Past-life experiences can be seen as a way of (re)connecting individuals to the experience of their bodies. From a phenomenological stance, a person relates to the world in a bodily form since "it is only through existing in bodily form that he can be in the world" (MacQuarrie, 1973, p. 29). Past-life experiences, among other experiences, allow individuals to acknowledge that they cannot be in the world or interact with the environment except through their bodies.

After numerous past-life experiences in therapy, a subject sums up her experience:

I became much more conscious of my body during the experience, suddenly it seemed to speak to me in only a way that a body can speak — physically. The trembling I experienced was totally involuntary. The fear and pain that I felt physically seemed to pour out from my body, and I experienced an immense sense of release and renewal. (*vide* Knight, 1991).

Individuals in therapy who have experienced past-life scenes may come to recognize that their bodies have a deep and rich intrinsic wisdom, and that every part of their body has its own story to tell. It is suggested that it is through the telling of the story ("past life") that the body becomes a "lived body".

Below is part of a case study (Knight, 1991) transcribed verbatim during an interview with "Amanda", who reported this particular past-life experience during one of her experiential psychotherapy sessions with a clinical psychologist.

I went to the therapy session with a sense of undefined grief. There was nothing physical in it, just a sense of grief and emotional pain. I quickly regressed into an unspecified time when I knew that I was being crushed and killed by falling rocks. The only physical sensation was one of being squashed

and crushed by incredibly heavy objects. I simply could no longer breathe. The scene immediately changed to one of being pressed down by a man who was raping me. I knew that he was my husband, and that I hated him. He was fat and gross, and he was abusing me horribly. He was violating my body, tearing me apart and squashing me with his weight. Then he smothered me until I died. The sensations were again of being crushed and of not being able to breathe. There was also the feeling of being torn apart and bleeding in the genital area.

This scene changed into one of being raped again by gaolers in a prison cell. I was completely at their mercy. It seemed very cold and dark. There were stone floors and walls, straw on the floor and some kind of pallet in the corner. The windows were just slits in the walls. The gaolers were jeering and mocking me. Then they raped me one after another. Again I had the feeling of my body being torn apart ... I just wanted to give up and die because I felt so helpless and hopeless. I can remember actually doing this. I stopped eating and allowed myself to die. It seemed such a relief.

Afterwards I realized that these terrible episodes of humiliation, abuse and physical torture were necessary as a preparation for appreciating the light [as opposed to a dark and oppressive future] into which I can now move. In this life I have been emotionally but not physically raped on several occasions. Reliving these physical experiences made me realize that I can move into the light. The sense of freedom and liberation was enormous.

Amanda had been in therapy for six months when this experience occurred. At the time of transcribing the interview, Amanda was a mature woman who was 52 years of age and a mother of three children. She was in her final year of completing a bachelor's degree at university. Amanda had never had a psychiatric illness or

breakdown, and neither a history of alcohol or drug abuse. Amanda went into therapy to fulfil a desire to "discover" herself further.

Merleau-Ponty (1963) emphasized that human experience and behaviour can only be fully understood when the "mental" life of a person and the body are not viewed as separate, but are understood as an integrated unity. Similarly, when the past-life story manifests at the bodily level, the therapeutic work of healing is most effective because the client has bypassed the usual cognitive processes and has become more fully connected to the unconscious which has a language of myth and symbol — and which is expressed *in the body*.

SUMMARY

Phenomenology seeks to understand the events of human existence in a way that frees us from the presuppositions of our cultural and philosophical heritage. Phenomenology is a body of thought that can allow the controversial and yet increasingly common experience of "past life" in therapy to emerge and "speak for itself" without any intrusive and possibly distorting interpretations.

Research (Edwards, 1992, Grof, 1988; Oppenheim, 1990; Schlotterbeck, 1987; Weiss, 1988; Woolger, 1987) has indicated that if past-life experiences for individuals in therapy are allowed to emerge spontaneously, they can be a powerful mechanism for healing and thus authentic personality transformation. My research within the transpersonal paradigm has led me to accept that these experiences for individuals are indeed a reflection of the deep healing power of the unconscious, and that the various explanations of past-life experiences, such as reincarnation or fantasy, can detract from the immense therapeutic potential of the immediate experience. What is important is that when individuals report experiencing past-life experiences, these should, like any other material presented in therapy, be accepted and integrated as such.

Past-life experiences can be seen as a way of (re)connecting individuals to the experience of their bodies. It is suggested that it is through the telling of the story ("past life") that the body becomes a "lived body", and that individuals can come to recognize the intrinsic wisdom of their bodies. Moreover, the increased awareness of our own body, through a past-life experience, allows us more readily to acknowledge that our "being-in-the-world" is in and through our bodies.

Our body is not only our mode of participation in the world as MacQuarrie (1973) suggested, but also our *mode of participation in the unconscious*.

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THE PLAY OF INTERPRETATION

Kevin J. Kelly

The following contribution to the understanding of psychotherapeutic interpretation explores a somewhat neglected area of the field. By this I refer to the relative paucity of ideas about the psychology of why some psychotherapy patients are able to make better "use" of the therapist's interpretations than others are able to.

The concept of resistance has been used, almost since the inception of psychoanalysis, to describe the patient's reluctance to accept interpretations, and the ability to make good use of the therapist's interpretations has been understood to follow naturally the overcoming of resistance. There has been relatively little written on the capacity to work constructively with interpretations. The following discussion suggests that this capacity is analogous to the developmental attainment of the capacity to engage in fantasy play. In other words, there is a similarity between the developmental achievement of the capacity to play and the psychotherapeutic achievement of the capacity to work constructively with interpretation towards the attainment of self-insight. The psychoanalytic work of Winnicott is used to develop the connection between play and interpretation and to explore what can be termed the epistemological dimension of play. As an epistemological standpoint, play transcends the historically established dichotomy between seeing interpretation as a means of discovery (of what is "already there") or as an instrument of creation ("useful fiction").

It is suggested that by establishing the analogy of interpretation and play we affirm that an important goal of interpretation in psychotherapy is to develop a questioning attitude towards existential self-understanding, beyond what seems intuitive and self-evident.

BACKGROUND

Much of the literature on the epistemology of psychoanalysis has been concerned with establishing appropriate criteria for assessing the correctness of interpretations (Grünbaum, 1984; Hanley, 1990; Sand, 1983; Ricoeur, 1977). The positions assumed range from a strongly empiricist line (Grünbaum, 1984) to a social constructionist perspective (Gergen, 1985) which maintains that therapy is about constructing more viable and effective forms of life, and therefore the question of proof is not an issue.

Hanley (1990) suggests that there is an epistemological schism within psychoanalytic discourse between theorists subscribing to a "correspondence theory of truth" and those subscribing to a "coherence theory of truth" (sometimes termed the narrative theory of truth).

CORRESPONDENCE THEORY

The correspondence theory of truth in psychoanalysis portrays the true account as being true by virtue of accurately corresponding to, or being a copy of, an underlying, determinate reality. There has been much debate about whether or not psychoanalysis lives up to its own epistemological ambitions in following a correspondence theory of truth (Grünbaum, 1984; Habermas, 1972; Sand, 1983). I will not attempt to review the debate, but will move directly to show that the correspondence theory of truth provides a problematic basis for establishing veracity in relation to psychological meaning. To illustrate some of the difficulties in following the model of correspondence, I will briefly discuss Freud's use of the archae-

terms of their place in the overall story. Moving away from empirically-based standards of verification, the contemporary hermeneutic trend within psychoanalysis emphasizes the role of narrative form in psychoanalytic understanding. This was led by the efforts of a generation of psychoanalytic theorists who were united by their disenchantment with Freudian epistemology. Among the most significant works in this area are Sherwood (1969), Gill (1976), Schafer (1976), Steele (1979), Spence (1982) and Wyatt (1986).

The extreme expression of this approach upholds the idea that meaning and understanding are social constructions. The therapeutic account is, in this sense, a "re-storying" of life and involves a creative rendering of a person's life in a way that allows the person to live more effectively. The issues of truth and proof are suspended and meaning is understood not to be subject to such constraints. Meaning is "what you make of it" rather than "how it is".

BETWEEN CORRESPONDENCE AND COHERENCE APPROACHES

A survey of the psychoanalytic literature on interpretation shows a polarization towards either one or the other of the two positions outlined above. Truth is either posited as a kind of apodictic bedrock that exists and can be discovered, or interpretation is understood as an essentially fictional construction which is preferable by virtue of being more useful or giving rise to new forms of action.

There is, however, another way of viewing the tension between these approaches. The interactional dynamics of "play", it will presently be suggested, illustrate how understanding can transcend the dichotomy between the discovery of underlying reality and the construction of meaning.

I will proceed by sketching the childhood developmental context in which play first develops and will then go on to describe the

interpretative dimensions of an analogous process in the context of the psychotherapeutic dialogue.

THE DEVELOPMENTAL CONTEXT

Winnicott (1971) suggests that during early infancy, under optimal circumstances, the mother provides an accommodating environment that is consistent with the infant's expectations, so that for the infant there is not a strong awareness of the difference between itself and the world.

The mother's adaptation to the infant's needs, when good enough, gives the infant the illusion that there is an external reality that corresponds to the infant's own capacity to create Psychologically the infant takes from a breast that is part of the infant (Winnicott, 1971, pp. 13-14).

The infant experiences herself as coterminous with reality; there is no outside, no inside, no mother, no self. However, gradually the infant's needs are frustrated and she encounters a world that is not fundamentally accommodating. If this process is "well-dosed" (Winnicott, 1971) — that is, moderate and gradual frustration — the infant progressively learns to accept the fundamental difference between herself and the world, and begins to live with the realization that the world is not primarily oriented around meeting her needs. It gradually dawns upon her that her perceptions do not coincide with the realities of the world or the needs of others. Under optimal conditions, in spite of the sense that the world is not there for her, she experiences the world as sufficiently accommodating for her to feel that her separation from the world is not traumatic. Under these conditions there is a tacit acceptance on the part of the infant that allows the world to be itself, i.e. "other than myself". The world, including the mother, is "other" because it is not primarily oriented around the child and its needs, and the infant gradually, over years, learns how to negotiate with and manipulate the environment in order to live in harmony with the world. The infant begins to accept

ological metaphor in his attempt to demonstrate the scientific historical nature of psychoanalytic practice.

The archaeological metaphor makes its most sustained appearance in Freud's Dora case (Freud, 1905) and in *Constructions in Analysis* (Freud, 1937). Whereas in the Dora case-history Freud uncritically compares himself to an archaeologist and declares psychoanalysis to be a kind of archaeology, in *Constructions in Analysis* the psychoanalyst is given an important advantage over the archaeologist. The psychoanalyst is said to discover a past in the form of a forgotten psychological life which is relatively unaffected by the ravages of time, whereas the archaeologist must settle for, at best, a partial reconstruction.

Spence (1982) in his *Narrative Truth and Historical Truth* is strongly critical of the assumption that historical knowledge of the type attained in psychoanalysis can be objective. He comments that "The belief in an archaeology of the mind or of the session carries with it the idea that the pieces of the past remain intact and can be recovered unchanged" (p. 111). Kuspit (1989) joins Spence in his criticism of Freud's over-investment in the archaeological metaphor, yet he finds that the metaphor is not so much inappropriate as improperly understood. The irony in Freud's archaeological metaphorization of the psychoanalytic process, according to Kuspit, is that he falsely understands the archaeological reduction. Kuspit points out that it is not archaeology but Freudian psychoanalysis that purports to be able to recover historical truth. "Archaeology is much more tentative; also, it is much more hermeneutically sophisticated: it recognizes that without their meaning, the historical objects it recovers are incomplete" (Kuspit, 1989, p. 146).

In discussing Freud's bracketed additions to the text of *The Wolf Man*, Brooks (1984) points us to the place where Freud returns to his previously published work and questions whether the primal scene,

the Wolf Man's observation of parental coitus, ever had any reality as an event. The bracketed addition juxtaposes the surprising suggestion that the apparent observation may be a fantasy, operating as an event by a deferred action, i.e. by structuring the observation of another event (the rear view of the maid's buttocks while she washed the floor) so that it referred to coitus which was then fantasized to have occurred. At this point in the text — Freud's addendum — we have a crucial moment in which a fantasy or fiction is substituted for an event on which has already been conferred the authority of an historical cause.

The point of this excursion is to reveal as problematic the notion that psychotherapeutic interpretations discover what is "already there". More hermeneutically inclined archaeologists recognize that what is discovered is in a very real sense a construction that answers the questions of the investigator, rather than merely speaks for itself. So there is a sense in which interpretation of the past involves "creation" as well as "discovery". This argument was part of a general disaffection with Freudian epistemology which led to the development of the so-called "narrative" tradition in psychoanalysis (also sometimes referred to as the hermeneutic trend in psychoanalysis) which rejected the correspondence theory of truth in favour of a narrative theory of truth.

COHERENCE THEORY

The coherence theory or "narrative" approach suggests that the value of the psychotherapeutic account is established through the qualities of the account itself, rather than through matching the account to an external source of reference. A "better" account is seen to present the meaning of a constellation of events as a satisfying and intelligible story (Woolfolk & Messer, 1988), which gives access to new forms of action or more satisfying forms of life. A satisfactory narrative has structural quality through which events relate to each other and the experiences contained therein are given a context in

that the mother interprets her needs differently from how the infant understands her own needs and learns to set about having her needs met in spite of this difference.

If there has been a satisfactory childhood environment (fundamentally accommodating) the realization of the alterity (otherness) of the world is accompanied by a sense of trust in the "rapprochability" of the divide that separates infant and world. So when the mother no longer seems magically to know what the infant needs and therefore no longer automatically provides for it, the infant develops a new capacity, that of communicating with the mother, and from this point onwards the mother and infant operate as a dialogical pair who negotiate the interpretation of the infant's needs. But when there is not a sense of trust in the likelihood of its needs being met, the infant despairs of the possibility and cannot accept the legitimacy of the mother's interpretation of her needs. This is the seedbed of many possible forms of pathology, at the foundation of which is the developmental failure to negotiate the passage from an essentially solipsistic environment towards a two-person, dialogical environment. Narcissism is the paradigm of pathology at this stage of development and represents an attempt to recreate at every turn the conditions of seamless union that precede the breakdown of the primary empathic (understanding and responsive) environment.

Winnicott (1951) describes a type of liminal space between self and object through which the emerging self of the child and the alterity of others are accepted as essentially distinct. This liminal terrain is occupied by "transitional" phenomena and objects. The class of transitional objects¹ has a unique status in the world of things. As things, they are so bound up with the infant's intentional

¹ A transitional object typically takes the form of a blanket, toy or stuffed animal that eases the child's accommodation to and ultimate mastery over the process of separation from the mother. The popular image for this is the security blanket.

world that they are experienced almost as extensions of the infant's self. Yet, they are also experienced as undeniably things in the "not self" sense; they can be manipulated, misplaced, stroked, etc. Winnicott's argument is that their ambiguous relation to the world of self and object serves the infant's nascent sense of the simultaneous co-existence of the world of self and object/other.

The creation of a reality between the separately constituted selves of mother and infant is understood by Winnicott to develop through imaginative play. Winnicott (1951) describes the "transitional zone" or "intermediate space" in which imaginative play occurs as a place where the paradox of fantasy and reality is maintained rather than resolved. He also refers to this as the "third area" and the "area of illusion". Gordon (1985), adopting a similar approach, points out that the word "illusion" is derived from the Latin word *ludo* meaning to play. In "illusion", as in play, there is a suspension of the question about whether something is fantasized or whether it is real.

Fantasy play relies on an implicit agreement between the players to adopt the "make believe" attitude of the play reality, where what is enacted is "as if" real. Caught within the fantasy game, the reality of what is imagined is not questioned; there is a suspension of disbelief. Yet the game can at any time be suspended so that while the fantasy game is taken seriously, it is always under the *proviso* that this area of interaction is set off from the everyday life of action and consequence.

THE THERAPEUTIC CONTEXT OF PLAY

The playful, almost fictional suspension of the issue of confirmation, i.e. the question about how real an interpretation is, is an achievement of the therapeutic encounter and is by no means a part of every therapeutic development. Winnicott (1962) states that the therapeutic dialogue requires a capacity for imaginative play that should be entertained by both therapist and patient, and imaginative

play blurs the boundaries between what is "found" and what is "created". For him, interpretation involves a playful suspension of questions about how "real" the interpretation is and this is fundamental to the process of psychotherapy.

Winnicott (1971) defines psychoanalysis as a subspecies of play, "a highly specialized form of playing in the service of communication with oneself and others" (p. 41). As play, psychotherapeutic interpretation does not require absolute empathy, that is, direct meeting in understanding. Winnicott (1971) suggests that as an analyst it is important to retain some "outside" qualities by being wrong or not quite on the mark. He furthermore states that he offered his patients interpretations to let them know the limits of his understanding. He did not intend thereby to direct the client back to the client's own interpretation of experience. Instead, Winnicott meant to encourage dialogue, working together in the space "in-between" conversing partners, to develop intelligibility. Winnicott (1971) describes a game whereby client and therapist together, without talking but taking turns, make a "squiggle" drawing to the point where they have created a joint composition, the construction and meaning of which belongs to neither of them and truly belongs only to their interaction. We can say that the ability to work together in this way towards the co-constitution of meaning is a therapeutic achievement.

By understanding interpretive activity as play, we transcend the opposition of reality and fantasy, and enter an epistemological terrain that sees interpretation as the facilitation of self-insight beyond what is already known (and can be known) to be unequivocally real. Interpretation is a distinctly exploratory activity that can only be dialogically engaged in when there is a zone of safety and where being misunderstood is not attended by the threat of repudiation. The capacity to engage in interpretive dialogue is synonymous with the propensity to accept the inevitability of a

degree of failure in the interpretive response of the other party to the dialogue.

We can imagine a developmental line of response to the therapist's interpretations corresponding to the severity, nature and timing of the developmental trauma that is reproduced in relation to the interpretation. "The well-integrated patient feels as though the analyst has dropped the ball; the poorly integrated patient feels as though he himself had been dropped" (Kumin, 1989, p. 142). In the latter case, each incorrect interpretation is experienced by the patient as a painful or frightening disillusionment which repeats, on a small scale, similar misunderstandings or empathic failures suffered in past relationships. In the former case, the process of development of self-insight can proceed in the acceptance of the "as if" true quality of meaning statements in the therapeutic dialogue. In other words, when the therapist's understanding of the patient does not exactly concur with the patient's self-understanding, the patient is nevertheless able to treat the therapist's understanding as possibly veracious in spite of this understanding not being intuitively true for the patient. Winnicott sees the bringing about of this willingness (capacity) on the part of the patient to consider alternative self-understandings as a goal of psychotherapy. This capacity is likened by him to the capacity to play which has already been described above as the temporary suspension of disbelief. Winnicott says:

Where playing is not possible then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play (Winnicott, 1971, p. 44).

Thus speaking, psychotherapy would move not towards a particular ideal content of understanding so much as towards bringing about in the patient a predilection for displacing previously taken for granted self-understanding and also for entertaining

possibilities of understanding which were previously not considered, and which are brought into the dialogue by the therapist.

It is suggested that if the client's propensity to engage in interpretive understanding is the goal, rather than understanding *per se* then the contents of understanding are not ultimately at issue. It is not a content of understanding that is sought in psychotherapy, but a way of engaging in an open-ended dialogical process of seeking self-understanding. It is finally this that a patient walks away with rather than a "particular understanding". We are continually confronted with images of ourselves which do not correspond to how we know ourselves. The process of psychotherapy can be understood as building the propensity for entertainment of the unfamiliar understandings which confront us both in the therapeutic situation and in everyday life.

We might imagine the world of interpretive understanding as mediating the space between the therapist's understanding and the client's subjective self-understanding. It is precisely in being "good enough" rather than corresponding to reality that the boundaries of subjective self-understanding are challenged and expanded. The ability to accept the errancy of interpretation that is only good enough rather than exact, facilitates an exploratory questioning of meaning that is taken for granted.

The break with taken-for-granted or "prior" meaning marks the start of a different form of self-enquiry, by setting up a questioning attitude in relation to meaning and by seeing the understanding of the other as enhancing the patient's own self-understanding, although it does not naturally and spontaneously correspond to the way that the patient recognizes herself.

CONCLUDING COMMENTS

Play has been conceptualized as a means of communication that establishes a space between two selves in which they can

communicate on common ground and yet uphold the sense of separateness that is foundational to the experience of being a self. It is in the space between, in the discourse between self and other, brought to being through the failure of empathic understanding, that we find the matrix of existence of the self and the separately constituted other. The failure of absolute understanding between two people is inevitable. When this failure is accompanied by an attitude of play, there exists the willingness to communicate in spite of the lack of a sense of absolute belief in what is being said. Understanding is seen to be "good enough", and interpretations are seen as tools to be used rather than "bits" of understanding.

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**QUALITATIVE RESEARCH IN CHRONIC
ILLNESS: GENERAL SYSTEMS
THEORY AS FRAMEWORK**

Graham C. Lindegger

Health psychology emerged as a major field of psychological research and practice in 1978, when it became Division 38 of the American Psychological Association. Health psychology is defined as the aggregate of the specific educational, scientific and professional contributions of the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, and the identification of aetiological and diagnostic correlates of health, illness and related dysfunctions (Matarazzo, 1980). Recent surveys have shown health psychology to be the most popular current area of research and interest in American postgraduate schools of clinical psychology (Sayette & Mayne, 1990).

Numerous factors have contributed to the development of health psychology, including the changed epidemiology of illness. The last half-century has shifted radically from a disease distribution dominated by acute, life-threatening infectious disease, to a picture dominated by chronic, often lifelong, diseases. Weiss (1982, in Feuerstein, Labbe & Kuczmierczyk, 1986 p. 4) identifies the understanding and treatment of chronic illness as a major task of health psychology.

CHRONIC ILLNESS: NATURE AND IMPLICATIONS

Chronic illness is characterized by a number of distinct sociomedical and psychological characteristics. First, chronic illness is, or appears to be, irreversible (at least in the short term). Second, patients with chronic illnesses invariably make extensive demands on health care resources. Third, chronic illness usually involves maintenance of, and adjustment to, the illness rather than cure. Fourth, chronic illnesses have multidimensional effects on the patient's life, requiring major modifications in the lifestyle of patients and frequently of their families. Fifth, whereas medical and nursing staff are the primary or exclusive agents in the care of the acutely ill patient, chronically ill patients are essentially cared for by the family or community agencies. Sixth, chronic illnesses frequently deprive patients of their familiar and identity-related roles, and require the development of a new life-style. Finally, many chronic illnesses require long-term adaptation to special medical regimens.

Because of this unique constellation of characteristics, many of which are psychological or behavioural, an exclusively biomedical approach is obviously insufficient and inappropriate for the understanding of these patients. Further, many of the issues that confront these patients and their caregivers are psychological or philosophical in nature, rather than organic. I would therefore suggest that many of these questions and issues are best investigated using a qualitative rather than quantitative framework and methodology.

HISTORY OF QUALITATIVE RESEARCH IN CHRONIC ILLNESS

In beginning an examination of the contribution of qualitative research (QR) to investigations in chronic illness, a brief comparison with the quantitative approach needs to be made. Each approach has its own inherent strengths and limitations. The quantification approach contributes the calculation of rates, the comparison of

groups, and the identification and quantification of risk factors. But, by its very nature, it "has limited ability to identify and study the extremely complex psychological, social and cultural contexts in which events and associations unfold" (Blake, 1989, p. 425). The quantitative interest in the capacity to generalize assumes that there is a single reality independent of context. QR by comparison, is dedicated to revealing and describing context and illuminating meaning.

An examination of the research literature on health psychology and behavioural medicine, and the material on chronic illness in particular, reveals little if any utilization of QR methods for previous research in this area. In fact, it seems as if most of the QR into chronic illness has been conducted by other social scientists, including sociologists and anthropologists.

Gerhardt (1990) identifies three major trends in qualitative research into chronic illness, namely grounded theory, phenomenology/ethnomethodology and biographical/narrative analysis. To this list we can appropriately add anthropology's ethnographic method.

(a) Grounded theory (GT)

The aim of GT is to create categories from data and to examine the relationship between these categories as a basis for developing theory. In short, theory is constructed from the data. A distinctive feature of GT is that the researcher's conceptual framework is suspended in favour of the definition of the situation espoused by the researched. GT differs from more traditional research methods in that it does not derive its hypotheses from existing theories through logical-deductive methods, but rather attempts to derive these from the data (Robinson, 1990). In fact, researchers using GT suggest that any review of literature should follow the data collection and analysis so that the researcher develops a fresh set of categories

rather than simply imposing existing ones. GT also differs from other QR methods that tend to collect the bulk of the data before the analysis. GT attempts to develop theoretical categories from the data early in the data collection phase so as to be able to incorporate these into the shaping of the data collection procedure. There is a commitment to immediate analysis of what is observed. Charmaz (1990) claims that where most QR relies on the researcher's intuition, GT relies on an explicit set of rigorous analytic procedures.

The use of GT in the study of chronic illness originated in Anselm Strauss's work in the late 1970s in the field of the medical sociology of dying. Strauss was interested in the overall pattern of events and experience in chronic illness, especially as time-related phenomena, and the definition of their situation by patients with chronic illness. Through the data of the patient's reports and experience, he attempted to identify the meaning of the situation as the key to understanding social action. Schneider and Conrad's (1983) work *Having Epilepsy* was one of the best manifestations of this approach with a homogenous group. They attempted to reveal the illness as a series of stages integrated into a narrative giving the overall picture. Gubrium's (1988) work on patients with Alzheimer's disease also found a temporal pattern structuring the evolution of different stages of the illness which facilitated an understanding of the disease. Charmaz's (1990) recent work on self-conception in chronic illness is also a good example of this tradition.

Some of the potential limitations of GT are that the relationship between newly developed categories and prior theoretical perspectives remains ambiguous and, moreover, there may be a premature commitment to analytic categories. Also, while Charmaz claims that there is a rigorous set of analytic procedures that are not present in other types of QR, it is difficult to identify exactly what these are. However, it has to be recognized that GT was one of the earliest research methods into chronic illness that took the data of the patient's experience seriously. GT has also made important

contributions to some of the contemporary methods of QR in chronic illness, especially in its attempt to understand the temporal structure and meaning of the experience of being chronically ill.

(b) Phenomenology and ethnomethodology

Phenomenology became the dominant paradigm in medical sociology in Britain in the mid-seventies, and seems to have developed hand-in-hand with ethnomethodology in its application to chronic illness. Voysey's (1975, cited in Gerhardt, 1990) ethnomethodological work on chronic illness and its impact on families was a good example. According to this approach, "the patient's rationality is reflected by his theorizing about his illness from which derive his health related activities" (Gerhardt, 1990, p. 1154). Stimson & Webb's examination of verbatim material from medical consultations for "interactional meaning structures" (cited in Gerhardt, 1990, p. 1154) revealed antagonistic doctor-patient exchanges, in which the doctor's rationality dominated and ignored the patient's own self-generated explanations, showing, for instance, that the patient's need for autonomy accounted for non-compliance with treatment. Much ethnomethodological research has been interested in the mutual reality construction of the doctor-patient relationship, analysed and reconstructed by the researcher. This was especially poignant in the area of chronic illness. It will be suggested later that many elements of this approach are parallel and complementary to the approach used by general systems theory today.

More recent work, for example that of Charmaz, has seen the integration of GT with phenomenology and other approaches such as Marxism. Charmaz argues that GT, symbolic interactionism and other similar research methods are overly rationalized views of the individual that are corrected by phenomenology's focus on the objects of consciousness, which allows for a dimension of emotion (1990, p. 1171).

(c) Biographical and narrative analysis

Biographical analysis has emerged especially in the last decade with the examination of "biographical dynamics" of chronic illness patients, a good example being that of Robinson's work on multiple sclerosis. Robinson (1990) suggests that examination of the narratives of chronically ill people provides a vehicle for examining important theoretical issues related to changes in health status.

This approach has been given new impetus through the development of narrative analysis, especially through the work of Gergen & Gergen (1986). These approaches assume that illness and sickness are not just a passive response to external circumstances, but active, constructive, selective processes. Constructing narratives is a major way in which individuals attempt to master the disruption to their lives caused by chronic illness (Riessman, 1990). This approach also suggests that many of the events that arise during the course of the disease or illness, such as compliance or non-compliance, are understandable as meaningful and purposive, and constructed within the narrative of the individual. It is the task of the researcher to investigate and reveal these narrative forms, and the task of the clinician to understand them in the treatment of any patient. The understanding and utilization of metaphor is an integral part of this process.

While the value of biographical research for understanding the experience of chronic illness has been acknowledged, there seems to be a lack of clear agreed-upon frameworks within which these narratives can be analyzed. Various dimensions are suggested in the formal analysis of the macro-structure of narratives. Most researchers using narrative analysis agree that a definite temporal structure or patterning can be observed in narratives (Gerhardt, 1990; Robinson, 1990). Other dimensions of analysis used or suggested for narrative analysis are the dynamic context within which the narrative unfolds, and the "valued goal state" in relation to which the narrative is

constructed (Robinson, 1990), as well as the social structures of identity and interaction (Gerhardt, 1990). Further, it is recognized that these narratives are moulded by the audience to whom they are addressed. Various methods of narrative analysis are employed by different researchers.

One of the interesting common findings which seems to emerge from QR into chronic illness by many sociologists, is that through the process of devising their own narratives of illness, patients with chronic illnesses are enabled to construct a viable *modus vivendi*. There is increasing evidence that the orthodox view of chronically ill patients as stigmatized, deviant and unable to cope is untrue and an artifact. As Gerhardt says: "Sickness no longer seems to lead into a deviant career, but careers in illness management must be recognized as part of normal life in society " (1990, p. 1221).

Riessman suggests that QR has much to contribute to the study of chronic illness "as this method focuses on naturally occurring texts of identity that emerge in the course of interviews" (1990, p. 1199).

(d) Medical anthropology's ethnographic method

The anthropological method of systematic, naturalistic observation and description has been a good example of QR in practice in the area of medicine. This has been seen in the field of medical anthropology, especially as developed by Eisenberg and Kleinman. They have attempted to research explanatory models constructed by patients, and to study the interaction of these with biomedical explanatory models. This approach suggests that in order to intervene clinically in an appropriate and effective fashion, it is necessary to understand the patient and the family's perspective on the symptoms or illness. Kleinman has gone so far as to suggest that this is the "appropriate method to describe the work of doctoring" (in Stein, 1989, p. 376), and he claims that this method should find a central place in primary health care.

Medical anthropologists in particular have demonstrated the importance of understanding the personal, social and cultural beliefs about illness and health, and meanings ascribed to health-related experiences, if treatment is to be effective. This involves understanding each individual's personal health beliefs or explanatory model about health and illness (Mauksch and Roesler, 1990), as well as the health belief systems shared by families, groups and cultures. Stein suggests that one of the advantages of this method to both researchers and practitioners, is that it "keeps us close to the everyday world of our patients and families" and provides a methodology for "context-embedded thinking and planning" (p. 390).

(e) Qualitative research into chronic illness: an example

The development of QR methods has served the important function of identifying new dimensions for understanding chronic illness and some of its manifestations. One example has been the recognition that chronic illness incorporates qualitatively different components, including disease, illness, and sickness, which have been important complements to the more traditional biomedical preoccupation with biological disease conceptions. It has been suggested that these components "appear to operate in different planes which are profoundly discrepant in their general mode of defining, accounting for and managing health problems" (Robinson, 1990, p. 1175). These components each relate to different domains of experience and knowledge about health status, and all need to be recognized and researched to understand and treat chronic illness adequately. While quantitative methods are the primary means for understanding the disease domain, QR methods are well suited to the investigation of the other domains.

Ian Robinson (1990) has provided some interesting examples of the application of this distinction in his work on multiple sclerosis (MS) utilizing the biographical/narrative approach. He has drawn a

distinction between investigations of the physical course of the disease, the personal narratives of illness and social careers of sickness. He has also pointed out that the form of the narrative told in each of these dimensions depends on the interpersonal context, and the person to whom it is told.

Robinson elicited accounts of the experience of MS from 450 patients. Despite the variability, diversity and multiplicity of personal accounts of illness with MS, he claims that it is possible to identify what he terms "universal singulars". Using Gergen and Gergen's narrative analysis framework, he attempts to identify "macrostructures" in the narratives. From this analysis, three general structures emerged: i) stable personal narratives of illness: these read like biomedical case histories with little evidence of "valued personal goals"; ii) progressive personal narratives of illness: seen in the positive construction of an illness narrative and sickness career, based on personal goals, often quite discrepant from the physical trajectory of the disease process. They suggest that just as in the literary analysis of any novel, these narratives can reveal heroic, detective or comical themes; iii) regressive personal narratives of illness: characterized by the increasing discrepancy between the "personal valued goals" and the possibility of their attainment. In their most extreme form, these narratives are constructed as personal tragedies. Each of these narrative forms reveals a congruence or discrepancy between the different dimensions referred to above. In the first, there is little evidence of anything except the disease dimension; in the second, there is a marked discrepancy between the physical course on the one hand, and the illness narrative and sickness career on the other; in the third, there is a congruence between the three dimensions.

Based on his analysis, Robinson reports on the potential value of this method in terms of its contribution to medicine.

Such developments ... would add to an understanding of the person and their illness in a way which would not otherwise be possible. Such an understanding is additionally significant for the practice of medicine. For consultations, diagnoses, treatments and other contacts with the health care system are placed by the individual within their narrative of life — their life-story. Increasingly problematic, apparently intractable issues for physicians such as non-compliance may be usefully reconsidered through the investigation of personal narratives of illness (1990, p. 1184).

What all of the approaches presented in this historical review appear to share in common is their recognition of a constructed reality of the patient, and the importance of the patient's definition of the situation rather than the researchers' or clinicians'. All of these methods remain faithful to the reported experience as the primary research data. All methods attempt to reveal the implicit structure in the data of the individual's experience as a framework for revealing the meaning of actions and behaviours of the chronically ill person. Most of these approaches tend to be inductive, open-ended and descriptive, and to use in-depth interviews as the preferred mode of data collection. The first three methods described above appear to rely primarily upon an understanding of the individual's construction of the world, including the world of social interaction. The anthropological ethnographic method complements these approaches with attention to the constructed world of families and groups. All of these methods stand in marked contrast to the more quantitative approaches that rely more upon the predetermined theoretical framework of the researcher.

However, the above approaches have been criticized for remaining discursive and largely lacking in sound theoretical grounding. Further, while there is recognition of the interactional context of experience, far less explicit attention is given to interaction as a vital source of data for understanding the experience

of chronic illness. There is an implicit preference for reliance on the individual as an exclusive source of information.

GST AS A FRAMEWORK FOR QUALITATIVE RESEARCH IN CHRONIC ILLNESS

General Systems Theory (GST) is a perspective that may complement the strengths of many of the approaches reviewed above, and also provide the possibility of a theoretical framework within which to integrate qualitative research findings. GST's attention to interactional data and to context is an especially important complement to the QR methods developed to date.

It has been said by protagonists of GST, that GST does not represent just another theory or frame of reference in psychology but rather a paradigm shift, or a new worldview. As a new paradigm, GST asks different questions of the same phenomena, and uses different methods to find solutions to common problems (Newton and Caple, 1985).

GST operates from three important assumptions. The first is that nature involves relations and connections: no objects exist completely independently in time and space. The second assumption is that reality is a product of change and stability, or being and becoming. The third assumption represents a move away from scientific determinism towards "a dynamic, probabilistic model" (Doherty, 1986, p. 256) or "dynamic causation" (Capek, 1961). In combination, these three hypotheses represent the basis of this paradigm.

OUTLINE OF PRINCIPLES OF GST

A full description of various aspects of GST is beyond the scope of this paper. However, a few of the major aspects of GST will be described as a background to examining its application to QR in chronic illness.

SYSTEMS AND SUBSYSTEMS

GST is essentially concerned with the organization of systems. A system can be regarded as a set of parts, components or levels interacting within a boundary. "A whole which functions as a whole through the interdependence of its parts is known as a system" (Vetere, 1987, p. 18). GST attempts to classify systems according to the way the parts are organized or interrelated, and to describe patterns of behaviour for the different classes of systems.

The system is a structure defined by a network of relationships among the constituent parts. The relationships are defined by interactions affected by communication, information exchange and the transmission of meaning (Vetere, 1987). The primary task of the system is to mediate between internal and external change, and to cope with the varied and changing information and stresses to which it is subject.

GST is especially concerned with the whole organization of such systems, and sees this whole as greater than the sum of the constituent parts. Because of the concern with wholes, research based on GST makes frequent reference to contexts or "the ecological field" (Harvey and Dym, 1987, p. 52). A vital part of the application of GST is the identification of the interactional system or context within which behaviour and experience occurs as the key to understanding the meaning or function of the behaviour.

SUBSYSTEMS AND BOUNDARIES

According to GST, all organizations or systems are divided into subsystems that can be seen as component parts or levels. Subsystems are demarcated from one another by boundaries that operate in space and time and are often defined by rules. The ideal may be seen as well-defined, but flexible, boundaries (Minuchin, 1974). Each subsystem defined by boundaries has specific functions.

For example, the marital subsystem of a family has sexual and spouse-supportive functions.

In living systems, like families, boundaries need to be sufficiently open or permeable to enable interaction with the environment and other systems while still preserving their own identity and integrity. For example, families interact with other organizations such as schools and medical services, and sometimes may even incorporate them within their boundaries as part of their system. This is a common phenomenon for chronically ill patients interacting with health care systems.

Rules within systems define boundaries and stabilize interactions and structures. While consistency of rules is necessary for the system's stability, rules need to be flexible enough to accommodate changes arising within the system or from interaction with the environment. Chronic illness entering a family system frequently requires modification to the family rules in order to facilitate adaptation to the illness. As individuals and families enter new developmental stages, rules need to be reconsidered and modified.

FUNCTIONING OF SYSTEMS

Steinglass (1987) says that, in addition to the characteristic of organization, living systems are the product of the constant dynamic interplay between morphostasis, the tendency to maintain stability and constancy, and morphogenesis, or systematic growth and development. It is this interplay, together with the organizational characteristics of the system, which produces the pattern of internal relationships and the pattern of change over time. While systems are made up of subsystems, these do not simply operate in an additive fashion. Living systems are constantly in a process of interaction within the system and between the system and outside forces. Insofar as any system functions as an integrated whole, change in any one level or subsystem affects other levels or subsystems as well

as the system as a whole. For example, chronic pain in a family member impacts on individual family members as well as the family as a whole.

HOMEOSTASIS

As dynamic organisms, and as part of their evolutionary property, all systems strive for balance, equilibrium and constancy, and have inherent homeostatic or self-regulatory mechanisms. As living organisms, systems need to maintain a balance between change and stability. This reflects the system's quality of adaptability. Systems like families must be able to transform themselves in response to internal and external changes without losing the frame of reference that provides continuity for members (Minuchin, 1974). Families unable to transform themselves in the face of new demands are susceptible to pathology. Chronic illness is one of the most common precipitators of change within families.

FEEDBACK LOOPS

The process of interaction operates by feedback loops in a circular chain of influence between subsystems. In this sequence of events, every action is also a reaction. Therefore, in GST, causality is not conceptualized as linear, but as cyclical, suggesting that every action is both cause and effect. The ongoing feedback loops produce a pattern that modifies the context to produce the conditions necessary for maintaining the system (Bloch, 1987).

CO-EVOLUTION

Directly connected with feedback loops is the issue of co-evolution. Living systems are constantly in the process of evolving or developing (Weihs and Kingsolver, 1987) or, as Bloch (1987) puts it, "an entity and its context evolve together, shape and stabilize each other" (p. 277). Insofar as systems are composed of subsystems, these subsystems or levels co-evolve, as part of the feedback process

within the system. GST suggests that illnesses tend to co-evolve in the contexts within which they occur (Bloch, 1987) — for instance, families or hospitals — each shaping and stabilizing the other. This co-evolution involves the development of feedback loops by which an illness or patient modifies the context to produce the conditions that maintain it. For example, nursing staff influence the patient's outlook and behaviour, but their attitudes to the patient are also influenced by the patient.

An important implication of GST as applied to health care research is that it suggests that the treatment agency, clinician and researcher all need to be considered as part of the overall illness system, both influencing and being influenced by the illness process. Therefore, rather than attempting to exclude these people to enhance the objectivity of the research, the role they play in defining the interactional context of the phenomenon under investigation needs to be spelled out as part of the investigation.

APPLICATION OF GENERAL SYSTEMS THEORY

As applied to research in chronic illness, GST looks at the larger network of relationships that define the context within which various aspects of chronic illness take on a particular meaning. Researchers and clinicians with a systemic perspective are less interested in symptoms in isolation than in the matrix of relationships within which they occur and that define their meaning and function.

The earlier part of this paper examined the contribution of other QR approaches to research in chronic illness. GST shares a hermeneutic approach with all of these approaches through its interest in the meaning of behaviour and experience. However, most of the other approaches are primarily interested in the individual's construction of the illness, or at least their methodology implicitly focuses on the individual's report of the experience. GST, on the

other hand, is primarily concerned with the interactional context within which the chronic illness is defined. GST is especially geared to looking at relational phenomena and, in fact, suggests that all phenomena are relational. Gale and Vetere (1987) state that GST is of benefit in that "it helps to organize notions of individual behaviour and interactions among individuals" (p. 195).

The contribution of GST as a research methodology can be seen in the consideration of illness beliefs or explanatory models of chronically ill patients, their families and caregivers. The earlier parts of this paper highlighted the important role of QR in identifying the illness beliefs and explanations of the chronically ill, their families and caregivers. A considerable amount of QR in chronic illness has been devoted to this issue. But GST makes some distinct contributions to research in this area. Firstly, it recognizes that there are as many explanatory models as there are component systems interacting with the individual patient. For example, in the management of the chronically ill patient, there is the patient, individual family members, the family as a whole, the medical team, colleagues and friends, and others. Each of these systems has its own implicit or explicit and more or less developed explanatory model of the patient's illness in terms of which they interact with the patient. Secondly, these various explanatory models do not develop or exist in isolation, but co-evolve in an interactional context. These various components and explanatory models continue to interact once evolved, primarily through the patient, sometimes yielding agreement, co-operation and even collusion, while at other times yielding disagreement, discrepancies or overt hostility. In fact, GST would probably argue that the meaning or function of any aspect of chronic illness can only be understood as an interactional phenomenon. No explanatory model can be conceptualized as the "correct" one (including the biomedical), but rather each is viewed as valid in the context of the particular system in which it evolves. An

important component of treatment of chronic illness is finding a way in which these various explanatory models can harmoniously and effectively co-exist rather than compete.

In understanding various aspects of chronic illness such as compliance and non-compliance, it is often necessary to reveal the interactional context and meaning of the issue at hand (e.g. non-compliance with treatment) by identifying the components involved and their interaction, their implicit or explicit explanatory models, and the interaction between them. Complications in the treatment of chronic illness, are often seen as arising from competing and incompatible explanatory models. Gosselin (1989) suggests that often the meanings ascribed to cancer are dependent on "cancer coalitions" within families. This refers to the structure and boundaries within these families that allows only certain members to be involved in the process of evolving the meaning of the cancer. This suggests the need to investigate the systemic structure of the family if "cancer meanings" are to be understood adequately.

There are obviously many different methods of application of GST in research, from conventional quantitative research to alternate methods of QR. One of the best operational methods developed for research within the systems theory paradigm is the structural method developed by Minuchin and colleagues, based on all the principles of systems theory described above. This method provides a framework for the analysis and description of various systems (e.g. families) and their component levels (e.g. couples, siblings) in terms of boundaries and patterns of relationship, based largely on participant observation within systems. This descriptive observational method is used to attempt to reveal the interactional meaning of various phenomena. This method has been applied not only to families but also to other organizations or interactional settings. The application of GST to clinical intervention and/or research is best described as systems consultation in that the primary concern is with the evaluation of

different levels of a system and the description of the structure of the context relevant to the problem or issue at hand in systems terms, such as boundary issues, as well as the balance of stability and change.

Mauksch and Roesler (1990) have suggested that the circular questioning method developed by the Milan school of family therapy is especially useful for revealing the interactional matrix within which such meanings occur. This method is based on the assumption that information and beliefs exist in and as interactions between people (such as family members) where feedback is constantly occurring. Therefore, in order to elicit information "embedded in a relationship context" (Mauksch & Roesler, 1990, p. 4) it is necessary to structure questions asked of the individual or group in circular terms. This may involve, for example, asking a third person about the beliefs of a second person rather than directly asking the second. Circular questioning allows the researcher *cum* interviewer to see the "context and contrast" (*ibid.*, p. 6) necessary to understand the interactional nature of health beliefs. The patient or subject is also given the opportunity to recognize the interactional nature of his/her beliefs. This is especially accomplished through the semantic design of the circular question.

But it must be acknowledged that, to date, apart from a very few studies using single-case reports there is little evidence of good qualitative research into health-related issues based on systems theory, and even less on chronic illness. Studies reported are primarily epidemiological cohort studies, and cross-sectional studies, or are based on quasi-experimental design or single cases. Some examples of studies actually utilizing a GST framework for research are reported below.

But qualitative research based on systems principles does have merit as a complement to more traditional quantitative research in areas of health maintenance. Some of the research into smoking

cessation is a good example of this. While there has been extensive research on smoking and social support, there has been little attempt to understand and investigate social support "in terms of its interactional patterns and their meaning or function as opposed to the traditional focus on its structure" (Whitehead & Doherty, 1989, p. 271). Whitehead and Doherty's (1989) research into systemic components of smoking involved the intense qualitative investigation of the interactional meanings and functions of smoking, and the way in which smoking comes to be incorporated into these relationships and interactions because of its meaning. In particular, they examined the interactional dimensions of inclusion, control and intimacy via smoking. Very similar work has been done by Steinglass on alcoholism.

There is little evidence of the application of GST in research into chronic illness. However, Lindegger and Bosman's (1990) investigation of haemodialysis is an example of such research.

GST AS QUALITATIVE RESEARCH METHOD: EVALUATION

This brief review has suggested that GST provides a useful framework for the qualitative investigation of various aspects of chronic illness, especially relational issues. "GST provides a framework for describing complex, time-related interactional behaviour for which traditional sociological and psychological theories are not conceptually or methodologically suited" (Vetere, 1987, p. 31).

Important as GST is as a frame of reference for research into illness, there is a paucity of research methods based on GST and the need for the development of more techniques over time. Some reviewers (see Ablon, 1984) have suggested that anthropological approaches and methods are more suited for the execution of this type of research, calling for a greater collaboration of psychologists

and other social scientists. Much of the literature in this area suggests that despite the value of the systems theory paradigm, there is an absence of adequate methods for testing the approach (Dell, 1980).

Other reviewers are harsher in their evaluation of GST, suggesting that researchers using GST have floundered in their attempts to translate complex theories into researchable constructs, and there has also been the criticism that much of the research is anecdotal and clinically-oriented (Campbell, 1986). Further, there has been the criticism that many of the terms are poorly defined, loose and used interchangeably (Gale & Vetere, 1987). Family systems theories have been described as empirically barren and as a set of beliefs rather than empirical facts (Ransom, 1986), and as "sloppy, ill-disciplined thinking" (Gale and Vetere, 1987). It has also been claimed that there have been too many attempts to conduct GST-based research using a quantitative, linear design. All of these criticisms suggest that there is still a long way to go in refining a rigorous method for applying GST-based research.

There is the added criticism that GST often appears mechanistic in its approach, having little appreciation of the uniquely human quality of much experience, including that of people with chronic illnesses. It is especially here that the approaches reviewed earlier, and especially biographical analysis, can complement the framework offered by GST.

CONCLUSION

This paper has attempted to suggest that QR has an important contribution to make to the understanding of chronic illness. Asking as it does quite different questions, it complements the kinds of questions asked and the kind of information provided by traditional quantitative research. The methods of biographical or narrative analysis, in combination with phenomenological approaches, have provided a useful method for understanding the way in which people

with chronic illnesses actively construct a meaningful way in which to live out their illness. On the other hand, some of the methods used by GST theorists, such as structural analysis or circular questioning, provide a way of explicating the interactional context within which the meaning of chronic illness unfolds.

Nevertheless, it does seem as if the development of appropriate QR methods is still in its infancy, especially as applied to chronic illness. To some extent, psychologists will need to collaborate with, rely on and learn from, other social scientists who have had a greater regard for non-quantitative dimensions of reality until appropriate methods of qualitative research in psychology are more highly developed.

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TOWARDS A HERMENEUTICS OF DEATH: THE CONTRIBUTION OF JUNG

Mark Welman

Jung's psychology can be located within the tradition of hermeneutics and his epistemology offers an approach to knowledge that transcends both the sterile concretism of the natural sciences on the one hand and, on the other hand, the tendency that Leman-Stefanovic (1987) refers to as the "most common sin of philosophers", namely "over-generalizing and abstracting to the point that their grand systems become irrelevant to the concrete facts of daily existence" (p. xi).

Rather than making sweeping generalizations about the vast range of Jung's works — a task considerably beyond the confines of this chapter — I intend to focus specifically on what Jung has to offer, in terms of the development of a qualitative methodology, to the field of *thanatology*.¹ In this way, it is hoped that Jung's potential contribution to the humanities in general, which has been dealt with in a recent publication (D'Acerno & Barnaby, 1990), will be reinforced. The aim is thus not to advance any definitive insights into either the complexities of hermeneutics, or the mystery of death

1 The term "thanatology" generally refers to the multidisciplinary study of death and dying which emerged in the late 1950s with the work of Feifel and his colleagues (Feifel, 1990; Feifel *et al.*, 1959), and subsequently carried forward with the impetus of Kübler-Ross's contributions (Kübler-Ross, 1969).

itself, but to elucidate and clarify the issue of Jung's *approach*. As Giorgi (1970) defines it, "approach" refers to the "fundamental viewpoint" toward the world and toward one's work as a researcher, clinician or academic, "whether this viewpoint is made explicit or remains implicit" (p. 126).

THE EPISTEMOLOGICAL AND ONTOLOGICAL DILEMMA OF THANATOLOGY

It is pertinent to begin by highlighting the need for a qualitative methodology in thanatology for, since its modest beginnings in the 1950s, the thanatology movement has shown prolific growth, to the extent that death and dying is at this stage probably one of the most researched, spoken about and written about topics in the social sciences. It has also been surprisingly well funded, possibly because of the guilt that came with recognizing that for decades the dying were simply sedated and shunted off into a distant corner of a hospital ward.

But back to the pioneering years: In the heady days of the 1950s and early 1960s, thanatologists were, to all intents and purposes, scientific anarchists who rejected the dominance of medicine on the one hand and positivist science on the other hand in the understanding and care of the dying. Shunned by their professional colleagues (Feifel, 1990; Kübler-Ross, 1969), thanatologists rallied around a common vision not only of the need for qualitative psychosocial approaches to death, but also for the recognition that "a vital psychology must be rooted in human beings not in a mathematical physics model" (Feifel, 1990, p. 538). As respect for thanatology grew, however, so too did the recognition that basic research was lacking and, with psychology itself being dominated by positivistic approaches (Romanyshyn, 1975), scientism inevitably became a pervasive and restrictive force within the thanatology movement.

Grounded in the post-Enlightenment ethic of "Rational Man" (Clarke, 1992), modern science has traditionally offered liberation from the repressive superstition of the "Dark Ages" and, both implicitly and explicitly, conquest over the restrictions imposed on existence by nature. Witnessed cogently in Nietzsche's classical declaration of the death of God (Nietzsche, 1883) and in Descartes's ennobling of the *Cogito*, this has meant the surrender of the most sacred of human experiences — God, love, death, sexuality, and so on — to objective and dispassionate scientific investigation. While in premodern ages the problem of death was primarily the province of sacred doctrine, in the climate of scientific suspicion it has either been "deconstructed" into carefully manipulated variables (Bauman, 1992), or has simply been dismissed as an "intellectual knot" that smacks of obscuritism and therefore does not warrant serious academic attention (Munitz, 1974, p. 5).

Death has always confronted science with a fundamental epistemological dilemma. From the perspective of modern science, direct experience of death is no more possible or probable than encountering a unicorn in one's back garden. It is entirely separate from, and indeed mutually exclusive of, conscious experience, with the result that there can also be no knowledge of death *per se* that is not regarded as cheap speculation. Near-death experiences, in which one is supposedly resuscitated back to life after a hallowed glimpse of the beyond, are rejected as the hallucinatory products of fluttering eyeballs and oxygen-starved brains. As Hunter (1967) writes,

it is an epistemological fact that death is unknowable [and] inexperiencable (*sic*), since for one to experience the state we call death, one would have to be alive (p. 86).

Weisman and Hackett (1965) similarly ask:

What can any man imagine of his own death? Is it possible to conceive of his own utter extinction? ... A phantasy of absolute subjective death is impossible to imagine. If there is some

meaning or emotion in the phrase, 'When I am dead,' there is also a trace of psychological survival in which 'I' continue to exercise an influence in some form or other ... The notion of 'I am dead' is a paradox (pp. 316-317).

But this is not simply an epistemological concern. The myopia of Western consciousness is such that what science cannot explain, control and predict becomes the object of fear, something to be either heroically conquered or, failing this, simply dumped onto the person next door. And so it is that while the topic of death has inspired and challenged human imagination since its remotest origins, it has been conspicuously absent from Western thought for the greater part of the present century. True, it is now simply *unfashionable* to *not* speak pensively about death at dinner parties, poetry recitals, and perhaps even during the tea interval of a cricket test. To put it simply, death is a "chic subject" (Weisman, 1977, p. 109). Indeed, far from death being denied, it is all too much a part of our daily diet: CNN, Sky News and a host of other mass media broadcasters — not to mention the Hollywood genre of multicolour death in Dolby stereo — that will, for a small annual fee, deliver "live" news coverage (which tends, ironically, to mean coverage of death of some sorts).

This is perhaps facetious, but it reflects the fact that all that has really been "recovered" is *mass death*, i.e. the death of the anonymous other or, in Heideggerian terms, of *das Man*. As Weisman (1977) puts it, the modern Westerner's approach to death is "like a dreamer who wants to talk about an intriguing dream, but is reluctant to analyze the elements that go into the dream" (p. 109). Kastenbaum (1977) voices a similar concern:

I wonder occasionally whether the trend toward open discussion of death might also have its self-protective component. Perhaps there is a tacit compromise involved: 'All right, now, let us agree to be big, brave grown-ups and talk seriously about death, just as we learned to do about sex.

But, you know, let's not get carried away either. Let's keep this discussion within certain categories and compartments. Death is a fascinating topic to visit, but I wouldn't want to live there (p. 310).

It is a fallacy simply to assume that this is because of more advanced technology which has heroically pushed back the frontiers of death and defended life at all costs; rather, death has been decisively *disallowed* in modern culture, and technology has been the dominant thematic expression of this socially orchestrated conspiracy of silence (Romanyshyn, 1989). It is equally fallacious to assume that because of the vast quantities of research and literature into death, it has been "rediscovered", as some would suggest (Becker, 1973; Chaney, 1988; Feifel, 1990). The restrictive bonds of modern science have been such that at present research in the field in fact seems decidedly stuck in the cement of positivist logic and proof. Scales, measurement, objectivity, and the deconstruction of death into measurable variables are typically the order of the day, resulting in "raw and simplistic empiricism" (Kastenbaum, 1987/88, p. 397). As Bluebond-Langner (1987/88), one of the few dissenting voices who do not see merit in simply churning out *yet another* ream of facts and figures about death, puts it, we have become "mired in a thicket of detail that prevents the advance of our work" (p. 258), have moved in myopic directions "that have borne few really usable results" (*ibid.*), and ultimately are "trivialising our most profound experiences" (*ibid.*, p. 261).

But let us pause for a moment and ask why, if at all, we should wish to unveil the mysteries of death? Perhaps it is after all simply *meant* to be unknowable? The answer to this, I think, is given in the insights of an intellectual tradition extending through Plato, Socrates, Nietzsche, Heidegger, De Bouvier, Freud and Jung, who have all emphasized that if life is to be meaningful then some way *must* be found of making the reality of death an *authentic* part of it. In short,

any ontology that goes beyond merely paying lip service to the etymological roots of the word "existence" (*ex-sistere* = to stand out, to emerge) must grant primacy to the fact that death serves as the dark screen against which the meaning of life is ultimately illuminated. In this sense, the epistemological dilemma of thanatology is equally an ontological dilemma for, in the absence of death, modern existence is characterized precisely by a sense of absence, and this speaks directly to the spiritual, ethical and psychological crisis that is pathognomonic of modernity. As Heidegger wrote:

Our age is destitute not only because God is dead, but because the mortals can scarcely recognize and cope with their own mortality ... Death withdraws and becomes an enigma ... The age is destitute because the unconcealment of the essence of pain, death, and love is absent. (Translated and quoted from *Holzwege* by Demske, 1970, p. 138.)

This indicates the need for a thanatology that is hospitable to the mythological and hermeneutic language of the psyche, and that is thus hermeneutic itself. Such an approach is inimical to natural science, with its emphasis on IVs, DVs, t-tests, graphs and predictions calculated to the umpteenth degree of probability, but let us not forget that, as Kerenyi (1985) put it, "we have lost our immediate feeling for the great realities of the spirit ... lost it precisely because of our all-too-willing, helpful, and efficient science" (p. 1).

What is required, therefore, is an *approach* to thanatology that both elucidates the meaning of death while retaining its inherently mysterious nature on the one hand, and on the other hand opens the way for a *recollection* of death and thereby addresses the failed potentialities of Being that dominate modern existence. It is suggested that the *archetypal gnosis* of Jung provides a methodological, epistemological and ontological grounding for this.

GNOSIS

How can anything be known of death beyond the most superficial observations? The route of natural science, to rely on dry empiricism, has already been noted. Avoiding these pitfalls, existential philosophy has paradoxically equally diminished the impact of death as a subjective reality by tending to rely on grand models that "lose sight of the concrete, lived moments which, explicitly and implicitly, make our lives meaningful" (Leman-Stefanovic, 1987, p. xi). An alternative path is to accept with almost childlike innocence and enthusiasm the visionary experiences of mystics, LSD-induced psychosis, and hypnotic trances as metaphysical certainties. If one has a vision of having been Atilla the Hun in a "past life", then this is *so*, and therein lies some "proof" of afterlife, reincarnation.

A middle path between a scientific metaphysics of matter and a transpersonal metaphysics of mind seems to be offered by the concept of *gnosis*,² a term that has been increasingly adopted to refer to an epistemological approach that emphasizes the non-duality of knowledge and experience while retaining the fundamental "as if" quality lacking in metaphysics. Defined most simply, *gnosis* refers to "convictional knowledge" (Avens, 1984; Singer, 1990) or, put more romantically, to "knowledge of the heart" (Singer, 1990). As Loder (1981, p. 19) describes it:

Gnosis ... suggests a coming together of things in a convincing way, so that one who has *gnosis* has certainty. It is not confined to any particular organ of knowledge (such as the senses or the mind) nor to any innate capacity or competence (such as

2 The term *gnosis*, as used in this thesis, must be clearly distinguished from "Gnosticism", a term that pertains specifically to the heretical religious sects that rejected the dogma of orthodox Judaism and Christianity in favour of the pursuit of religious "truth" through personal reflection and the belief that God is essentially "within" (cf., Mylonas, cited in Rudolph, 1983; Singer, 1990). While, in some senses, their *approach* may have been *gnostic*, the term *gnosis* is here devoid of any religious or mystical connotations *per se*, referring rather to a particular epistemological paradigm. To avoid any confusion between the two meanings, this chapter adopts the convention of italicizing the term *gnosis* when referring to the latter meaning, as opposed to the religious movement.

language or reason). Rather, *gnosis* occurs as an event in one's dealing with and experience of the world ... There is always a rational element involved in *gnosis*, but rationality does not stand apart, policing or censoring *gnosis*. Rather, *gnosis* contains a rational quality as one of its constitutive elements. (Emphasis added.)

In this sense, *gnosis* refers to "a questioning that involves the questioner in the matter of thought so deeply that he becomes, in a sense, one with it" (Avens, 1984, p. 2), meaning that *gnosis* is itself fundamentally transformative (Needleman, 1975). In essence, what is meant by *gnosis* is thus perhaps best enunciated by Jung's famed "I know" reply to Gordon Young's question³ as to whether or not Jung "believed" in God. Jung was not saying that he had concrete proof, nor idealistic faith — he was referring to a "knowledge" transcending these dichotomies, of convictional experience gained through a *symbolic* appreciation of images (Jung, 1967).

In this regard, it is necessary to make a clear distinction between *gnosis* on the one hand and experiences of religious or spiritual "conversion" or "faith" on the other hand. The latter phenomena generally entail an element of *dogma*, that is, an unequivocal assertion of reality, whereas *gnosis* implies a fundamental acceptance of and hospitality towards metaphor and ambiguity. Clearly, *gnosis* is not mysticism, religious fanaticism or psychosis.

JUNG AND ARCHETYPAL GNOSIS

Jung readily identified with the tradition of *gnosis* (Singer, 1990), which he defined as "knowledge of the ultimate things" (Jung, 1948, p. 192), or more specifically as authentic knowledge of the *unconscious* in its fundamental ambiguity as "not this thing or that

3 During the BBC *Face to Face* interview (1961).

... (but) the Unknown as it immediately affects us" (Jung, 1916/57, p. 68). He thus equated *gnosis* with *revelation*, what is called "an 'unveiling' of the depths of the human soul first and foremost" (Jung, 1940, p. 74). Nonetheless, the term *gnosis* is seldom employed in Jung's works, possibly because of his desire to make a clear distinction between what this term intended and the religious movement of the same name, and his appreciation of *gnosis* accordingly finds conceptual expression in his understanding of *psychic reality*.

As Jung saw it, *gnosis* or psychic reality is located in a space of *play* between reality and phantasy — analogous to the Winnicottian "area of illusion" — and refers to experience and knowledge that is "the product neither of the actual, objective behaviour of things nor of formulated idea(s) ... but rather of the combination of both in the living psychological process" (Jung, 1921, p. 52). In other words, psychic reality is a "third" realm, *esse in anima* ("reality in the soul"), that mediates between the concrete and observable (*esse in re*) on the one hand and the *Cogito* (*esse in intellectu*) on the other hand.

In these terms, *gnosis* is fundamentally *imaginal*, meaning it emerges from the play of imagination, and hence it is also fundamentally metaphorical. Given this understanding, Jung eschewed both metaphysics and positivism. He maintained that the iconoclastic literalism of both had led to a "loss of *gnosis*" (Jung, 1948, p. 192) and a "soul-sickness" or "lack of meaning in life ... whose full extent and import our age has not as yet begun to comprehend" (Jung, 1934, p. 415). Modern science he described as a "spiritual catastrophe" (Jung, 1961, p. 200), and in his aptly titled *Modern Man in Search of A Soul* (1961) he wrote that:

Other-worldliness is converted into matter-of-factness; empirical boundaries are set to man's discussion of every problem, to his choice of purposes, and even to what he calls 'meaning'. Intangible, inner happenings seem to have to yield place to

things in the external, tangible world, and no value exists if it is not founded on a so-called fact (p. 202).

And voicing a similar concern:

Under the influence of scientific assumptions, not only the psyche but the individual man and, indeed, all individual events whatsoever suffer a levelling down and a process of blurring that distorts the picture of reality into a conceptual average (Jung, 1957, p. 13).

As Jung understood it, therefore, modernity has invoked the twin factors of materialism and psychologism; either the gods do not exist at all, since modern science has failed to discover their celestial abode, or they are seen to be the primitive expressions of inner motives such as sexuality or the will to power (Jung, 1940, p. 85). Either way, a voracity for concrete facts has disposed of the gods as meaningful factors in the life of humanity. He believed that the same applied to the experience of death in modern culture; no longer is death seen as a goal and fulfilment of life in the here-and-now, but it is seen simply as a meaningless end (Jung, 1934). Or more simply put, "*our myth has become mute, and gives no answers*" (Jung, 1967, p. 363, emphasis added).

However, the most distinguishing — and the most controversial — aspect of Jung's psychology is his belief that the ultimate source of psychic reality or *gnosis* is in the *archetypes* that express themselves in images that bear testimony to the harsh encounter with reality over countless generations. As Jung describes it, archetypal images are announced through their rich allusions to mythical, alchemical, religious and other archaic symbolism, and they stand as both the door to the mysteries of the soul as well as a bridge to the recovery of the world as a meaningful place of habitation (Brooke, 1991). In this context, Jung's strong concern with understanding and elaborating the mythical grounding of human existence, as evidenced in his major works on myth, alchemy and religion, goes

beyond purely academic motives. For Jung, archetypal symbols are the primary means towards the recovery of *gnosis* and meaning in a godless age, and he therefore attributes to them potential for restoring authentic experience of the sacred and unknown.

Ironically, the most convincing critiques of Jung's archetypal hypothesis come from hermeneutic theory, which Jung himself fervently advocated. The most comprehensive of these critiques is presented by Steele (1982), and centres around Jung's occasional attempts to locate archetypes as material agents in the brain. In Steele's view, this is an unwarranted and unnecessary intrusion into the natural scientific paradigm which epistemologically contradicts Jung's emphasis on psychic reality and his claim to be a hermeneut. Without detouring too much into the polemics surrounding this issue, it must be noted that what is meant by "archetypes" in the present context are really images that express a collective heritage of human experience throughout the ages, images that incarnate symbolic wisdom that has become atrophied in the rationalistic climate of modernism. In an essay of 1940, we find Jung arguing that any statement "going beyond the *purely phenomenal* aspects" of the archetype lays itself open to criticism, for the archetype itself is fundamentally unknowable; from the point of view of psychology, therefore, the best that we can attempt to do is to discern its meaning and purpose (Jung, 1940, p. 160, emphasis added). In essence, *gnosis* rests upon a *hermeneutic paradigm*.

JUNG AND HERMENEUTICS

Jung's understanding of archetypes suggests that the experience of encountering death as a fundamental mystery is expressed through collective images that typically manifest themselves — or are "triggered" — in the context of death and dying (Welman & Faber, 1992). By relating to their intrinsic symbolic meaning, we can attain a wisdom — or better, *gnosis* — that transcends the spurious distinction between mind and body and between life and death that

is perpetuated by a scientific ontology and epistemology. The key issue, however, is how these images are approached and interpreted and, to this end, Jung established a hermeneutic method known as *amplification* which aims at recovering the authentic experience of *mythos* that has been sacrificed in the contemporary emphasis on *logos*.

Hermeneutics can be broadly described as a method of textual interpretation that is aimed at the elucidation of meaning (Packer & Addison, 1989; Ricoeur, 1974 & 1977). In essence, hermeneutic enquiry entails a dialogue between the researcher and a text, which may be an image, a dream, a symptom, etc. (Steele, 1982). Central to this dialogue is the *hermeneutic circle*, which involves a reciprocal relationship between questions and answers and an obedient return to the phenomenon itself (Brooke, 1991; Packer, 1989). Interpretations are framed *dialectically*, that is, as hypotheses open to continual adjustment rather than an "either-or" approach to accepting or rejecting hypotheses based on statistical inference.

It is, however, important to make a distinction between *reductive* and *instaurative* hermeneutics (Jadot, 1984). The former aims to demystify and demythologize the image (Ricoeur, 1970); the latter seeks to restore to the image a sense of its original meaning while at the same time maintaining a sense of the inherent opacity of the imaginal. In other words, instaurative hermeneutics is obedient to the "as if" quality of the metaphor while going beyond the shallowness of the simile. For example, Freud's classical approach to interpretation was essentially reductive as it presupposed a relatively fixed interpretation (e.g. pen = penis) and thus treated the image *semiotically*, i.e. as a known sign or a simile.

Jung's approach on the other hand is instaurative in that it insists that the image is a *symbol* about which nothing is known to begin with and which will always elude rational comprehension. As Jung (1921) defined it, the symbol is thus "the best possible formulation of

a relatively *unknown* thing, which for that reason cannot be more clearly or characteristically represented" (p. 474, original emphasis), i.e. is "plurivocal" or "over-determined".

To give an example. One of the typical features of so-called near-death experiences is that of passing through a tunnel and encountering a bright light. From the paradigm of positivistic science, such "visions" are seen to be merely the product of a physiological or neurological anomaly such as cerebral anoxia. The Freudian, one can assume, would in all likelihood interpret this vision as something akin to a sexual fantasy, most probably involving the mother. The Romantic, on the other hand, may delight in it as an indication both of the blissfulness of death and as concrete evidence of life after death. All of these understandings are *reductive*, for they share the imposition of a known meaning on the image, thereby flattening it onto a two-dimensional plane and curtailing its imaginative possibilities.

Jung, on the other hand, begins with the assumption that the image knows more than we do, and that it encapsulates a multitude of possible meanings; our knowledge can be enriched by engaging dialectically with the image, but to ask what it ultimately *is*, is a fundamental misnomer. Hence, Jung seeks to "amplify" the image by examining the context in which it is embedded. This includes not only the personal associations of the subject, but the historical, cultural and other collective meanings attributed to the same, or similar, images. As Jung describes it, amplification is analogous to working with a foreign text; when we encounter a word that we do not know, we gain an understanding of its meaning by exploring other contexts where that word is employed (Welman & Faber, 1992). In psychological interpretation, the parallel texts are found in myth, art, religion, fairy tales, ritual, alchemy, and so on.

It may be useful to provide an example of archetypal amplification.

A dying patient I was working with reported dreaming of a bright flower. He felt comforted by the dream but had no sense of its meaning, and he died shortly thereafter. Amplification of the image of the flower, in terms of establishing its archetypal parallels, reveals the following:

- ◆ In alchemy, the flower (*flos*) has connotations with mystical transformation and with the completion of a life cycle.
- ◆ In various cultures, flowers are associated with death, such as in the tradition of placing flowers on graves, sending them to the bereaved, etc.
- ◆ In various religions, flowers express the eternal in Man, e.g. the Golden Flower of Eastern mysticism, the Lotus of Egyptian myth.
- ◆ Narcissus, the alluring flower, suggests a return to oneself.

In this sense, the image of the bright flower, *in the context of the person who was dying*, seemed to anticipate death, but also went beyond this in expressing symbolically the universal hope of rebirth and eternity. Or perhaps the dream was simply reflecting the coming of spring. All of these possible meanings, and more, can be used to amplify the image, but to come to one final meaning that excludes all others is to turn the symbol into a sign.

As has been stated elsewhere (Welman & Faber, 1992), I believe that connecting with this image helped my patient both to accept the inevitability of death and to find meaning in it. At least, he died with a sense of fulfilment — not in denial, not angry, not sedated. Whether there is "really" a life after death, or whether death is "really" a path to completion and fulfilment of one's destiny *the image does not tell us*, and to assume otherwise is to step outside the hermeneutic circle. On the other hand, to engage with the image in a way that retains its element of mystery, i.e. to accept the image as a

metaphor, is to have *gnosis* of its meaning. Another terminally ill patient with whose dreams I worked said that he felt as if his nocturnal messages had delivered a profound insight that went beyond words and beyond understanding, but that he had found a sense of meaning through "playing" with the possibilities in any event. In short, he had used the images as a source of *gnosis*. It may be said that this also reflects Hillman's insistence that the image ought to be "caressed, played with, revered, responded to — in short, related to (felt) rather than solely interpreted or explained (thought)" (Samuels, 1985, p. 242). It is also precisely the *necessity* of such "knowing" that Jung (1967, p. 337) highlighted in writing that we "ought to have myth about death ... for reason shows ... (us) nothing but the dark pit into which ... (we are) descending".

CONCLUSION

I have argued that Jung is a hermeneut *par excellence*, and that his method of archetypal amplification is of fundamental relevance for the social sciences at large and for thanatology in particular. By facilitating a disciplined return to *mythos*, it opens a way for the meaningful recovery of death (and other abandoned voices) in an age of rational scepticism. For death itself is fundamentally enigmatic — it is alpha and omega, final and continuing, destructive and productive, grievous and joyful. It is all of these qualities, and more, and to reduce it to one or two only is to lose it. After all, let us not forget that the messenger of death is none other than Hermes, the trickster who dwells in the twilight "as if" and who, with the gift of the silver tongue, simply becomes capricious when confronted with logic. In essence, Hermes was, of course, the primordial hermeneut.

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THE OLD GODS ARE AWAKENING: A HERMENEUTIC CASE STUDY OF SPIRITUAL EMERGENCE

David J. A. Edwards

I had a dream in which I saw one of the giant stone carved heads of the Olmec or Maya ... I realised to my amazement that the head was alive ... it was breathing and I sensed some kind of flickering behind the closed eyelids. This thought appeared in my mind ... "The old Gods are awakening again" (Metzner, 1990).

THE PHENOMENOLOGICAL CASE STUDY

In this chapter, a series of psychotherapy sessions, in which the client experienced a number of past-life scenes, forms the basis of a phenomenological and hermeneutic case study. In phenomenological psychological research, the aim is to describe accurately the experience of subjects in a manner that faithfully portrays the phenomenon as it is lived, and which articulates and explicates its psychological dimensions. To invite subjects to disclose personal information of sufficient psychological depth, researchers must create a relationship of trust, attune empathically to the subjects' worlds, question skilfully in a manner that deepens access to subjects' experience, and suspend personal judgements and preconceptions regarding what is described. They then produce a systematized synopsis of the material which subjects recognize as being faithful to

their experience. In the explication of the meaning of the data, and the drawing out of its psychological dimensions, researchers need a capacity for psychological insightfulness, and an articulate and differentiated understanding of human experience (Giorgi, 1985). It is a stance that deeply respects the subject's experience. Meaning is sought and investigated through collaborative dialogue with them so that the final product deepens access to the nature of their experience and avoids introducing concepts or assumptions that do violence to their felt sense of the truth of it (Giorgi, 1975, 1985; Wertz, 1985).

Husserl's dictum "Back to the things themselves" is particularly important when we approach experiences that are culturally unfamiliar such as those that occur in altered states of consciousness. Grof, reflecting on his extensive work in therapy using altered states of consciousness induced by LSD or by hyperventilation and music, warns us to suspend our assumptions and expectations when meeting the human psyche when the barriers to the unconscious are down:

I realised that it was not up to us to dictate what the human psyche should be like in order to fit our scientific beliefs and world view. Rather it is important to discover and accept the true nature of the psyche and find out how we can best cooperate with it (Grof & Grof, 1990, p. 24).

THE HERMENEUTIC CASE STUDY

Theory is double edged. At its best, it discloses a deeper understanding of a phenomenon; at its worst it conceals and even suppresses important dimensions of it (Romanyshyn, 1982). The essence of a hermeneutic approach is that theory is not treated as absolute and fixed, but rather as useful or useless. When existing theory and new case material are put together the question is, "Does this theoretical lens deepen our understanding of the dimensions of this experience, or does it diminish, obfuscate or violate it?" A hermeneutic case study is a type of *descriptive-dialogic* (Edwards,

1991) study in which existing theory is appropriated as a means of revealing the psychological dimensions of an experience that is being investigated. Insofar as the new data can be comfortably accommodated within, and more deeply understood in the light of, existing theory, it serves to validate it. In addition, the data may well bear on the theory and call for its revision or extension. This two-way dialogue between data and theory is the hermeneutic circle. It is the gathering of the data according to the phenomenological principles outlined above, in a manner that does not subordinate them to the theory at the time of collection, that protects against this circle becoming closed and self-validating.

A CASE STUDY OF SPIRITUAL EMERGENCE

The present study is based on the first twenty sessions of "Marian's" psychotherapy¹ which took place between January and May 1991. The therapy has subsequently continued for a further two years. Marian, a 52-year old divorced woman, had recently returned to university to study for an arts degree. In therapy sessions, after a few minutes of discussion, she would lie down, close her eyes, and with the assistance of bodywork techniques, move into a sequence of altered state of consciousness experiences (Grof, 1988) that would unfold largely spontaneously. These included regressions to childhood scenes or birth and foetal memories, past-life scenes, experiences of energy coursing through her body, visions of spirit beings and access to wisdom and insight usually not available to her in ordinary consciousness. The experiences included clear and vivid imagery, physical pain which was sometimes intense, and a wide range of emotions that were experienced bodily, often with trembling or sobbing.

1 I am deeply grateful to "Marian" for allowing me to present material from her psychotherapy sessions as the basis of this chapter, and for commenting on and assisting with the typescript.

From this material, a series of past-life scenes have been selected which dramatize a spiritual struggle. These illustrate how, while at a conscious level, she experienced a deep spiritual alienation; part of her reached back towards an ancient and long-forgotten spiritual heritage. It is a phenomenological study, in which primary allegiance is to Marian's experience. It is also hermeneutic in that a number of concepts elaborated in existing literature have been selected to reveal the deeper dimensions of the data. Here is a summary of the scenes.

Scene One – A stern and forbidding father

In session six Marian re-experienced the helplessness and alienation she felt as a child in the presence of her father who was cold, distant, stiffly and formally dressed, unempathic and "always asking for explanations". She sensed a sensitive, natural beauty within herself, for which she received no affirmation. Without her father's recognition of this aspect of herself, she had believed she could not own or live it. In the session however, she realized that this was not the case. She could trust it anyway. The phrase "I find strength in what I know" connected her with feelings of power, energy and wholeness, and of humility in that her present identity was part of a greater process.

Scene Two – A spiritual home in a country kitchen

She started the next session by remembering a deep response to beauty from this life's childhood. Although she felt uncared for by her parents, the 17th-century house in which she lived felt welcoming and alive. She loved the limestone hills, the smell of grass, and the stone walls along the lanes. She recalled a nearby swamp, a place that she had in fact revisited only two years ago and where she had had the feeling "I've been here before". This ushered in her first past-life regression. Images of twisted trees come into focus, the smell of reeds and marsh on a cold wintry day, and a

country woman in a long skirt picking crab apples. She feels so at home in her presence that she wants to cry. They smile at each other in recognition. Then they are together in the kitchen of a low-ceilinged house with dark beams. She's a little girl, her blond hair tied in bunches. The woman speaks in an old dialect that makes sense although it is hard to understand. She is warm and reassuring, and seems to have a wisdom that grasps the essence of things. It seems about 500 years ago. The girl watches, absorbing her presence, wordlessly learning her country wisdom. "I've known this woman time and time again," she says. Through this scene, Marian was reconnecting with her childhood intuitive knowing, which, though never affirmed, was something already solidly present within her being.

Scenes Three and Four — Healing hands

Soon after this, at home during meditation, she had an image of herself as a healer, head of a great healing centre, long ago. This theme re-emerged in session 13 when she experienced herself searching among the dead and dying on an English civil war battlefield for her husband or lover. She finds his mutilated body. She knows she has healing power in her hands, but it is not strong enough to heal such severe wounds, and she holds him in her arms while he dies. This was followed by a scene in an ancient world "before the dark spiral", in which she saw herself healing by touch, and training and initiating others into healing with their hands. "It's coming back out of the spiral now, and we are in the front of it", she says.

Scene Five — Patrick and Rosamund

For two days before session 15 she felt that she had been in a state of shock, stricken by grief, as if someone very special had died. In the session she quickly moved into a scene at the time of King Arthur. Her husband, Patrick, has been brought back dead from a battle. She,

Rosamund, attends the burial at sea and lives on to old age in the castle, bringing up their children and "doing what my husband would have done" on the estate. We work with the grief. It is as if he died recently and she has not begun to let go. I encourage her to say, "Patrick, I let you go." The grief begins to move. Without him she feels she has no ground to stand on. When I later asked her why she had been unable to let go of Patrick at that distant time, she replied that she could not dare to own the deep feminine intuitive knowing within herself in those patriarchal times because she would have been called a witch. Rosamund had a harsh dilemma: To live inauthentically through her dead husband's culturally acceptable identity, or to embody her own authenticity which was dangerously at odds with the acceptable spirituality of the day. Marian realized that now she must learn to embrace that feminine intuitive part of herself.

Scene Six — An early Christian sister

In session 15, in the Middle East, in the first or second century, she is tenderly initiated into an ecstatic sexuality by an older man, but when he abandons her she searches addictively and fruitlessly to find that ecstasy again. She lives a chaotic, compulsively promiscuous and desperately lonely adolescence and early adulthood until, while still in her twenties, lost, ashamed and humiliated, she seeks peace and self-control in an early Christian women's community. She describes how in that simple life she experienced unconditional acceptance and love from the other sisters. But she has a spiritual sensibility that is not shared by them. They try to teach her "God the Father, God the Son and God the Holy Ghost", but she finds her way to God in "the garden and the stillness and the beauty and the silence".

Scene Seven — An ancient healing centre

In session 17 there is a fuller unfolding of the image of herself as a healer some five or six thousand years ago. She sees herself in a very

peaceful place, endowed with healing power that radiates from her hands. Many sick people are brought to a great building, and she feels the weight of responsibility because she is in charge, and has trained the many people working there. She senses that there was wisdom there about the nature of healing which has been lost. In addition to the use of herbs and medicines, healing is encouraged through love, prayer and mental attention, and through touch, dance and movement.

This is followed by a vision of the future in which these ancient practices are remembered and reinstated, but in a new way, and integrated with contemporary technology. She senses that she is being called to play a role in that process. She feels this to be a huge responsibility and works with an affirmation, "I must trust in what I know, and in what will be passed on to me". She articulates the shaman's dilemma: "I'm learning to live in this little body and also so far beyond it".

Scene Eight — Burned at the stake

In session 19 she experiences a life in which the actualization of this special intuitive knowledge leads to her death in the witch persecutions. She is a woman who spontaneously sees "things behind what people really are, what people are thinking, things about the earth, about animals" and is adept at mixing herbs for healing. She knows that this sensitivity is good, but also knows that she and others like her can be hounded and condemned to death for it. She sees a platform and people mocking and jeering. She is given one of the tests to see if she is a witch, and she is sent to be burned at the stake. She tries to explain that they have misunderstood her, but the words come out in a confused manner and she is shouted down. The fire is lit, smoke engulfs her and she begins to cough hoarsely and has difficulty breathing for a while. Helpless and misunderstood, her many gifts wasted, she slips out of the scene.

Scene Nine – Resources stretched to the limit

In session 20, she sees herself struggling to offer healing in late nineteenth-century Liverpool. It is the harsh world of an industrial city with all the deprivation and desolation of the dispossessed. Born into a good comfortable family, she becomes a nurse, and works with the old people in the poor house. She feels weighed down by their crippled bodies, their pathetic neediness, their loneliness and pain. Far too sensitive, she cannot help but to be open to their distress. Yet she knows that she feels too much and that her resources become depleted. She gives and gives, but there is nothing to replenish her. She cannot find a spiritual home. She knows that love is what makes everything work, but cannot find access to it in conventional religion, so struggles to keep going on her own. At the age of 24 she goes out as a nurse to the Crimea. The experience of depletion intensifies as she struggles to minister to the wounded, mutilated and dying soldiers, witnesses horrific operations, works with shortages of basic medical supplies, retches at the stench of old and putrid wounds, or holds men tenderly in her arms while they die. Even more than in the civil war scene, she experiences the limits of her capacity to give. She cannot believe in a simplistic male paternal God, dispensing rules and justice or in the idea of Jesus laying down his life once and for all. But she knows that somewhere there is love and meaning. Eventually she goes home. She marries a doctor who worked with her at the war front and shares her spiritual perspective. Amid the spiritual bankruptcy of that time, they form a group with other like-minded people who search for spiritual values beyond labels and dogma.

HERMENEUTIC KEYS TO THE MEANING OF MARIAN'S STORY

Marian's dilemmas not only reflect the configuration of her family and parental relationships, and the existential dilemmas of twentieth-century Western life, but are a way of personally working out

longstanding conflicts over spiritual values within Western culture. The past-life scenes reconnect her with a historical trajectory that spans millennia. This reconnection is part of an awakening, an entering into more conscious living, a spiritual emergence. These may seem extravagant claims. However, they are substantiated by four frames of reference that will deepen our appreciation of the underlying personal, existential and spiritual dimensions that these scenes reveal. These are: the concept of the collective unconscious; an understanding of past-life regression; the history of ideological conflict within Western spirituality; and the personal transformation process of spiritual emergence.

THE COLLECTIVE UNCONSCIOUS

The insight that we are not simply products of our personal histories is encapsulated in Jung's concept of the collective unconscious (Grof, 1988; Singer, 1991). The Freudian story of unmet needs for sensuality and nurturance and of unresolved interpersonal conflicts within the family is only a partial account of our identity formation. We participate in history. And this participation is more than the sociologist's story in that we pick up the cultural symbols and conflicts inherent in the particular historical setting into which we are born. It is as if the psychological and spiritual history of the planet has formed a kind of collective personality within whose unconscious lies the debris of ancient spiritual battles, repressed pockets of energy related to unresolved cultural conflicts shelved long ago; memories of impasses and triumphs, creative visions and blind, fear-driven destructive forces, playing out in the struggle for consciousness as life evolved out of earth, water and stone on a time scale spanning millennia. Just as repressed personal material remains active in the unconscious and continues to inform art and dream imagery and motivate behaviour, so too do powerful cultural archetypes become "submerged into the

dark, unconscious underworld of the collective psyche" (Metzner, 1990, p.18), there to return to haunt the children's children.

PAST-LIFE EXPERIENCES

The return of unresolved experiences is vividly encountered in past-life experiences. These occur in altered states of consciousness that can be induced by hypnotic regression or through the use of other deep experiential therapy techniques (Fiore, 1980; Grof, 1988; Moody & Perry, 1990; Weiss, 1988; Woolger, 1990). They are experiences of being the same self in another body at another place and time, often accompanied by clear imagery and intense emotion. There are four perspectives through which this phenomenon has been interpreted. In the first, that of personal karma, past lives are understood as steps on a real linear journey of an individual spirit dipping in and out of history as it wrestles with the dilemmas of the limits of time and space, of conflict and greed, of love and hate, and of competing personal ambitions and spiritual aspirations. The scenes are taken seriously as probable reconstructions of real events. There are documented cases in which the details of past-life scenes have been checked against historical records and found to be accurate (Brown, 1991). The second view supposes that the scenes are reconstructions of real events which have been stored in the collective unconscious. According to this view there is no transmigrating soul that maintains identity. Instead, biographical details as well as past and current personal dilemmas selectively attune an individual to specific past lives from the collective memory bank. In the third view, past-life experiences are cryptamnesias, creative fictions designed to look like memories but, in reality, constructed from images and scenes remembered from books, plays and films in response to the demand characteristics of a situation such as a hypnotic suggestion to regress to a past life (Wilson, 1981). The fact that there are so many reports of clients regressing into past lives when neither therapist nor client was expecting it, suggests that

this is not invariably the case. The fourth view also sees these experiences as fictions, but fictions that, like dreams, though having limited connection with real events, serve to articulate psychological realities, the dilemmas of the human spirit both within the individual psyche and within society at large.

For practical purposes, most past-life therapists work with the fourth perspective while holding in abeyance the question of whether the scenes are real memories or not. They work with the material just as one works with a present life memory or with a dream, encouraging expression of blocked feelings, recognition of unmet needs, acceptance of denied parts of the self and resolution of situations and relationships. Whether or not the veridicality of the memory can be authenticated, clients usually have a strong sense of working out psychological issues whose history goes far beyond the biographical boundaries encompassed by conventional theories of personality and psychotherapy, and resolution and relief of symptoms that cannot be obtained through biographically focused therapy are routinely reported.

THE HISTORICAL SPLIT BETWEEN SPIRIT AND NATURE

Metzner (1990, 1993) provides a historical overview of some important cultural processes at work across the span of time encompassed by Marian's past-life scenes. The ascendancy of Christianity in Europe involved the establishment of the worship of a unitary, transcendent God. Caught in polarized images of a spiritual warfare between the children of light and the children of darkness, Christianity waged indiscriminate war on the religious forms that preceded it. The words "pagan" (literally "rural"), "heathen" (literally "of the heath") and "demon" (from Greek *daimon*, literally "spirit guide" (Hillman, 1983)) came to have evil and dangerous connotations. The recently rediscovered texts of the first-century gnostics are read with recognition and excitement by those

interested in transpersonal psychology. These were suppressed by the orthodox Christians of the second century whose superior organization and appeal to external authority established for them a power base that, by the middle of the second century AD, had become unassailable (Metzner, 1993; Pagels, 1979; Singer, 1991). As Christianity spread northwards, this same orthodoxy led to the suppression of the indigenous European religions which saw mountains, forests, rivers, sky and wind as the home of divine beings, which preserved knowledge of the healing properties of plants, and of the ways of animals, and which honoured sacred groves and stone circles as places of healing and power. The Christians proscribed the ancient prayers and rituals, cut down sacred groves and desecrated shrines. The persecution continued with the mediaeval Christian inquisition, in which, it has been estimated, over a period of three centuries, several million women may have lost their lives. With the protestant reformation, most remnants of the ancient religions that had survived in the cults of Mary and other saints were further eroded. With the effective alienation of spiritual from natural life on a vast scale, as a result of a political deal between the scientists and the theologians, the stage was set for rationalism and scientism, and the mechanistic ideology that it spawned, to do the rest. What was left of authentic spirituality within the religious practice that remained, came under attack from a sceptical and cynical reductionism, and without the credibility that only a grounded experiential practice can afford, mainstream Christianity had little with which to confront the rising tide of materialism. The erosion of humanity's spiritual connectedness with nature was all but complete.

SPIRITUAL EMERGENCE

Spiritual emergence, in the form of shamanic initiation, psychic opening and some psychotic processes (Grof & Grof, 1990; Grof & Grof, 1989), has the effect of profoundly shaking the foundations of psychological life (Perry, 1987). During this process, people may

experience a range of altered states of consciousness, which are either voluntarily induced or at least co-operated with, or which may erupt suddenly, ineluctably and catastrophically. Common experiences include past-life scenes, journeys in mythic worlds, extra-sensory perception, rushes of bioenergy through the body, and visions of spirit beings and guides. At times when the process proceeds very rapidly, the individual may be psychotic and need 24-hour care. However, as in Marian's case, the altered states may be largely confined to psychotherapy sessions or periods of meditation, and, provided the process is managed carefully and adequately supported, individuals may be able to carry on with their normal occupational and social commitments. The source of these psychological processes is not primarily psychodynamic and biographical and often needs to be understood as a journey through the collective unconscious, as is the case with the material presented here. It is part, as Perry (1987) puts it, of "the progress of the spiritual life of a people". The effect on the individual is transformational and often results in a deepened ecological sensitivity, a sense of greater connectedness with other people, other life forms and the cosmos as a whole, and in many cases the spontaneous emergence of capacities for paranormal intuition, perception and healing.

A HERMENEUTIC EXPLORATION OF MARIAN'S PAST-LIFE SCENES

These hermeneutic lenses deepen our appreciation of the nature of Marian's past-life experiences. As a result of the ideological spiritual struggles already referred to, Metzner (1993) suggests that,

we, as a species are suffering from a kind of collective amnesia. We have forgotten something that our ancestors once knew and practised, certain attitudes and kinds of perception, an ability to empathise and identify with non-human life, respect

for the mysterious and humility in relationship to the infinite complexities of the natural world (p. 178).

It is as if this repressed knowledge is forcing itself into Marian's consciousness. Beyond the concerns of her personal history, she becomes a vehicle for working out a part of the planet's story. The first scene ("stern and forbidding father") ushers in the central spiritual dilemma. Hidden, unaffirmed, and almost totally unlived, lies a sensitive, intuitive, feminine spirituality, the "earth wisdom" of which Metzner speaks. But this possibility is intimidated and crushed as she fashions an identity to fit her father's cold, formal world. Disconnected from that source, she is rootless and alienated existentially, interpersonally and spiritually. This is not merely a little girl failing to find affirmation from her father for her femininity. It is the ancient earth wisdom withering before the patriarchy and rationality enshrined in Europe's Christian cultural history. The scene in the country woman's kitchen enables her to know what it could be like to embrace and nurture those unlived possibilities. Given the lack of affirmation for it in most of the important relationships in this life, the past-life scene returns the experience to her as surely as if she had lived that way in her childhood in this lifetime. She recognizes what this concealed knowing had always been: what the country people know, a simplicity, a spiritual integrity, a groundedness in the moment and a peace of mind.

The "healing hands" scenes tell her that this earth wisdom is not just a matter of aesthetics or personal lifestyle. It is the key to great healing power. The vision of herself as a woman leader of a great healing centre is a dramatic counterpoint to the alienation and helplessness of the little girl with her austere father. This movement between power and helplessness is vividly depicted in the scene on the civil war battlefield. Here she also has healing power, but not enough to save the one she loves. The suppression of the ancient healing archetypes together with the legitimization of the warlike

archetypes of patriarchy render ineffective whatever of the old wisdom has managed to stay alive.

Her access to this wisdom is completely lost in her life as Rosamund. Just as in her present life she unconsciously submitted herself to her father's patriarchal values, so, as Rosamund, she finds her identity through Patrick. When Patrick dies she holds on to him, carries on his projects, looking after the estate and raising the children. She does not mourn and bid him farewell because she dares not embrace the feminine spiritual identity dormant within herself. The dilemma is not just an issue of personal identity, but mirrors the historical struggle. In Christian patriarchy there is a fundamental spiritual disempowerment of women. The feminine sensibility of the ancient earth wisdom is regarded as dangerous, and to embrace it would invite being branded a witch.

Yet the early Christian scene, set several centuries earlier, reveals a positive side to Christianity and perhaps a negative side to pagan sensibility. The ecstatic physical and spiritual power of sexual energy has no adequate moral or spiritual structure to contain it and it nearly destroys her. It is the disciplined compassion of the Christians that creates a haven and returns her self-respect. Though historically the suppression of the sexual creates its own deep problems, here it provides a temporary solution. Spiritually, she remains a pagan, an outsider. She finds God in the garden, not on the cross or in the Trinity. But she experiences the strength and groundedness of the love that Christianity brings into focus within the planetary consciousness, and she learns to offer back the selfless devotion to others that is central to the Christian archetypes.

But it is not Christian healing that informs her vision in the next session. She goes back three or four thousand years before Christ to an ancient healing temple which embodies much of what we know of the great Asclepian tradition (Houston, 1987). Although she had clear images of the clothing and architecture, there is no evidence to

link it to any known culture, but she has the strong sense of remembering something long forgotten: healing practices and healing power born of a spirituality that was already largely lost at the time of the birth of Christianity. This takes us back long before the period treated by Metzner. Implicit in Marian's narrative is that the insights of the European pagans are a diluted version of a greater ancient knowledge. In the eighth-century BC, the Greek poet Hesiod (Lattimore, 1959) speaks of a golden age free of toil and sickness, followed by a silver age, in which there was the beginning of suffering as the Gods were forgotten, and finally an age of bronze in which the archetypes of warfare and revenge came to dominate human life. In the Hindu tradition there is also a cycle of ages with a fall from serenity and creativity and an eventual return. This aspiration for the restoration of ancient knowledge is perhaps represented in contemporary prophecies of the literal rise of a lost continent, Atlantis, from the sea.

Psychodynamically, these scenes can be interpreted as an inflationary attempt to find meaning and hope amid the deep woundedness and despair that she finds within herself. Perry (1987) suggests that it is not wishes but potentials that are represented in such symbols. From this point of view, whether or not it is a literal remembering of a prehistoric spirituality, Marian's vision of a return and renewal of the power, wisdom and integrity of an ancient healing centre is a mythic representation of the spiritual possibilities latent within the human psyche. It is a vision that looks backwards to a holistic spirituality that precedes the split between spirit and nature that Metzner documents. But it also looks forward to the historical resolution of that split in healing practices where the technological fruits of Western consciousness are no more opposed to spirit but serve its purposes.

This optimistic vision is followed by another story of despair. In the mediaeval period, as Rosamund had unconsciously known a few centuries before, emergent shamanic gifts were ruthlessly suppressed.

Innocently embodying the earth wisdom, she is identified as a witch and burned. There is a stark contrast between her persecutors' paranoid imagery of witches' sabbaths and black magic and her gentle affinity with nature and simple healing skills, which poignantly illustrates the profound misunderstanding of the ancient healing arts that Christian dogmatism promoted and the price this exacted in terms of human suffering.

The spiritual burnout of the Victorian life seems to represent a consequence of combining the Christian values of unconditional love and austere self-sacrifice with the suppression of that ancient knowledge. For that knowledge contained guidance as to how to stay in touch with the source of healing power through authentic spiritual practices. In the world of the industrial revolution, access to that centre has been further dimmed by puritan austerity, the march of technology and the persuasiveness of materialism. Giving and receiving are out of balance. There is the capacity and motivation to give, but no source of replenishment. She struggles on, overwhelmed by the scale of the alienation, pain and mutilation, merely groping her way back, with a small group of like-minded people, towards a forgotten spiritual source. She is still an ancient pagan at root. Her inspiration is "not a male God dispensing rules and justice" but something much softer and much older, from before the patriarchal period.

Marian's therapy offers a glimpse into the reality of the historical trajectories of a planet's spiritual unfolding. Each scene throws some light on every other scene. The struggles with the forms of Christianity at the end of the last century, which so accurately foreshadow the spiritual alienation of many Westerners in the twentieth century, are seen to be the outcome of a centuries-old conflict between powerful spiritual archetypes. Again and again her individual story dramatizes attempts to grapple with clashes between unresolved archetypal forces. This chronicle of spiritual emergence suggests that we participate in a planetary story whose direction and

process span far beyond our conscious knowledge, and probably far beyond the knowledge of our academic historical research. We are part of a life process that is measured in millennia, not decades, and our participation in spirit is even more remarkable than our embodiment in material existence.

Unlike some people, Marian has not plunged into the abyss of madness, or even trodden its borders. But spiritual emergence is not a gentle process. Called to a vision of holistic healing, Marian's consciousness immerses itself again and again into the lives of those who have painfully embodied these archetypal dilemmas in different ways: The misunderstood and persecuted earth healer, the grieving widow who cannot claim her feminine power, the depleted healer, the woman struggling with the power of sexual ecstasy split from its spiritual base. Her pain as the grieving Rosamund was every bit as sore as if she had herself been recently widowed. The horror of the images of deprivation, suffering and war in the Crimean episode was so powerful that at the end of this session she felt devastated and tearful, and for several days she felt as if she were carrying the suffering of the whole world.

A METHODOLOGICAL REFLECTION

This study is an exercise in participative science (Harman, 1988) in which therapist and client have been co-researchers. Marian's experiences in altered states, under the guidance of the therapist, constitute an active participation in a transformative process. An objective data base (the transcripts of the therapy sessions) was reduced to synoptic form. A core theme was identified (the remembering of a lost, ancient spiritual heritage). Understanding of the theme was deepened by hermeneutic reflection using concepts and frames that have been fairly extensively developed in the current transpersonal psychology literature. The results of each methodological step were tested against Marian's own perception and experience. Marian evaluated the synopses to see that they

accorded with her experience of the sessions. She evaluated whether the hermeneutic reflections accurately drew out the deeper dimensions of the process. This was not a mere intellectual evaluation, but a test of whether the interpretations accorded with her bodily sense of the deeper meanings in the case material (Gendlin, 1978). The validity of these reflections was supported by the fact that she was deeply moved by seeing the working drafts of this paper and wrote, "You are saying many of the things that I would like to say and it all resonates well — very well".

The results of this hermeneutic reflection are a range of claims, the major ones being that the content of the past-life scenes reflects a process of spiritual emergence in which Marian is called to process and resolve historical dilemmas and conflicts arising within Western spirituality. These dilemmas are both a personal journey through terrain determined by the details of her personal biography, and a transpersonal journey into the archetypal terrain of the collective psyche. These claims can be investigated further in three ways: through more detailed examination of the present data base, through study of Marian's future therapy process and life development, and through the investigation of new cases of a similar nature. A hermeneutic and descriptive dialogic case study like this does not aim to *prove* these claims. But it does aim to make a convincing case that can be added to the pool of existing studies. It therefore provides *evidence* for its conclusions, and *support* for the hermeneutic frames that provided access to the deeper meanings of the data.

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GROUP PSYCHOTHERAPY TRAINING EXPERIENCE: FROM DESCRIPTION TO MEANING

Assie Gildenhuis

An educator-trainer is confronted with several concerns regarding the value of participatory learning in a group context since, while the real-life quality of a training group may lend an air of optimism, it also entails the possible hazard of *laissez-faire* implementation. Moreover, the initial enthusiasm can easily be replaced by a feeling of uncertainty, and even despair, as the flow of events can seem at times to be random and may be difficult to relate to the stated intent of the training group.

A myriad of questions arises from these conflicting aspects of training in a group context, and an exploration of the meaning of such groups may address these issues. It is also expected that such participation will augment training because it offers many types of learning not available elsewhere (Yalom, 1985).

EXPERIENTIAL GROUPS IN TRAINING

The interaction between the trainers, trainees and the overall intentions (themselves layered and fluctuating as an interaction flow) can be reduced to concrete goals, themes and measurable knowledge so that training is managed by the intended horizons and the actual learned deposit.

A training group experience implies a specific goal-directed, time-extended encounter of trainees and trainer-therapist(s). A trainee can either participate as a member in a patient group (Salvendy, 1982) or as a member in a group run specifically for training purposes (Bowers, Gauron & Mines, 1984; Dies, 1980a & b; Yalom, 1985). This latter mode aims at involvement in an experience that would cultivate a specific attitude to, and an understanding of, the group milieu as a therapeutic context (Battegay, 1983; Dies, 1974; Kadis, Krasner & Winick, 1963; Lakin, Lieberman & Whitaker, 1969; Salvendy, 1985; Shapiro, 1978; Yalom, 1975).

Such a group, it is assumed, expands the trainee's understanding of the different phenomena that constitute a group experience. There is the opportunity to witness the role of the leaders (in a cotherapy format); to feel confronted by their position; to understand the group as a microcosm; to get feedback about interpersonal style and the effect it has on others (Yalom, 1985); to relive some feelings linked to a previous life situation in the here and now; and to share feelings toward/with a specific member or members. It can also provide a trainee with the opportunity to become aware of the group-as-a-whole and to understand how a group member can feel threatened by the group-as-a-whole. In turn, this can elicit feelings of being alone in the presence of others, of feeling unsupported and vulnerable, etc. By means of the group experience, trainees, it is suggested, gain an understanding that enables them to have greater empathy with patients in a group therapy milieu (Bowers, Gauron & Mines, 1984; Kaplan, 1967).

Unfortunately, however, participation can also be a negative and counter-educational experience. For instance, over-intellectualizing, power struggles, competition with other members, an unwillingness to share personal feelings (Aveline, 1986; Goldberg, 1982) and so on.

Since psychotherapy training objectives are guided by the preselected body of knowledge in a specific field, the trainer has

to determine not only the relevance of certain experiences but also the ways to guide them.

A programme can, for instance, be managed by

- ◆ a short encounter format (workshop) with limited and contained emotional exposure based on the mutual assumption that such exposure is only short-lived;
- ◆ "coaching" (coercing) trainees to reach formulated goals;
- ◆ course work material (cognitive);

or

- ◆ using casework that focuses on the patient but with little focus on the trainees' experience.

Active participation by the trainee allows for a guided process of encounter and reflection during personal training involvement, and this approach takes cognizance of the fact that the conceptual framework should accommodate both the intended goals (as dictated by the present status of theory, research, and practice) and the unique personal experience of the training context.

This view also conceptualizes the group as a guided life-world context with diverse encountering moments, and demands a different view of learning and teaching in which trainee participation in the learning events is an important focal point in planning professional courses and in making trainees co-partners in investigating the meaning of such events.

If a trainer places the experiential aspects in a central position, two dimensions contribute to the complexity of our understanding; the "residing" and the "prospective" dimensions. The first addresses the active participatory experience of being in a training group while the second refers to the evaluating modalities of the effectiveness of training. Knowledge of these two dimensions influences the trainer's manner of exploring the trainee's experience. Moreover, in training

there is a continual shift between foreground (goals) and background (the events), and between personal experience and the implied conceptualization.

Every member's experience has specific cycles of personal value that are not in the foreground. This has a specific psychological importance that influences the way in which the group is experienced and how the experience is transformed by the course of events in the group.

The outcomes of a group experience can be summarized as follows:

- 1 The group experience is revealed as an unfolding shift between certain periods that have a significant meaning and style of relating to content which, in turn, also determine the relevance of content.
- 2 The individual is simultaneously kept central and centrifugally displaced by concurrently being actor, spectator, witness and captive audience.
- 3 Specific meaning is interlinked with the evolving nature of the group in which incidents are contained in the group as a whole.
- 4 There is a continuous dialogue between current and previous experiences.
- 5 Personal histories form part of, and enrich, the network of interconnectedness within the group.
- 6 Personal understanding is both centred in the self and reveals the qualities of the group.
- 7 Mediation between the personal and the public forms a unique aspect of a group experience.

- 8 Participating in different stances (actor, spectator, witness and audience) widens personal involvement and understanding of self and others.

EXPANDING THE MEANING OF THE "GROUP-WORLD"

- 1 The group events can be portrayed as boundary experiences, a notion that refers to the breakdown of the boundaries between the "civilized" and the "savage" that, in this context, signifies the continuous reminiscence of the unfolding unfamiliar. These boundary experiences comprise the moments during which a member is confronted by other members' responses or is compelled to respond to the group. Moreover, language in the group seems at times not to contribute to the resolution of misunderstanding and there often seems to be a confusing sense of ambiguity and contradiction. Unravelling the various layers and translating the content becomes one of the main concerns of the group-as-a-whole. There is a period of reflection in which an individual's own understanding is challenged by the feedback and life experience of other members of the group. At such moments, a group member is both the audience and is given an audience (spectator and actor).

Through the experience of the "tragic" (referring to the Greek dramatic experience), the participant experiences the unfamiliar, the "unknown", which is brought into the "centre" of the group and has to be appropriated so that it becomes the property of the group-as-a-whole and an asset to the individual. This threshold experience is also the boundary between the known and the lived.

- 2 The ritual of the group can be described in terms of the group therapy framework. Segal (1981, p. 51) states that "ritual functions both as the resolution and as the sharper crystallization

of a contradiction". The specific group events during the ongoing dramatic experience are characterized by rituals. It is a way of continuously re-addressing the uncommon and of being allowed to do so.

The phenomenon of being both spectator and participant in these rituals is of the utmost importance. In ritual, one is allowed to be present to dramatic events, to participate in them, and to have a meaningful involvement without being overwhelmed by the impact of the moment. Ritual is a group phenomenon and, in that sense, is bound and inherited by all.

- 3 Speculating on how the group experience can be entered into, one has to accept that the participants in the group are the authors of the group text and that before the group starts, the only existing text is that made up by the prior shared myths (embeddedness).

Group interaction during this initial period is generally described as a feeling of "being on stage" and of being apprehensive about entering into the shared world of the group. The experience of being both participant and spectator forms the basis of the development of the group as a dramatic stage that moves to the threshold of "tragic" awareness. The isolation and ambiguity of this position is mediated and contained by the rituals of the group. This is referred to in the group therapy literature as cohesion.

- 4 Using this perspective, the context of the group can be conceptualized as an unfolding, co-dramatized existence in which being a participant is balanced by being an actor versus spectator, but in which the participant is never unaware of the dramatic and the tragic. The group, as a dramatic stage for the social layers of inner and other-directedness, develops its own rituals that reflect the content (dramatic and tragic) of that specific group.

- 5 The group experience is dramatic in that the encounter has social significance — one is opened up to one's own social existence. Moreover, the experience has moments in which the tragic events can have a confusing and almost uncanny relevance, especially when the content falls into the domain of the uncommon and unfamiliar.
- 6 The group experience portrayed in this way can be seen as a rich opportunity to share in the cultural foundation of the group. The text of the group can be accepted and respected in that it conveys different existential realities in its directedness.
- 7 It is possible to be either a spectator (dramatic initiator) or the audience (receptive participant). By being a spectator, one focuses on the visible and the interactional. It prompts the member to be active, to be visibly involved, to watch and be watched. The spectator is also aware of the visible dimension of the tragic and the dramatic. Outer-directedness brings with it a readiness for action (actor). In the group context, this calls for involvement, participation and demonstration.

By contrast, being the audience implies listening. It encourages reflection on one's own awareness and leads to an appraisal of the meaning of the events. This inner-directedness brings about a sensation of sharing, of being part of, of being engaged in the presence of others. This can be said to be the embedded quality of the group and can be described in terms such as cohesion and understanding.

Action (visible) and feeling (experiential) represent outer and inner-directedness which make new meaning and understanding possible. The first implies an evaluated involvement while the second, validated differentiated awareness. This "experiential" cycle of group events is portrayed in the audience-spectator link.

CONCLUDING REMARKS

Exploring the content and meaning of a group experience necessitates an innovative adaptation of current qualitative research methodologies. Moving from the personal descriptive level to the mutually inhabited group level is a step that requires the researcher to sever a closely text-based alliance. There is some risk in moving from a general theoretical description to a group-based experiential level of becoming dishonest to the original content and situation. This can, however, be limited if there is continual verification between the developing scheme and the different descriptions.

The meaning of participation as actor, spectator, witness and audience, creates an enriching experience, and although there may be no clear picture of the exact gain, the group as an explorative agent is clear.

This mode of training also allows the trainer's view of teaching to be mediated. Participation in training can be conceptualized as a chance to actualize the dramatic intentionality of being a therapist played out on the real-life stage of the group context. The different levels of the trainees' experience become accessible, and individual enrichment is supplemented by a broader understanding of the "context-as-a-whole".

It seems important that the trainees should be able to transcend their own involvement to a level deeper than just their personal (therapeutic) insight. In some way, they need to be able to come to an interpretive understanding of the group. In this respect, the interpretive tradition positions the trainee as "poet" in the group, who is simultaneously aware of the personal and the "cultural" importance of the shared events, and thus able to see the group as the envelope of immediate and historic strata of existence.

It may be possible that during the group's development, some periods are characterized by a spectator-oriented stance (actional), and at other times by a predominantly listening stance (responsive).

These may become part of the therapeutic assumptions and techniques. One can speculate that some practices are "action" inclined, e.g. in-patient group psychotherapy (Brabender & Fallon, 1993; MacKenzie, 1992) while others are more "receptive", e.g. analytic group therapy (Anthony, 1983; Pines, 1988; Pines & Hutchinson, 1993; Scheidlinger, 1982). The former would have more "visible" goals and the latter would allow for the "remembering" of the inner world (the "invisible").

In conclusion, the mythopoetic metaphor may indicate that both perspectives are essential for a group to become a therapeutic stage that can embrace the ever-widening circle of the attribution and excavation of meaning of the ambient milieu.

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